Student Experiences in Creating and Launching a Student-Led Physical Therapy Pro Bono Clinic: A Qualitative Investigation

Jill D. Black, Kerstin M. Palombaro, Robin L. Dole

Background. The physical therapy profession has called for the provision of pro bono services. Little is known about the impact on students involved in sustainable pro bono leadership. One physical therapy program established a pro bono physical therapy clinic under the direct leadership of a board of students.

Objective. The purpose of this study was to describe the experiences of the inaugural members of the Chester Community Physical Therapy Clinic Student Board in creating and launching the student-led pro bono physical therapy clinic.

Methods. A purposive sample of the 18 members participated in semistructured interviews. Content analysis was conducted using a commercially available software program. Trustworthiness was enhanced with credibility, transferability, and confirmability.

Results. The emergent categories were: (1) leadership skill development, (2) competency in hands-on clinical and administrative skills, and (3) commitment to both the community and the clinic. Pride emerged as a strong and overarching theme throughout the experience.

Conclusions. The student-led pro bono clinic meets several Commission on Accreditation in Physical Therapy Education criteria in a sustainable manner and serves as a means for measuring and meeting program mission and goals. Participation in the program was a meaningful experience and developed ownership, leadership skills, and pride among the students. There are also possibilities for expanding aspects of the program so that all physical therapist students can benefit from pro bono service opportunities.
The physical therapy profession has increasingly embraced the importance of addressing health disparities through pro bono physical therapy services. The mandate to provide pro bono physical therapy services appears in the American Physical Therapy Association (APTA) Code of Ethics for Physical Therapist, APTA House of Delegates position statements, and the Commission on Accreditation in Physical Therapy Education (CAPTE) criteria. Principle 8A of APTA’s Code of Ethics for Physical Therapist states, “Physical therapists shall provide pro bono physical therapy services or support organizations that meet the needs of people who are economically disadvantaged, uninsured, and underinsured.”1(p2) The 2010 House of Delegates directed the association to develop resources that support members in providing pro bono care in an effort to meet the physical therapy needs of society.2 A House of Delegates position statement compelled APTA to publish “Considerations for Pro Bono Physical Therapy Practice”3 and a list of resources.5 To support physical therapists in their efforts to provide pro bono services, APTA has established an online community open to all of its members, and the Global Health Special Interest Group of the association’s Section on Health Policy and Administration provides additional networking opportunities.7

In recent years, individual academic programs have created pro bono clinics and provided services as a method of meeting the profession’s expectations and fostering student responsibility (personal communication: University of Kentucky, Evansville University Lebanon Valley College, and Quinnipiac University). These pro bono services and student-run clinics can serve to support CAPTE criteria; they also can support the development of the value of altruism as well as leadership skills in administrative and clinical practice. However, the physical therapy literature regarding student and faculty experiences in developing and participating in pro bono services and student-run clinics is sparse, and the allied health literature related to leadership development is limited.

Sawyer and Lopopolo8 described student physical therapy pro bono services in Jamaica. They conducted a focus group with 8 students who participated in a week-long international service-learning experience. According to those students, the experience expanded their worldview and enhanced their understanding of physical therapist practice. In 2003, Village et al9 found that 24 United States physical therapy programs reported student participation in pro bono physical therapy services (the authors did not document further information). Johnson et al10 described a pro bono service model whereby physical therapy students treat clients at a pro bono clinic under supervision of a licensed physical therapist, but are not active in the administration or operation of the clinic.

With regard to leadership development, participation in student professional nursing associations has been shown to foster the development of leadership skills,11,12 as has participation in campus student organizations that involve community service.13 Wilson and Collins14 documented a learning experience where physical therapist students served as both student clinicians and service managers in 3 not-for-profit learning experiences. Students reported learning about leadership, administration, and teamwork.

