



Connecting Curriculum to Student-Run Pro Bono Clinics: A Policy Project

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Abstract

Student-run pro bono clinics are growing in number. The literature points to a number of curricular links that enhance student learning and understanding while meeting a community need. The clinic provides students with a wide variety of learning opportunities that involve the application of classroom concepts into practice, ranging from acquisition of clinical and communication skills to administrative and management skills. The purpose of this paper is to describe a curricular link between a health administration class and the student leadership component of the student-run pro bono clinic in the form of a policy development project. A manual for policy development and procedure is the key to tracking policy gaps and to avoiding interference with existing policies. This brief communication will provide the background and evolution of the policy assignment and describe how it became linked to the student-run pro bono clinic, facilitating authentic and meaningful learning.

Introduction

Student-run pro bono clinics or clinics “for the public good”¹ are growing in number. In 2014, Smith et al.² found that 106/141 (75.2%) of United States American Association of Medical College member institutions had at least one student-run free clinic.² Seven years before, Simpson and Long identified only 49.³ The number had more than doubled in 7 years. Among U.S. physical therapy accredited programs, recruitment for a study in process found that 101/242 (41.7%) report having a pro bono clinic, and they are increasingly student-run (Catherine Crandell, PT, PhD, phone call, September 26, 2018).

The literature points to a number of ways that institutions connect the pro bono experiences to their curriculum, including interprofessional education,^{4,5} clinical skills training,⁶⁻⁸ interpersonal and professional communication,^{6,7,9} professional core values,^{6,9-11} and clinical reasoning.¹² Student-run pro bono clinics have been shown to promote leadership skill development and prepare students for administrative roles.⁸ This communication brief will report an innovative

curriculum connection between a Healthcare Administration class and policy development for the student-run pro bono clinic.

Initial Development of Policy Manual

Doctor of Physical Therapy (DPT) students at Widener University, a private, metropolitan university, launched a physical therapy student-run pro bono clinic in 2009.¹³ A Student Board currently consisting of fourteen (14) DPT students per class is responsible for administration of the clinic. Students start learning their leadership roles in the first year. As they progress through the three-year DPT program, each student progresses from a support role, to a leader, and then a mentor. The Student Board meets once per week to conduct business and advance the work of the clinic. They are responsible for all clinic operations, including the routine updating of the policy and procedure manual.

A course on Healthcare Administration has been a part of the physical therapy program curriculum since its inception in 1993. This course includes a variety of administrative topics, including human resources, basic finance, billing and coding, risk management, practice management, and marketing. Some of the course content is required by the Commission on Accreditation in Physical Therapy Education via the *Evaluative Criteria PT Programs*.¹⁴ As part of the human resource section, policy and procedures are discussed. This includes common topics covered in a policy manual and elements of a policy, as well as a manager's role in implementation, enforcement, and revision of existing policies.

A long-standing assignment in this course requires students to compose a policy and procedure. Writing a policy and procedure is a different style of writing than a research paper or patient documentation. An effective policy must be clear and concise so that it provides direction. Just as importantly, policies must be enforceable and enforced. Historically, students would frame these policies in fictitious facilities. In Fall 2009, Student Board members proposed using this assignment to further the development of a student-run pro bono clinic policy and procedure manual. The primary course instructor (SC) and the faculty Pro Bono Services Coordinator (JB) discussed and decided to allow their request.

In the first few years, Student Board members identified which policies needed to be developed. They wrote policies related to client scheduling, documentation, client donations for physical therapy services, communication with referring physicians, equipment inspections and repair, and coordination of outcomes data. As the clinic grew, the operational processes evolved to meet the needs. While students developed new policies each year, some of the existing policies needed revision in order to reflect current operations. In cases where significant revision was required, students were still able to use this assignment as a method fulfilling their role on the Student Board. These students were required to submit the original version with the revisions and clearly identify the edits made. See **Table 1** for the original rubric.

Grading Criteria

1. The author clearly identified the purpose and scope of the policy.
2. The author presented clear and reasonable steps to facilitate consistent policy implementation.
3. The policy was organized in a manner that facilitated the communication of standards.
4. The policy was consistent with all labor laws, practice acts, practice setting and other institutional policies.

