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Essential Tools For Sustainability of a Student-led, Pro-Bono Back School

Cory Brown

University of Nevada, Las Vegas

Rosalie Gutierrez

University of Nevada, Las Vegas

Jennifer Montes

University of Nevada, Las Vegas

Rondale Scruggs

University of Nevada, Las Vegas

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ESSENTIAL TOOLS FOR SUSTAINABILITY OF A STUDENT-LED,
PRO-BONO BACK SCHOOL

By

Cory Brown
Rosalie Gutierrez
Jennifer Montes
Rondale Scruggs

A doctoral project submitted in partial fulfillment
of the requirements for the

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This doctoral project prepared by

Cory Brown

Rosalie Gutierrez

Jennifer Montes

Rondale Scruggs

entitled

Essential Tools For Sustainability of a Student-led, Pro-Bono Back School

is approved in partial fulfillment of the requirements for the degree of

Doctor of Physical Therapy
Department of Physical Therapy

Tiffany Barrett, DPT
Examination Committee Co-Chair

Keoni Kins, DPT
Examination Committee Co-Chair

Daniel Young, Ph.D.
Research Project Advisor

Merrill Landers, Ph.D.
Chair, Department of Physical Therapy

Kathryn Hausbeck Korgan, Ph.D.
*Vice Provost for Graduate Education &
Dean of the Graduate College*

Abstract

Background:

In 2018, University of Nevada Las Vegas Doctor of Physical Therapy (DPT) students and faculty, in cooperation with a community partner, created a student-led pro bono Back School to address a gap in healthcare for underinsured individuals with low back pain in Southern Nevada. To support the sustainability of the Back School, the authors of this paper set out to develop a student club to recruit and train DPT students to volunteer in the program using a specifically designed electronic training manual. Overall, the aim was to encourage students to join the new club's leadership team to prepare future DPT students to volunteer.

Methodology:

This project provided training to University of Nevada Las Vegas DPT students using an electronic manual administered through the new club. Four DPT students--the founding executive board of the new club--created an electronic manual using Google Drive that was divided into 5 sections titled: Introduction, Back School Session, Community Partners, Licensed Physical Therapist Volunteers, and Student Physical Therapist Volunteers. The executive board held 5 virtual training sessions in which students were introduced to the Back School: trained in set-up, intake processing, screenings, and patient education given to program participants. After each training session, a quiz was administered to estimate preparedness to volunteer in the program. These virtual training sessions and assessments offered a stepwise approach to training and measured success of the training. Throughout the project, we completed structured individual and collective reflections about our experience.

Outcomes:

The sustainability of the Back School was measured by student attendance to the training sessions, post-session quiz scores, and by executive board reflections throughout the creation and implementation of the electronic manual. There were 48 total DPT student club members that were trained using the electronic manual over 5 virtual training sessions. The 5 quiz scores had an average score range of 83%-100%, demonstrating competency of the material presented across all training sessions. Reflections were done individually and collaboratively by the 4 current members of the executive board before, during, and after the project which provided an excellent framework for future improvements.

Discussion:

Based on our experience, in order to support sustainability of a student-led, pro-bono program, we recommend the creation of an adaptable electronic training manual and structured virtual training sessions followed by volunteer assessments. To meet the immediate needs of the community served and navigate barriers, we recommend establishing a dedicated leadership team to carry out planning and implementation of the program. Future recommendations for furthering sustainability efforts may include supplementing an electronic training manual and virtual training sessions with in-person opportunities to increase student involvement and preparation.

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Background

Prevalence

Globally, low back pain (LBP) is the single leading cause of disability.¹ Over the last 10 years, global prevalence of LBP lasting more than 3 months has increased by 17.3% from roughly 460 million in 2005 to nearly 540 million in 2015, globally.² In the United States, 139 per 100,000 people a year experience back pain.³ Therefore, about 59.1 million adults have experienced LBP.³ In addition to its prevalence, LBP is a major economic burden. In the United States, LBP costs are between \$100 to \$200 billion per year.² These estimates include direct costs such as worker's compensation and insurance costs, along with indirect costs such as lost wages due to missed workdays. Two-thirds of these yearly estimates are the result of indirect costs.²

Unfortunately, in the United States, about 46.6 million people are uninsured, limiting access to professional treatment for their back pain.⁴ In Nevada, 11.2% of the population was uninsured in 2017, the 6th highest uninsured rate in the United States.^{5, 6} Minority populations are disproportionately affected: although Latinos only make up one-third (35.9%) of the Nevada population, 59.1% of Nevada's uninsured population are Latino.⁶ Regardless of race or ethnicity, Nevadans with lower socioeconomic status (SES) are also more likely to be uninsured; of the 397,974 uninsured Nevadans, 31.6% are living in households with incomes between \$25,000 to \$49,999 and 26.0% are living in poverty.⁶ In some cases, employers may not offer medical insurance coverage because they are not required by law under the Affordable Care Act if they employ less than 50 full-time equivalent employees or if employees work less than 30 hours a week. Alternatively, employees that have coverage offered to them through their employer may decline if their required contribution is deemed too high.⁶ Nevadans making just enough to be

ineligible for Medicaid (above 138% of the federal poverty line) but not enough to afford a private insurance plan on their own contributes to a disproportionate number of individuals being medically underinsured. This viewpoint stems from data that indicates this disproportionate number of uninsured Nevadans belong to the second-lowest quintile group making between \$25,000 to \$49,999 annually. 125,424 uninsured Nevadans (31.6%) fall into this income bracket.⁶ Subsequently, this often becomes a factor leading to decreased health visits and conditions going untreated. In Nevada, 62.9% of uninsured individuals are employed.⁶ Of the uninsured Nevadans, 55.8% are eligible for Medicaid/CHIP, while 44.2% are ineligible.⁶

In addition to being related to insurance status, lower SES is also associated with chronic LBP globally.⁷ In the United States, individuals with lower SES tend to have higher rates of chronic pain, with chronic LBP being a frequent cause.⁸ Furthermore, workers with lower SES who experience LBP tend to have a longer length of disability and higher medical costs.⁹ Among individuals interviewed as part of the National Access to Care Survey, uninsured individuals were much less likely to receive care for symptoms they felt warranted medical attention compared to insured individuals with 44.6% vs 76.9% respectively reporting that they received care.¹⁰ The most commonly cited reason for lack of access to care for uninsured individuals was the inability to pay.¹⁰

Left untreated LBP may worsen or become chronic by individuals developing fear-avoidance behaviors. These can lead to harmful movement patterns and adaptations that negatively affect their ability to work and quality of life. According to a systematic review in 2014 on catastrophizing and fear avoidance in people with LBP, 5 out of 6 studies reported that people who identified as “high catastrophizers” experienced worse outcomes and disability from back pain.¹¹ People with high fear-avoidance beliefs were also more likely to experience poor

outcomes, more pain, and more disability due to back pain.¹¹

Back School

Back School is a program that was first developed in 1969 as a means to treat chronic low back pain.¹² Originally, a back school program only provided education on spinal anatomy and physiology, biomechanics, and exercises.¹² Throughout the years various forms of back schools have been developed and adapted to provide treatment for chronic low back pain, such as incorporating pain neuroscience education (PNE), which is the education of neurobiology and neurophysiology of pain, and how the nervous system processes pain.¹³ Developing a better understanding of pain through PNE has been shown to positively affect pain perception, disability and to improve physical performance.¹³

A randomized controlled trial compared the effectiveness of exercise, physical treatment modalities, and a back school with only exercise and physical treatment modalities. The back school group had significant improvements with the Visual Analogue Scale (VAS) and Oswestry Low Back Pain Disability Questionnaire compared to the control group at 3 months post-treatment.¹⁴ Similarly, a single-blind randomized controlled trial concluded a back school, which included education and exercises, resulted in greater quality of life and improved Waddell Index, Oswestry Disability Index, and VAS scores compared to a control group that only received medical attention.¹² Overall, a pro-bono Back School program may help individuals improve their pain perception, return to their desired level of function, and improve the overall quality of life.

The University of Nevada Las Vegas (UNLV) Department of Physical Therapy (UNLVPT) created a student-led, pro-bono Back School in the Fall of 2018. Of the forty-five total Back School participants, twenty-three of them that attended both classes have submitted

quality assurance surveys since its inception in 2018.¹⁵ Regarding participant pain level after attending the Back School, 62% of the participants “strongly agreed” and 29% “somewhat agreed” they had less pain since attending the program.¹⁵ In addition, the perception around the program from the students and faculty leading the program was seen as positive and necessary to continue for the community.¹⁵

Southern Nevada is home to many individuals with lower SES and who are also uninsured. There are limited community resources for such individuals to access medical care and physical therapy services. These conditions justify the need to support sustainable pro-bono services such as the UNLVPT Back School to provide this medically underinsured population in Nevada with care including screening, exercise guidance, and education related to effective back pain management for this medically underserved population.

