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Descriptive Report

The Merging of Occupational Therapy Student Leadership and Services into an Existing Student-Run Physical Therapy Pro Bono Clinic

A Model for Integrated Interprofessional Student Leadership

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Abstract

Despite frequent collaboration between occupational therapy (OT) and physical therapy (PT) services in pro bono clinic settings, few published reports describe how to build a collaborative interprofessional student leadership structure between the two disciplines. This brief communication describes the growth and merger of occupational therapy services and student leadership into an established physical therapy student-run pro bono clinic. A process evaluation was used to guide and assess the evolution of this merger. A blended student leadership model emerged that will serve as a template for the merger of other future health professional student-leadership services within the clinic. This model may be useful to others who wish to shift from siloed services and leadership to blended student leadership and services.

Introduction

A student-run pro bono clinic provides a win-win situation for both students[1-3] and for the local community.[4] Pro bono clinics can provide skilled healthcare services with high patient satisfaction for those who are in need, uninsured, underinsured, have a very high co-payment rate, or may not have access to another clinic.[4-5] The World Health Organization (WHO) Framework for Action on *Interprofessional Education and Collaborative Practice*[6] identifies interprofessional collaboration (IPC) as a means of multiple health professionals to work together with patients, families, careers, and communities to deliver the best quality care that can be provided. Interprofessional collaboration plays an integral role in managing challenging diagnoses in patients/clients in the changing healthcare environment, promoting better health outcomes.[7-8] Many health professional programs have student-run pro bono clinics to be able to provide students with the opportunity for interprofessional education, community service engagement, and hands on clinical experience.[9] These pro bono clinics also provide opportunities for interprofessional learning and the development of communication, leadership, and teamwork skills.[10-11]

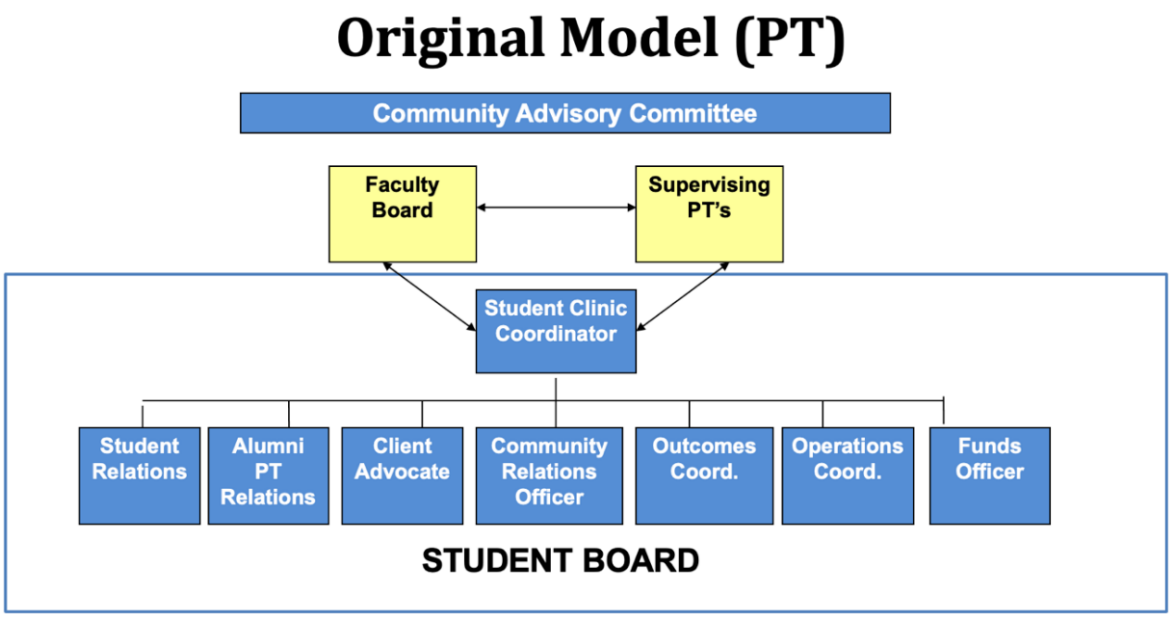
Scott and Swartz[5] found that being on a student board improved leadership skills; particularly presentation skills, teaching delegating, providing constructive feedback, and building consensus among peers. Black et al[12] found similar results around student perceptions of the development and the improvement of leadership skills around management, organization, problem solving, and team collaboration. Studies to explore the prevalence and characteristics of physical therapy (PT) programs with pro bono services involving graduate PT students have shown that a little over half of the respondents noted interprofessional services in collaboration with PT services with occupational therapy (OT) cited most frequently.[13-14] Despite the high the frequency of the collaboration between OT and PT in an pro bono clinic setting, few studies have been published describing how to build collab-

