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Assessing the Effectiveness of Experiential Learning in a Student-Run Free Clinic

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Abstract

Experiential learning is an important contributor to higher education. Incorporating experiential learning into a program of study helps provide a new avenue for the application of theory to practice. These activities are often in the form of volunteer services, which help students translate classroom learning into real-world solutions, address community needs, help students serve their neighbors, facilitate campus–community collaboration, and connect students with local organizations. This article describes an assessment of educationally relevant experiences at a student-run free health clinic. The majority of students believed that their clinic experiences fit well into their academic curriculum and schedule. They considered this a positive and worthwhile endeavor, both because of their own personal gain in knowledge, skills, and experiences and because of the direct benefit to the local community. Overall, the students' experiences were very positive and were consistent with achieving the clinic's and the university's goals.

Keywords

experiential learning, student-run free clinic, assessment, health education

Introduction

Experiential learning has been shown to be an important contributor to higher education (McCarthy & McCarthy, 2006; Steck, Engler, Ligon, Druen, & Cosgrove, 2011; Sullivan-Catlin, 2002). One model of experiential learning proposed by D. A. Kolb (1984, p. 21) states that “learning, change, and growth are seen to be facilitated best by an integrated process that begins with here-and-now experiences followed by collection of data and observations of that experience.” Kolb's model involves four processes: (1) participating in concrete experiences, (2) recording and reflecting on observations and experiences, (3) developing concepts applicable to the experiences as well as generalizations about the experience, and (4) testing the implication of the resulting concepts and applying them to new settings. In a competitive job market, students with more experience within their field are often chosen over their otherwise equivalent peers, because they are able to process and apply practical knowledge in real-world settings (Yap, 2012).

Incorporating experiential learning into a program of study helps provide students with a new avenue to apply theory into practice (Coll, Lay, & Zegwaard, 2002). Experiential learning activities are often in the form of volunteer services, which not only help students translate classroom learning into real-world solutions, these

also address community needs and help students serve their neighbors (A. Y. Kolb & Kolb, 2005). This can help facilitate more campus–community collaboration and connect students with local organizations (Gronski & Pigg, 2000; Mooney & Edwards, 2001).

PT HEART (Physical Therapy Health Education and Rehabilitation Therapy) is a student-run free clinic in Flint, Michigan. PT HEART was created in 2007 in association with the University of Michigan–Flint to provide a service-learning and student-driven experiential learning opportunity, and with a vision to enhance the health and well-being of the community. The mission of the PT HEART is to provide quality health care for the uninsured and underinsured in Flint and the surrounding area. Health Education and Physical Therapy students worked as interdisciplinary partners in care to provide client care, with several volunteering to serve on the board of directors. The major clients, many of whom are homeless, receive health services and referrals for all of their

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health needs. PT HEART also provides bus passes to patients for off-site referrals to help alleviate transportation barriers, such as difficulty in purchasing bus passes.

Students who work at the clinic perform a variety of tasks depending on their academic major. Physical therapy graduate students are able to assess and treat clients under close supervision of a licensed physical therapist. Health Education undergraduate and graduate students provide a variety of primary and secondary prevention activities, such as one-on-one personalized health education counseling, on an ever-evolving range of topics. Primary prevention include educating clients about tobacco cessation, making healthy food choices at the soup kitchen, and discussing safe sex practices. Secondary prevention activities include helping those who had chronic conditions establish a medical home, along with scheduling and arrange transportation to physician's appointments. Students also implement programs aimed to ameliorate specific health conditions; provide referrals to community partners for HIV testing, women's health services, medical care, and substance abuse help; and tailor lifestyle changes to their clients' needs by taking into account the numerous barriers they may face in their current situation, such as homelessness, food insecurity, and limited social support.

