



# An Organizational Model and Growth of a Free-Standing Physical Therapy Student-Run Clinic

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## Abstract

Student-run medical free clinics are becoming a way for students to engage and serve their local communities while improving and growing their own professional skills. Widener University has become one of these institutions of higher education in which their professional programs have embraced service-learning and community engagement into their curriculum. The Institute for Physical Therapy Education at Widener University has added to the institution's civil mission by opening the Chester Community Physical Therapy Clinic on September 15, 2009. The clinic is completely student-run and follows an organizational model that implements a student board, which with the help of faculty, oversees the daily function of the clinic. Over the last six years, the student board has striven to develop the organizational model to provide the most competent, professional, and consistent care to the clinic's clients. We hope that this descriptive article can serve as a guide for others who wish to begin or improve upon their own student-run clinics that serve their respective communities.

## Introduction

The prevalence of medical pro bono clinics where students deliver pro bono care to uninsured clients has been a common practice in medical educational institutions. Darnell conducted a survey of medical free clinics in 2010 and found 1,007 free clinics operating in 49 states and the District of Columbia.<sup>1</sup> In 2014, another study was conducted to learn the prevalence and characteristics of student-run free clinics associated with allopathic medical educational institutions. This time, 106 institutions reported having a student-run free clinic.<sup>2</sup> Various models of these clinics are reported in the literature.<sup>3-11</sup> Many of them are interdisciplinary in nature<sup>3-9</sup> and some specifically state that physical therapy students are a part of the services offered at their clinic.<sup>8,9</sup> A few examples exist in the literature where physical therapy students are offering a free-standing, independent physical therapy service.<sup>10,11</sup> The Chester Community Physical Therapy Clinic is a free-standing student-run physical therapy pro bono clinic that serves individuals who are without insurance, have exhausted benefits, or cannot afford physical therapy treatment at another clinic.

Physical therapists providing pro bono services are in line with the physical therapy professional organization's core values and code of ethics statements. The American Physical Therapy Association's core values include altruism and social responsibility. The document states that professionals should provide pro bono services and advocate "for the health and wellness needs of society including access to health care and physical therapy services."<sup>12</sup> The call to the physical therapy profession to provide pro bono services is also explicit in the professional Code of Ethics. Statement number 8 reads, "Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally."<sup>13</sup>

Recognizing their professional responsibility to educate physical therapy students in the importance of meeting societal needs as well as being aware that their program resides within a community that has experienced great economic depression, the faculty of the Institute for Physical Therapy Education (IPTE) at Widener University determined to start a physical therapy pro bono clinic to serve the physical therapy needs of the uninsured and underinsured community members. To learn more about such an endeavor, two

faculty traveled with two students to the 2009 Society for Student-Run Free Clinics (SSRFC) Conference in Omaha, Nebraska. There, the two students captured a vision for what a student-run physical therapy pro bono clinic might look like and returned home ready to convince their faculty and classmates that this could be done. They did so and launched the free-standing physical therapy pro bono clinic on September 15th, 2009, just six months after attending the conference. The clinic exists to “simultaneously improve healthcare access to physical therapy services by providing pro bono physical therapy services to the underserved and underinsured populations in the surrounding community while educating a new generation of physical therapists in the areas of competency, character, citizenship, and social responsibility.”<sup>14</sup> This article will describe the growth and commitment to sustainability over the past six years. We will describe the model, discuss outcomes, and identify areas for future growth. We will highlight the way we are able to run a sustainable free-standing clinic as students who are looking to engage and serve our community.

### **Description of the Model and Its Growth**

The clinic is led by a student board, a group of 10-14 doctor of physical therapy (DPT) students from each class of students across the three years of the DPT curriculum. In the first semester of the DPT curriculum, students are introduced to the student-run physical therapy clinic model and are given the option of applying for a position on the board. They complete an application and undergo an interview process with the current student board members so that applicants can learn more about the specific duties and responsibilities of the various positions and current student board members have a chance to evaluate the applicants for potential fit. On their application, the applicants rank order the positions that interest them. The applications and the recommendations of the current student board members then go to the faculty board for final appointment. Once an applicant is appointed a position on the board, it is their position throughout the three-year curriculum. The only reason that might change is if the student has to go on academic probation in which case he or she is relieved of the extra responsibilities of student board membership and another student is appointed to take his or her place. The faculty board makes these determinations.

