



Healthy movement. Healthy communities.

Pro Bono Playbook

Greetings!

Move Together's Pro Bono Incubator (PBI) program is proud to present the *Pro Bono Playbook*. This collection of resources originated from the efforts of the 2013 APTA Student Assembly's Pro Bono Physical Therapy Services Project Committee. We would like to thank all who contributed to the playbook, including the numerous individuals throughout the country who completed a survey informing the creation of this document. By drawing on the experience of many and sharing it with the pro bono community, we will be able to improve access to quality rehabilitation services around the corner and around the world.

This Playbook is designed to assist individuals or groups as they establish and maintain rehabilitation medicine-related pro bono programs serving their community. It is intended to act as a comprehensive guide for planning, implementing, and sustaining pro bono services in one's community. Additionally, because pro bono services can look very differently depending on resources and personnel available, we have included various clinic models to help guide your programming.

We continue to be inspired every day by the compassion of the rehab community. The passion to serve runs deep in our profession and we hope that this resource is helpful as you work to promote healthy communities through healthy movement. As a pro bono community, the more we work together, the stronger we will grow; the stronger we grow, the healthier our communities will become. Thank you for taking the time to seek out this resource and please do not hesitate to contact us if there is anything we can do to assist you in bringing your pro bono innovation to actuation!

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I. BEFORE YOU BEGIN

Before even starting to consider the logistics of running a pro bono clinic, be sure that you have a clear mission and vision for your clinic and have performed a thorough needs assessment to get your clinic started in the right direction.

Background

- What makes a pro bono clinic "pro bono"?
 - Pro bono - Latin term for "public good."
 - Difference between pro bono work and volunteering: both practices offer services to those in need who may otherwise not be able to afford such services; however, pro bono work involves providing a specific set of professional skills for little to no fee.

Needs assessment

- Before creating your pro bono clinic, it is essential to conduct a needs assessment that examines what is desired and required to meet the needs of both those running the clinic and those it serves. Some questions you may ask, include:
 - What populations are in need of pro-bono services?
Helpful Hint: You may want to assess local PT clinics, hospitals, homeless shelters, schools, community organizations, drug or prison rehab programs, etc., for populations that are most in need.
 - When a target population is determined, decide on what their greatest needs are. What type of PT will be most effective?
Helpful Hint: Defining the focus and type of clients you want to serve will help with a more efficient start-up experience.
 - What are your needs as the providers of services?
 - What are you looking to achieve through running a pro bono clinic?
Helpful Hint: Examples include having the clinic serve as a place where students can develop communication skills, documentation skills, decision-making, or as an experience that fosters professionalism and altruism for all providers involved.

Mission and vision statements

- What's the difference between a mission and vision statement?
 - **Mission statement:** defines an organization's primary objectives and purpose - helps define the measure(s) that determine success.
 - **Vision statement:** also defines the organization's purpose, but describes the organization's values when doing so. It helps to inspire those who work for the

organization and those who may decide to work with the organization.

Creating a mission statement

1. Identify what you want your clinic to represent and what makes it different from other clinics.
2. Identify key measures of success. Limit those measures to the few most important ones that encompass the purpose of your clinic.
3. Create a SMART goal (specific, measurable, attainable, relevant, time-bound) within your mission statement to make the purpose and goals realistic and measurable.
4. Continue to re-read and adjust your mission statement until it is concise and clearly defines the overall purpose of your clinic.

Creating a vision statement

1. Once the mission statement is created, determine the values that are necessary to fulfill that mission.
2. Use values to represent all parties involved: faculty, students, and clients.
3. Choose the correct language to clearly and concisely describe the values that are necessary to your clinic to create your desired environment.

Helpful Hint: Further information on creating mission and vision statements, their purpose, how they can change, etc. can be found here: [Mission and Vision Statements](#)

II. LOGISTICS

Before working out the details of clinic operations, it is essential to first consider some of the big picture items related to starting a pro bono clinic.

Costs associated with running a clinic

- When considering funding, this is an example list of potential expenses:

- Space
- Equipment needs
- Staffing costs (will you compensate the licensed providers?)
- Liability insurance for licensed providers

Helpful Hint: Some clinicians will carry their own insurance and with university-based clinics, the university will often provide liability insurance. Remember, not all schools cover liability insurance for students, especially if services are provided at an offsite location.

- Supplies
- Printing costs
- Parking costs (for students, clinicians and clients)
- Facility use
- Marketing tools
- Administrative support

Helpful Hint: Keep in mind that with support from an academic institution or other partners, these costs can be kept to a minimum.

Equipment and supplies

- What equipment or supplies will your clinic need to operate?
- Consider your target population:
Helpful Hint: Orthopedic services may need splints, wraps, or Therabands, neurological may need mats or low tables, and cardiopulmonary may need stethoscopes.
- Other equipment to think about: blood pressure cuffs, stopwatches, athletic tape, tape measures, reflex hammers.
- If working in an interdisciplinary clinic, additional equipment may be necessary.
- Where can you get equipment and supplies?
 - Contributions from your academic institution
 - Donations provided by local clinics
 - Existing equipment in the space you're using
 - Equipment obtained at discounted rates from supply companies
 - Purchased with funds (see funding section below)
 - Local organizations that provide or sponsor medical equipment

Clinic Location

- Where will you set up your pro-bono clinic?
- Does your academic institution or program have space that can be used or renovated for the clinic?
- If creating within an existing interdisciplinary clinic, what space can other disciplines offer?
- Is there another space on campus that can be used?
Helpful Hint: Look into how to rent this space and any additional requirements you may have to fulfill.
- If partnering with a community partner or program, consider using their space
Helpful Hint: Consider a local shelter or community health center.
- Are there other local clinics where space could be used?
Helpful Hint: Look to faculty or area clinicians for ideas about available spaces. See if you can partner with an existing clinic. Often times, existing clinics will be willing to partner with groups who are willing to provide pro bono services after normal hours.
- When considering a space for your clinic, keep the following in mind:
 - Is there nearby parking? Is it free?
 - Are there handicap parking spaces available?
 - Is the building accessible to those in wheelchairs?
 - Can clients access the space during the hours of your clinic? (For example: campus buildings in the evening may be locked)
 - Is there equipment available in the space or will it need to be brought to the location?
 - Is there space for long-term storage for clinic equipment/supplies?
 - Is the clinic easy to get to for your target population?