At PT HEART, students perform all the services from check-in to check-out. When a client approaches the check-in station, he or she is asked for his or her name. The chart is then give to the student(s) who are working in intake and measure the client's blood pressure, heart rate, height, weight, and percent body fat. Students hold clinic hours for 3 hours every Friday, with 10 to 15 clients served in each free clinic session. All the tasks students perform are congruent with competencies expected for entry-level health educators or physical therapists. Thus, it is important to assess students' self-reported experiences at the free clinic, to examine how these correspond to the students' and university's expectations. Also, at the site of experiential learning students perform different tasks, so not every student performs the same duties or has the same learning experiences. Physical Therapy students were trained by their Health Education peers to help provide health education services, due to the smaller proportion of student volunteers from the health education program. Systematic assessment helps promote an understanding of what is gained from the students' perspective.

This survey was based on the goals set by the University's School of Health Professions programs (1-4) and goals set by the clinic (5-7): (1) improving students' cultural competence, (2) creating campus-community partnerships, (3) creating leaders in the health professions, (4) helping students gain real-world experience, (5) providing quality services to residents, (6) facilitating

teamwork, and (7) creating an enjoyable experience for students. Last, it was also important to assess the preparation of volunteers and fit of the clinic hours with the students' schedule.

Method

After receiving approval from the Institutional Review Board, an on-line survey was launched via Qualtrics and the URL was distributed in a mass e-mail to all of the students in the Public Health & Health Sciences and Physical Therapy departments who volunteered at the free clinic. Information about the survey was also posted on the PT HEART Facebook page and individual e-mails were sent out to the PT HEART Board of Directors. The total number of volunteers at the clinic during the time of this survey was 32 students, 31 participated in the survey (97% response rate).

Demographics

The participants provided their gender (male/female), age (exact age in years), race/ethnicity (African American, Caucasian, Asian, Hispanic Latino, Native American or Pacific Islander), ZIP code, marital status (single never married, engaged, married, separated, divorced, or widowed), employment status (employed full-time/40 hours a week, employed part-time/less than 40 hours a week, or not employed), academic major (Physical Therapy, Health Education, or Health Administration), registration status (full-time or part-time), year in program (first, second, third, or other), and year of graduation (2013 to 2017, with an "other" choice included for text entry).

Relation to the Clinic

Students were asked about their relation to the clinic, including if they were currently or had previously served on the Board of Directors for PT HEART; the frequency of volunteering with categories of 1 to 3, 4 to 6, 7 to 10, and 11 or more times; and tasks performed, including intake, observing health education, performing health education, observing physical therapy, performing physical therapy, and observing other activities (inclusively).

Experiences at PT HEART

We developed 18 items to assess students' perceptions of their PT HEART volunteer experiences. We categorized these items into four areas: Preparation and Fit, Quality of Volunteer Experience, Skill Development, and Community Impact. We assessed the interitem reliability for items in each of these areas as a scale. See Table 1 for questions and results.

Table 1. Areas and Proportion of Responses by Item.

Item	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Preparation and Fit ($\alpha = .833$)					
My coursework adequately prepared me for working at PT HEART.	12	15	2	1	1
PT HEART's hours fit my schedule.	9	14	6	0	2
Training at PT HEART was adequate.	11	12	6	1	1
Quality of Volunteer Experience ($\alpha = .808$)					
My time spent at PT HEART was a worthwhile experience.	22	8	1	0	0
I felt that I was part of a team when working at PT HEART.	22	7	1	1	0
I enjoyed my time volunteering at PT HEART.	20	10	0	1	0
I did not learn anything important from PT HEART. (R)	1	0	0	9	20
I did not feel that I was doing anything useful when at PT HEART. (R)	2	2	0	13	14
Skill Development ($\alpha = .861$)					
Serving at PT HEART has made me a better practitioner.	17	10	4	0	0
PT HEART has helped me gain real-world experience.	26	2	2	1	0
PT HEART has helped me improve my cultural competence.	23	7	1	0	0
PT HEART allowed me to demonstrate the skills I have learned at the University of Michigan-Flint.	21	7	2	1	0
PT HEART helped make my experience at the University of Michigan-Flint a success.	15	11	5	0	0
Community Impact ($\alpha = .762$)					
PT HEART offers an important service to the underserved in Flint.	24	7	0	0	0
PT HEART improves the quality of health services available to Flint residents	18	12	0	1	0
PT HEART creates a campus-community partnership.	19	11	1	0	0
PT HEART increased my knowledge of health conditions in Flint.	18	12	1	0	0
PT HEART helps make University of Michigan-Flint a leader in health professions education.	20	9	2	0	0