A charge to “incorporate pro bono services into practice”5(p14) appears in CAPTE criterion CC-5.7; it is a professional practice expectation related to the APTA core value of altruism.15 Many physical therapist education programs have started or have considered starting a student-led pro bono clinic; however, there is little published about the outcomes or the impact on students or community to guide those efforts. In order to consistently and positively influence the student experience and provide meaningful support to the community, pro bono services also must be sustainable. The literature regarding sustainability offers frameworks for assessing sustainability of community programming, such as the student-led pro bono clinic. Achieving student buy-in is noted as an essential element of sustainability, but little is known about whether this is true of the physical therapy pro bono clinic experiences.

After assessing the need within the local community, program faculty chose to create and launch a physical therapy clinic under student leadership.17 The clinic’s student board consisted of 8 to 10 students from each doctoral degree in physical therapy (DPT) class (Fig. 1). Interested students applied for the volunteer leadership experience and ranked board roles in order of preference. From the applicant pool, the faculty appointed the inaugural board members to their specific positions, overseeing all aspects of clinic creation and administration. Descriptions of the responsibilities for each student board position are presented in Table 1. The purpose of this study was to describe the inaugural student board members’ experiences in creating and launching the student-led pro bono physical therapy clinic and to determine its usefulness and sustainability for the meeting of both CAPTE criteria and our program mission.
Method
Participants
The participants were the 18 inaugural members of the Chester Community Physical Therapy Clinic Student Board, representing a purposive sample. Ten of the participants were from the Institute for Physical Therapy Education of Widener University’s Class of 2010, and 8 were from the institute’s Class of 2011. The participants were between the ages of 22 and 36 years (median age = 25 years). Fourteen of the participants were women, and 4 were men. All 18 participants were considered inaugural members as they committed to clinic leadership before the clinic was created; all worked to envision, create, and launch the clinic. All agreed to participate in the study and signed informed consent forms.

Procedure
The researchers chose qualitative content analysis to evaluate the experiences of the board members. Hsieh and Shannon defined qualitative content analysis as “a research method for the subjective interpretation of the content of text data through the systematic classification process and identifying themes or patterns.” The text data came from transcriptions of semistructured interviews that averaged 45 minutes in length and were conducted and audiotaped by 1 of the 3 researchers. Interviews occurred individually with the participants 1 year following the creation and launch of the clinic and were conducted within a 2-month time frame. Participants received a copy of an interview guide (Appendix 1) prior to the start of the interview, which allowed them time for reflection prior to the interview. Interview questions were mainly on the participants’ experiences working together as a student board, serving in the clinic under supervision of the alumni supervisors, and growing in their individual board roles. Two research assistants transcribed the interviews, and the interviewers reviewed each transcription for accuracy.

Data Analysis
All researchers independently coded all transcripts, keeping reflective memos to guide their thought processes, and then met to discuss similarities in findings and resolve any discrepancies among their individual analyses. Discrepancies were few, and the researchers easily reached agreement on an initial coding and category list (Fig. 2). After reanalyzing the data independently, the researchers again discussed the organization of codes that seemed to be emerging. Once they reached agreement on coding and category organization, they uploaded the framework to NVivo8 software (QSR International Pty Ltd, Doncaster, Victoria, Australia) for ease of data management and analysis. Two of the researchers (J.D.B. and K.M.P.), both with qualitative research experience, independently analyzed a designated transcript within NVivo8. Upon completion, they compared coding patterns and identified missing elements and redundancies. They subsequently revised the category framework (Fig. 2) and pro-
Table 1. Student Board Positions and Responsibilities