Table 1. Grading rubric for the policy and procedure assignment

Comprehensive Review of Existing Manual

In Fall 2014, the primary course instructor identified that two revised policies actually contradicted older ones. In clinical practice, managers review the policy and procedure manual on a periodic basis to establish consistency within policies, ensure practice follows policy, and identify needs for revision. After six years, the student-run pro bono clinic policy manual needed a comprehensive review. Three Student Board members volunteered to complete this comprehensive review in lieu of their assignment to create a new policy. The primary course instructor created an alternative grading rubric to help define the expectations of the review and provide an objective method of grading. See Table 2 for the rubric. The goal for this review was identification of issues and potential solutions only. The Board Members made the revisions as part of their Board responsibilities.

In order to begin reviewing the policies and procedures manual, the three Student Board members shared the manual via an online platform. They performed an initial review of the index and divided policies to correlate with their Board position. Each student performed a quick review of the assigned policies to determine missing components and identified the Board member responsible for the carryout of the policy.

The Student Board member discussed the policy with the responsible Board member to determine conflicts or issues within the policy. After this communication and collaboration, any issues were noted, and suggestions for resolution were made or rewritten accordingly. Common problems observed by the students included the responsible Board member being different than documented, policies not being consistent with current practice or compliance, and other policies lacking detailed procedures or purposes completely. These issues were resolved, and a final continuity check was performed. After identifying and resolving all issues, the Board members gave the primary course instructor access to the updated manual. The instructor completed a full review of the entire manual while providing suggestions and questions. Thereafter, the Student Board members addressed these comments before completing the final revisions.

Grading Criteria

1. The authors clearly identified the places where policies contradict, repeat, or are absent.

2. The authors presented clear and reasonable steps to facilitate corrective action. This includes but is not limited to:
 - minor corrections/edits
 - recommendations for removal
 - reorganization
 - citation/reference of sections addressed elsewhere
 - identified consultation with stakeholders.

3. The policy manual was organized in a manner that facilitated the communication of standards and removes repetition.

4. The policy manual as a whole is consistent with all labor laws, practice acts, practice setting, and other institutional/academic policies.

Table 2. Grading rubric for policy manual review

New Policy Development and the Future

Since the completion of the comprehensive review, Student Board members have returned to developing new policies as needed. Two most recent examples for policy arose from recent clinic scenarios. The first scenario involved a 14-year old client who did not show up for her usual clinic appointment one evening. The cancel/no-show policy calls for the students to call clients when they no-show. When students called this client's home number, her mother was surprised as she assumed her child was at physical therapy. The cancel/no-show effectively informed the mother that her child never came to physical therapy but illuminated a policy gap regarding clinic clients who are unaccompanied minors. The student leader sought guidance from the Pennsylvania Medical Consent Act¹⁵ and created a clinic policy in parallel. Upon approval from the Pro Bono Services Coordinator, the student leader presented the new policy to fellow student clinic board members for immediate implementation.

The second scenario arose when a student physical therapist was questionably impaired in clinic one night. A policy did not exist to effectively navigate this situation, and it was unclear if the clinic was legally able to mandate a drug test. A search for the university's drug and alcohol policy was completed to ensure that any new policy aligns with the university's stand on the issue. The Impaired Practitioner policy was written to include both student physical therapists and supervising physical therapists that volunteer each night at the clinic to encompass all who provide physical therapy services at the clinic. This policy remains under revision to determine the most appropriate way to report and test individuals suspected of being impaired. In each of these scenarios, the student leaders identified a need and worked to complete a new policy under

the guidance of their course instructor that was in alignment with a course assignment, thus providing a meaningful link between the clinic and the curriculum.

The university is in the process of developing an occupational therapy program. A key element of that program will include experimental learning in the pro bono clinic.¹⁶ As this grows, we can see the need for parallel or combined policies. Additionally, the physical location of the clinic is going to move, and that may require revision of some policies that have specific references about the current space. While a comprehensive review of the manual is not something that is needed every year, it is a project that should occur on a regular cycle. The Healthcare Administration course has to be flexible in order to support the needs of the pro bono clinic and should be able to remain so for the immediate future.

Summary

In summary, student-run pro bono clinics provide a wide variety of learning opportunities for students involving the application of classroom concepts. In addition to clinical skills, students can apply administration, management, and leadership concepts. This can include marketing, financial management, and operations management. A policy and procedure manual is the key to effective and consistent operations. The manual provides consistency when there are different students and supervisors in the clinic. By connecting the development and revisions of the policy manual to a Healthcare Administration course, the application met both the student learner and the clinic's needs in an authentic and effective manner.

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