

## *Views From the E-List\* – Working with Volunteers and Students*

### Query:

Do any of you have a description or list of what you have a prospective PT student do, when they request observation and or volunteer hours for entrance to a PT program? Do you run them as a non-billing, non-treating tech? Please advise.

### Responses:

If it is truly volunteer and they are not "treating" patients it is treated as a observation type of situation, so we have them sign confidentiality paperwork and treat them as unlicensed personnel. However, if they are doing any form of treatment then you need to clarify with state statutes and insurance how they are to bill and be supervised.

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When I was a volunteer in an ATB/sports med/training room--- I did low-level treatment. I was responsible for certain data entries-- and I was asked to develop some aquatic rehab protocols for different athlete's teams. I was also given the task of aiding in return to play activities--- so, I took certain athletes to the pool, to the weight room, etc..... All of the programming I created was approved by the head ATC prior to execution.

So, my thoughts--- let the volunteer/student observe what he/she needs to observe and what he/she wants to observe to aid in learning -- and while you may not want (or you may) this volunteer to treat your patients, empower him/her to be part of the protocol or creative process of treatment. If a new program needs to be written, ask for his/her input, etc. or ask them to write a protocol.

This helps the learning because the student has ownership. To just watch for x amount of hours gets boring real fast, if just observing the same thing over and over and over!!!

The limitation in this setting will be the collective imagination or fear from the parties involved.

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We have lots of students come through for observation. The most we have them do is pushing a wheelchair behind a patient when they are walking. As far as anything else, including modalities, we do not allow that.

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I am an OT and have had the pleasure of a volunteer from time to time. She helps with getting the kids in and out of the pool (I treat back to back), has sometimes tested the pool water for me, and is a great helper for playing therapeutic games. Our pool is quite small (not really suitable for 2 adults). I have had an intern and shared/handed off treatment but would not feel comfortable doing that with a volunteer.

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For me, it's more about what I do. That's to say, I will talk to them about what I am doing & why. Helps the student get a better feel for what we do. Honestly, I think my patients enjoy it too. I seek permission before inviting them in to any session. I think students bring life & freshness to a clinic!

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Most PT schools require a minimum of 100 hours of observation experience. Those who are accepted tend to have more hours and definitely a variety of settings (inpatient, outpatient, SNF,

etc). I understand that the schools value volunteer experience over paid experience because volunteers actually are observing and paid aides are often folding towels. I personally think a mix of volunteer and paid hours is good because the paid employee understands better how the business is run. We will occasionally hire a volunteer as an aide. Our aides will bring patients back to treatment rooms, clean rooms, fold towels etc (i.e. non-billing tech). With extra training and if they have a degree in exercise science, we will train them to assist with exercise programs (billable). I always tell my pre-PT students to keep a journal and write down any impressions after each day observing (i.e. types of diagnoses seen, types of treatments performed, what they thought was interesting). This is very helpful for the student when an essay is required. It also helps me to write a better letter of recommendation if the student can give me a summary of what he/she observed. Sometimes it was several years prior and I don't have that great of a memory.

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I will discuss what I am doing, clinical reasoning and give them reading on anatomy/treatments if they are interested. I will ask the patient (with consent) to describe what treatment feels like and how he/she feels before/after. I might quiz the student on anatomy if they are ready for that. My patients enjoy the interaction with students because the patient actually learns more about his/her condition because of the discussion.

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*\*Opinions and suggestions expressed in this column represent e-list member responses to the query posted. They are not represented by the Aquatic Therapy and Rehab Institute and/or the author(s) of this column as recommendations regarding appropriate practice.*