<table>
<thead>
<tr>
<th>Position</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Scheduler</td>
<td>● Ensure adequate student staffing for clinic operating hours</td>
</tr>
<tr>
<td></td>
<td>● Create and conduct student volunteer orientations</td>
</tr>
<tr>
<td></td>
<td>● Maintain student records (eg, PPD, CPR)</td>
</tr>
<tr>
<td></td>
<td>● Coordinate with IPTE faculty for class-related activities involving the clinic</td>
</tr>
<tr>
<td>Supervisor/Alumni PT Scheduler</td>
<td>● Ensure adequate staffing of supervising PT professional volunteers</td>
</tr>
<tr>
<td></td>
<td>● Conduct alumni volunteer orientation</td>
</tr>
<tr>
<td></td>
<td>● Maintain supervising PT records (copy of updated license, malpractice insurance, CPR, and first aid)</td>
</tr>
<tr>
<td></td>
<td>● Ensure expression of appreciation to supervising PT volunteers (such as recognition on webpage, recognition dinner, continuing education benefit)</td>
</tr>
<tr>
<td></td>
<td>● Update alumni supervisor recognition website</td>
</tr>
<tr>
<td></td>
<td>● Maintain log of volunteer hours on Google Docs (Google Inc, Mountain View, California)</td>
</tr>
<tr>
<td></td>
<td>● Maintain log of volunteer contact info on Google Docs</td>
</tr>
<tr>
<td>Client Scheduler</td>
<td>● Maintain a schedule of clients</td>
</tr>
<tr>
<td></td>
<td>● Maintain communication with clients</td>
</tr>
<tr>
<td></td>
<td>● Maintain adequate client records</td>
</tr>
<tr>
<td></td>
<td>● Ensure updated referrals</td>
</tr>
<tr>
<td></td>
<td>● Help clinic coordinator oversee reception</td>
</tr>
<tr>
<td>Community Relations Officer</td>
<td>● Promote positive relationships with the Chester community</td>
</tr>
<tr>
<td></td>
<td>● Promote positive relationships with alumni</td>
</tr>
<tr>
<td></td>
<td>● Promote positive relationships with Widener University</td>
</tr>
<tr>
<td>Outcomes Coordinator</td>
<td>● Track patient outcomes statistics</td>
</tr>
<tr>
<td></td>
<td>● Track clinic operation statistics</td>
</tr>
<tr>
<td></td>
<td>● Maintain/update all clinic forms/paperwork</td>
</tr>
<tr>
<td></td>
<td>● Maintain alumni webpage</td>
</tr>
<tr>
<td>Operations Coordinator</td>
<td>● Maintain clinic supplies</td>
</tr>
<tr>
<td></td>
<td>● Oversee durable medical equipment program</td>
</tr>
<tr>
<td></td>
<td>● Maintain clinic space</td>
</tr>
<tr>
<td></td>
<td>● Oversee services related to clinic operation</td>
</tr>
<tr>
<td></td>
<td>● Propose an annual budget</td>
</tr>
<tr>
<td></td>
<td>● Oversee opening/closing procedures and laundry service</td>
</tr>
<tr>
<td>Fund Officer</td>
<td>● Oversee fundraising efforts</td>
</tr>
<tr>
<td></td>
<td>● Optimize and pursue relationships with donors</td>
</tr>
<tr>
<td></td>
<td>● Provide oversight of the budget</td>
</tr>
<tr>
<td>Clinic Coordinator</td>
<td>● Conduct and oversee all student board business</td>
</tr>
<tr>
<td></td>
<td>● Oversee receptionist position</td>
</tr>
<tr>
<td></td>
<td>● Serve as liaison between the faculty board and student board</td>
</tr>
<tr>
<td></td>
<td>● Serve as a representative to the school, university, and community</td>
</tr>
</tbody>
</table>

*IPTE=Institute for Physical Therapy Education, PT=Physical Therapy, PPD=purified protein derivative, CPR=cardiopulmonary resuscitation.

According to Lincoln and Guba, the determinants of trustworthiness of qualitative findings are: credibility, confirmability, transferability, and dependability. Prolonged engagement, triangulation, and member checking enhance credibility. Prolonged engagement entails that the researchers spend enough time in the setting and with the participants to best understand the phenomenon of interest. All 3 researchers witnessed the student-led creation and launch of the pro bono clinic, which added to their ability to probe

ceeded independently, keeping analytic memos throughout the coding procedure. The 2 researchers met again and, using NVivo8 software frequency counts, identified the most prominent categories and ensured that all categories were mutually exclusive. They found that 3 categories were best collapsed and 2 additional categories that had been labeled “other” warranted further examination. These findings resulted in 1 additional coding category: team collaboration (Fig. 2).