Sustainability

Pro bono health services encounter frequent challenges such as developing a thorough understanding of the unique cultural, language, and health care needs of the community. One issue is language barriers which are often the cause of miscommunication between the provider and the patient. When the provider must rely on an untrained, non-certified interpreter to translate questions and answers, up to 50% of questions are expressed incorrectly.¹⁶ This may lead to distrust, decreased satisfaction, decreased compliance, decreased adherence to prescriptions and home exercise programs, and increased risk of accidents.¹⁶ According to a study from 2019, ineffective clinician-patient communication brings an increased risk of malpractice, nonadherence, and patient dissatisfaction, leading to people no longer wanting to utilize the pro bono program.¹⁷ Language barriers, interprofessional communication, and provider-patient communication are all key components of cultural competence. In healthcare,

cultural competence is the ability to provide care and adapt to patients with diverse values, beliefs, and behaviors, leading to tailoring care around the patient and their specific needs. People that feel their provider does not understand or care for them report feeling dissatisfied with care, receiving poor quality care, and experiencing more negative health consequences. These negative experiences hinder the creation of a provider-patient relationship and diminish interest and initiative to receive healthcare and return for healthcare services from that source.¹⁸

Sustainability presents a second major barrier for pro-bono healthcare services. Pro-bono health services are provided with the expectation that the providers will be volunteering, and the patients will be receiving a benefit for little to no money. Many professions, including physical therapy, expect volunteerism of its members and students. The American Physical Therapy Association (APTA) outlines Principle 8A from the “Code of Ethics for the Physical Therapist”, which states that, “Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.”¹⁹ Furthermore, Principle 8B states, “Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.”¹⁹ These statements further justify the importance of physical therapy students in developing and volunteering in pro-bono services.

According to a survey by Comer A et al., ~95% of physicians agreed that professional healthcare leaders should provide charity care. Yet, only ~39% do, citing time limitations as the main limiting factor.²⁰ While this survey involved only physicians, the information it presented translates to students as well. A study by Gage & Thapa, examined the motivations and constraints in college students when it comes to volunteering. They report the top two reasons

students do not volunteer are “I have no time to volunteer” and “I have too many other commitments.”²¹ Since both student and professional participation is paramount to the sustainability of a pro-bono health service, known barriers such as language differences, time and schedule conflicts, cultural competence deficits, and participant motivation must be addressed.

Determining and communicating the benefit of pro-bono volunteerism to students may support the sustainability of such services. Stickler and colleagues designed a qualitative study using focus groups to reveal student perceptions of the effects of volunteering in a pro bono physical therapy clinic in which study participants volunteered at their school’s pro bono clinic and engaged in focus groups to determine common themes.²² Four main themes emerged related to the students’ expressed learning and perceived value of pro bono work which included enhanced: core values in physical therapy, clinical physical therapy skills, personal growth, and community and professional connections.²² The four notable core values addressed included compassion and caring, altruism, social responsibility and accountability.²² These core values, as outlined by the APTA, allowed students to view patients respectfully and without bias, develop skills in patient rapport, become aware of societal needs and advocacy, determine how to give back to the community, and take responsibility and ownership.^{22, 23} In addition, student participants of the study conveyed improved time management skills, clinical decision-making skills, and hands-on skills. Regarding personal growth, students reflected on their performance, strengthened their confidence, had self-awareness of strengths and weaknesses, and improved their psychosocial maturity.²² Lastly, students had the opportunity to foster relationships in the community and professionally, such as through mentorship among colleagues and other professionals.²² Similarly, the Indiana University Student Outreach Clinic (IU SOC) reported

many learning opportunities for their student volunteers in their pro-bono physical therapy clinic, such as clinical competency, professional values, civic engagement, interprofessional education and collaborative practice, peer mentorship and leadership development.²⁴

Sustainability of the Back School over time demands that it provide value to its intended stakeholders. These stakeholders or beneficiaries would be the participants in the program that are underinsured and benefit from these pro bono physical therapy services, the physical therapy students, and the volunteer physical therapists that function as student mentors. Maintaining this program may provide additional learning opportunities for physical therapist students, increased access to healthcare for an underserved community, and a consistent site where interested licensed physical therapists can provide pro-bono care and mentor future professionals.

In a case study focused on the sustainability of their student-led pro bono clinic, Palombaro et al. explained that one of the more challenging aspects of transitioning from a faculty to a student-led pro bono clinic was faculty having sufficient trust in students.⁴ The faculty soon discovered that as they gave the students more responsibility, students were sufficiently capable of handling the responsibilities of the clinic.⁴ They state, “Physical therapist students in other programs would have similar skill sets and motivation and would be as capable of leading a high-quality program, given the opportunity and initial direction.”⁴ It is therefore proposed that faculty members take on the role of consultants, rather than leaders, to increase the learning experience and develop the leadership skills of the students running the pro bono programs.

Building a sustainable pro bono service requires multiple strategies including stimulating continuous student involvement in program planning and implementation through leadership opportunities, developing relationships with community partners, providing clear communication

between the program and community, evaluating and assessing program impact among target stakeholders such as students and the community.⁴ The Institute for Physical Therapy Education of Widener University implemented these strategies in a student-led physical therapy pro bono clinic, in which the inaugural physical therapy student board members experienced leadership skill development, clinical and administrative skill competency, and commitment to the community and clinic.²⁵ This program relied on the inaugural student board members to plan and implement strategies to attract student participation and take on leadership roles.¹⁴ As a result, student participation grew and they were able to carry on the program after the inaugural members' graduation.²⁵ For this reason, transitioning the Back School from a faculty-driven effort to a student-led and community-supported effort may ensure sustainability by tapping into a larger resource pool. This involves training incoming students to be able to carry on the services year to year.

Furthermore, IU SOC provided a model for the development and sustainability of their student-led, interprofessional, pro bono clinic.²⁴ They reported their sustainability efforts were successful due to their commitment to maintaining a community-based, interprofessional, highly collaborative, and student-led clinic.²⁴ As a result, they developed a student executive board consisting of student leaders with detailed roles to assist in operating the pro bono clinic in conjunction with faculty advisor mentorship. In addition, former executive board members encouraged future student participation in leadership and trained successors to promote continuity amongst the leadership.²⁴ They cited students developing APTA core values through participation in the leadership of the clinic. Moreover, developing detailed volunteer roles allowed for efficiency of the clinic. To promote professional development, IU SOC student volunteers engaged in reflections which resulted in students recognizing the importance of

professional duty and social responsibility. Overall, sustainability of their clinic was indicative of having effective clinic partners and dedicated student leadership. Since implementing their model, patient volume has doubled while the number of student volunteers has also increased over a 2-year span, leading to recognition by the Indianapolis City Council for improving access to healthcare.²⁴

In addition to recruiting students, sustainability of the Back School will rely on whether the program is continually meeting the needs of the under-insured participants utilizing the Back School. By utilizing quality assurance surveys delivered at the end of each session, vital information will be gathered indicating whether we are delivering a useful service or whether meaningful changes need to be implemented to better serve the program's underinsured participants. It has been reported that patients of student-led pro bono health services value programs that have a strong relationship with the community.²⁶ Furthermore, clinician- student supervision style, the student-supervisor relationship, quality of care, student qualities (i.e., communication skills and confidence), cost, and location are important to patients of student-led pro bono health services.²⁶ Overall, patients prefer a clinic with professional supervision that has a strong relationship with the students.²⁶ Promising Back School data collected in 2019 showed 83% of participants “strongly agree” that they would participate in this program again.¹³ All participants “somewhat agree” or “strongly agree” that they would recommend this program to others, can participate in more activities, felt educated on their specific back problem, felt their home exercise program was appropriate, and felt that attendance was convenient.”¹³ For these reasons, the student leadership of Back School will continue to recruit licensed physical therapists for each session to provide proper clinical supervision and guidance to address any patient concerns. To implement what we take from this data, it is proposed that the student-

leaders running Back School will recruit licensed physical therapists with strong ties to UNLVPT, specifically local alumni or clinical instructors of the previous Back School program for each session to provide the most appropriate levels of clinical supervision and guidance to maintain quality of the experience for both the participants and the students running the Back School. In addition, the Back School will continue to provide home exercise programs, sleep health handouts, and pain education handouts so participants can continue to manage their symptoms autonomously. The Back School will continue to foster a strong community partnership with Volunteers in Medicine of Southern Nevada (VMSN) and local physical therapists to ensure an accessible, professional experience that projects confidence to its participants.

Purpose

The purpose of this service-learning project was for students of the University of Nevada Las Vegas Physical Therapy Department (UNLVPT) in partnership with Volunteers in Medicine of Southern Nevada (VMSN) to create the structure that could sustain a student-led and community supported pro-bono Back School. These essential tools included a comprehensive electronic procedure manual with extensive written and video instruction resources for program stakeholders. Stakeholders included current and future UNLVPT students and faculty, licensed physical therapist community volunteers, community partner physicians and staff. Additionally, this project aimed to develop a student-led Back School Club to annually recruit and train UNLVPT students to participate in ongoing Back School programming.

Project Aims/Goals

1. Grow and sustain an already developed student-led Back School to address the gap in healthcare for underinsured individuals with low back pain in the Las Vegas community.
2. Create an electronic manual to provide all essential information for future physical therapy students to run the Back School successfully.
3. Recruit and train physical therapy students to participate in the Back School Club, take on leadership roles in the Back School Club, and be prepared and willing to train subsequent UNLVPT students.

Methodology

Participants

Participants included: UNLVPT Back School executive board, UNLVPT student physical therapy volunteers, licensed physical therapist volunteers (required 1 per session), UNLVPT faculty, community partner personnel, and participants of the Back School sessions.

