

Creating Sustainable Community Engagement Initiatives in a Graduate Physical Therapy Program

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Abstract

Many institutions of higher learning engage in activities related to community building. At Widener University, the Institute for Physical Therapy Education has undergone a process to build on relationships with those in its community to create service-learning and community engagement activities that were first initiated with short-term, one-time events but have evolved into longer-term partnerships that are designed to contribute to higher quality sustainable programs of engagement.

Many institutes of higher education embrace the ideal of bettering the communities in which they reside. The impact is seen not only in the community, but also within the classroom. Students are challenged to embrace a spirit of engaged citizenship, while simultaneously developing expertise in their respective areas of study. Widener University is one such institution that has embraced a mission to create “a learning environment where curricula are connected to societal issues through civic engagement” (Widener University 2010). Under the president’s leadership, many schools and departments have sought to offer programs and learning opportunities that would serve both students and community residents. Widener University resides within Chester, an underserved area of Southeastern Pennsylvania. Chester has a population of 36,564 and a median household income of \$25,703; 27.2 percent of the population are below the poverty level (US Census 2000). Chester’s population is primarily African American. Less than half of Chester residents are homeowners and less than 10 percent are college graduates (US Census 2000).

The Institute for Physical Therapy Education (IPTE) is housed in the School of Human Service Professions. The signature feature is a three-year graduate program leading to a Doctor of Physical Therapy, which annually admits approximately forty new students. The IPTE mission mirrors the university mission with a call to develop physical therapists who are engaged citizens (Widener University 2007, 4). Both the university and IPTE missions align, which is a key component of creating sustainable community engagement initiatives (see Box 1) (Smith, Cohen, and Raybuck 2001). And professionally, the American Physical Therapy Association’s Core Values document calls for physical therapists to exhibit altruism and social responsibility (American Physical Therapy Association 2003). Hence, on multiple levels physical therapy students have been mandated to make a positive impact on their local

communities; however, historically the IPTE has had only a few community engagement opportunities, which have likely had minimal impact on the community or the students. As part of its strategic planning process, the IPTE endeavored to make changes to create stronger and more sustainable initiatives.

Box 1: Mission Statements

Widener University Mission

As a leading metropolitan university, we achieve our mission at Widener by creating a learning environment where curricula are connected to societal issues through civic engagement.

- We lead by providing a unique combination of liberal arts and professional education in a challenging, scholarly, and culturally diverse academic community.
- We engage our students through dynamic teaching, active scholarship, personal attention, and experiential learning.
- We inspire our students to be citizens of character who demonstrate professional and civic leadership.
- We contribute to the vitality and well-being of the communities we serve.

Institute for Physical Therapy Education Mission

The mission of the Institute for Physical Therapy Education of Widener University is to graduate clinically competent physical therapists that demonstrate exemplary character and assume the responsibilities of citizenship.

- Clinically competent graduates manifest the authentic knowledge and skills of the physical therapy profession, engaging in evidence-based practice, life-long learning, and autonomous decision-making.
- The character traits of our graduates enable them to internalize values that support ethical behavior, compassion, and respect for cultural traditions.
- Graduates, as responsible citizens, collaborate to enhance health care delivery, to empower clients and families, and to contribute to the profession, community, and society.

The purpose of this article is to describe the IPTE's attempt to grow a community engagement program by encouraging student buy-in, fostering effective community partnerships, and growing sustainable community engagement initiatives that would have high positive impacts on both students and community. This article will give an account of that evolution, describe several of the initiatives, and discuss considerations for sustainability, community relationships, and student buy-in that could be applied to any program desiring to increase community engagement.