Resource lists

- Develop a list of resources that you or the community can offer the clients you serve.
- Based on your target population, what community resources can you offer your clients?
 - Think about both PT-related and non-PT related resources your clients could benefit from.
Helpful Hint: Look for inexpensive places to get equipment or medical supplies, social or psychological resources, community groups that may focus on your population such as people with spinal cord injuries, veterans, etc.
 - Consider keeping copies of the resource list available to give to clients
 - Consider creating a variety of brochures with different information for target populations.



- This is not necessarily something that needs to be in place immediately, but is a good project to work on as your clinic begins to get running.

III. CLINIC OPERATIONS

This section will help to guide you through all the details related to defining roles and setting up policies and procedures for clients and clinic staff. Taking time during the clinic setup process to ensure you have a clear idea of clinic operations and general organization and will help to ensure that things run smoothly once implementation begins.

Leadership

- Who will be in charge of your clinic?
 - See Section IV for examples of leadership models. Clinics may be faculty-run, student-run, or interdisciplinary.
 - A faculty member or group of faculty members and administration may be fully oversee operations. Consider how often the decision-makers will meet? Will one faculty member primarily be in charge of daily operations?
 - A board of students can also serve as the leadership committee for the clinic with a faculty advisor assisting.
 - If the clinic is being created in an existing interdisciplinary clinic, the rehabilitation services operations may be overseen by students or faculty in collaboration with leaders from other disciplines.
- How will leadership positions be chosen? Application? Election? How often will the positions be reelected?
 - If a student-run clinic, consider having scheduled elections/application periods so students know when they can apply for the position.
 - Consider having a document or presentation from the students and/or faculty leadership to inform prospective students of the job responsibilities prior to the application process.
 - Once elected or chosen, there should be an overlap training period for each new board member and a handbook for their reference while in charge of clinic operations. The handbook can be anything from a single set of job responsibilities to a full clinic operations manual.
 - If a student-run clinic, consider having student leadership from two different class years so there can always be a more experienced person serving and mentoring future leadership into their role.

Orientation and training for students/clinicians/staff

- Who will orient new volunteers/workers to the clinic and its procedures?
- What procedures will the orientation cover?
 - Staff attendance policies
 - When to arrive prior to appointments

- How to find a replacement in case of emergency
- Responsibilities during treatment, especially if different levels of experience/education are involved (first year students vs. second year students, PT's vs. PTA's)
- Safety orientation to available equipment
- Equipment that can be given to clients
- Required paperwork during clinic
- Documentation procedures
 - Who will write the notes?
 - Who will sign the notes?
- Consider creating a handbook for students involved with the clinic so there is a reference for any questions/concerns.

Fee for service or free services?

- Pro bono does not mean free, it means “for the public good”. Would you like to charge a fee for service or make your services strictly pro bono?
 - Fee for service: consider a small fee such as \$5 or a pay what you can model. A pro to charging a small fee is that clients may place more of a value on the services they are provided, it may help with compliance, and client empowerment. However, consider if the fee will deter clients from seeking out your services.
 - Free services: do not charge a fee for service. Consider the points above when making a decision.

Scheduling strategy for clients

- How will you schedule clients to be seen in clinic?
 - Walk-ins (first come, first serve) without scheduling appointments
 - Appointments scheduled by student volunteers
 - Students contacting clients to set up appointments, or clients contacting the clinic?
 - If contacting clients to schedule appointments, how you will get their contact information?
 - Will multiple appointments be made ahead of time, or just week-by-week/day-by-day?
 - Will scheduling be done on paper or on a computer?
- Helpful Hint: Be sure your referral sources are aware of your scheduling strategy.*
- Cancellation/no show
 - Have a clear cancellation/no show policy, describing how and who to notify if a cancellation is necessary, preferred time frame when making a cancellation, and

- how many cancellations are allowed.
- Consider having clients sign a documentation that outlines attendance expectations. Follow-up with any client who has cancelled or no showed. Have a well defined policy and discharge clients who do not meet expectations.
Helpful Hint: Have a reminder call before each appointment but consider discharging the client if they no show two times in a row or three times non-consecutively.

Scheduling strategy for staff and their roles

- How will staff be scheduled?
- You may want to create an online calendar that staff can access at any time to check their schedule or make changes if necessary.
 - This can also be easily converted into an automatically generated email reminder for students set up to go out at a specified number of days prior to each treatment session.
- If students are involved in client care, will there be a team or pair of students treating a single client or will each student be working alone with the faculty member/overseeing clinician?
- If there is more than one person working with a client, will you set up defined roles for each person or will both/all students work together and equally throughout the treatment session?

Helpful Hint: If students are involved in client care and are assigned days/times to work in the clinic, try to assign the student prior to the exam schedule being released for the semester. If the scheduling is random and known far in advance, people are less likely to get upset and are able to plan in advance.

Quality and performance measures

- Client outcomes
 - It is integral to collect some form of client outcome so you can track their progress. Here are some options:
 - Patient Specific Functional Scale: appropriate regardless of diagnosis and ties back into the client's goals and functional status
 - Joint-specific outcome: Oswestry, Lower Extremity Functional Scale, QuickDASH, etc.
 - Other outcomes to consider: 6-minute walk test, TUG, Berg Balance Scale, or other diagnosis-specific outcomes
 - Client satisfaction

Helpful Hint: To address continuity of care, considering having "grand rounds" with providers. This especially helps in a student-run clinic as it provides a valuable learning opportunity for students and can be incorporated in the curriculum.