All 3 researchers convened to examine the coding categories that emerged most strongly and began to discuss their relationships. They created a conceptual framework that depicted the findings and debated modifications until the depiction captured what they all found to be represented in the data. They sent the draft of the conceptual framework along with an explanation of the categories and their relationships (Appendix 2) to the 18 participants for member checking. Twelve out of the 18 participants responded. All except 1 out of the 18 participants agreed that the proposed depiction captured their experience. The representation did not conflict with the experience of the disagreeing participant; however, it did not completely capture it. He felt that his experience was more than the model was conveying. The researchers had debated the category of pride and, after revisiting the data and further discussion, posed extending the pride arrow through the entire experience as a theme rather than presenting it simply as an outcome of the experience. The participant who had earlier disagreed verified that this revision better captured his experience. The revised conceptual framework then was sent out for member checking again, and 8 participants responded. All concurred with the change to extend pride as a theme throughout the experience.

**Trustworthiness**

According to Lincoln and Guba, the determinants of trustworthiness of qualitative findings are: credibility, confirmability, transferability, and dependability. Prolonged engagement, triangulation, and member checking enhance credibility. Prolonged engagement entails that the researchers spend enough time in the setting and with the participants to best understand the phenomenon of interest. All 3 researchers witnessed the student-led creation and launch of the pro bono clinic, which added to their ability to probe
and contextualize the experiences of the participants. Patton\textsuperscript{21} described 4 types of triangulation (ie, methods triangulation, triangulation of sources, analyst triangulation, and theory/perspective triangulation). In this project, we used triangulation of sources to compare 18 transcripts and used analyst triangulation as 2 of the researchers conducted detailed analysis. Member checking for conceptual framework validity occurred as described previously.

A detailed audit trail, triangulation, and reflexivity contribute to confirmability. Reflexivity is the practice of making personal biases and roles known.\textsuperscript{19} All 3 researchers were faculty members at the same university and were strong promoters of student leadership. In addition, the researchers kept a detailed audit trail throughout the analysis including coding frameworks, analytic memos, and iterations of emergent conceptual models. Triangulation was conducted as described above.

Transferability is enhanced by thick description to allow readers to evaluate relatedness to their individual contexts.\textsuperscript{19} The below account of our results include many descriptive quotes and a conceptual framework in an attempt to provide rich description of the participant experience. Dependability was not evaluated (eg, no external audit was conducted), which serves as a limitation of the study.\textsuperscript{19}

### Results

Data analysis identified specific elements that equipped the students for the experience of creating and launching the clinic, and 2 components of the experience itself emerged as significant. Three additional categories were strong outcomes of the experience, and pride emerged as a central, overarching theme.

#### Conceptual Framework

**Description**

Figure 3 depicts the experiences of the board throughout the study as derived from the data analysis. The outcomes of leadership skills, competency, and commitment were fueled by components of the experience itself as well as preparticipatory elements. The 2 preparticipatory elements that were critical to the experience of creating and launching the student-led pro bono clinic were curriculum and individual strengths. The leadership opportunities and mentorship from alumni supervising therapists were an important part of the experience. The outcomes related to leadership skills, competency, and commitment (ie, clinical and administrative skills, problem solving and team collaboration, and commitment to the community and clinic) also were in the experience. Pride was an overarching theme throughout the experience and the outcomes.