Table 1. Student leadership roles

Role Title	Role Description
Student Clinic Coordinator	Responsible for ensuring that all other student board members are carrying out their roles and assist them as needed. Serve as primary liaison to faculty advisor and cohort class.
Student Relations	Responsible for scheduling and ensuring adequate student staffing for clinic operation hours. Track student hours.
Alumni Supervisor Relations	Responsible for scheduling a supervisor/clinical mentor for each clinic session. Manage orientation and communication with supervisors/clinical mentors as well as expressing appreciation to them.
Client Advocate	Responsible for scheduling clients who call for services. Communicate need for script and initial paperwork completion for initiation of services.
Community Relations Officer	Responsible for promotion of the clinic services including creation of marketing materials, visit to referral sources, and representing the clinic at community health fairs.
Outcomes Coordinator	Responsible for tracking, recording, and analyzing clinic statistics such as client demographics, mock billing, and functional outcome measures.
Operations Coordinator	Responsible for maintaining cleanliness or clinic space, inventory of equipment & supplies, ordering of needed equipment & supplies, and managing donations and durable medical equipment supply.
Funds Officer	Responsible for organizing fundraisers for the clinic, oversite of the clinic cash box, and recognition and thanking of donors.

Descriptions of the eight student leadership roles within the student-run clinic, spanning administrative coordination, student and supervisor scheduling, client intake, community outreach, outcomes tracking, clinic operations, and financial management.

Figure 1. Original physical therapy student leadership model



Original governance model of the Physical Therapy (PT) student-run clinic, in which a Community Advisory Committee provides overarching guidance to a Faculty Board and Supervising Physical Therapists who maintain a bidirectional supervisory relationship. Together, these bodies direct a Student Clinic Coordinator (Coord.) responsible for leading the Student Board, a student-driven administrative team managing the day-to-day functions of the clinic across seven roles encompassing student relations, alumni PT relations, client advocacy, community relations, outcomes coordination, operations coordination, and funds management.

orative interprofessional student leadership between them. The purpose of this paper is to describe the process by which one student-run free clinic became a blended leadership board of PT and OT student leaders.

A Faculty Advisor oversaw the administrative operations. Concurrently, students in the PT program provided clinical services under the direct supervision of licensed physical therapists in compliance with the State Practice Act of the Commonwealth of Pennsylvania. Services began two times/week from 4:30 – 6:30 pm but quickly expanded to four times/week 4:30 – 6:30 to meet the community need.[15] Research conducted on the student's experience demonstrated benefits to the student leaders.[12] Additional repeated research demonstrated benefits to the students providing the care.[1-2]