- Staff outcomes
 - Schedule monthly or bi-monthly reviews of clinic operations, and be sure to commit to that schedule to ensure the clinic is following the objectives outlined in your mission statement.
 - Consider giving participating staff a qualitative survey at the end of the year to get feedback about their experience.
- Clinic outcomes
 - How will you determine if your clinic is meeting its mission statement and goals?

Helpful Hint: Setting specific goals and objectives this prior to beginning operations will help keep the clinic running smoothly and on target with its predefined purpose.

- It is integral to track clinic/program-specific outcomes. This will help you ensure that you are achieving your goals and track progress from year to year. If you decide to apply for funding or need to provide evidence to stakeholders of the clinic, these outcomes can be extremely useful. Consider which outcomes you would like to collect from the following list:
 - Number of clients impacted (individuals evaluated, screened, educated etc. by the program)
 - Number of client contact hours (evaluations, treatments/follow-up care, screenings, consultations, education, etc.)
 - Number of rehabilitation professionals participating in direct client care (including PT/PTA/OT/OTA students, licensed therapists/supervisors/faculty)
 - Percentage of students participating in the clinic (if students are involved in the clinic)
 - Amount of savings based on Medicare reimbursement, calculated based on units "billed"
 - Cancel/no show rate
 - Number of visits before discharge

Helpful Hint: Remember to start small. Don't try to collect too many outcomes from the beginning. Choose three or four that are meaningful to you and re-assess each year if you would like to collect additional or different outcomes.

Discharge policy

- Determine how and when clients will be discharged
 - Will there be any sort of follow-up? If so, how often?
 - Will discharge be complete once goals are met or will there be a re-evaluation process to determine further needs and whether or not the client still meets the criteria for enrollment in the clinic?



IV. EXAMPLE MODELS OF PRO BONO CLINICS

Pro bono can look very differently depending on the resources and staffing available. This section shows different models of how pro bono rehabilitation services are being applied in the community. This information was assimilated from survey responses, so each model encompasses responses from different programs. Consider taking pieces from each model that best fit your situation.

Faculty Run Pro Bono PT Clinic Example

Clinic Development

- Space
 - Renovated vacant space in PT building donated by university
- Start-up Funding
 - From student fees, equipment donations, medical equipment supplies from Salvation Army, PT department budgets for large purchases
- Treating Therapists
 - Model 1: all therapists are faculty members with 2 students observing, some adjunct faculty are also hired to work in the clinic
 - Model 2: all students treat in the clinic and are supervised by faculty or associate faculty who are compensated for their time
- Liability
 - University covers liability insurance for faculty members
- Documentation
 - Model 1: TheraOffice EMR
 - Model 2: Paper Records

Clinic Structure

- Structure
 - Model 1: Faculty-run clinic, clinic supervisor and manager are both faculty
 - Model 2: All students treat in the clinic, 75% of faculty are supervising therapists and/or oversee administrative duties
- Weekly Operations
 - Model 1: 4 days a week 1pm-5pm; students observing in fall and spring with voluntary observations in summer; 12 clients per night when 3 providers are present
 - Model 2: 5 days per week for 4-5 hours per day treating 25 clients per night
- Client Recruitment
 - Referrals from local health department's clinic, advertising to local primary care and specialty care providers, community support groups, word of mouth, local news story
- Diagnoses Treated
 - Orthopedics, neurology, wellness



- Client Population
 - Clients with no 3rd party funding, adult Medicaid, clients who have used all insurance visits for the year
- Cost to Client
 - Model 1: Strictly pro bono
 - Model 2: \$60 donation per semester required only for clients in the neuro clinic, otherwise strictly pro bono
- Outcomes Collection
 - Number of new evaluations, number of treatments/visits, diagnoses treated
- Client Communication
 - Contact clients via telephone and email
- Client Transportation
 - Clients provide their own transportation
- Translation/Communication
 - University provides translation services

Sustainability

- Fundraising
 - Primarily funded from student tuition fees
- Ongoing Costs
 - Compensation for faculty/provider time
- Daily Operations Maintenance
 - Faculty clinical manager oversees daily operations and faculty committee oversee all clinic operations

Student-Run Pro Bono PT Clinic Example

Some student-run clinics are incorporated into the curriculum and participation is mandatory while other clinics have non-mandatory participation. Consider this as you consider clinic operations. Clinics can be incorporated into the curriculum through a service-learning course, through something such as a “grand rounds” course, or paralleling with the orthopedic or neurological curriculum. Be creative with how this is addressed!

Clinic Development

- Space
 - Donated space within outpatient PT/OT clinic
- Start-up Funding
 - Large equipment companies provided donations, PT department funds
- Treating Therapists
 - Students, faculty, community clinicians
- Liability
 - Self-coverage for community clinicians, university provides coverage for faculty
- Documentation
 - WebEx, WebPT

Clinic Structure

- Structure
 - Model 1: Voluntary student-run clinic with 40% student involvement. Two faculty members assist with administrative organization and supervising therapists are local clinicians.
 - Model 2: Student board with 100% student involvement, faculty advisors assist student board. Participation in the clinic is incorporated into the curriculum. Students are scheduled to work in the clinic 3 times per semester. During winter break and summer, the clinic is staffed on a volunteer basis.
 - Model 3: Student board with voluntary student participation in clinic, faculty and local clinicians supervise students who provide care
- Weekly Operations
 - Model 1: 3 days per week treating 3-6 clients per day
 - Model 2: 2 days per week, 3 hours per day, 18-20 clients per week
 - Model 3: 2 evenings per week for 3.5 hours per night, 4-6 clients seen per night. Each night, one student board coordinator is present, 2 students (one 1st year and one 2nd year) with 1 faculty advisor per client, administrative duties are performed by PT division office
- Client Recruitment
 - Recruitment through three different local pro bono medical clinics, word of mouth, student board visiting local clinics
- Diagnoses Treated
 - Orthopedic and neurological