Requirements for UNLVPT Back School executive board included: enrolled as a student in UNLVPT and assigned responsibility for this service-learning project.

Requirements for student physical therapy volunteers included: enrolled as a student in UNLVPT, attended UNLVPT Back School Club meetings, and received training through the Back School electronic manual.

Requirements for licensed physical therapist volunteers included: licensure as a physical therapist in the state of Nevada and received training through the Back School electronic manual.

Requirements for UNLVPT faculty included: UNLVPT faculty responsible for this service-learning project.

Requirements for community partners included: community entities that provide patient care and established a partnership with UNLV Back School such as VMSN and UNLV Community Clinic.

Requirements for participants of the Back School sessions included: adult patients over the age of 18 who were experiencing LBP and had been referred to the Back School by their provider.

Exclusion criteria included: currently diagnosed or suspected inflammatory arthritis, cauda equina syndrome, and/or spine-related infection, fracture, tumors, or cancer.

Procedure

Back School Sustainability

For the Back School to be sustainable, there was a focus on: 1. Developing and maintaining a strong relationship with community partners such as VMSN, the newly created UNLV Community Clinic, and licensed physical therapists 2. Consistent participation of physical therapy students to become prepared to provide accessible, beneficial, and educational experiences for individuals in the community who are medically underinsured.

Due to UNLV's response to COVID-19, the reopening of the Back School was halted for the Fall semester of 2020. As a result, the Back School was in regular contact with the Medical Practice Manager at VMSN to prepare for potential reopening of the Back School at VMSN during the Spring semester of 2021. The Medical Practice Manager provided guidance and suggested operational protocols required to safely hold Back School sessions. To continue fostering a professional partnership with VMSN, communication was accomplished through virtual meetings and email communication. Unfortunately, the return of regular Back School sessions at VMSN were not possible due to ongoing COVID-19 precautions and protocols.

Concurrently, UNLV was planning and developing an interprofessional community clinic, the UNLV Community Clinic, with the purpose of serving underinsured Southern Nevadans. During the Fall semester of 2020, UNLV began to inform students across multiple disciplines on the development of the UNLV Community Clinic and sent surveys to students to estimate interest in volunteering at the clinic. UNLV Community Clinic personnel planned to open and operate the clinic on Saturdays starting in May 2021 and share a building with an established clinic, UNLV Internal Medicine Clinic and Southern Nevada Health District (SNHD). The clinic planned to create interprofessional patient care groups that had UNLV student representation from each discipline, such as medical, nursing, dental, physical therapy, occupational therapy, nutrition, public health, psychology/counseling, and social work.

UNLVPT faculty responsible for this service-learning project established a relationship with the personnel overseeing operations of the UNLV Community Clinic. As a result, a Physical Therapy/Pain Management group was created to incorporate the Back School program resources and education along with patient care to the clinic. In December 2020, the UNLVPT Back School executive board were tasked with participating in UNLV Community Clinic student leadership and operation meetings to get a better understanding of how to incorporate the Back School program into the clinic and how to develop training material for the Back School Club that met the needs of the clinic. In January 2021, the club's name was changed from "Back School Club" to "UNLVPT Community Clinic Club" (UNLV CCC) to represent the new community partner of the Back School.

In preparation for the tentative soft opening of the UNLV Community Clinic, the executive board attended leadership and operation meetings between January and March 2021. The original soft opening date was May 2021, however it has since been postponed several times due to liability issues with a new tentative opening date of July 2022. This postponement allowed the clinic to provide comprehensive training in interprofessional care along with specific areas such as acute care, wellness, pediatrics, behavioral health, oral health, wound care, social services and more to all students interested and committed to volunteering. The UNLV Community Clinic created and managed an active Canvas page in which interested students received information on the volunteer requirements, announcements on scheduled in-person training sessions, and training resources. The executive board supplemented the training provided by the clinic with resources they created and organized for the Back School electronic manual presented through the UNLVPT CCC. Due to ongoing planning and development of the clinic, UNLVPT students trained by the UNLVPT CCC for the 2020-2021 academic year were

unable to volunteer for the original soft opening date of May 2021. Therefore, the development of the clinic occurred between December 2020 to May 2022, with the clinic opening planned for July 2022 for ad hoc weekend events.

Recruitment of licensed physical therapists to serve in the Back School was imperative to grow community awareness, engagement, and sustainability of the program. To prepare for the Back School, the executive board planned to recruit licensed physical therapists by reaching out to alumni of the UNLVPT program via email with information about the program and how they would be able to participate. Reaching out to alumni as a successful means of recruitment was previously outlined in a case report of another student-led, pro bono physical therapy clinic.⁴ In addition, there was a plan to recruit prospective licensed physical therapist volunteers through local clinic or facility visitations and provide them with marketing materials that contained information about the services the Back School provides and the importance to the non-insured Southern Nevada community. Furthermore, the executive board planned to inform licensed physical therapists that volunteering in the Back School would give them the ability to receive continuing competency units in the state of Nevada in exchange for clinical supervision.²⁷ This activity is approved by the board to receive continuing competency units and is categorized under “professional activities”.²⁷ Due to the inability to hold Back School sessions at VMSN and the UNLV Community Clinic, these plans were put on hold. The executive board planned to recruit the UNLVPT faculty responsible for this service-learning project if either the VMSN or UNLV Community Clinic allowed the Back School program to be held through the respective community partner.

Student physical therapists were also recruited by an email sent to first- and second-year students of UNLVPT during the 2020-2021 academic year to create awareness about the service-

learning opportunity. Once interest was generated, UNLVPT student volunteers were invited to participate in the UNLV CCC where they received information and training on how to carry out procedures and be of better service to the Back School participants. The purpose of these meetings was to delegate responsibilities to student volunteers, explain intake forms, discuss presentation materials, address safety concerns, and train them on screening procedures of Back School participants.

Overall, the sustainability of the Back School was fostered through development and maintenance of relationships with community partners. Furthermore, student physical therapy recruitment and training with the electronic manual administered through the UNLVPT CCC was the focus of this service-learning project to assure the sustainability of the Back School program. Students were trained to volunteer in the Back School in preparation for when it became safe and appropriate to provide screens and education related to functional exercises and healthy habits with the overarching goal of facilitating healing and preventing persistent LBP within the medically underinsured population of Nevada through the community partners of the Back School.

Electronic Manual

The executive board created a comprehensive electronic manual using Google Drive and titled it, *UNLVPT Back School - Electronic Manual*. It was created for and shared with all participants involved along with the official Back School email:

UNLVPTBackSchool@gmail.com. The manual was separated into distinct sections titled: 1) Introduction, 2) Back School Session, 3) Community Partners, 4) Licensed Physical Therapist Volunteers, and 5) Student Physical Therapist Volunteers. The manual was created to be

amenable to future changes and adaptation as needs arise to support program stakeholders and Back School sustainability.

The introduction section of the electronic manual provided a directory to the rest of the electronic manual, including direct links to other sections. In addition, this section introduced the mission statement, purpose, and services provided by the UNLVPT Back School as a student-led and community-supported program. Current leadership and their contact information were updated for ease of access.

The Back School Session section of the manual was created to outline all resources volunteers needed to host a successful session, detailing the entire process from set-up to completion. The session breakdown document outlines volunteer arrival time and duration of each part of the session (intake, screening, presentation, participant education, and discussion). A running inventory list of equipment included any therapeutic or clinical materials that may be used such as portable treatment tables, pillows, resistance bands, anatomical models, and sanitation supplies belonging to the UNLVPT Back School. Guidelines for set-up and clean-up were established to maintain an updated equipment inventory and uphold sanitation standards. In addition, the Back School Session section stored all resources needed for a student-led session, including the following: intake forms, Modified Oswestry Low Back Pain Disability Questionnaire, screening/evaluation template, red flags checklist, home exercise programs, and participant education handouts on sleep, stress, and activity. Patient-friendly educational presentations in this section covered mechanisms of low back pain, anatomy of the spine, management of low back pain, tips for posture and lifting mechanics, pain neuroscience education, recommendations for movement with low back pain, and the importance of goal setting. These presentations are utilized during sessions for participant education on behalf of

UNLVPT student volunteers. Due to the considerable Spanish-speaking population the Back School serves, pre-recorded audios of the presentation in Spanish were included in this portion of the manual. The recordings were obtained from the previous cohort of students involved in the Back School leadership. All other resources and forms were made available in both English and Spanish.

The Community Partners section was created to house resources intended for the community partners (Volunteers in Medicine of Southern Nevada; UNLV Community Clinic) including marketing materials, shared files, scheduling of proposed session dates/times, and notes from partner debriefing meetings. This section also included current leadership contact information to facilitate communication between the sites and UNLVPT.

The electronic manual's Licensed Physical Therapist Volunteer section provided detailed information regarding the supervision role of a local, licensed Physical Therapist volunteering to guide UNLVPT students during these sessions. In addition to outlining responsibilities during a session, this section details the ability of licensed physical therapy clinicians to receive continuing competency units in the state of Nevada for clinical supervision during UNLVPT student volunteer experiences. Onboarding forms, participation agreement, and current leadership contact information are also available.