The Evolution

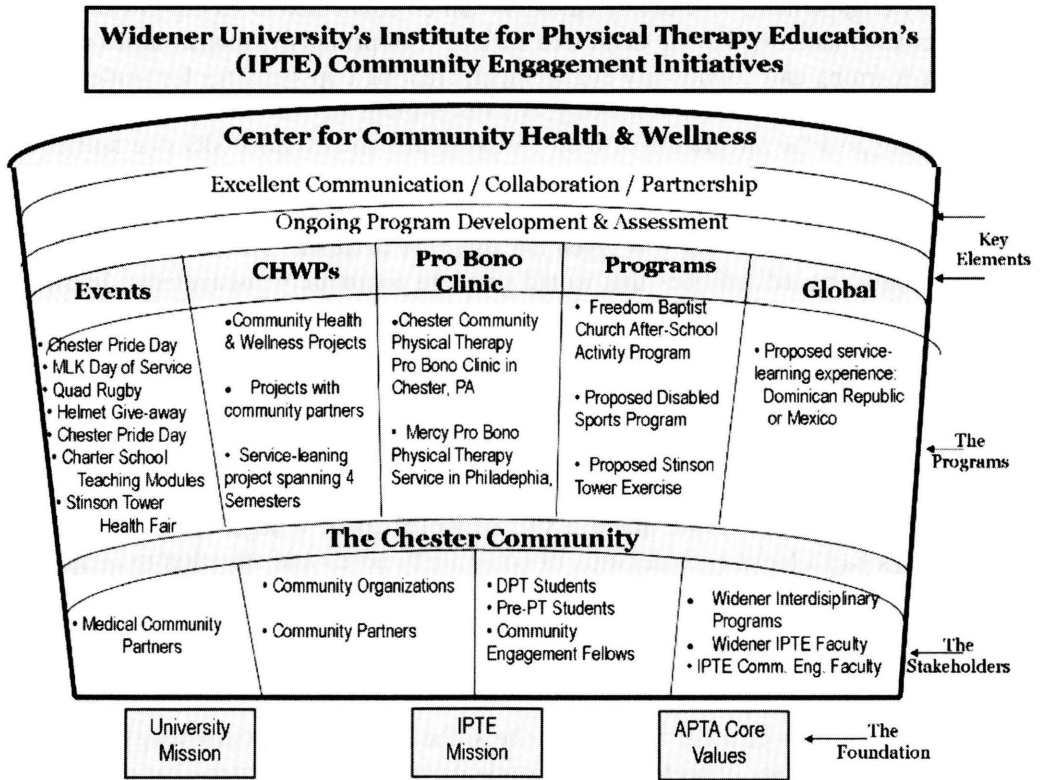
Reflecting on the process that enabled the IPTE to construct a cohesive plan for community engagement, several key elements can be connected to its current success. These elements included having dedicated faculty with primary responsibilities related to service-learning and community engagement, creating opportunities for students to engage in planning and decision-making, and developing an overall framework to guide and support the integration of multiple programs and events under one unified focus.

One full-time faculty member was given the ability to designate all of her service responsibilities toward activities that would promote community engagement. In time, the IPTE was able to establish a part-time position for a Coordinator of Community Engagement, who would take on administrative responsibilities as well as construct connections between service-learning, community engagement, and curriculum. These two faculty members began a process of assessing the programs that were already in existence and determining ways to improve upon them. Some of the programs were structured as service-learning experiences, with links to the curriculum and calls for student reflection (Seifer 1998; Seifer 2000; Reynolds 2005; Village 2006). A few of the programs had a loose consideration of community needs and attention to reciprocal partnership, which are important components of community engagement (Driscoll 2008). None of the programs connected to one another or had more than a minimal positive impact on community and community partner relationships.

To support the efforts of these faculty members, the IPTE created community engagement work-study opportunities for students already in the three-year program. Although we did not realize it at the time, having these students be a part of the process of creating a more cohesive program of community engagement played a significant role in engendering student buy-in as the process moved forward.

The development of an overall framework for a desirable community engagement program proved to be helpful in restructuring and growing the initiatives (Figure 1). The community engagement faculty determined that the foundation for the IPTE community engagement initiatives was within the mission of the university, the Institute, and the professional mandates. Identifying the stakeholders was a key component; the stakeholders included the students as well as the community and community partners. The faculty divided the present community engagement initiatives into single-shot events, integrated projects that spanned several semesters, repeated programs, and pro bono clinic experiences. The consideration of all community engagement initiatives helped demonstrate where improvements might be made and growth might occur. The organization into a framework of community engagement allowed the faculty to see potential links between programs and helped to keep the community and community-partner relationships at the center.