- Client Population
 - Uninsured or underinsured clients who are screened/referred by a medical pro bono clinic
- Cost to Client
 - Pro bono with a suggested \$5-\$10 donation
- Outcomes Collection
 - Model 1: Value of services provided based on Medicare reimbursement, volunteer hours by students and clinicians, number of clients and client visits.
 - Model 2: 10m walk, 6 minute walk, Lower Extremity Functional Scale, Oswestry Disability Index, QuickDASH – outcomes collected at each visit
 - Model 3: Number of visits per client per month, tracking referral sources, tracking diagnoses treated
- Client Communication
 - Model 1: Reminder phone calls provided by PT school graduate assistants
 - Model 2: Undergraduate pre-PT /kinesiology students help with “front desk” tasks such as scheduling and reminder calls
 - Model 3: PT division office schedules all appointments and provides reminder calls
- Client Transportation
 - Bus tickets are provided on an as-needed basis
- Translation/Communication
 - Model 1: Undergraduate and graduate language students provide translation
 - Model 2: Volunteer interpreters from campus community and publicly through social media sources

Sustainability

- Fundraising
 - Private donations, restaurant donation nights, golf tournament, donations at graduation
- Ongoing Costs
 - Electronic medical records, disposable client care items (i.e. Theraband)
- Daily Operations Maintenance
 - Student board meets one time per week to cover administrative tasks

Student Board

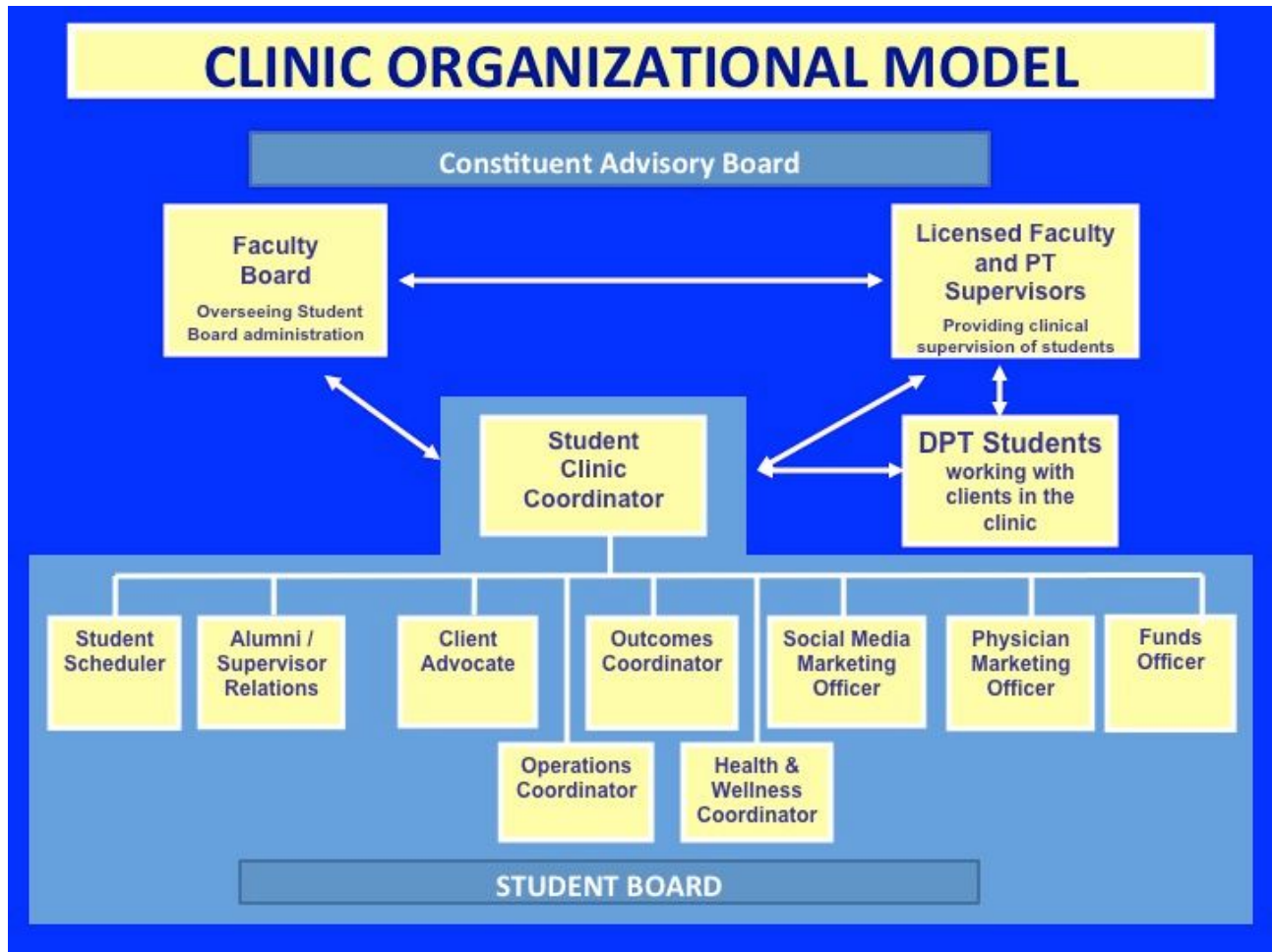
This section is designed to give you an overview of what student-run clinic board may look like. *(Information courtesy of Widener University, Chester Community PT Clinic)*

- Position Descriptions
 - **Clinic Coordinator** - The Clinic Coordinator is responsible for ensuring that all the other student board members are carrying out their roles and is available to assist other positions in moving forward. Additionally, this position reports to the faculty board and serves as a team leader for Grand Rounds.