The faculty board and supervising physical therapists carry the highest authority within the clinic model ensuring that clinical operations and clinical practice remain ethically sound. The faculty board consists of three professors. Additional professors in the IPTE program provide consultation as needed. Alongside the faculty, the supervising clinicians provide licensed clinical oversight to volunteering students at the clinic during operating hours. A few of the regularly scheduled supervisors also accompany the students during weekly care planning meetings. They ensure high quality care by providing continuity students may lack since they are at the clinic consistently each week.

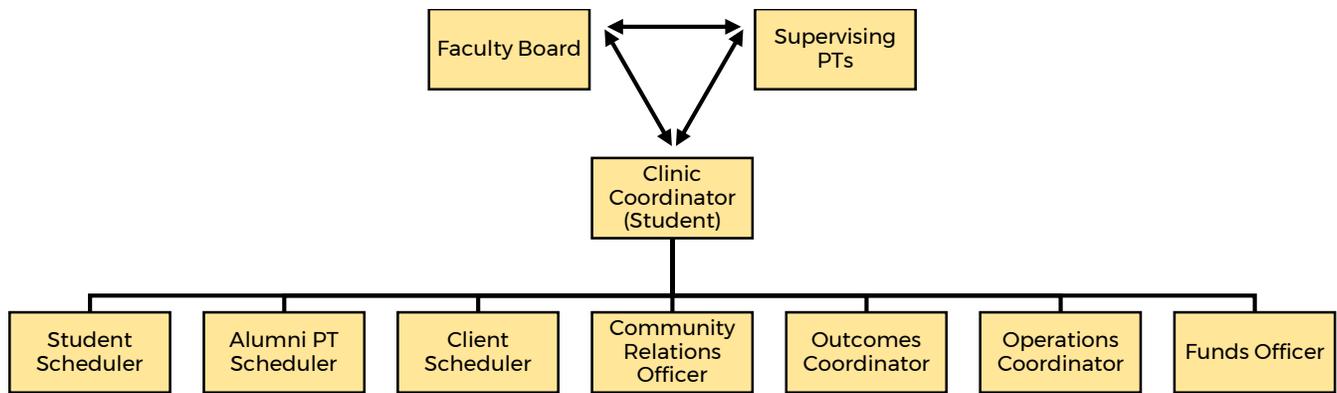
The community advisory board, which includes members of the community with various backgrounds, meets twice a year to hear updates from the students and provide guidance and direction as helpful. Former clients serve on the board to be able to advocate for current clients. Additionally, they take information back to their peers in the community who may need services in the future. A few examples of attendees include a pastor from one of the local churches, the activities director at a senior citizen facility, and licensed physical therapists. These meetings are hosted by faculty and student board members to review current projects surrounding the clinic. The student acting as the clinic coordinator is the conduit for the exchange of information at these meetings and makes sure that the entire student board gets a full report of the advisory committee meetings.

All student board members from each class meet weekly to discuss logistics and update one another on the status of individual projects, and the meetings are typically led by the clinic coordinator. The coordinator's responsibility is to ensure that all other positions are completing their assigned tasks, and all other board positions report to the coordinator. Additionally, the coordinator is often available to help with other positions in order to move them forward in their duties.

The original organizational model is represented in Figure 1. This is the model that the original student board brought back from the 2009 SSRFC Conference. The student board originally consisted of 8 positions. Over the last five years, it has grown to 13 positions.