The Student Physical Therapist Volunteer section contains training materials that were implemented throughout five virtual training sessions to prepare UNLVPT student volunteers to participate in community-partnered events. Each of the five training topics analyze a different component of a typical Back School session (Table 1). Training topics included the introduction of community partners, set-up and take-down of UNLVPT Back School equipment, intake forms, participant screening, and participant education. In addition, this section contained the

recordings of live virtual training meetings, presentation slides for each meeting, and a quiz at the end of each training session. These quizzes were taken by the prospective student volunteers to demonstrate competency with each of the training topics and to also serve as their attendance to the training session. The quizzes were created strategically and covered important information to ensure safety, efficiency, and to promote a beneficial environment for the Back School participants and student volunteers alike. This section also contained frequently asked questions about the community partners such as location address and parking map, dress code, COVID guidelines, and what to bring as a student physical therapist. A spreadsheet was added to determine SPT volunteer scheduling based on how many of the volunteer roles were required on specific Back School session dates. This section also detailed specific student volunteer roles and delegated responsibilities for each role, including set-up, greeter, screener, presenter, and floater/translator. As a result, it allowed the students to guide their attention to their assigned roles during training to better prepare for their volunteer experience.

UNLVPT Community Clinic Club

To engage physical therapy student participation, the students of UNLVPT developed an extracurricular club, the UNLVPT Community Clinic Club (CCC), which was run by an executive board consisting of students and overseen by UNLVPT faculty. The club aimed to

Table 1. UNLVPT Back School Electronic Manual Contents	
Section	Description
Introduction	Content Overview - table of contents for the electronic manual with direct links to section folders

	Introduction - UNLVPT Back School mission statement, purpose, and services provided
Back School Session	<p>Equipment - guidelines for equipment use and resources, session layout, and inventory spreadsheet</p> <p>Forms/Resources - evaluation/screening form--including a red flags checklist, home exercise programs, intake forms, and participant education handouts</p> <p>Session Breakdown - depending on the community partner, this document offers a timeline of each session and expectations for volunteers</p>
Community Partners	<p>UNLV Community Clinic - debriefing notes and marketing flyers to be distributed at this location</p> <p>Volunteers in Medicine of Southern Nevada - debriefing notes and marketing flyers to be distributed for mechanical and radicular low back pain</p> <p>Contact information - UNLVPT Community Clinic Club leadership information</p>
Licensed PT Volunteers	<p>Onboarding document - participation agreement form, guidelines for arrival, and breakdown of session timeline and volunteer role</p> <p>Licensed PT volunteer - information regarding volunteer responsibilities and information on obtaining Continuing Competency Units</p> <p>Contact information - UNLVPT Community Clinic Club leadership information</p>
Student PT Volunteers	<p>Training materials - document containing links to training meeting recordings, meeting presentation slides, and Google Forms quizzes to demonstrate understanding</p> <p>FAQ - document that outlines frequently asked questions such as community partner location and parking map, arrival time, dress code, materials needed, and COVID-19 guidelines and precautions.</p> <p>Volunteer Roles - detailed specific student volunteer roles (greeter, set-up, screener, presenter, floater/translator)</p> <p>Schedule - spreadsheet that outlines volunteer dates and volunteer spots available for each session</p> <p>Contact information - UNLVPT Community Clinic Club leadership information</p>

engage, train, and provide information on the importance of this service-learning opportunity. In addition, by developing the club as a foundation for the program’s sustainability, the overall goal was to adequately train engaged students to be a part of the executive board for the subsequent

year.

To reach all students, the executive board informed first and second-year cohorts at UNLVPT for the 2020-2021 academic year about the club through email. Out of 91 first- and second-year students, 48 students were interested and joined the club. To train interested students using the *UNLVPT Back School - Electronic Manual*, bi-monthly club meetings were held virtually over three months, as seen in Figure 1. The meetings were held virtually on Fridays at noon and ranged from 15 to 30 minutes depending on the content covered. All meetings were recorded for students to refer to or for students who could not attend the live meetings. Following each meeting, students received an email with a Google Form quiz covering the content of that meeting. Quizzes were only allowed to be completed in one attempt. Student attendance was recorded via a completed quiz. All students had one week to complete the quiz, proving those who could not attend the live training session had time to watch the recorded meeting and complete the quiz. Over five training sessions, the executive board provided an overview of the Back School and covered detailed processes regarding set-up, patient intake, screenings, and education requirements (Table 2). Student preparedness was estimated via student performance on post-meeting quizzes. Furthermore, student attendance for the UNLV CCC and Back School sessions was tracked. Lastly, the executive board planned to administer anonymous surveys to club members after volunteering in the Back School to record each member's perceived readiness for volunteering after training with the *UNLVPT Back School - Electronic Manual*. Due to the inability to volunteer in the Back School for the 2020-2021 academic year through the Back School community partners, members were not asked to complete this survey.

Figure 1. Training Session Timeline

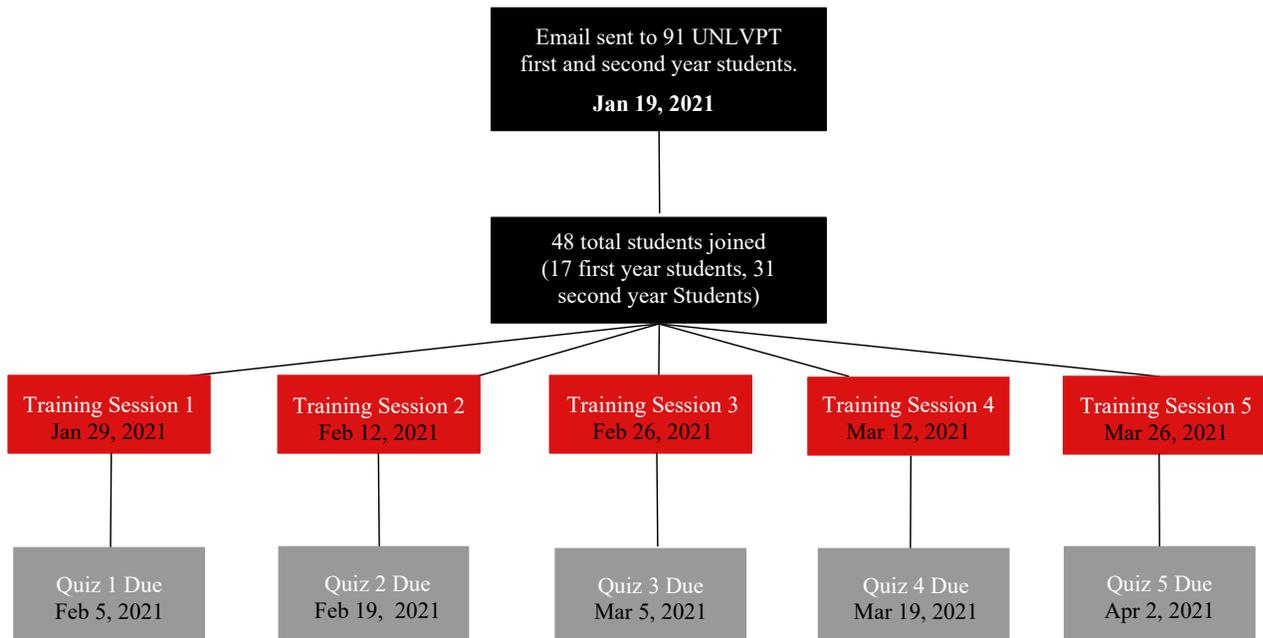


Table 2. UNLVPT Community Clinic Club Training Sessions Overview

Training Session	Topic	Description
1	Introduction	The introduction training session provided an overview of what the Back School is, introduced the community partners, the importance of service-learning and oriented to tools and resources students will use to train to participate in the Back School (<i>UNLVPT Back School - Electronic Manual</i>).
2	Set-Up	The set-up training session provided details on keeping track of inventory, how to physically set up the space to conduct a Back School session, and hygiene and safety procedures to take when conducting a Back School session.
3	Intake	The intake training session provided a specific description of the greater volunteer role, who is responsible for making recruitment and

		appointment reminder phone calls to Back School participants, greeting, and administering intake forms to Back School participants, and assisting participants as needed. The intake forms were displayed, and instructions were given on how to access and help Back School participants fill them out.
4	Screenings	The screening training session provided a specific description of the screener volunteer role, who is responsible for physical therapy screening and teaching/reviewing individualized home exercise programs (HEP) to Back School participants. The screening forms were displayed, and instructions were given on how to access and complete the forms.
5	Patient Education/ HEP	The patient education/HEP training session provided a specific description of the presenter volunteer role, who is responsible for informing and teaching Back School participants on how to manage back pain through education on body mechanics, sleep hygiene, walking, and stress management via a formal presentation. In addition, this training session expanded on the screener role by providing a framework for creating an individualized HEP for Back School participants. The HEP, all informational handouts, and presentations were displayed, and instructions were given on how to access via the electronic manual and use them to educate the Back School participants.

Club members took part in a debriefing after every training session, where they voiced their thoughts and asked questions. In addition, members could provide feedback to the executive board during meetings or through email. After completing the training sessions, club members who attended or watched the recorded meetings and completed the Google Forms quizzes became eligible volunteers for the Back School once the program resumed. Furthermore, if students trained during the 2020-2021 academic year remained interested in volunteering for the UNLV Community Clinic, they were asked to reaffirm their continued interest with a survey administered by the UNLV Community Clinic in preparation for the opening in the fall of 2021 for the 2021-2022 academic year.