- **Student Relations Officer** - The student relations' officer is in charge of scheduling and ensuring adequate student staffing for clinic operating hours, as well as serving as minute-taker for all board meetings.
- **Client Advocate** - The client advocate communicates with clients via the clinic cell phone and schedules or changes upcoming appointments. This position also hires and oversees the pre-PT work-study receptionists at the Clinic and is responsible for client initial paperwork.
- **Alumni /Supervisor Relations Officer** - The alumni /supervisor relations officer is responsible for scheduling licensed PTs to supervise on the nights when the clinic is open. This involves regularly recruiting and retaining new supervisors. Individuals in this position are expected to update important documents for each active supervisor (i.e., copy of license, malpractice insurance, CPR/First Aid) and to present an orientation session for a new supervisor.
- **Health and Wellness Coordinator** - The health and wellness coordinator manages discharge planning and client communication after discharge. This position looks for health and wellness outreach opportunities in the community of Chester for clients after discharge and is responsible for capturing and measuring client satisfaction with client satisfaction surveys. This position serves as a team leader for Grand Rounds and monitors cancels/no shows/and the need for re-evaluations.
- **Outcomes Coordinator** - The outcomes coordinator is responsible for tracking, recording, and analyzing patient demographics, treatment billing, and patient/student/supervising PT hours. Being proficient in Microsoft excel is a necessary skill. This position also is responsible for tracking client outcomes. The outcomes coordinator also serves as a team leader for Grand Rounds.
- **Operations Coordinator** - The operations coordinator maintains the clinic's inventory, organizes the cleaning of the clinic and equipment, and communicates with the fund officers to research and execute the purchase of new clinic equipment. This position is responsible for maintaining and upgrading the physical space of the clinic.
- **Fund Officer** - Fund officers are responsible for raising money for the clinic. They solicit and track donations, thank donors, and provide an annual update to donor. This position is also in charge of maintaining the cash box at the clinic.
- **Referral Marketing Officer** - The referral marketing officer is responsible for tracking and growing relationships with referral sources. This position involves visits to physicians' offices and establishing an effective tracking and communication system.
- **Social Media & Marketing Officer** - The Social Media and Marketing Officer is responsible for the promotion of the clinic via social media and print. This position creates and updates needed marketing materials and maintains communication with the University Relations department. This position also is primarily responsible for setting up marketing informational booths at local community health events.





(Information courtesy of Widener University, Chester Community PT Clinic)

Interdisciplinary Pro Bono Clinic Example

Clinic Development

- Space
 - Model 1: Within existing space of interdisciplinary clinic on University property
 - Model 2: Within local free health clinic in community
- Start-up Funding
 - Donations to interdisciplinary clinic and university funding
- Treating Therapists
 - Faculty of DPT program with students assisting and observing
- Liability
 - Provided from university
- Documentation
 - APTA Connect

Clinic Structure

- Structure
 - Interdisciplinary behavioral health integrated clinic, faculty, orthopedic residents, and students are involved in client care. All students treat 3x per semester and are supervised by a faculty member.
- Disciplines
 - Doctors, nurse practitioners, nursing, nutrition, exercise science, respiratory therapy, physical therapy
- Weekly Operations
 - Model 1: 4 days per week for 7.5 hours per day, 20 clients seen per day
 - Model 2: 1 day per week for 8 hours, 5-8 clients seen per day
- Client Recruitment
 - Referrals from city health clinic and other providers in the interdisciplinary clinic, word of mouth, open house, flyers.
- Client Population
 - Primarily geriatric population uninsured or with Medicaid
- Cost to Client
 - Strictly pro bono
- Outcomes Collection
 - Patient Specific Functional Scale
- Client Transportation
 - Vans provided by insurance or public transit, clients are responsible for arranging their own transportation

Sustainability

- Ongoing Costs
 - Covered by University and helps to fulfill university's mission
- Daily Operations Maintenance
 - Faculty make administrative decisions

V. STAFF AND CLIENT IDENTIFICATION AND RECRUITMENT

Operating a pro bono clinic would be impossible without clients to treat and dedicated clinicians to oversee students. This section will offer suggestions for client and clinician recruitment, and administrative support.

Recruit faculty/clinicians to oversee clinic

- Support from local clinics and/or your faculty and academic institution can be fundamental to program success.
- Where will you enlist clinicians from?
 - Interested faculty in an academic institution
 - Reach out to local program alumni
 - Local non-faculty clinicians
 - Reach out to clinical instructors or other local clinicians that have a previous relationship with an academic institution (guest speakers, instructors, etc.)
- Consider if faculty/clinicians will be involved in running clinic operations, or if this will be done by students.
- Reach out to other health professional schools associated with your academic institution that may be interested in creating an interdisciplinary pro-bono clinic. Contact faculty or student groups in other medical disciplines.

Helpful Hint: Some of the most successful and valuable pro-bono clinics are interdisciplinary.

- Consider tracking hours put in by clinicians and reward clinicians with certificates or small tokens of appreciation.
- For clinics involving PTA programs: Check with your state regarding the number of PTs and PTAs necessary for the number of students your clinic will staff and the number of clients it will serve.

Administrative support

- If support is lacking from administration of your institution, it may be important to stress the benefits of the clinic for the students, clients, and the university/college's relationship with the community.
- It is also important to have a clear idea of what you want the clinic to look like and how it would be run (time commitment by all those involved, supplies necessary, etc.), so the administration knows exactly what you are proposing. This will help you look more prepared and organized and increase others' confidence in your ability to create this program and follow through on all plans.
- It is important you outline the scope and goals of your clinic for the administration of your institution. Demonstrate you have a plan with all essential steps and key



components of success in place so the administration can see this is a well-planned endeavor.

- See Section VIII for additional resources that may help with gaining administrative support.