Figure 1. Schematic Description of the Institute's Community Engagement Initiatives



Critical Changes in Pre-existing Programs

The IPTE had several existing programs that involved community engagement and/or service-learning. Some of the activities were connected to the curriculum and some were additional service opportunities. Programs that linked to the curriculum included the Community Health and Wellness Projects (CHWP) and the Martin Luther King (MLK) Day of Service Mobility Clinics. Other programs not linked to the curriculum included health fairs and a brain safety fair/bike helmet giveaway. All of these opportunities were independent of each other and were seen by both faculty and students as separate “events.” To begin the process of linking these initiatives, the faculty began by assessing the current community engagement initiatives and determining which were meeting their intended objectives, and how each might be also be changed and improved.

The Community Health and Wellness Project (CHWP) is a service-learning project that spans four semesters and calls upon students to conduct a primary needs assessment with a community partner and a secondary needs assessment in the

literature, develop and implement an intervention, and conduct an evaluation of the effectiveness of the program. All community partners and projects occurred within the confines and safety of the university. The concept of a four-semester project that included needs assessment, intervention, and evaluation was determined to be viable. The faculty restructured the timing of the components and refined the expectations. The biggest change and challenge came with the decision to move the projects off campus and into the community, which was at first met with resistance by both community partners and students. Moving the projects successfully into the Chester community depended on two key ingredients: community buy-in and students taking ownership of the projects (see Box 2).

Box 2. Description of Community Health and Wellness Projects

Community Health and Wellness Projects

- CHWPs span four semesters.
- Fall Semester of Second Year
 - Students are oriented to the structure of the CHWPs.
 - Potential community partners are discussed.
 - Past projects include planning and implementing a playground to address gross motor development at the Widener Child Development Center; designing an older home safety and efficiency checklist for volunteers at the Delaware County Housing Coalition to use in the homes of older adults; and teaching Chester high school students in a college preparatory program about healthy eating and physical activity habits once in college.
 - Student Groups are formed.
- Spring Semester of Second Year
 - Students conduct a primary needs assessment with community partner.
 - Students conduct a secondary needs assessment through a review of the literature.
 - Students create a mission, goals, and objectives for this project once the health needs of the community are known.
- Summer Semester of Second Year
 - Students plan an intervention to target the community partner's health need.
- Fall Semester of Third Year
 - Students implement their intervention.
 - Students plan their program evaluation.
- Spring Semester of Third Year
 - Students evaluate their program's effectiveness.

The Martin Luther King Day of Service Mobility Clinics are single-shot events where third-year physical therapy students supervise first-year physical therapy students in the cleaning and screening of assistive devices such as wheelchairs, walkers, and canes. The students go out in teams to designated sites in the community to provide this service in conjunction with the university's observance of Martin Luther King Day. Three years ago, the student teams went to five different sites. Currently, they serve twelve sites, undergo additional orientation and training, and experience greater autonomy. In addition, the faculty coordinators have become more attentive to communication with community site leaders and overall program effectiveness (see Box 3).

Box 3. Description of MLK Mobility Clinic Event

MLK Mobility Clinics

- MLK Mobility Clinic is a single-shot event.
- MLK Mobility Clinic occurs annually.
- Third year students supervise first year students.
- Teams go out to a designated community partner site in the community.
- Teams all have a faculty supervisor.
- Services provided include:
 - ◆ Cleaning and screening of assistive devices such as walkers, wheelchairs and motorized scooters
 - ◆ Blood pressure screenings
 - ◆ Education about maintaining healthy blood pressure
- Community partners include:
 - ◆ Public housing projects
 - ◆ Homeless shelters
 - ◆ Assisted living facilities
 - ◆ Senior centers
 - ◆ Soup kitchens

Community Events and Recognition. A number of single events would occur through the year that were not directly connected to the curriculum. Examples include a fundraiser for a local disabled sports team and several health and community fairs where the students would provide blood pressure screenings and bicycle helmet giveaways. To help students see the benefit of such voluntary participation, a recognition program was initiated that awarded certificates to students acknowledging the hours that they volunteered at various non-curriculum related events. Records of the hours are kept and students attaining a significant amount of hours are awarded a small token of appreciation at graduation. This is an example of how the faculty attempted to assess and improve upon the community engagement initiatives that were already established within the program.