#### Preparation

The 2 main components that prepared the students for the task of creating and launching a pro bono clinic were the doctor of physical therapy curriculum and their own individual strengths. Components of the curriculum included the course content and lab experiences that equipped them with clinical skills and the community engagement activities and cultural content that prepared them for interaction with the community. The response of one participant captured both the clinical and community engagement pieces well.
I guess most students look at [courses in areas such as cultural competency] and [say], “Oh, common sense. That’s so easy.” and “That’s not a big deal.” But I feel like that really has impacted the way we’ve set up the clinic [and] the way we approach the people that come to our clinic. I think that’s been really beneficial. [Also beneficial were] some of the foundational classes . . . getting your hands on people and working with people. (P1)

In addition, many of the students found that they were able to bring their individual strengths to the board experience. When one of the student schedulers was asked why she chose to pursue this board position, she responded: “I like it because I am a very quiet and reserved person. It did not have anything to do with a lot of outside contact, but I am very close with my class, so I thought it would be best.” One of the fund officers also answered the question by saying, “I’ve done fundraising before. . . . I’m not afraid to talk to people, so that made it easy. . . . And I like numbers so I thought it would be a good spot for me.”

The Experience

Two major components of the experience itself emerged that shaped outcomes. The first was leadership development opportunities; the faculty specifically sought out leadership opportunities for the board such as formal in-servicing and programming, as well as presentation opportunities locally, regionally, and nationally. Formal leadership development opportunities facilitated the enhancement of leadership skills.

When I went to the LAMP [Leadership, Administration, Management, and Professionalism] Conference, the 1 thing that was very insightful was that you can be a leader and not be outspoken. I tend to be quieter and don’t really state what I am feeling very often, and in past experiences and leadership roles, I was more of a quiet leader. . . . So that made me feel good to hear that. (P6)

It was really good because he [Dr Morrison] talked about transformational versus transactional leaders. . . . And [it] allowed me to think about how you would go about making change and the things that you would do with being a leader . . . rather than being the prime decision maker. You can still inspire everyone to have ideas and work those ideas in a certain way. You get a much better product. That was inspiring. (P11)

The second was mentorship from alumni supervising therapists. Students noted the value of having experienced therapists guiding and teaching as they applied their clinical skills in the clinic. The mentorship phenomenon occurred between the older class of students and the younger class of students as well. This phenomenon was mentioned by the majority of participants.

I gained a lot of knowledge, not only in my skill sets, but also in the knowledge of the curriculum and what [the alumni supervising therapists] found beneficial and what has worked for them. Also I can ask them about any technique I am using and how I could better do it for the patient, and . . . how to progress a patient. (P13)

Because the mentorship experience cannot fully be explored by only the students’ perception, the researchers are engaged in an additional study to understand the mentorship experience from both the supervising therapists’ and students’ perspectives.

Outcomes of the Experience

Three major categories presented as outcomes of the board experience: leadership, competency, and commitment. Subcategories emerged within each of the major categories. The development of leadership skills and collaboration were the 2 subcategories of leadership that emerged from the data.

Leadership. Students attributed the development of their leadership skills to the supplemental leadership development activities described above, as well as the inaugural board

I guess most students look at [courses in areas such as cultural competency] and [say], “Oh, common sense. That’s so easy.” and “That’s not a big deal.” But I feel like that really has impacted the way we’ve set up the clinic [and] the way we approach the people that come to our clinic. I think that’s been really beneficial. [Also beneficial were] some of the foundational classes . . . getting your hands on people and working with people. (P1)
experience itself. They discussed the leadership skills developed within the experience itself.

I think one of the major things I’m taking from it is the management and the organization that you had to have to do it, because I’m not a very detail-oriented person. . . . So it made me focus on that, which is something that I needed to work on. (P8)

Well, this is a unique leadership opportunity, and it gives you more of the business side, which I didn’t think I was that interested in. But I think I have opened my eyes to it. I like being behind the scenes and seeing what works. (P15)

In particular, they noted an appreciation of team collaboration that emerged from the experience.