Development of the Student Leadership Model

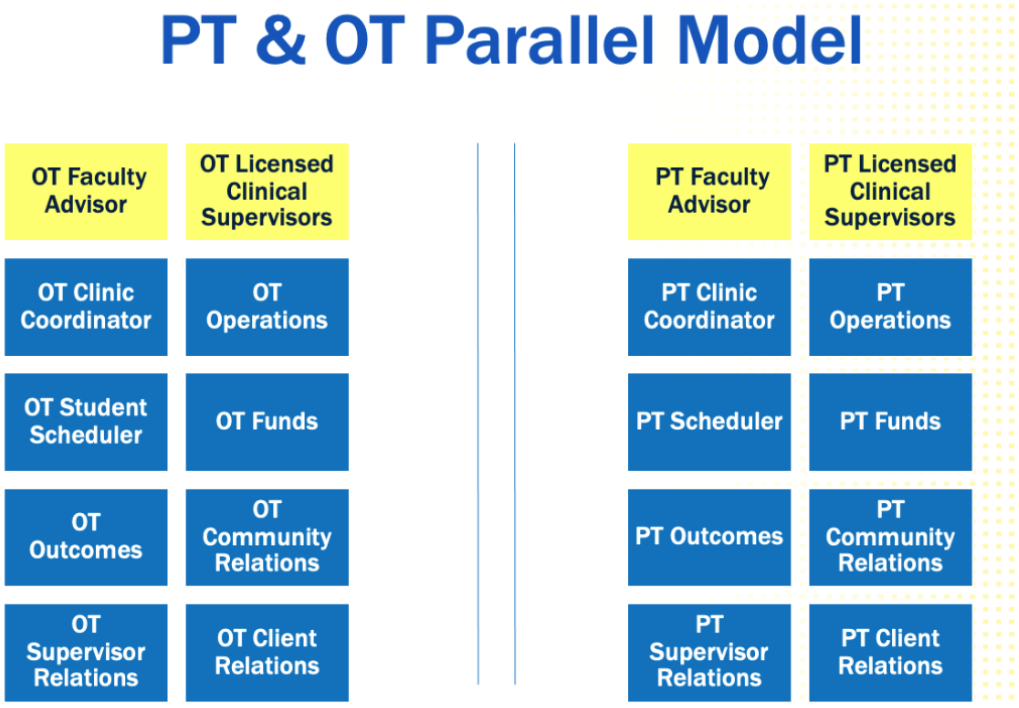
Original Physical Therapy Leadership Model

The institution's PT program started a student-run pro bono clinic to meet the unmet need for PT services for uninsured and underinsured community members. It simultaneously provides a learning opportunity for the next generation of PT professionals.[16] The student leadership model began with eight student leadership positions (Table 1). Figure 1 provides a depiction of the original PT student leadership model.

Parallel Physical Therapy and Occupational Therapy Model

In 2019, the institution launched an OT program and given the success of the student-run PT pro bono service, desired to establish OT pro bono services. A parallel leadership model was created and leaders were appointed from the first cohort of OT students (Figure 2).

Figure 2. Parallel PT & OT student-run leadership model



Parallel organizational structure of the Occupational Therapy (OT) and Physical Therapy (PT) student-run clinic programs. Each program operates under the oversight of a Faculty Advisor and Licensed Clinical Supervisors, with eight mirrored administrative roles distributed across two functional tracks encompassing clinic coordination, student scheduling, outcomes tracking, supervisor relations, operations, funds management, community relations, and client relations. The parallel design illustrates the programs' shared governance framework while maintaining discipline-specific leadership and administrative teams.

The parallel model experienced challenges. The class size for the initial cohort (Class of 2022) was thirteen. Of the thirteen, seven initially volunteered and were interviewed and appointed for clinic leadership roles by the Pro Bono Services Faculty Coordinator. By the second semester, only four OT leaders remained highly committed to their role. Additionally, the lack of seasoned OT leadership mentorship was felt as the PT student leadership mentorship proved to be minimal. The two leadership groups were operating ineffectively in silos.

Transition to a Blended Model

The four OT student leaders committed to recruiting and mentoring eight strong leaders from the incoming cohort below them (Class of 2023) and called for a shift from a parallel to a "blended" interprofessional student leadership model. Student leaders and faculty advisors accepted the charge. Process evaluations are commonly used to advance public health programs in meaningful directions and monitor the development of programs, providing a framework for the achievement of desired outcomes.[17-18] Three process evaluation goals guided to the shift from silos to collaborative leadership:

1. Establish elements to support the move from a siloed leadership model to a collaborative, interprofessional model.
2. Enhance the sustainability of leadership by developing strategies to ensure sustained commitment and engagement from student leaders within the OT cohort.
3. Strengthen mentorship and partnership of student leaders within and across cohorts by expanding interaction with more experienced OT and PT leaders for more comprehensive guidance and support.