Note. PT HEART = Physical Therapy Health Education and Rehabilitation Therapy clinic. (R) indicates reverse coded when assessing interitem reliability.

Results

Participants ($N = 31$) were 94% women; 77% single, 16% married, and 7% engaged; 81% non-Hispanic Caucasian, 13% African American, 3% Asian, and 3% Middle Eastern. Nearly all (93%) were full-time students, 7% were part-time students; 10% were employed full-time (40+ hours per week), 23% were employed part-time (less than 40 hours per week). About one third of the participants were in each program year, 32% first year, 29% second year, and 29% third year. One participant was an undergraduate and one participant had graduated. Most participants had been on the PT HEART Board of Directors (29% currently, 52% previously); 24% had volunteered 11+ times, 19% had volunteered 7 to 10 times, 26% had volunteered 4 to 6 times, and 13% had volunteered 1 to 3 times. Tasks performed at PT HEART included intake (74%), observing health education (19%), performing health education (32%), observing physical therapy (48%), performing physical therapy (42%), and observing other activities (16%). Survey participants included 23 physical therapy student volunteers, 5 health education student volunteers, and 3 health administration student volunteers.

The items for each scale exhibited good to excellent interitem reliabilities (Cronbach's alphas range from .762 to .861; see Table 1). The majority of students strongly agreed or agreed that the structure of the experiential learning fit their schedule and that they were adequately trained to work at the clinic. Students also felt that the free clinic improved the quality of health care services offered in Flint, Michigan. Overall, the quality of the volunteer experience was very positive and a worthwhile experience. Students were able to use and demonstrate skills that they had learned at the university in a real-world setting and felt that the experience made them a better health care practitioner. Last, students increased their knowledge of the local health conditions and felt the experiential learning opportunity increased the perception of a campus-community partnership and their cultural competence.

Discussion

Experiential learning can provide a valuable complement to classroom instruction. Incorporating the experiential learning from volunteer experiences in a student-run free health clinic provides opportunities for the application of theory and training to practical real-world applications.

Assessing volunteers' experiences provides feedback on the achievement of personal and institutional goals and provides guidance for program improvements.

The survey described in this article covers multiple domains that are highly relevant to students' educational experiences and institutional (i.e., university and clinic) goals. Feedback from survey participants can inform improvements in experiential learning activities and clinic processes. These include modifications to clinic hours and providing more training for volunteers. The students felt that their course work adequately prepared them to work at the free clinic, that they were a valuable part of a team, and that the time spent at the clinic serving others was a worthwhile experience. The skill development questions reveal that students believe they are translating what they learn in the classroom into real-world experiences, are increasing their cultural competency, and are becoming better practitioners in their fields. Students also felt that the experience was worthwhile and enjoyable. There were a few limitations to this study. Women provided 94% of the feedback; this is reflective of the demographics of volunteers and the students within each program. The small sample size is also a limitation, reflecting the initial wave of student volunteers. Also, we assessed the volunteers' perceptions of their experiences and how they contributed to their academic development, but we did not attempt to assess these outcomes through objective and/or external means. Despite these limitations, we feel that this assessment provides valuable feedback and encouragement for an innovative and useful experiential learning program. Additional assessment and evaluation effort may provide additional feedback on the achievement of individual and institutional objectives. Overall, the students' experiences at PT HEART were very positive and consistent with the clinic and the university's goals.

Declaration of Conflicting Interests

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