

MARCH 9, 2019 Philadelphia Regional Pro Bono Network Consortium

MEETING SUMMARY

Thank you to Widener University for hosting the 2019 Eastern Regional Conference and Jill Black for her mentorship and leadership.

Special acknowledgement to the Student Regional Consortia, Temple University's Rachael Ryder and Hannah Mathew Student Leaders and Mary Sinnott for her support.

The Faculty Consortia will work in conjunction with the HPA Pro Bono Catalyst Forum. Thank you, Kate Crandell.

Orientated attendees to the Pro Bono Network website. Please see:

<http://theprobononetwork.com/>

Regional Consortia

Faculty

Philadelphia Regional Pro Bono Network Consortium

Comments and editions accepted from the Faculty Consortia. Thank you for your valuable input. All changes are represented in the following revised Goals and Objectives.

Resources Links:

Pro-Bono Incubator: <https://www.movetogether.org/pro-bono-incubator/>

For more information on Levels of Membership in the Pro Bono Network such as:

National Steering Committee

National Honor Society

Regional Consortia Member

Pro Bono Network Member

Please see: <http://theprobononetwork.com/>

Additional links and resources for Pro Bono Services-

Society for Student-run Free Clinics:

<http://www.studentrunfreeclinics.org>

<http://www.studentrunfreeclinicsfacultynetwork.org>

Summary of Break Out Exercise - Four Break Out Workgroups with the themes of 1. Models/Populations, 2. Regional Hubs, 3. Dissemination and 4. Administration were established. The following is a summation of the sticky notes and discussion points generated in the breakout sessions.

1. Models, Locations and Populations, Dx (Please be aware that the *ProBono Incubator* will be sending out a communication introducing the idea of Big Data and an attempt to capture Pro Bono Clinic Population information)

- Student Run Community Health Center, FQHC – 85% ESL; dx MSK
- Faculty-Student run; partnership with existing practices/organizations; 2-3:1 student:faculty ratio; uninsured
- Student Run within a multidisciplinary clinic; OP
- Student run within OP setting with psych counseling and PA; MSK and Neuro
- Student-run; Curriculum Model linking to primary care service to coursework; ortho/neuro; includes rural interdisciplinary with Social Workers.
- Student run Multidisciplinary OT/PT/SLP
- Student run; curriculum embedded; on campus; Neuro 50%/MSK c chronic conditions(diabetes/HTN); +victims of violence/violence prevention. Underserved and underinsured pop
- Joint University programming- faculty led (1:3 ratio); Immigration clinic
- Multiple clinic models: Peds/Student athletes/OPortho-neuro-prosthetic training/PD; FQHC for Diabetes; PD Dance prg; Aging pop.
- Faculty run transitioning to student run; MSK/ortho dx; ESL
- (2x) student run with faculty supervision integrated curriculum w Neuro population
- (5x identified) Student-Faculty Run OP multiple dx (peds, adult) ortho/neuro ~30%

**Additional information included: referral requirements, direct access implications, hours of operations.*

2. Hubs (*next meeting we will directly connect to the Student Consortia's Map and Regional Center plan) Requests for possible connections to regional centers:

- Bellarmine seeking Regional Consortia in KY, TN, and ?
- SE Hub
- Springfield College Western MA/Hartford CT, Central MA(Worcester)
- Ohio Western PA Hub Youngstown State
- Newark NJ seeking possible hub with NY

3. Dissemination and Research Common questions and discussion surrounded the following topics. These are possible areas to explore to invite guest speakers.

- Direct Access states versus not
- Legal Risk Management
- Legal agreements or agreements of understanding with surrounding clinics; competition or serving and helping local community practitioners
- Defining Populations in need of Student Clinics: Noninsured, underinsured, underserved; access limited due to co-pay; disparity in access

*WORKLOAD:

- (6x)“No Buy In”; Minimal to No Release Time; 10% only given to account for pro bono time and task load; some stipend allotment (2x); Credit allotment to pro bono work(?)
- (2x)Difficulty recruiting supervisors
- Scheduling time in curriculum to optimize pro bono services for students, faculty and participants; credit allotments to Pro bono work
- Computerized documentation – transition

4. Dissemination and Publication

- MUSC: clinical reasoning outcomes(pub); Financial savings(pub); patient satisfaction surveys and QI on operations (presentation)
- Bellarmine: How to create a Pro Bono Clinic National Data Base for Contributors – access for publication purposes
- Widener: (Kerstin Palombaro) Civic Mindedness, Empathy, Compassion Fatigue; (Black&Erdman) Student Outcomes (qualitative)

Thank you to all the Faculty Consortia participants in this networking session, March 9, 2019. It is clear that this first session served to establish common themes and to gain some answers as well as much needed support for our efforts in Pro Bono Service and student learning.

I look forward to seeing you all again at our next meeting. If any issues, comments or concerns please contact me: Sue Paparella-Pitzel, paparesu@shp.rutgers.edu.

“Wars of nations are fought to change maps. Wars of poverty are fought to map change” Muhammad Ali