Interventions and Outcomes

To achieve the first goal, the research team met with stakeholders to identify key needs in the process of implementing a blended student leadership model.[19] The key stakeholders were student leadership and faculty advisors of both PT and OT services. Key elements identified were the number of OT student leaders committed to leadership, bylaws revision, organizational model revision, adjustments to weekly student leadership meetings, establishment of an annual blended strategic planning meeting, and establishment of regular blended faculty advisor meetings.

Strengths in that first year included adequate space, equipment and supplies for occupational therapy services. Two community grants helped to fund the outfitting of the space that was designated for occupational therapy use. Another strength included the commitment of the OT faculty to serve as licensed supervisors until additional community licensed supervisors could be recruited. A third strength was the established PT student leaders that could serve as mentors.

To target the second goal of enhancing the stability of leadership, the inaugural four OT student leaders showcased the benefits of being the forerunners in a student-led pro bono clinic and encouraged future leaders to embrace the opportunity to also pave the way in enhancing the clinic. An inaugural OT clinic leader shared:

> *We did not have OT student mentors to help guide us through the leadership process, so we were determined to serve as mentors for those next student leaders to reduce the feeling of "lost", while still allowing them to problem solve situations that were to arise running a clinic. This way future OT student leadership were given the ability to use what my team laid down as a foundation to grow, flourish, and blend to make the clinic better in their own way.*

Over the two years, OT student leadership involvement grew from four to eight committed student leaders, helping to amplify the OT voice in the blended student leadership board (Table 2).

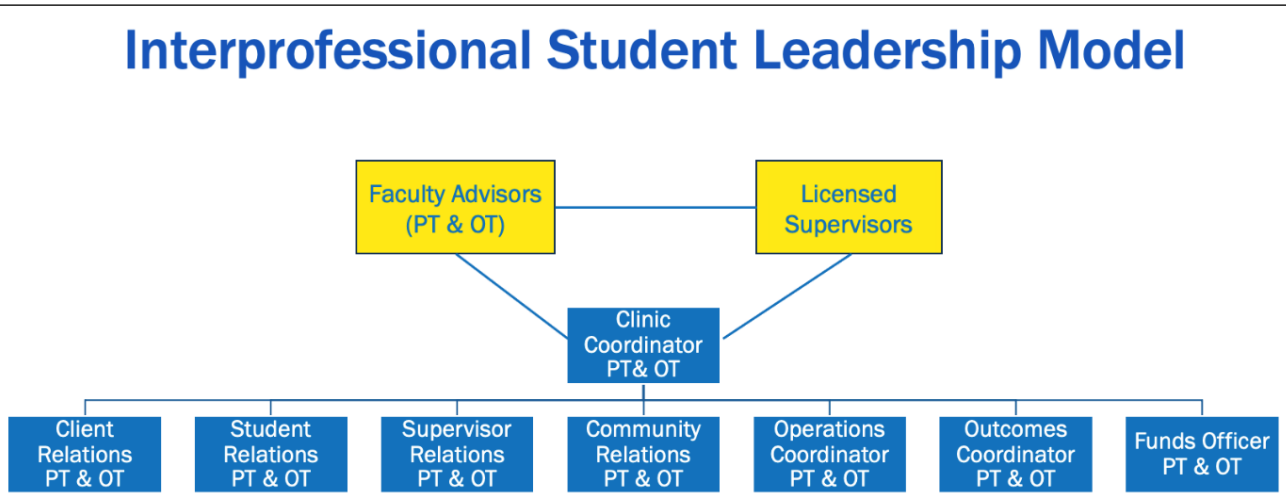
The third goal of strengthening mentorship and partnership within and across student-leader cohorts was facilitated by the revised organizational model and bylaws, which reflect a blended student leadership team (Figure 3). For example, rather than having a separate listing for the OT Student