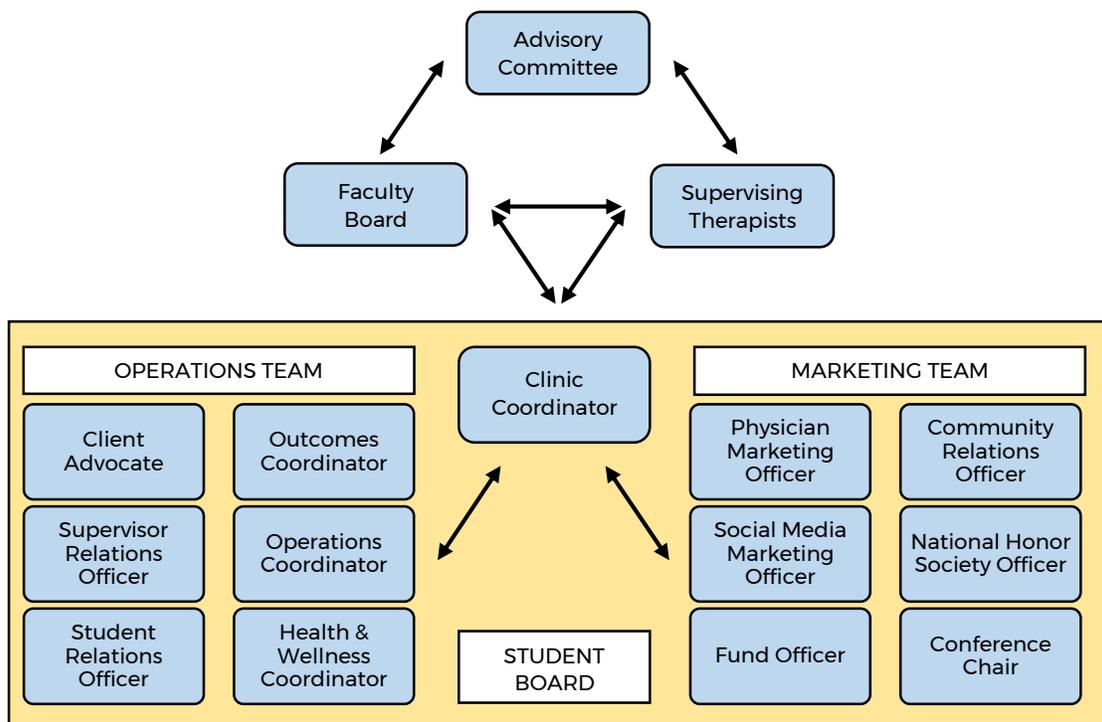
The current board has two foci (Figure 2). The first focus includes positions related to direct client care and the second being marketing and clinic operations. The client advocates communicate with patients via the clinic cellular phone and

**Figure 1.** 2009 Chester Community Physical Therapy Clinic Organizational Model



PT: physical therapist

**Figure 2.** 2016 Chester Community Physical Therapy Clinic Organizational Model



schedule or change upcoming appointments as needed. Similarly, the student relations officer is in charge of scheduling and ensuring adequate student staffing for clinic operating hours as well as serving as a secretary for all board meetings. This position is also responsible for organizing and conducting student volunteer orientations. The alumni relations officers schedule licensed physical therapists to supervise at the clinic. This position is expected to update important documents for each active supervisor and to present an orientation session for new supervisors. The health and wellness coordinators manage discharges and patient communications after discharge. They do chart reviews, schedule re-evaluations, and look for health and wellness outreach opportunities in the community of Chester. An example is hosting a booth at health fairs at local hospitals and churches. Additionally, the clinic has implemented further behind-the-scenes roles. Operations coordinators maintain clinic inventory, organize cleaning of the clinic and equipment, and communicate with the fund officers to research and execute purchase of new clinic equipment. The fund officers are mainly responsible for tracking donations as well as completing paperwork to recognize donors for their contributions. They are also in charge of creating and carrying out fundraising events, such as an annual 5k run. Furthermore, outcomes coordinators track, record, and analyze client demographics, treatment billing, and participant hours for clients, students, and supervisors. Treatment billing is used to track the amount of money that would have been billed to a third-party payor.

The second focus encompasses various marketing roles. The physician referral marketing officer is a position that was added the summer of 2015 in order to facilitate a greater connection with physicians and healthcare centers in the local communities. These students are not only responsible for reaching out to local referral sources, but also coordinating with the other marketing officers to design and provide informational flyers and other marketing materials. These promotional supplies are utilized by student board members who distribute them when visiting physician offices on a regular basis. Another newer position is the social media and local marketing officer, who maintains the clinic website, creates and updates event photo pages, and oversees creation of marketing materials, such as flyers, notepads, pens, etc. The final position is the community relations officers

which have now been transformed into the National Honor Society officers. The role of these students is to oversee the newly founded Physical Therapy Pro Bono National Honor Society and induct new institutional and student members each graduating semester.

Physical therapy students apply for a position they are interested in at the beginning of their first semester of the program and fulfill their role for the three years of the curriculum. Representatives from all three classes collaborate to fulfill each position's specific duties.

### Outcomes

Over the last six years, there have been many lessons learned and changes made to the clinic. The clinic provides services to a variety of diagnoses, ages, and cultural backgrounds. The clinic creates a shared benefit for not only our clients in the community who may not receive treatment otherwise, but also the physical therapy students in the program who are able to continuously practice and refine their new skills.

