Spring 4-23-2020

Occupational Therapy Student Pro Bono Clinic: Creating a Sustainable Model

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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
- **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 el., 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 (Palombaro 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.

USAHS PBC SWOT Analysis – April 2020

INTERNAL FACTORS	
STRENGTHS (+)	**WEAKNESSES (–)**
• Secure location and innovative ADL/treatment spaces • OT and PT using one EMR system • Emphasis on interprofessional experience and collaboration • Positive feedback from students and clients regarding PBC • Financial backing from USAHS • Involved faculty very supportive • Improved community awareness through outreach	• Clinic space can be crowded and offers little privacy • Hours of PBC operation – hard for individuals who work • Inconsistent handling of referrals • Challenges with standardizing procedures • No formal faculty or student organizational structure • Faculty members running most operations – heavy burden • Waitlist for PT services
EXTERNAL FACTORS	
OPPORTUNITIES (+)	**THREATS (–)**
• Increased interprofessional collaboration and experiences • Continued policy development and standardization of procedures • Development of student leadership board • Leverage network of other PBC's to navigate challenges • Collaborate with other USAHS PBC's to create university-wide clinic model and SOP • Implement clinic into other 4th term course fieldwork • Continue to create community partnerships and awareness	• Difference in opinions between faculty stakeholders • Shortage of public transportation options • Faculty burnout from continuously managing clinic operations • Need for referrals to access care (PT) • Gaps in offering PBC services between terms • Varied clinic objectives/mission between USAHS campuses

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

References

Acknowledgement: Special thanks to Lydia Kite, MOT, OTR/L and Kaitlyn Cremer, OTD, MOT, OTR/L, SCLV