I think that as we have grown as a board, we’ve evolved. . . . We have our roles, but at times, we just . . . shove those roles to the side and just work as a group. Everybody does everybody else’s job or . . . puts their ideas in. So [it’s] a team collaboration. (P2)

Competency. The students identified improved competence in both clinical and administrative skills. Clinical hands-on skills included: the opportunity to practice tests and measures, manual techniques, evaluative techniques, administration of therapeutic exercise, client and family teaching, and documentation skills.

The other day, we had learned cervical moves, and I was able to go down that day and, with the supervising physical therapist, able to try it, which is really cool because [my classmates are free of impairments]. So when you get to feel it on a patient it is kind of enlightening. (P16)

Participants also noted the development of their administrative skills. P1 stated, “Our paperwork is completely different now. [We’re] taking ideas from other clinics and seeing what they ask their patients and how they look at quality assurance types of things.”

Commitment. The board members expressed strong commitment to both the community and to the clinic.

[The patients] come in to us because they have nowhere else to go, and for us to be able to take them under our wing and help them out by alleviating their pain and increasing [range of motion] is very heart warming. It just gives you a great sense of accomplishment to be able to reach out to people who are in need. (P3)

They expressed their commitment to the clinic in both immediate and future terms.

It’s like I said before, “After a long day of class, going to the clinic revitalizes you”—the camaraderie among us as the boards and the patients and supervising therapists. . . . It is just a fun environment to be in. (P17)

I wouldn’t mind coming back [to help volunteer] because I think it is a good opportunity. And since we . . . started it, we know what works and what doesn’t. . . . I think it would be a good learning experience for me. (P7)

Pride. Pride was an overarching and pervasive theme that emerged from the data analysis. The board members expressed tremendous pride in the creation and launch of the clinic. When asked what they would most remember about the experience, they had positive comments.

It has been exciting, especially going to Jacksonville [for the Student-Run Free Clinic Conference sponsored by the Society for Student-Run Free Clinics] and seeing how lucky we are to have such an operational clinic and seeing the other schools that desire what we have and would love to be in our shoes. (P18)

[It was having] the open house and having everyone see our space. It is a beautiful space. . . . I don’t think people were expecting that . . . and also our first couple of patients and seeing how satisfied they were with the new, up-and-running clinic. (P17)

I think another big thing with being part of the inaugural board is that . . . we did this. [The clinic] is something that didn’t exist, so this is something that years from now when we look back it is still going to be here functioning [and] helping people. (P5)

Discussion

This qualitative study examined the experiences of students in a DPT program who were part of the creation and launch of a student-led pro bono physical therapy clinic. Upon reflection on the qualitative analysis of student interviews, we realized, at least for those students involved in the creation and launch of the pro bono clinic, that this experience contributed to the achievement of several CAPTE criteria (Fig. 4) in addition to the expectation to engage in pro bono practice found in CC-5.7. The additional criteria include: attention to administrative and practice management pieces, client advocacy, and compassion/caring. The participants repeatedly noted the attainment of leadership and administration skills. They described a commitment to the clients they served and demonstrated advocacy, compassion, caring, and social responsibility. This finding is consistent with those of Groh et al22 who surveyed 306 nursing students before and after a service-learning experience. They found significant changes in the constructs of leadership skills and social justice.22 Although theirs was not a clinic experience and the measure was a self-assessment tool, the constructs are similar.

Throughout the interviews, the participants provided many examples of
opportunities to obtain practice management and professional practice experience. These are expectations that may sometimes be challenging, given the potential difficulty of finding meaningful experiences within the didactic portion of the program that address issues of administration, advocacy, and social responsibility. The clinic serves as support to the didactic portion of the curriculum because of its inclusion of these elements, which often are more difficult to incorporate and assess.\(^\text{23,24}\)

In addition, the results of this study are relevant to CAPTE criterion P-4: Program Assessment and Planning. Program assessment in these criteria is specific to the meeting of program mission. This physical therapy program’s mission is built upon development in 3 areas: competency, character, and citizenship. All 3 tenets are reflected in the results of the study. The participants noted enhanced competency in both clinical skills and administrative skills.