In addition to training volunteers, another goal of these sessions was to adequately train engaged and prepared students to be a part of the executive board for the subsequent year. As a

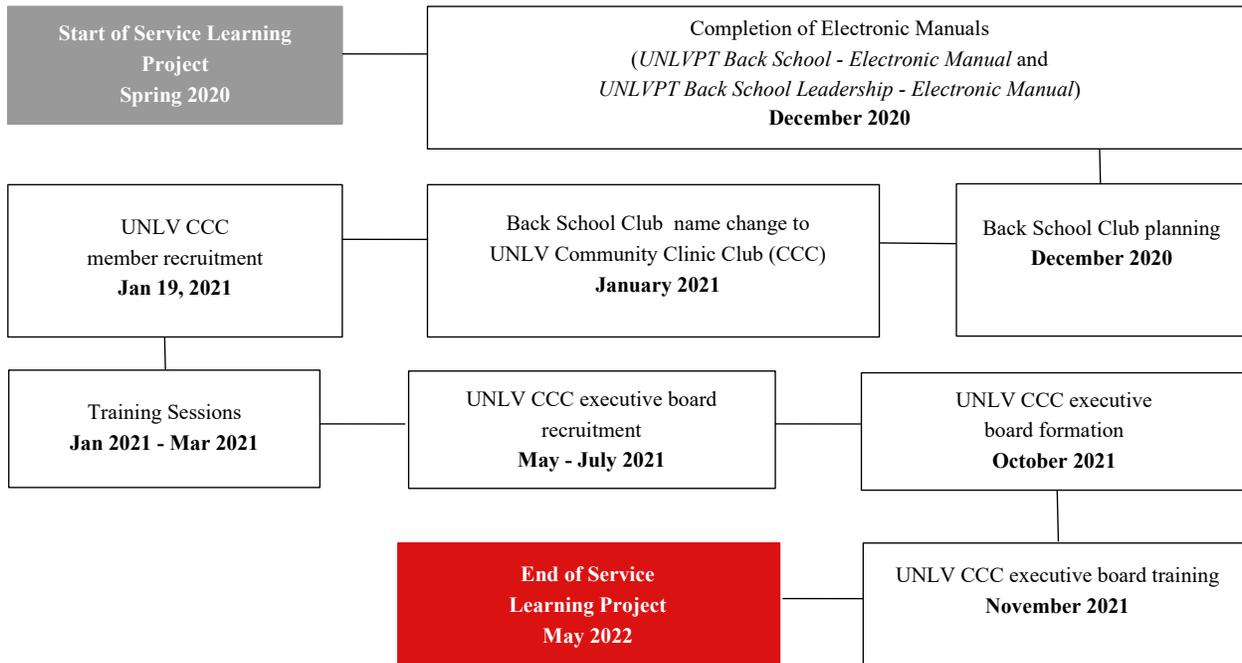
result, all UNLVPT CCC members had the opportunity to take on a leadership role for the following academic year. The inaugural executive board sent an email in May 2021 to all first-year student members, who would soon become second-year students, with information regarding the roles and responsibilities of the executive board (Table 3) and how to apply to become an executive board member. Eligible students must have been enrolled as a UNLVPT second-year student at the start of the executive board term, must have been a part of the UNLVPT CCC and attended at least two training sessions, and must not have been on academic probation. Upon receiving all applications, four students were designated an executive board member role based on their preference and received a virtual orientation to the *UNLVPT Back School - Electronic manual* and *UNLVPT Back School Leadership - Electronic Manual*.

The executive board for the 2021-2022 academic year received guidance and an electronic manual dedicated to the leadership of the Back School. The inaugural leadership created this electronic manual and it differed from the *UNLVPT Back School - Electronic Manual*. This electronic manual was titled *UNLVPT Back School Leadership - Electronic Manual* and it provided all the pertinent information required to run the Back School and UNLVPT CCC. For example, it provided detailed roles and responsibilities required of the executive board members and positions detailed in Table 3. Furthermore, it provided specifics on communicating with community partners, recruiting volunteers, and training student and licensed physical therapist volunteers through the *UNLVPT Back School - Electronic Manual*. Overall, the purpose of the *UNLVPT Back School Leadership - Electronic Manual* was to prepare UNLVPT Back School executive board members to run the Back School and UNLV CCC, allowing them to train subsequent student leaders to continue and sustain the Back School.

Table 3. UNLVPT Community Clinic Club Executive Board Positions

Position	Description
President	The President will serve as the primary source of communication for UNLVPT students by calling for and conducting all UNLVPT CCC meetings. The President, alongside the rest of the executive board, will train UNLVPT students to volunteer in the Back School. The President will be responsible for leading and coordinating the Back School sessions with the help of all executive board members.
Vice President	The Vice President will preside at meetings in the absence of the President and assist the President in managing the UNLVPT CCC. The Vice President will serve as the primary source of communication with community partners: VMSN, UNLV Community Clinic, licensed physical therapist volunteers, and Back School participants.
Secretary	The Secretary will maintain detailed records and files in the <i>Back School - Electronic Manual</i> and <i>Back School Leadership - Electronic Manual</i> . The secretary will serve as the primary source of communication for delivering and receiving quality assurance surveys provided to VMSN, UNLV Community Clinic, licensed physical therapist volunteers, UNLVPT student volunteers and Back School participants.
Treasurer	The Treasurer will maintain detailed records of UNLVPT CCC funds and inventory of equipment required for the Back School.

Figure 2. Service Learning Timeline Overview



Outcomes

Sustainability was measured by the number of students trained under the UNLV CCC for the UNLVPT Back School program, along with the students trained to take over the UNLV CCC executive board. Furthermore, subsequent UNLVPT cohorts were tasked with taking on leadership roles in the UNLV CCC to carry on and sustain the Back School program. Lastly, the inaugural student leaders of the UNLV CCC entrusted with creating tools and processes to enhance sustainability of the Back School program participated in continuous reflective activities to identify obstacles, discuss effectiveness, and gauge community impact.

UNLVPT Community Clinic Club Participants

To address the aim of growing and sustaining the developing student-led UNLV Community Clinic program through the recruitment and training of student physical therapists (SPTs) with an electronic procedure manual, a UNLVPT CCC was created. The total number of students who joined, attended training sessions, and completed post-meeting quizzes were recorded.

Out of 91 first and second year UNLVPT students recruited, 48 students (52.7%) joined the UNLVPT CCC, 17 (25.4%) were first-year physical therapy students and 31 (64.6%) were second-year physical therapy students, as seen in Figure 2. Of those members 26 were females (54.2%) and 22 (45.8%) were male, as seen in Figure 4. To better support a culturally diverse patient population, student member language fluency was tracked and is expressed in Figure 5. Language fluency ranged from only English, to English and Spanish, Hawaiian Pidgin, Punjabi, Tagalog, Croatian, Serbian, Russian, Ukrainian, Bulgarian, and Cantonese. Most of the student CCC members spoke English only, 31 (64.4%), while 15 (31.3%) were bilingual, and 2 (4.2%) students were multilingual, defined as speaking three or more languages. Student attendance for

each of the five training sessions was tracked and is expressed in Figure 6. Of the forty-eight student members, 36 students (75%) attended training session 1, 33 students (69%) attended training session 2, 31 students (65%) attended training session 3, 28 students (58%) attended training session 4, and 23 students (48%) attended training session 5. Of the 23 students who attended training session 5, 18 students attended all 5 training sessions and 5 students missed 1 or more prior training sessions.

As seen in Figure 7, the Quiz 1 average = 87%, with a range of 33% - 100%. The Quiz 2 average = 88%, with a range of 83% - 100% (Figure 7). The Quiz 3 average = 91%, with a range of 57% - 100% (Figure 7). The Quiz 4 average = 72%, with a range of 50% - 83% (Figure 7). The Quiz 5 average = 82%, with a range of 50% - 100% (Figure 7).