Table 2. Identified key elements in the process: Process Evaluation Planner

Key Elements	Class of 2022 Occupational Therapy (OT) Student Leadership	Class of 2023 OT Student Leadership	Class of 2024 OT Student Leadership
Bylaws	Siloed leadership model	Revision to blend leadership	Additional OT representation
Organizational model	Mirrored PT and OT leader roles	Mirrored PT and OT leader roles with proposed revisions	Blended OT and PT leader roles
Weekly student leadership meetings	Separate OT and PT meetings	Equal participation in the weekly meetings	Teaming around shared roles and responsibilities
Annual strategic planning meeting	None	First blended strategic planning meeting held	Second blended strategic planning meeting held
# of OT student leadership positions filled	4	6	8
Faculty advisor meetings	As needed	As needed	Monthly

Process evaluation of key organizational elements across three successive cohorts of Occupational Therapy student leadership, illustrating the progressive integration of OT students into a blended PT and OT leadership model from the Class of 2022 through the Class of 2024.

Figure 3. Revised Organizational Model



Interprofessional student leadership model reflecting the fully integrated physical therapy (PT) and occupational therapy (OT) governance structure, in which joint Faculty Advisors and Licensed Supervisors oversee a shared Clinic Coordinator, who leads seven interprofessional student roles with co-representation from both disciplines across all administrative functions.

Scheduler and the PT Student Scheduler, the bylaws reflected the role of "Student Scheduler" and indicated that there would be both a PT and an OT student serving in this role. The roles and responsibilities were presumed to be identical.

Student leadership meetings grew to become an integrated involvement of PT and OT student leaders by their roles. The PT and OT Clinic Coordinators co-chaired the meetings and took turns taking the lead. The agenda for the meetings became organized by positions rather than disciplines. The meeting minutes were posted in a general leadership file accessible to all. The first annual strate-

gic planning meeting was held in May of 2023 and the second in May of 2024. The strategic planning meetings became a place where the rising PT and OT student leaders could reflect upon what was going well with clinic operations and what they desired to prioritize and advance in the coming year. Additional manifestations of the effectiveness of the model emerged. Rather than working separately, the student leaders in shared roles collaborated on projects that effectively met needed goals. For example, the Fund Officers came together with mutually approved fund raisers with the support of their PT and OT cohorts. The Community Relations Offices collaborated on representation at community health fairs, production and distribution of marketing materials, and a comprehensive clinic happenings newsletter. Similarly, the Operations Coordinators coordinated comprehensive clinic cleanings and established a common process for identifying items needing attention or purchasing. The blending of their roles yielded efficient and effective products and outcomes, and a culture of collaboration emerged. Finally, the clinic faculty advisors began meeting monthly during the school year to ensure transparent communication and connection throughout the school year.

Conclusions

Student-run clinic leadership models are always subject to change as new leaders cycle through, recognizing areas for improvement. In this clinic, the Class of 2022 recognized an opportunity to blend interprofessional student leadership, resulting in greater efficiency and effectiveness. Three process evaluation goals guided the shift from a siloed to a collaborative leadership model. This accounting of the transformation can help fill a gap in the literature for integrated interprofessional leadership in student-run clinics. Specifically, incorporating OT student leaders with PT student leaders. The current blended interprofessional clinic leadership have identified future collaborative goals that include establishment of interprofessional consultations and co-treats, understanding that interprofessional collaborative care will result in improved client outcomes. The blended PT and OT leadership model will now serve as a template for incorporation of speech-language pathology services and nurse practitioner services. As speech language pathology student leaders are named to help guide speech-language pathology services, they will be incorporated in an integrated rather than a siloed manner. As nurse practitioner services commence, undergraduate nurse student leaders will be invited to serve on the integrated student leadership board in the same way. Bylaws and operational models will continue to be updated to support integrated leadership models. It is our hope that the accounting of the shift from service and student leadership siloes to an integrated model in this clinic may be helpful for similar interprofessional student-run clinics desiring to enhance the collaboration of interprofessional student leaders and services.

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Disclosures

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