Their character growth is demonstrated in their learned leadership skills and ability to collaborate with one another. Citizenship is manifested in their commitment to both the community members and to the pro bono clinic. The findings confirm that the board experience served to meet the program’s mission and thus serves as evidence when evaluating achievement of CAPTE criterion P-4. In addition, the board experience relied on program planning for the enhancement of the project and experience. Program planning requires strategies to attract students beyond the inaugural board members to participate as future leaders of the clinic.

Given that only a portion of the entire student body experienced this unique opportunity to meet the expectations related to skills and abilities required by CAPTE, we recognize the need to create the opportunity for all students to engage in activities that foster these skills. To that end, we have expanded both voluntary and curriculum-based participation at the student-run clinic to allow for the inclusion of all students across all 3 years. Although every student will not have the experience of serving on the student board, all students will have the opportunity to be involved in key aspects of clinic service; clinic experience will be part of the didactic curriculum. The growth of the clinic over the past 3 years has facilitated this process (Tab. 2).

Future planning also requires attention to sustainability. Smith et al\(^\text{25}\) found that one way to achieve sustainability of community engagement programs is to involve students in the planning and implementation process. The process of creating and launching the clinic, which created a sense of pride in the inaugural board, can support clinic sustainability. The clinic’s sustainability also can be supported by continued involvement of students beyond graduation. The students who served on the inaugural board expressed commitment to the clinic both during their academic
careers and in their future careers. Students indicated that they would be interested in serving as alumni supervising therapists or donating money and equipment in the future. This commitment is vital to the future of the clinic.

Another way to achieve sustainability is to evaluate the impact that the program is having on students and the community. The students developed leadership, clinical, and administrative skills as inaugural board members. Continued development of these skills in both future board members and physical therapist student volunteers is one way to ensure clinic sustainability, demonstrating its value in the physical therapy education process. These students can potentially become community partners if they remain in the area after achieving licensure and thus will become key stakeholders as local clinicians. Future investigation should focus on the professional development of students who were involved in the clinic as both board members and volunteers in order to determine whether involvement in a student-led physical therapy pro bono clinic makes a positive impact in their early careers. Any potential contribution of the clinic to the early professional life of our alumni will help ensure that there is a constituency of physical therapists who support the clinic through patient referrals and as supervising therapists.

**Limitations**

The researchers did not conduct an external audit of their findings. Other than member checking with the participants, the researchers did not confirm additional dependability. With respect to generalizability, the results of this study are specific to this group of inaugural board members. However, the findings have the potential to be informative to other DPT programs seeking to establish student-led pro bono clinics. An additional limitation to the study was a smaller response rate on the second round of member checking, although the data fully support the decision to change pride from a category to a theme. The board members experienced a sense of ownership and pride as they looked back on their experiences. It is incumbent upon the program and the faculty board to extend this experience and sense of pride to the next generation of student board members and to all students involved in the clinic. Further research should investigate whether creating opportunities of ownership and pride for future student groups will foster the leadership, competency, and commitment outcomes that were experienced by the students interviewed for this study. Additional research also should look at the experiences of the community members, alumni supervisors, and the students who volunteer in the clinic but do not specifically serve on the board. A final limitation was the absence of objective measures for the enhancement of students’ clinical and administrative skills as well as their development of social responsibility. Future research should seek to confirm student perceptions of skill and professional development with quantitative measures.

**Conclusions**

This study sought to examine the perspective of DPT students involved in the creation and launch of a student-led physical therapy pro bono clinic. Interviews and subsequent content analysis identified elements that equipped the students for the experience, components that were integral to the experience, and outcomes of the experience. The resultant conceptual framework captures those pieces and includes “pride” as a theme evident throughout the experience. The findings demonstrate how the experience helped meet CAPTE criteria for some students and inform how we might extend the experience to all students. The findings also inform future growth and development of the clinic and point to additional areas of research. This study offers insight into the creation and implementation of student-led pro bono physical therapy clinics and similar projects.

