Occupational Therapy Student Pro Bono Clinic: Creating a Sustainable Model

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**Occupational Therapy Student Pro Bono Clinic: Creating a Sustainable Model**

Shane Tong, MBA, OTS; Kayla Collins, MOT, EdD, OTR/L and Mary Shotwell, PhD, OT/L, FAOTA

### Background

The American Occupational Therapy Association’s (AOTA) Code of Ethics (2015) supports the offering of pro bono clinics (PBC) to the underserved in the community, as it demonstrates a dedication to improving the ability for all to function in their desired occupations. By connecting the community with student therapists through pro bono clinics (PBC), a relationship is formed that benefits clients, students, and the university.

**Benefits of a student PBC include:**
- 77% of clients felt that they received quality care (Gertz, Frank, & Blixen, 2011).
- Clients feel good helping students (Hewson & Friel, 2004).
- Experiential student learning opportunity with real clients.
- Translation of classroom knowledge into confidence in clinical skills (Phillips, 2017).
- Improved interprofessional communication, leadership, and administrative skills (Ries, 2010; Tsu et al., 2018).
- Provides a solution to the challenge of securing Level I fieldwork placements (Hamilton et al., 2015).

### Problem

There is research on the development of student PBCs from other medical professions, but little specific to OT. Across the profession, there needs to be a theory-based, strategic approach for operating PBCs.

### Purpose

The purpose of this capstone project was to create a model for a sustainable student PBC with a clear mission and vision that aligns with that of the OT profession.

### Alignment with Theoretical Model

This capstone was grounded in the PRECEDE-PROCEED model, which is a proven process for health promotion programs (Porter, 2016).

**PRECEDE** – program planning phases

- **Background**
- **Purpose**
- **Alignment with Theoretical Model**

**PROCEED** – broken down into two main stages:

- Program implementation
- Process, impact, and outcomes evaluations

**A Model for Sustainability**

**PRECEDE** – planning phases, central to any community program (Li et al., 2009)
- Review literature and public data
- Connect with community organizations
- Focus groups with students to uncover needs and expectations
- Decide on organizational structure; student leadership with faculty oversight increases buy-in (Black et al., 2013)
- Identify location – using university space typically most convenient and can reduce the overhead costs.
- Determine funding sources - university sponsorship, fundraisers by student organizations, grants, and donations.
- Obtain necessary approvals through university leadership, legal, and risk management teams
- Draft mission and vision statements:
  - Outline PBC purpose, goals, and values
  - Should align with the university and are the pillars on which the objectives and strategic plan are built (Palombo et al., 2011)
  - Program objectives are based on identified needs and input from key stakeholders (Morris & Jenkins, 2018)
- Develop a comprehensive policies and procedures manual

**PROCEED** – the program delivery and evaluation phases:

**Implementation:** Start small to identify strengths and improve upon weaknesses before scaling up client volume (Smith et al., 2006).
- Ensure adequate student clinic time to realize benefits.
- Refine policies and procedure and improve efficiency.

**Process and Impact Evaluations:** Assessing PBC implementation and short-term effects.
- Client feedback through voluntary interviews after sessions.
- Student feedback through interviews and voluntary focus groups:
  - Conducted after the completion of each rotation
  - Three groups of eight students
- Meetings with OT and PT faculty to improve interdisciplinary structure.
- All observations and feedback used to finalize the policy manual, a strengths, weaknesses, opportunities, and threats (SWOT) analysis, and a strategic plan for the USAHS clinic.
  - A strategic plan is used to document the current state of a program and to outline its future direction (Johnson, 1990).

**Outcomes Evaluations:** Long-term impact of PBC.
- Many opportunities for future research

Evaluating the PBC impact on OT students:
- Self-assessments pre and post participation to determine changes in:
  - Preparedness for Level II fieldwork
  - Self-confidence in clinical, administrative, and interprofessional communication skills

Evaluating the PBC impact on clients:
- Tracking outcomes measures, such as:
  - Quality of Life Scale – changes in QOL
  - COPM - impact on engagement in occupations
  - Client satisfaction surveys
  - Can help inform PBC improvement efforts

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