Table 1 depicts clinic growth over the past six years. The volume of clients showed a rapid increase in the first few years leading us to expand services from being open two nights a week to three nights and now four nights. The increase in nights opened happened between year one and year two. In the third year, we saw a big increase leading us to expand our physical clinic space to accommodate for the growth, doubling our treatment space. The client visit numbers have leveled off and slightly declined this past year. We believe this corresponds to our addition of weekly case conferences where student teams meet to discuss clients on their caseload. We think that we are now progressing client programs more effectively and discharging them more efficiently than we had before.

For the past three years, 100% of the students in the IPTE volunteer their time at the clinic to serve as student physical therapists. Student board members felt that it would be a valuable experience for all students of the program to experience the clinic and participate throughout their time in the curriculum on a scheduled basis so they initiated the mandate that all students serve. Thus, one student can expect to serve at least three nights a semester beginning with their first semester in the program. The clinic is open year round, Monday through Thursday, except two weeks over the winter holidays and two weeks in

**Table 1.** Annual Clinic Statistics

	First Year	Second Year	Third Year	Fourth Year	Fifth Year	Sixth Year
No. of Client Visits	297	422	845	871	1,003	842
No. of New Evaluations	25	50	60	70	63	58
No. of Supervisors	12	20	25	28	32	37
No. of Students	34%	66%	78%	100%	100%	100%
Money Saved					\$139,068.83	\$116,635.47

the summer when all three classes are away from campus.

Two years ago, we started tracking the billable units we would be billing were we not a pro bono clinic. Tracking these numbers provide insight into the value of our services and we hope that it might help us in attracting donors or grants.

To date, the clinic has not relied on grant funding. We are operating on donations, fundraising, and \$5.00 visit donations we ask of clients who can pay. We are able to operate on a very small budget thanks to the generosity of volunteers and in-kind donations. The university provides the space rent-free and covers the utility costs of operation. From the beginning, it has been important to us to be able to operate independent of outside funds so that our service might be sustainable and not in jeopardy if grant funding were to cease.

### Expanding Nationally

As the clinic evolved, the student board began to not only promote local pro bono services, but also participate in national physical therapy pro bono awareness. A new position was created in summer 2015 called the conference chair. These are students who are the directors of the annual networking conferences. March 2013 was the first physical therapy pro bono networking conference hosted by Chester Community Physical Therapy Clinic and Widener University. The second conference held in 2014 brought in 80 participants from 20 different schools. The network continued to grow with the 3rd annual conference in March of 2015. The event quickly turned into a two night affair with 26 schools represented by 129 attendees, which included oral presentations from 11 schools and a poster session. The networking opportunities have been vast. Schools attending one year return the next and report on their progress in creating and launching their own student-run physical therapy pro bono clinics. The 4th annual networking event will expand to two regional events,

providing greater opportunity for schools in both eastern and western regions of the United States to participate.

In addition to the conferences, we have conducted a number of webinars, working directly with programs seeking advice in how to advance their plans to open a clinic. In total, we have been privileged to assist 15 institutions in the creation of student-run pro bono models that works for their context.

Finally, the creation of the Physical Therapy Pro Bono National Honor Society provides a means for institutions to recognize and reward students for their exceptional work in pro bono physical therapy services. Since 2014, there have been 12 institutional members and 145 inductees. In the future, we will be providing scholarships for students and grant seed money for institutions looking to start their own student-run physical therapy pro bono clinics.

### Conclusion

Since its founding in 2009, the Chester Community Physical Therapy Clinic has constantly evolved, striving to provide the most effective and efficient care to its clients. In order to continue the clinic’s sustainability, we improved upon our model to adapt to the needs of the population served. It is an ongoing process which involves new ideas and constant reflection, which are what we believe have made us successful. Our mission was achieved through a consistent organizational model which worked to delegate and divide the many aspects and jobs that help to run a free-standing clinic. Each student on the student board has his or her own role and primary focus which helps to keep everyone on task. Throughout the expansion, new roles have been developed to focus attention into areas that need to be better served. However, the board members realize that each position is not mutually exclusive, and every

role must work together to fulfill and sustain the many duties of the clinic. We are able to accomplish more and find new ways to expand by following this framework. We are able to not only reach out to our local community, but also grow nationally and network with other professionals. We hope that this article helps to create a framework and organizational model for others, whether students or professionals, who wish to engage in new or participate in existing clinics throughout any specialized discipline.

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### Disclosures

The authors have no conflicts of interest to disclose.

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