Figure 3. UNLVPT CCC Student Physical Therapy Members

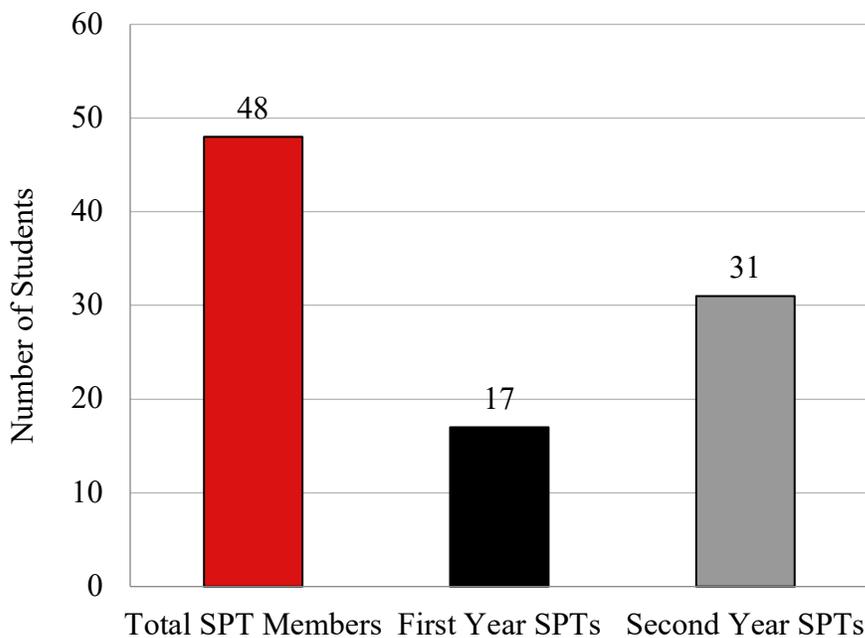


Figure 4. UNLVPT CCC Sex Demographics

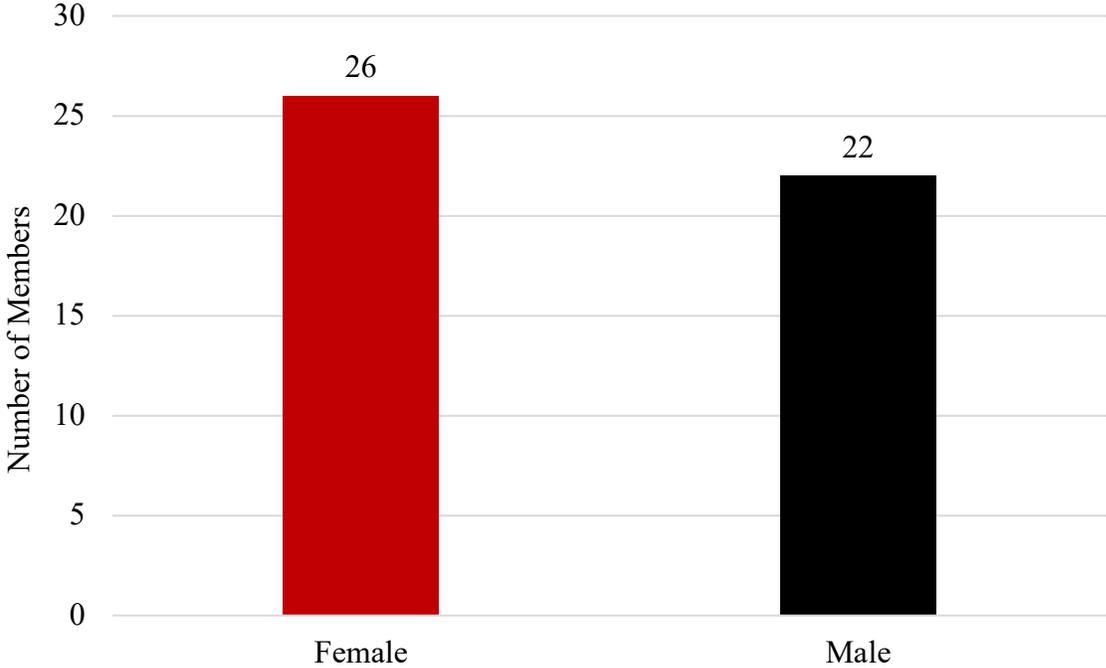


Figure 5. UNLVPT CCC Members Language Fluency

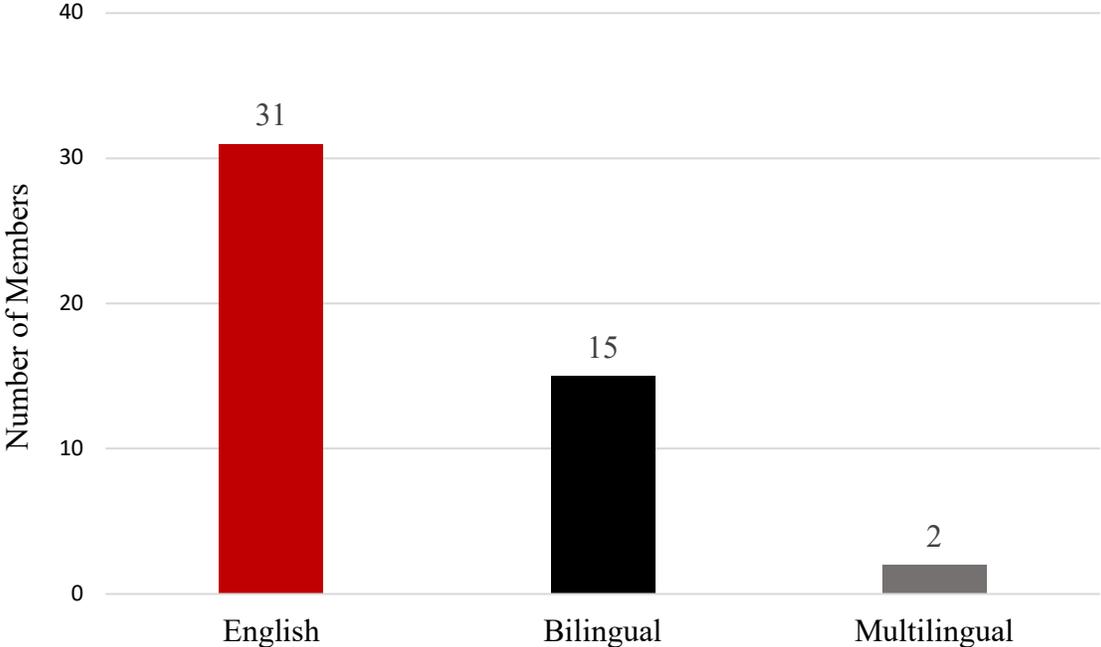


Figure 6. Total Number of Students in Attendance per Training Session

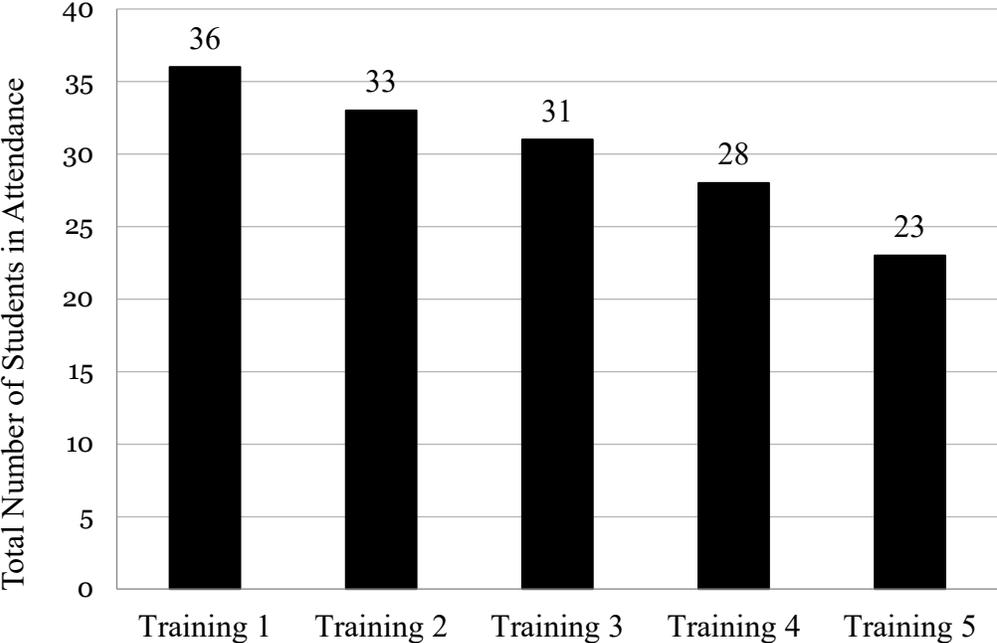
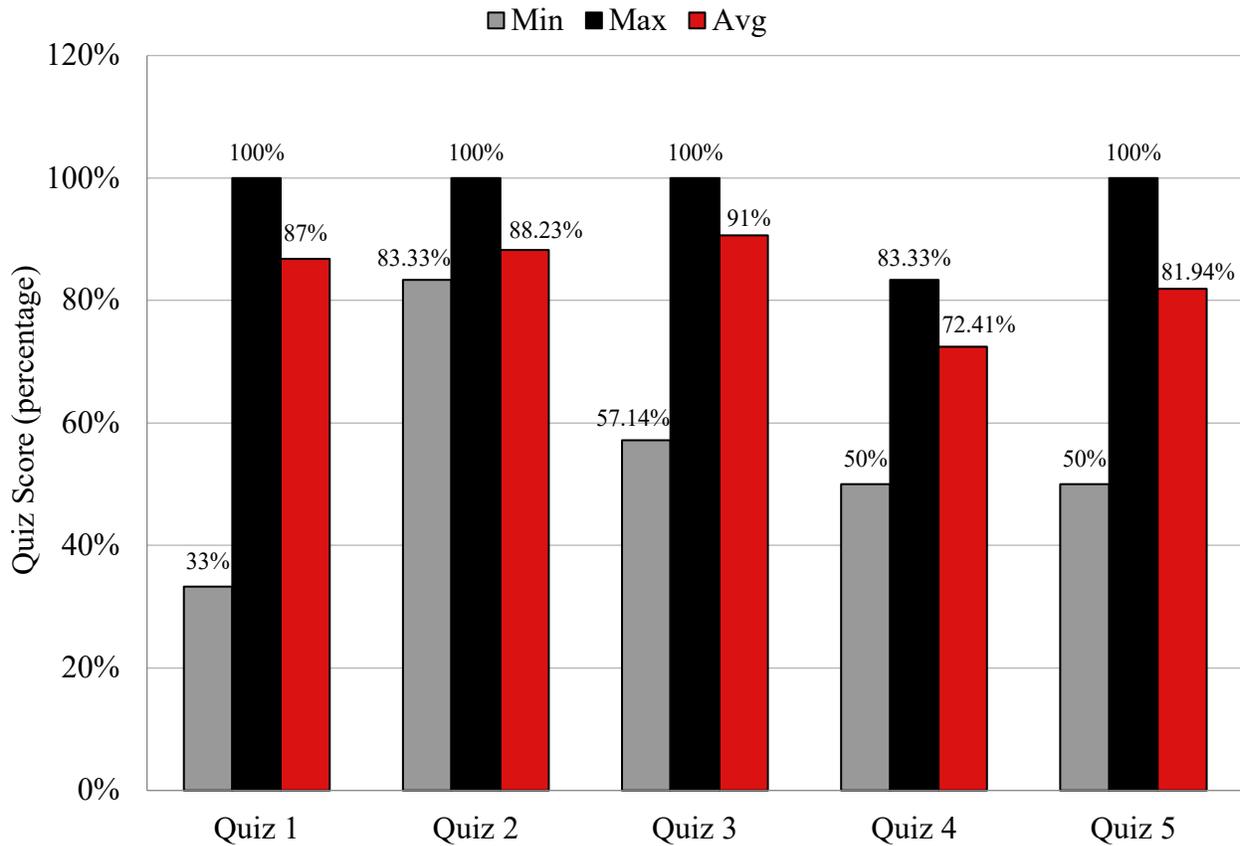