Student support

- Consider who will work the various functions of your clinic. Individuals will be needed for the following roles:
 - Treating clients during clinic hours
 - Providing intake for clients
 - Calling clients for appointments/referrals
 - Managing client documentation and paperwork
 - Managing funds
 - Managing daily operations or administrative duties (including student and client scheduling)
 - For a clinic that involves student participation:
 - Will they work at the clinic on a volunteer basis, as part of a class or as part of their academic curriculum?
 - Can volunteering at the pro-bono clinic be incorporated into their curriculum as a service learning experience or as part of a student organization?
 - How often will students need to volunteer and/or how students will sign up for/be assigned shifts.

Helpful Hint: If students are concerned about the time commitment but are interested in participating, it may be helpful to create a list of students who could substitute for other students who are sick or otherwise unable to work. This would allow students to be contacted and then choose whether or not to volunteer, ultimately providing a way for students to be involved without a strict commitment.

- Consider creating groups of students to work with each client. The groups could vary in size depending on how often the members of the group participate in the clinic. For example, groups of four or six students could see clients in pairs every other or every third clinic. This allows some students to see their client every other week and some to see their client every two weeks. This may be a way to work around interested students' concerns about the time commitment necessary to participate.

Helpful Hint: Consider developing a way to track student volunteers' hours to keep on file. Students could be rewarded for volunteering a certain number of hours a semester/year, etc.



Other considerations

- Who will be in charge of the day to day operations in the clinic such as checking in clients, scheduling, calling clients, etc.?

Helpful Hint: Consider recruiting undergraduate students interested in a rehabilitation profession to volunteer for some of these duties.

- Translation services: If your population may require translation services, consider partnering with language students from a local university to aid in translation.
- Transportation: Transportation can often be a barrier for some clients. Consider reaching out to a local transportation company or public transit to see if they would be willing to donate vouchers for those who are in need of assistance with transportation.

Target population

- Determine type of clinical population do you want to serve, such as orthopedics, neurological, pediatrics, etc.
- It may be best to start with a very specific, narrow population and grow from there. It may be overwhelming to market to a large population at first, and your clinic will grow through word of mouth as it begins to operate.
- Be clear in the beginning when defining your population. Include this in your mission or policy statements. It is easier to stray from the original aim of the clinic if it is not clear at the beginning.
- How else will you define or narrow your population? Examples include:
 - Geographic location
 - Insurance status: not insured, underinsured, etc.
 - Socio-economic status
 - Specific populations such as students, women, elderly, homeless, etc.
 - By referral from some other source (what are some examples of this?)
 - Through involvement in another program (i.e. staying at a homeless shelter where your clinic is housed)
 - Involvement with a shared community partner

Marketing

- How will you market your clinic to your target population?
- Where will your clients come from? Will they be walk-ins or referrals?
- How will you best be able to reach your future clients?
 - Online advertising
 - Flyers, posters, brochures
 - Informing local clinicians and other referral sources such as local physicians, rehab centers, hospitals, etc.
 - Through association with your academic institution/program



- Through association with an existing community program/resource
- Based on how your audience will best be reached, consider marketing through:
 - Websites (including links from school or program pages)
 - Posters near your clinic
 - Brochures to local clinicians, physicians and referral sources
 - An open house introducing your clinic
 - Advertising at health fairs, community events, or local schools
 - Use fundraising events as marketing tools
 - Use other academic program events as a place to market your clinic

Helpful Hint: When first starting your clinic, advertising may need to be restricted until the clinic operations are running smoothly. You don't want to grow more quickly than you can handle.

VI. LEGAL ASPECTS OF RUNNING A PRO BONO CLINIC

State laws may vary as to what techniques can be performed at a pro bono clinic. Look into your state's rules and regulations to see if any treatment is prohibited before opening up your clinic, particularly if students are involved. Also, check with your organization's risk management department to assess any liability insurance needs.

Liability insurance considerations

- What is liability insurance? In general, liability insurance protects you from the risk of being sued or held legally responsible for causing injury or loss to a client. It covers any legal costs and payouts if you are found to be at fault due to malpractice or negligence.
- Why does the clinic need it? No one plans to cause injury to clients when setting up a clinic; however, it is important to be covered in case something does happen. Before purchasing a policy, check with your organization as you may be covered under their policy, which would save you time and money. When looking into a policy, be sure to find out:
 - Who and what it covers? Faculty, students, outside clinicians, etc. and under what circumstances will an event be covered?
 - If coverage is the same for facilities located on university property vs. in the community? All practitioners, both faculty and community, may be covered on-site/on school property; however, this may differ when off-site.
 - Are students are covered under the program's liability insurance (whether it be through the university/college, the program's, or the pro bono clinic's personal liability insurance)? If this is the case, what is the necessary faculty:student ratio? *Helpful Hint: This may limit the number of clients you can see and students the clinic can handle at once.*
- Be sure to check your state's laws regarding direct access for both insurance and legal purposes.

Will the clinic be tax exempt?

- A pro bono clinic must meet the following requirements:
 1. Program must be set forth for charitable purposes, which make it tax-exempt, such as providing relief to the poor, distressed, or underprivileged.
 2. Program cannot be organized to benefit private interests.
 3. Program must not benefit individuals operating the program.
 4. Program cannot be involved in lobbying or campaigning.
 5. Fulfill basic legal requirements:

- Organization must be a trust, corporation, or association
- Must have an exempt purpose (partial list in bullet point above)
- Must complete Form 1023 - Application for Recognition of Exemption
- Must pay a user fee at a minimum of \$400 (check exact amount here: <http://www.irs.gov/Charities-&-Non-Profits/Exempt-Organizations-User-Fees-2012>)
- Further requirements can be found in the irs.gov step-by-step guide to applying for tax exemption: <http://www.irs.gov/Charities-&-Non-Profits/Application-Process>
 - Refer to the irs.gov website for more information and to determine specific qualifications for your clinic before deciding to apply for tax-exempt status: <http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations>
- If the clinic does not qualify as tax-exempt, it can still be nonprofit. This may allow the program to be eligible for benefits at the state level, such as sales, property and income tax exemptions. Nonprofit does not equal tax-exempt, although most federal tax-exempt organizations are nonprofit.