Development of New Programs

The evaluation and restructuring of existing programming provided an opportunity to launch new community engagement initiatives and develop new programming for the students. Two recent initiatives are the After-School Activity Program and the Chester Community Physical Therapy Clinic.

The Freedom Baptist Church After-School Activity Program is an example of an ongoing program that arose from a Community Health and Wellness Project. The students in this particular CHWP partnered with a community church's after-school program to provide an exercise program for the children one day a week for four weeks. The community partner was extremely pleased with the program and asked if it could continue beyond the four weeks. The IPTE students had a very positive experience and led the effort to see the program continue. They requested and received faculty approval to continue the program and pursued student volunteers to staff the program on a weekly basis. Presently, two community engagement work-study students oversee the weekly program both by developing programming and by training and scheduling students to volunteer. Future plans include evaluating health behavior and physical fitness outcomes for the program. Evaluating the impact the community engagement program is having on the community as well as on the students is a key component of creating sustainable community engagement initiatives (Smith et al., 2001).

The Chester Community Physical Therapy Clinic. Another new program evolved when the IPTE learned of an opportunity to send students to a pro bono clinic in a neighboring city where students practiced under the supervision of licensed physical therapists and served the physical therapy needs of uninsured or underinsured clients. A number of IPTE students took the opportunity to work in this clinic forty-five minutes from campus and returned asking why the IPTE did not have its own clinic to serve the needs of residents local to the university. The IPTE faculty charged the two community engagement faculty to investigate the feasibility of creating and sustaining such a clinic and within two years, the Chester Community Physical Therapy Clinic was launched.

The Clinic currently operates four evenings a week for two hours each night. It is staffed by second- and third-year students working under the supervision of licensed physical therapists, all of whom are IPTE alumni who volunteer their services. The entire Clinic operations are orchestrated and administered by an eight-position Student Board appointed from the second- and third-year classes; each position is shared by a second-year and a third-year student. A Faculty Board provides guidance and direction to the Student Board. The Clinic's mission is "to simultaneously provide physical therapy services to the underserved and underinsured populations in Chester, PA, while educating a new generation of therapists in the areas of character, competency, and citizenship" (Widener University n.d.). This community engagement initiative is in its infancy and its overall effectiveness and success is yet to be determined. Plans are in place to operate and sustain a repository for durable medical physical therapy

equipment that could be loaned to community members in need. Outcome measures for clinic operations are established for monitoring of service effectiveness, such as patient satisfaction surveys and a global improvement rating scale. The establishment of the clinic serves to further enhance relationships with local community members and partners and allows the IPTE to provide a consistent service to Chester throughout the year. The IPTE vision is that the Clinic will serve as a Center for Community Health and Wellness where community education can occur both within the walls of the clinic as well as out in the community.

Clear communication about community engagement programs lead to increased program sustainability (Smith et al. 2001). Students were able to see the value in each opportunity once the IPTE was able to delineate each community engagement and service-learning project, define whether it linked to the curriculum or was additional service, and restructure the projects in an integrated fashion. (See Figure 1 for a community engagement and service-learning project schematic.) Additionally, community partners were able to identify where they might ideally partner with the IPTE. A brief, clear description of community engagement opportunities improves marketing on-campus, to grant funders, and the community (Smith et al. 2001) and allows for increased buy-in of all key stakeholders. The next section of this article will discuss how the IPTE created positive relationships with community partners and generated enhanced student buy-in to provide a strong foundation for sustainability.

Strategies that Foster Relationships with Community Partners

An important step in developing sustainable community engagement initiatives requires working with community partners so that it is a true partnership (Smith et al. 2001). Programs that treat community partners as equals have an increased likelihood of meeting community needs (Smith et al. 2001). IPTE faculty built community partnerships slowly. As mentioned previously, the decision to move the CHWPs into the community was met with resistance and the initial launch yielded mixed results. For some community partners, our project created a burden of increased time demands for a relatively small health impact in return. Crump and Sugarman (2008) note that if the community partner is inconvenienced by accommodating students and the restraints of the curricular project, the programming provided may not be worth the challenges and trials.