Figure 7. UNLVPT CCC Training Quiz Scores



Club members took part in the debriefing after every session, in which they had the opportunity to voice their thoughts or ask clarification questions. Most of the questions were asked during the first introductory training session and consisted of general questions about how the new UNLV Community Clinic was organized and operating. Some examples of those questions include: “Will we (PT students) have direct access to patients, or do we need to wait for referrals?”, “Do we need to be members of the UNLVPT CCC to participate in the Community Clinic?”, “Will we work under licensed physical therapists?”, “How will scheduling work?”, “Can we bring our own equipment/tools?” Answers to these questions were provided

during the live training sessions if the information was readily available. In cases where we did not know the answer, the executive board members attended UNLV Community Clinic meetings. They spoke with leadership to provide more information through email or address the questions at the beginning of the following meeting.

UNLVPT Community Clinic Club Executive Board

The UNLVPT CCC executive board is a committee of 4 individuals designed to be replaced each year by an incoming group of UNLVPT students interested in holding leadership positions in the club. The four current executive board members (Cory Brown, Rosalie Gutierrez, Jennifer Montes, and Rondale Scruggs) participated in written reflections before, during, and after the service-learning project, to improve on the process of creating the club and electronic manual while also revisiting the core values of the project.

The availability of leadership positions in the UNLVPT CCC executive board for the class of 2023 garnered the interest of one student. Due to the UNLVPT Community Clinic postponing the opening to Summer 2022, it was not requisite for all leadership positions to be filled. As a result, the interested student became the sole member of the UNLVPT CCC executive board and was granted the president position. Furthermore, the president's responsibilities included communicating updates made by the UNLV Community Clinic to the UNLVPT CCC members and fostering interest for the following cohort to take on leadership positions. The president of the class of 2023 was given instructions through the *UNLVPT Back School Leadership - Electronic Manual* on the suggested timeline to transition leadership to the following cohort. Due to the delayed opening of the UNLV Community Clinic, there is additional time to recruit and train interested students from the class of 2024. Currently, there are 38 UNLV PT students as well as 3 faculty members during the 2021-2022 school year who are

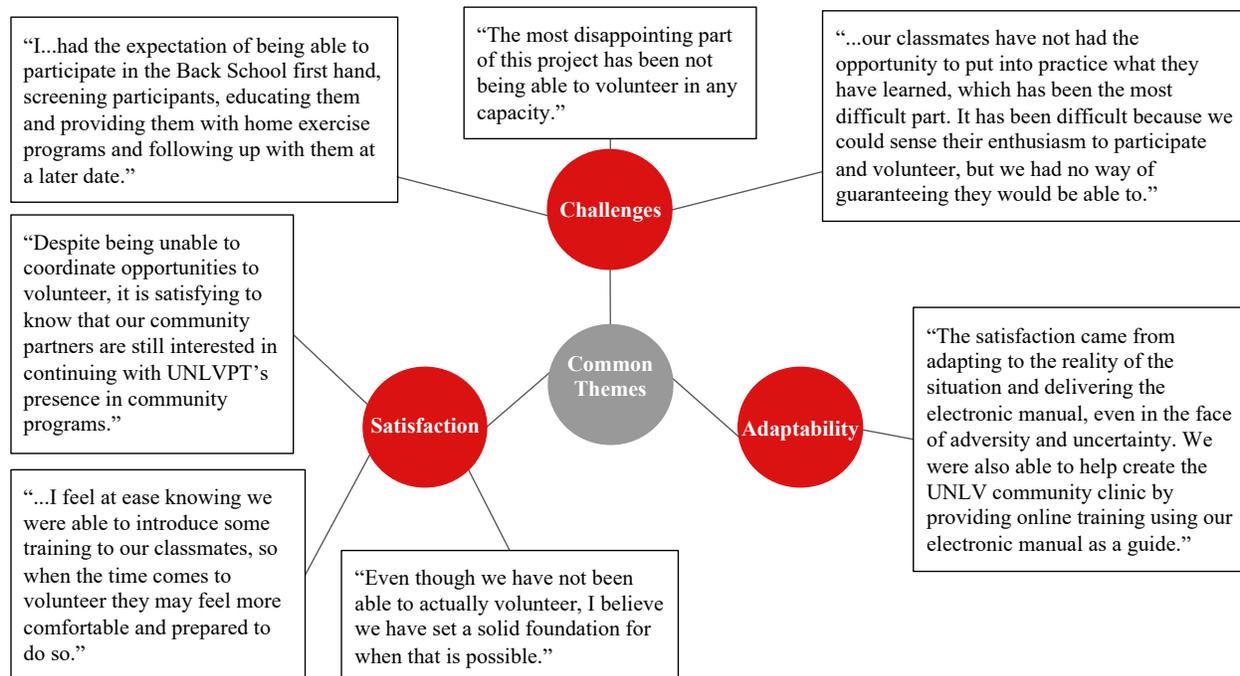
preparing to volunteer once the opportunity becomes available. Once the UNLV Community Clinic is fully open, it would be ideal for 4 students to fill each executive board position to effectively run the UNLV CCC.

UNLVPT Back School Executive Board Member Reflections

The executive board members of the UNLV CCC participated in continuous reflection activities to measure obstacles, effectiveness, feedback from community partners and volunteers, and community impact throughout the service-learning project. The reflections were completed individually and as a group at various stages of the project’s timeline: 1. Planning and organization 2. Development of the electronic manuals 3. Following the virtual training sessions of UNLVPT students for the Community Clinic Club. The reflections were planned and created using the Service-Learning Reflection Map format.²⁸ The reflection process for this service-learning project included a personal statement, reflective journals, team presentation, and debriefing with community partners (Table 4). These reflections were done before, during and after the service-learning project.

Table 4. Service-Learning Reflection Map			
	Before Service	During Service	After Service
Reflect Alone	<ul style="list-style-type: none"> ● Personal Statement 	<ul style="list-style-type: none"> ● Reflective Journal 	<ul style="list-style-type: none"> ● Reflective Summary
Reflect with Group	<ul style="list-style-type: none"> ● Goal Discussion 	<ul style="list-style-type: none"> ● Improvement Discussion 	<ul style="list-style-type: none"> ● Team Project Presentation
Reflect with Community Partners	<ul style="list-style-type: none"> ● Goal Discussion 	<ul style="list-style-type: none"> ● Improvement Discussion 	<ul style="list-style-type: none"> ● Debrief

Figure 8. UNLVPT Back School Executive Board Member Reflections



Throughout this service-learning project we spent time reflecting individually and collectively as a group about our experiences. Our focus was set towards meeting our aims of growing and sustaining a developed student-led Back School, creating an electronic manual to provide essential information for future physical therapy students to run the Back School successfully, and recruiting and training physical therapy students to participate and take on leadership roles in the UNLV CCC. Overall, the major themes from these reflections included the challenges that arose due to COVID-19, the ability to adapt and prevail despite those challenges, and finally, the satisfaction of meeting our service-learning project aims regardless of the challenges (Figure 8).