Necessary documents

- Registration
 - A form to gather client information during their initial evaluation. This may include demographics, contact info, referral info, emergency contacts, etc.
- Health history forms
 - Including past illnesses/surveys/hospitalizations, and a review of systems checklist.
 - Medication lists (and allergies).
- Confidentiality and HIPAA
 - Provide clients with a confidentiality agreement stating that client information will be kept confidential and include under what circumstances it may be disclosed such as in cases of child or elder abuse.
 - Include an authorization to release information (HIPAA) both to the students of the clinic and to anyone indicated on the form such as a spouse or child. Also include a statement asking about how the clinic can contact the client with information (phone, email, etc.)
- Release of liability and agreement to treat
 - Some protection for licensed practitioners is provided through the Texas Charitable Immunity and Liability Act of 1987.
 - A direct service health professional volunteer within a charitable organization may be immune from civil liability for any act or omission resulting in death, damage, or injury to a client if:
 1. The volunteer commits the act or omission in the course of providing health care services to the client.



2. The services provided are within the scope of the license of the volunteer.
 3. The client signs a written statement, which acknowledges that:
 - A. The volunteer is providing care that is not administered for or in expectation of compensation;
 - B. There are limitations on the recovery of damages from the volunteer in exchange for receiving the health care services. (70th Texas Legislature, 1987).
- Liability statements should include language that clients will:
 - Observe and obey posted rules or oral instructions
 - Recognize there may be risks associated with care and that the client is responsible for personal injury.
 - Acknowledge that the clinic cannot be held responsible for injury, damage of property, etc.
 - Agree to treatment and understand that the client won't be charged for services performed.
 - Give permission for students and faculty to provide them with rehabilitation services.

Helpful Hint: A photo release statement can also be included if the clinic will be taking photographs for educational or promotional materials.
 - Attendance policy
 - Include information about what to do if the client needs to cancel an appointment and what the ramifications will be.
 - Also consider a late policy.
 - Evaluation/intake forms
 - A form to be used during an initial client contact.

Helpful Hint: Include typical questions such as history of current complaint, evaluation findings, assessment, prognosis, goals and plan.
 - Documentation
 - Will you utilize paper documentation or electronic medical records? If partnering with an existing or interdisciplinary clinic, they may already have a documentation system in place that you can use.
 - Some electronic medical providers will offer discounts to those offering pro bono services. It never hurts to ask!
 - If using paper documentation, be sure to keep all files in a locked cabinet.
 - How will you distribute home exercise programs?
 - Consider using appointment reminder cards for clients
 - Client satisfaction survey
 - Consider including a satisfaction survey with (or before) client discharge as a

way to track client needs and ideas for clinic improvement.

- Feedback form for clinical staff
 - Consider having a form that faculty can use to provide feedback for students on their performance in clinic. This can be a helpful tool for students to improve their clinical skills in a real clinic situation.

VII. FINANCIAL ASPECTS OF A PRO BONO CLINIC

Once a list of clinic costs is compiled and legal issues are discussed, think about how you will fund your clinic in a sustainable manner to provide the best possible care. There are many different possible sources of funding.

Fundraising

Donations

- Look to local businesses, area clinicians, program alumni, and partnering programs. Are students/faculty willing to donate money or time to starting the clinic?
Helpful Hint: Be aware that donations made are NOT tax deductible unless your clinic is tax-exempt.

Grants

- Grants may be available through the pro bono clinic's associated academic institution. Register as a student organization and check for availability.
- The clinic may need to be tax exempt for some grants.

Fundraising

- There are many ways to fundraise that can be a very successful way to fund your clinic.
- Determine a fundraising strategy. Will you hold many, smaller, less time-consuming fundraisers throughout the year, or will you have a large annual event that can bring in a lot of money at one time?
- Are there other organizations you can partner with for fundraising?
Helpful Hint: If creating a multidisciplinary clinic, work with students from other disciplines to reach a wider audience.
- Is there a community partner associated with your target population you can work with?
- Does your academic institution employ other fundraising efforts that you can join? Perhaps they need more people and you both could split the increased profits.

Academic institution/program support

- Is an academic institution/program able to supply funding in any way?
Helpful Hint: This could come in the form of borrowed equipment, supplies or space.
- Be aware that often pro bono clinics are not tax exempt, which may affect the type of funds you can receive and if the person/organization making the donation can receive a tax deduction. If there is a question about donations, grants, etc. check on your organizational status and your state regulations before accepting any support from outside parties.

Bank Account

Opening a bank account

- Choose a bank to which all necessary members can have access (both physical access and online if desired).
- Why open a bank account? Depending on how your clinic is funded, you may need to open a bank account. Although you may not be generating income from client visits, if you perform fundraising for the clinic to help cover the cost of operations (equipment, consumables, etc.) then a bank account may be appropriate. Be sure all appropriate administrators are aware and supportive of this step, prior to taking action. If you decide opening a bank account is appropriate, please consider the following:
 - Who will be on the account/who will be the account holders? Be sure to have at least two people so no one is left solely in charge of all funds.
Helpful Hint: If student-run, consider putting a faculty member on the account, as this would likely not change as quickly as student members will.
 - If the account holder(s) need to change, who needs to be present to do so?
 - This can be important if one or more account holders are graduating and will not be in the area when the change needs to be made. If this is the case, try to find an account that requires only one of the holders to be present or be sure to change the account access prior to any change in leadership.
 - Is there a charge for the account? If so, are there other types of accounts that would not have a charge?
Helpful Hint: Consider looking into organization accounts, small business accounts, nonprofit accounts, etc. The exact title may vary based on bank and location.
 - Where will funds be coming from? Who will have the information and ability/responsibility to make deposits?
 - Will you need checks for your account? If so, there may be a discount for ordering them when opening the account as opposed to later.
 - To whom will you disclose account balances to and how often.