After the CHWP ended that first year, we discussed with these community partners that our intention was to build long-term relationships so that overtime the impact of these programs could be much greater. With this came the realization that some partners would be better served in these longer term arrangements and other partners would received greater benefit from short-term projects or yearly events. As a result, some partners were shifted into those events and programs that would pose less of a burden. The MLK Mobility Clinic, for example, is a one-day event, and requires

minimal commitment of the community partner. It serves a springboard for the maintenance of current community partner relationships and the development of new relationships and initiatives. Thus, we are able pursue relationships with community partners and evaluate together how we might best serve their needs from year to year. This has allowed us to continue to serve our partners in a way that was more valuable for the partner and more meaningful for our students.

Having and communicating a long-term plan for exit or a sustainable continuation of the program is also essential (Crump and Sugarman 2008; Pechak and Cleaver 2009). Without creating and communicating a plan for long-term continuation of a program, the focus may be on “doing good” in the short term versus “doing no harm” when a program is withdrawn (Pechak and Cleaver 2009). For example, one long-term project within the IPTE involved gathering resources for a local housing support organization that served the elderly. The students researched and organized local granting organizations and social services into a directory for volunteers at the housing support organization and provided training to the volunteers about how to use the directory. The students provided both a concrete service to the organization as well as a plan for the organization to utilize the directory after IPTE involvement ceased.

Development of respectful partnerships with community has required careful communication and close attention to community partner needs; this is sometimes prioritized over the meeting of student and university needs (Crump and Sugarman 2008; Pechak and Cleaver 2009). Within the context of service-learning, beneficence, the conscious process of encouraging good outcomes and non-maleficence, the conscious process of limiting harmful ones should be considered (Swisher 2002). Community engagement as well as service-learning calls for a careful consideration of beneficence and non-maleficence not just for the university and the students but also for the community partner and its members (Driscoll 2008; Reynolds 2009).

Attention to the development of a respectful partnership has provided the IPTE increased credibility within the Chester community and allowed access to further partners for Community Health and Wellness Projects. We also see our community partners as having the potential to identify clients for the Chester Community Physical Therapy Clinic and anticipate that a number of them will serve on the Clinic’s Advisory Board. By carefully building a reciprocal relationship, the IPTE has been able to grow its community engagement opportunities.

Strategies to Foster Student Buy-in

Student buy-in is another essential component of sustainable community engagement initiatives (Smith et al. 2001). The IPTE and the University missions had experienced a cultural shift that encouraged a focus on civic engagement, but the manifestation of that shift did not come right away. Several activities helped to foster an attitude of community engagement, such as recognition via community engagement certificates

with additional recognition at graduation, and establishment of work-study positions to specifically help support community engagement. Students with an interest in community engagement came forward, eagerly seeking out and bringing forth community engagement opportunities to the student body. Students were much more receptive to opportunities that were presented by fellow students than they were to those presented by faculty. The community engagement work-study students also facilitated initial contacts with various programs within the Chester community, many of which became our community partners, thus helping the IPTE community partnerships to expand.

To further enhance and sustain such student engagement in new students who enter the program, an orientation to the history and culture of the local community was added as part of the curriculum. One class session in the second year of the program is devoted to a discovery and discussion of the history and cultural characteristics of the city of Chester. The students have an assignment requiring them to visit a pictorial timeline located on campus and answer a list of questions related to local history. The answers to those questions are discussed in class and an alumnus of the IPTE program who both lives and practices physical therapy in the community comes in to discuss her experiences in working within the local community culture. The students learn about the demographics of the community, the cultural health care practices, the healthcare institutions accessible to the community, and the health disparities that are prevalent. This class session is required of all IPTE students in their second year of study and is linked to their course grade.

Student buy-in is further facilitated by The MLK day of service experience, which provides students with a glimpse into the needs of the Chester community and into the lives of the people that we serve. The one-day event is a cultural stretch for first-year students, who frequently reflect that they are anxious and uncomfortable at first but gain confidence and an appreciation for the similarities and differences in the clients they serve. The first-year students also note the confidence they glean from the third-year students who serve as their mentors, which is consistent with other findings in the literature (Black 2002; Musolino and Feehan 2004). The third-year students often tell how they have grown in their confidence and comfort level in working with the community since their experience as first-year students. The MLK day of service has proven to be a valuable event for increasing student buy-in to knowing, appreciating, and serving the community.