Dr Black and Dr Palombo provided concept/idea/research design and project management. All authors provided writing, data collection, and analysis. The authors thank the members of the inaugural student board for their participation.


**Table 2.**

<table>
<thead>
<tr>
<th>School Year</th>
<th>No. of Client Visits</th>
<th>No. of New Clients</th>
<th>No. of Student Board Positions</th>
<th>% of Students Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009–2010</td>
<td>297</td>
<td>18</td>
<td>8</td>
<td>25%</td>
</tr>
<tr>
<td>2010–2011</td>
<td>422</td>
<td>26</td>
<td>9</td>
<td>70%</td>
</tr>
<tr>
<td>2011–2012</td>
<td>845</td>
<td>70</td>
<td>10</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Ranges are from September to September.*

**References**


23 Panzarella KJ. Beginning with the end in mind: evaluating outcomes of cultural competence instruction in a doctor of physical therapy program. Disabil Rehabil. 2009;31:1144–1152.

24 Vito K, Roszkowski M, Wieland D. Measuring cultural competence as a curriculum outcome: what we learned from our experiences with two instruments. Paper presented at: National League for Nursing Education Summit; September 29–October 1, 2009; Baltimore, Maryland.

Appendix 1.
Inaugural Student Board Interview Guide

1. Why did you pursue membership on the student board? What motivated or led you to apply?

2. What is your role on the student board? What class are you in?

3. What interested you about this particular position?

4. What duties have you done? What things does this encompass? What things have you done since assuming the position?

5. What has your experience as a member of the inaugural student board been like?
   - What have been the highlights and benefits?
   - What have been the challenges?
   - What would you like to have been different?
   - What recommendations do you have?

6. What has been your experience to date participating in the treatment of clients in the clinic?
   - How has that experience been?
   - What has gone well?
   - What has not gone so well?
   - What has been surprising?
   - In what ways could you have been better prepared?

7. What has been your experience with working with the alumni supervisors?
   - What have you gained/learned?
   - What have you found difficult?
   - What has been surprising?

8. What aspects (if any) of your experience here at IPTE⁴ have prepared or contributed to your experience here at the Chester Community Physical Therapy Clinic? What other aspects of IPTE have played a part? How and in what way?

9. Would you recommend student board membership and participation to other physical therapist students? Why or why not?

10. What will you most remember/value about your experience as a student board member of the Chester Community Physical Therapy Clinic?

11. How do you think that your participation as a student board member will help shape your professional career?

12. What role (if any) do you think that you will have in the Chester Community Physical Therapy Clinic as an alumnus?

⁴ IPTE—Institute for Physical Therapy Education.
Appendix 2.
Member-Checking Materials

Inaugural Board Experience Emergent Model

The Experience of Creating and Running the Student-Run Physical Therapy Pro Bono Clinic

1. The first small wheel on the left depicts 2 key elements that you brought into the experience or helped prepare you for the experience:
   - Components of the physical therapy curriculum
   - Your individual strengths, gifts, backgrounds

2. The larger wheel in the middle represents the experience itself. Two components seemed to further shape you as you experienced the creation and running of the clinic. These components were:
   - Mentorship from the supervisors
   - Leadership training experiences, both the formal training experiences and the opportunities to present at professional conferences and marketing fairs, etc.

3. The 3 arrows spinning off the wheel represent outcomes of the experience. We found 4 key outcomes, but decided to depict the fourth one in a slightly different manner. The 3 outcome arrows are:
   - Increased competency in both clinical and in administrative skills
   - Improved leadership skills, particularly relevant to problem-solving skills and team collaboration skills
   - A strong commitment to both the clinic itself and to the community members you served

4. The fourth outcome that came through loud and clear was pride. All of you spoke of the pride that you have as a result of being part of this project. We decided that pride encompassed all of the outcomes and chose to depict it as such.