This service-learning project was intended to continue the work of previous cohorts to

meet the aim of growing and sustaining a developed student-led Back School; therefore, the expectation was for trained physical therapy students and ourselves to be able to apply what we learned throughout our didactic coursework into the Back School program and continue to serve the local community. As stated by Cory Brown regarding the Back School sessions, “I...had the expectation of being able to participate in the Back School firsthand, screening participants, educating them and providing them with home exercise programs and following up with them at a later date.” Unfortunately, due to COVID-19, our volunteer partner, VMSN, put into place protocols and precautions for the safety of their patients, therefore limiting volunteer opportunities. As a result, the Back School was unable to hold Back School sessions at VMSN during 2020 and 2021. As expressed by Rondale Scruggs, “The most disappointing part of this project has been not being able to volunteer in any capacity.” Furthermore, Jennifer Montes stated, “...our classmates have not had the opportunity to put into practice what they have learned, which has been the most difficult part. It has been difficult because we could sense their enthusiasm to participate and volunteer, but we had no way of guaranteeing they would be able to.” Although COVID-19 introduced unexpected challenges, leaving us to feel disappointed for the lack of service-learning participation opportunities, we were able to collaborate and adapt to meet our project’s aims and achieve our overall goal of achieving sustainability within our community partnerships. Rosalie Gutierrez states, “Despite being unable to coordinate opportunities to volunteer, it is satisfying to know that our community partners are still interested in continuing with UNLVPT’s presence in community programs.”

While we were able to maintain our original goal of creating an electronic manual and training students for the Back School, many changes were required regarding our community partner and actual implementation of the manual. As stated earlier, our original volunteer partner

VMSN was not able to provide volunteering opportunities due to COVID-19, which required flexibility from the Back School Executive Board and the students interested in volunteering. With collaboration from the UNLV Medical School, the UNLV Community Clinic (UNLV CC) was created and proved to be a great opportunity to integrate the Back School in a new location. We adapted our manual and trained the students interested in volunteering with the Back School at both the UNLV CC and VMSN. Despite the difficulty of navigating a changing environment while also maintaining a project goal, we created a manual and a club that will provide a great base for volunteering opportunities in the future. Cory Brown stated, “The satisfaction came from adapting to the reality of the situation and delivering the electronic manual, even in the face of adversity and uncertainty. We were also able to help create the UNLV community clinic by providing online training using our electronic manual as a guide.” As of writing, the UNLV CC has not fully opened, but the framework provides ample volunteering opportunities with trained students and a manual ready for use.

While many of us expressed disappointment with not interacting with the Back School in person, we did accomplish our primary goal of creating the electronic manual. The development of the electronic manual gave us a tool that will help with training future leaders and volunteers of the Back School and was also able to be adapted for the purpose of training volunteers for the UNLV Community Clinic. In addition, the electronic manual provided a framework we could use to train students wanting to volunteer for the Community Clinic and/or the Back School simultaneously via virtual meetings. Rondale Scruggs reflected on this outcome, “Even though we have not been able to actually volunteer, I believe we have set a solid foundation for when that is possible.” Jennifer Montes touched on the value of being able to provide thorough training to future volunteers, “...I feel at ease knowing we were able to introduce some training to our

classmates, so when the time comes to volunteer, they may feel more comfortable and prepared to do so.” These reflections illustrate that while we were disappointed with being unable to volunteer in person, we were able to shift our efforts towards ensuring the sustainability of these volunteer opportunities.

Discussion

The tools and resources essential for sustaining a student-led Back School program were created and implemented. More than half of the UNLVPT students that were informed of the UNLV CCC showed interest and joined. Attendance throughout the training sessions was relatively stable, but it did show a downward trend towards the last few sessions. This may have been due to several reasons, such as overlapping coursework limiting students' participation in extracurricular activities. Additionally, COVID-19 restrictions at the time may have made it difficult for students to implement clinical skills and training to make an immediate impact on the community. Lastly, it could have simply been due to a loss of interest on behalf of students throughout the two-month training period. Maintaining student-volunteer interest is a common barrier to any pro-bono volunteer service. This was expected to occur in a limited capacity considering the aforementioned factors as well as an understanding of current research regarding similar sustainability efforts. Despite the drop-off in volunteer numbers, the Back School and UNLV CCC are expected to move forward barring any external obstacles. If similar issues regarding student interest are encountered in the future, there are strategies that have been found effective which include involving students in the development and implementation of the program and offering incentives for participation.⁴

Although UNLVPT students were unable to immediately participate in the Back School upon training with the *UNLVPT Back School - Electronic Manual*, their readiness was evident by the scores of their quizzes. Overall, each quiz had an average score of 72% or better. These quizzes tested club members on the overall content presented at each training session, covering the essential concepts. As a result, doing well on these quizzes indicated that students were well prepared to volunteer in the Back School program. Unfortunately, COVID-19 restrictions

impeded UNLVPT students from volunteering in-person to the Back School program sessions during the entirety of the 2020-21 academic year in which this project was to be conducted. In future sessions, when in-person training sessions can be held, additional methods can be taken to assess volunteers' preparedness for participation. These include encouraging student volunteer attendance to in-person training sessions for observation and practice utilizing the different screening measures included in the Back School. Checklists that highlight “areas of focus” like neurological screening, orthopedic screening, and red flag screening can be incorporated to ensure student preparedness prior to volunteering in the Back School sessions. This would allow time for volunteers to familiarize themselves with the setting and build confidence before being expected to lead on their own or actively participate in a session with community participants.

Improvements and Limitations

Despite achieving our project goals, we still encountered several limitations. The main one being the COVID-19 pandemic. This eliminated student participation in the actual Back School program for the duration of the academic year which did not allow the utilization of the electronic manual contents in actual sessions with recruited participants. Implementing the manual's contents during in-person sessions would have allowed us to confirm its practicality and determine if modifications needed to be made. The pandemic also placed unforeseen burdens on the UNLVPT cohorts in challenging traditional study habits and restricting in-person activities. All the training sessions took place virtually, which did not allow the students to practice and get hands-on experience with the different electronic manual materials. The lack of physical participation could have also led to a loss of student interest, as hands-on clinical experience was one of the main attractions of this program.

Due to the COVID-19 pandemic, our participation was restricted at VMSN. As a result,

the 2020 year did not have any Back School sessions, but this did not alter our goal of training students for future participation once restrictions were lifted. UNLV, in collaboration with many healthcare disciplines including the schools of medicine, public health, nursing, physical therapy, occupational therapy, psychology, dental, social work, as well as other graduate programs and even undergraduate volunteers, created the UNLV Community Clinic. This pro-bono clinic will provide access to healthcare to the Las Vegas community while simultaneously creating an environment for students to get real clinical experience, apply their didactic knowledge, and practice interprofessional care and skills. To prepare UNLVPT students to participate in this newly developed community partnership, the UNLVPT CCC was created as a resource to supply training for both the Back School Program at VMSN and the UNLV Community Clinic simultaneously. The training overlapped enough to where it accounted for both programs. This allowed us to keep the same goal of our original proposal.

Considering that social distancing restrictions to participation have since been lifted, the successive executive board members for the club can improve retention and participation of student physical therapists following these training sessions. By providing substantial in-person volunteer opportunities in a timely manner, club members will be encouraged to participate in this experience. Our group recommends supplementing the existing virtual training sessions with in-person opportunities or orientations to boost club members' confidence in skills and settings.

Conclusion

To ensure the sustainability of the Back school, it was requisite that the program have a framework that each subsequent cohort of UNLVPT students could use and build upon. The newly created electronic manuals provide an essential resource that will greatly mitigate the learning curve associated with Back School and facilitate the transition for future cohorts to participate. Furthermore, the online training courses demonstrate promise and allow students to learn the electronic manual in a stepwise fashion, provide quizzes to assess student readiness, and ensure comprehension of each task required for proper functioning of the Back School. Future UNLVPT Back School leadership is encouraged to modify the electronic manual, training resources, and marketing materials to meet the evolving needs of the Back School. The Back School can now continue for as long as deemed beneficial to the medically underinsured community with back pain.

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Curriculum Vitae

Cory Brown, SPT

Department of Physical Therapy
University of Nevada Las Vegas
4505 S Maryland Pkwy
Las Vegas, NV 89154
Email: browncoryw@gmail.com

Education

University of Nevada, Las Vegas, Las Vegas, NV
Doctor of Physical Therapy, 2022

Southern Utah University, Cedar City, UT
B.A. Marketing, 2017

Department of Physical Therapy
University of Nevada Las Vegas
4505 S Maryland Pkwy
Las Vegas, NV 89154
Email: rosalie.gutierrez31@gmail.com

Education

University of Nevada, Las Vegas, Las Vegas, NV
Doctor of Physical Therapy, 2022

University of Nevada, Las Vegas, Las Vegas, NV
B.S. Kinesiology, 2018

Department of Physical Therapy
University of Nevada Las Vegas
4505 S Maryland Pkwy
Las Vegas, NV 89154
Email: montesjennifer97@gmail.com

Education

University of Nevada, Las Vegas, Las Vegas, NV
Doctor of Physical Therapy, 2022

University of Nevada, Las Vegas, Las Vegas, NV
B.S. Kinesiology, 2019

Rondale Scruggs, SPT

Department of Physical Therapy
University of Nevada Las Vegas
4505 S Maryland Pkwy
Las Vegas, NV 89154
Email: rondalescruggs@gmail.com

Education

University of Nevada, Las Vegas, Las Vegas, NV
Doctor of Physical Therapy, 2022

University of Nevada, Las Vegas, Las Vegas, NV
B.S. Kinesiology, 2017