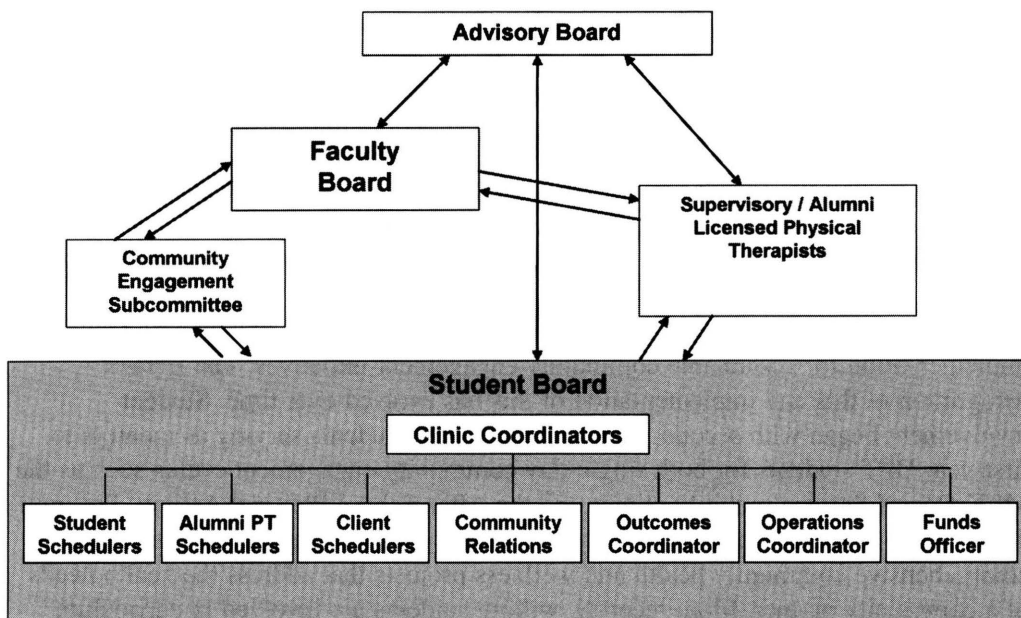
Lack of student buy-in was one of the reasons why the initial attempts to move the CHWP projects off-campus was so challenging. The students, for the most part, did not value these projects as having much meaning within the context of their physical therapy education and had little understanding or appreciation for the surrounding community. A successful community partnership depended upon students valuing both the project and their community partner. The attention given to the creation of sustainable CHWP projects provided the students with a sense of being a vital link in

the chain of the project, with each successive year building upon the work of the previous years. By breaking the health needs down into several smaller projects that were more manageable and yielded a product that was meaningful for the partner, students took ownership for their work and became more proactive in their contacts with their community partners. Student groups completing their projects now give their project presentations to the student groups who are about to begin the next cycle of projects. Creating this venue for presentation has allowed the incoming students a window into their community partner and previous project course as well as an opportunity for the exiting student group to showcase with pride the work they have done collaboratively with their community partner.

Smith et al. (2001) also advocate involving students in program planning and implementation for sustainable community engagement initiatives. The IPTE's recognition of this and implementation of this has evolved over time. Student involvement began with second- and third-year DPT students serving as mentors to first-year DPT students for both single-day community engagement events such as the MLK Day of Service mobility clinics and the After-School Physical Activity Program. The CHWP projects afford students the opportunity to plan, implement, and evaluate comprehensive community health and wellness projects that address the health needs of a community partner. More recently, willing students are involved in curriculum development for the After-School Program as well as health teaching modules that are implemented at the After-School Program and a local Partnership Charter School.

The newest attempt to involve students in program planning and implementation arose when two IPTE faculty members and two second-year Doctor of Physical Therapy students attended a student-run conference about student-run clinics. The attendees captured a new vision of pro bono clinic management with student leadership at the helm. A Student Board was created that assumed the responsibility of planning, organizing, and running the Clinic with the oversight and guidance of a Faculty Board (Figure 2). Eight positions comprise the Student Board. Two students, one from the third-year class and one from the second-year class, fill each of the positions. Filling each position with appointees from two separate classes allows for continuity through the year as second- and third-year students rotate off campus for their clinical internship experiences at different times. The delegation of responsibility has facilitated smooth and shared operation of the Clinic.