VIII. ADDITIONAL RESOURCES TO CONSIDER

Organizations to Connect With

Move Together, Inc.

Become part of Move Together's actuated network geared toward promoting *Healthy Communities through Healthy Movement* and take advantage of any of the following opportunities:

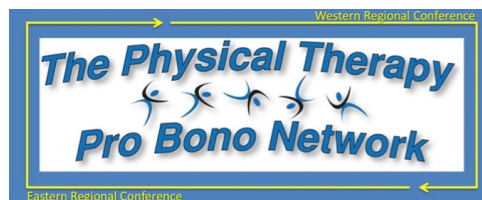
- Grant funding: Move Together has an annual Pro Bono Incubator grant to help fund innovative ideas aimed at increasing access to quality rehabilitation services around the corner and around the world. Applications are due each spring.
- Mentoring: Move Together's Pro Bono Incubator program has a diverse pool of experienced mentors who are willing to assist individuals or groups with any aspect of a pro bono innovation.
- Want to serve as a mentor? If you have extensive experience in the pro bono world and would like to engage in servant leadership, please let us know!
- Outcomes: Collecting appropriate outcomes is integral to clinic success. If you need assistance determining which outcomes you should be collecting or how to collect them, we can pair you with an outcomes specialist to assist you.
- Contact ciaraburgi@movetogether.org to find out more information about any of these opportunities or visit MoveTogether.org.



Healthy movement. Healthy communities.

The Physical Therapy Pro Bono Network

- The goal of the PT Pro Bono Network is to provide networking opportunities for student-run pro bono clinics.
- Attend one of their Regional Conferences, held each spring and share ideas with other people who are passionate about the pro bono world.
- [Join the network](#) to find out more about available opportunities!



The Physical Therapy Pro Bono National Honor Society

- The Physical Therapy Pro Bono National Honor Society recognizes outstanding physical students who provide pro bono services as part of their education.
- It also offers scholarships for individuals interested in attending a PT Pro Bono Network Regional Conference.
- For more information, visit their [website](#).



Physical Therapy Pro Bono National Honor Society

American Physical Therapy Association

- APTA's vision statement for the physical therapy profession is "Transforming society by optimizing movement to improve the human experience."
- The APTA Code of Ethics specifies that APTA members provide pro bono services to meet the health needs of those who are economically disadvantaged, uninsured, or underinsured.
- To access the resources the APTA has regarding pro bono physical therapy please visit their [website](#).



Research to Substantiate Pro Bono Rehabilitation Services

Below are some journal articles that may be helpful resources to aid in the justification of creating a pro bono clinic. Topics discussed include service learning, student benefits to participation in pro bono work, clinic models, interdisciplinary collaboration, and community partnership.

Andrus, N. C. and Bennett, N.M. (2006, April). Developing an interdisciplinary, community-based education program for health professions students: the Rochester experience. *Academic Medicine* 81(4), 326-330.

Beck E. The UCSD student-run free clinic project: transdisciplinary health professional education. *J Health Care Poor and Underserved*. 2005;16:207-219.

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Darnell JS. Free Clinics in the United States: a nationwide survey. *Arch Intern Med*. 2010;170(11):946-953.

Farlow JL, Goodwin C, Sevilla J. Interprofessional education through service-learning: lessons from a student-led free clinic. *J Interprof Care*. 2015;29(3):263-264.

Hamso, M., Ramsdell, A., Balmer, D., Cyrus, B. (2012). Medical students as teachers at CoSM, Columbia University's student run clinic: a pilot study and literature review. *Medical Teacher* 34(3), 189-197.

Johnson M, Maritz C, Lefever G. The Mercy Circle of Care: an interdisciplinary, multi-institutional collaboration to promote community health and professional education. *J Phys Ther Educ*. 2006;20(3):73-78.

Moskowitz D, Glasco J, Johnson B, Wang G. Students in the community: an interprofessional student-run free clinic. *J Interprof Care*. 2006;20(3):254-259.

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Porretta D, Black JD, Palombaro K, Erdman E. Influence that service in a pro bono clinic has on a first full-time physical therapy clinical education experience. *Internet J of Allied Health Sci and Prac*.2017;15(1): Article 11.

Querry RG and Smith P. Academic Bridge to the Community: The ABCs of a Service Learning Model. (2006). *Journal of Allied Health*. 34(4). 1-5.

Rebholz CM, Macomber MW, Althoff MD, Garstka M, Pogribny A, Rosencrans A, Selzer S, Springgate B. Integrated models of education and service involving community-based health care for underserved populations: Tulane student-run free clinics. *Southern Med J*. 2013;106(3):217-223.

Seif G, Coker-Bolt P, Kraft S, Gonsalves W, Simpson K, Johnson E. The development of clinical reasoning and interprofessional behaviors: service-learning at a student-run free clinic. *J Interprof Care*. 2014;28(6):559-564.

Simpson SA, Long JA. Medical student-run health clinics: important contributors to patient care and medical education. *J Gen Intern Med*. 2007;22(3):352-356.

Smith S, Thomas R, Cruz M, Griggs R, Moscato B, Ferrara A. Presence and characteristics of student-run free clinics in medical schools. JAMA. 2014;312(22):2407-2411.

Stickler L, Grapczynski C, Ritch J. Student perceptions of outcomes from participation in physical therapy pro bono clinics: a qualitative study. J Allied Health. 2013;42(1):46-55.

Wang T, Bhakta H. A new model for interprofessional collaboration at a student-run free clinic. J Interprof Care. 2013;27:339-340.

THANK YOU!

We hope that you have found this resource helpful. As you navigate through creating and sustaining a pro bono clinic, please refer to this as a guide. Do not hesitate to reach out to [Move Together](#) if we can assist you in any way or if there is other information you think we should add to our guide. A special thank you goes out to the numerous individuals who filled out surveys and shared their experiences to help us create this resource. As a pro bono community, we will continue to improve access to quality rehabilitation services around the corner and around the world!

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