Fig 2. Organizational Chart for Chester Community Physical Therapy Clinic



The establishment of the Student Board and the Faculty Board yielded several results. First, it led to an unburdening of time and responsibility on the part of the faculty. Faculty are not involved in the planning and operation of the clinic, thus it does not dramatically increase their workload. Secondly, the structure greatly contributes to the sustainability of the Clinic. The Clinic is not solely operated or led by one faculty member who might move on at some point, which could cause the project to lose momentum. Likewise, it is not led by one particular class of committed students. The structure dictates that several faculty members are involved as well as a hierarchy of classes. The Clinic design is built for sustainability regardless of personnel change on the part of faculty or students. Thirdly, the design has greatly contributed to student buy-in. The students have embraced their roles and responsibilities and devote hours of service both in the planning and implementation of the Clinic operations. The structure allows them to assume ownership of the project and they carry out their functions with great quality and pride. The model of a Student Board with the oversight of a Faculty Board and volunteer alumni physical therapists has led to student buy-in, reduced faculty workload, and improved sustainability regardless of potential faculty turnover and inevitable student class turnover. In support of this process, we have been successful at recruiting several alumni as therapist supervisors. We believe that this success is partially due to the fact that these alumni were students at the time the faculty was examining the feasibility of the clinic. Many of these alumni had experienced the pro bono clinic experience as part of a course and have engaged in fundraising activities to support the renovation of the clinic space and the purchase of equipment. We also expect that the current students who are currently vested in the

daily running of the clinic will be infused with the sense of responsibility to “give back” to the clinic with their time or financial support when they graduate and enter the professional world.

Future Considerations

As the IPTE continues to grow its community engagement initiatives, we must also evaluate and assess current programs. One important consideration is whether an existing program continues to meet the community need in its present format or if it needs to be adapted into a new entity. For example, one CHWP project involved helping create a mother’s support club at a local church. The IPTE students have gathered resources from the communities of Widener University, the City of Chester, and Delaware County. In order to meet year-round programming needs, we are examining whether health-related programming should be created and provided within the context of an existing course; whether an independent study course should be created for students to create and provide programming; or whether this programming would naturally evolve as part of the duties of the students associated with the Clinic.

In order to grow the pro bono clinic and provide for its sustainability, pursuit of additional grants is necessary. There are several large grants available to organizations that have had a year or more of operations. We were not able to pursue these grants while the Clinic was in its initial inception; instead we relied on the generosity of donations from students, alumni, and friends. As the Clinic serves more clients, we will have more outcomes data demonstrating the Clinic’s necessity and effectiveness. Grant pursuits will allow us to form alliances with granting institutions and private foundations whose mission and goals align with ours.

Finally, a portion of our strategic plan includes the Clinic becoming a Center for Community Health and Wellness. The IPTE vision is that all community engagement initiatives will be centralized at the Chester Community Physical Therapy Clinic. This centralization would allow for improved communication about new opportunities that are created; a space where community engagement work-studies can work as they coordinate the various opportunities; direction of excess student volunteers to opportunities that may be short-staffed; and a location where community partners can request additional health education programming for their members.

The IPTE community engagement initiative began with smaller programs and built on the strength of these programs and the faculty and students involved, which is identified as another key step to sustainability (Smith et al. 2001). The evolution of our community engagement initiatives reflects both increased needs and acceptance by the Chester community as well as increased student interest. Community partnerships strengthened when the community members felt that their needs were being heard and addressed, leading to increased trust. Building upon this trust has allowed for the creation of the IPTE’s successful ongoing projects and should lead to the inception of further programming that serves the needs of our community partners.

Conclusion

This article outlines the steps that one program took to move community engagement initiatives from being few in number with low impact to being a more comprehensive and coordinated effort with greater impact and sustainability for both students and community. Key components of the evolution have been the designation of committed faculty; the identification and organization of a community initiative plan; the development of community relationships; and the fostering of student buy-in. Over the course of several years, the overall sustainability and effectiveness of the present programs will be established. Those that continue to be both sustainable and effective will serve to direct future initiatives.

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