**MOTION TEMPLATE**

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**PROPOSED BY:** ACAPT Board of Directors

**That the following be adopted:**

That the Physical Therapist Clinical Education Glossary be adopted and used for discussion and description of physical therapist clinical education.

PHYSICAL THERAPIST CLINICAL EDUCATION GLOSSARY

This glossary of terms was developed after a review of the physical therapy literature, extensive discussion and debate by the ACAPT Common Terminology Panel, and engagement of key stakeholders within the physical therapy clinical education community.

The Glossary is divided into major categories and, as applicable, definitions are referenced.

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| **CLINICAL EDUCATION INFRASTRUCTURE** |
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| ***Clinical education*** |  | A formal supervised experiential learning, focused on development and application of patient/client-centered skills and professional behaviors. It is designed so that students gain substantial, relevant clinical experience and skills, engage in contemporary practice, and demonstrate competence before beginning independent practice.1-3 |
| ***Clinical education agreement*** |  | A formal and legally binding agreement that is negotiated between academic institutions and clinical education sites or individual providers of clinical education that specifies each party's roles, responsibilities, and liabilities relating to student clinical education.4 |
| ***Clinical education curriculum*** |  | The portion of a physical therapy education program that includes all part-time and full-time clinical education experiences as well as the supportive preparatory and administrative components.4  |
| ***Clinical education experience*** |  | Experiences that allow students to apply and attain professional knowledge, skills, and behaviors within a variety of environments. Experiences include those of short and long duration (e.g., part-time, full-time), provide a variety of learning opportunities, and include physical therapy services for patients/clients across the lifespan and practice settings.  While the emphasis is on the development of patient/client physical therapy skills, experiences may also include inter-professional experiences and non-patient/client service delivery such as research, teaching, supervision, and administration. Clinical education experiences are a part of the professional curriculum and include formal student assessment.5-8  |
| ***Collaborative clinical education model*** |  | A clinical education experience in which two (or more) physical therapist students are assigned to one (or more) preceptor/clinical instructor(s). The students work cooperatively under the preceptor/clinical instructor(s). Examples include 2:1, 2:2, 3:1, etc. student to preceptor/clinical instructor ratio. Students may be from the same or different programs and may be at the same or different levels of training.9-11 |
| ***Didactic curriculum*** |  | The component of the physical therapist professional education program that is comprised of the content, instruction, learning experiences, and assessment directed by the academic faculty.3,12,13 |
| ***Fellowship*** |  | A postprofessional planned learning experience in a focused advanced area of practice. Similar to the medical model, a fellowship is a structured educational experience (both didactic and clinical) for physical therapists which combines opportunities for ongoing mentoring with a theoretical basis for advanced practice and scientific inquiry in a defined area of subspecialization beyond that of a defined specialty area of practice. A fellowship candidate has either completed a residency program in a related specialty area or is a board-certified specialist in the related area of specialty. Fellowship training is not appropriate for new physical therapy graduates.14 (http://www.abptrfe.org/uploadedFiles/ABPTRFEorg/For\_Programs/Apply/ABPTRFE\_CredentialingHandbook.pdf)[Note: This definition will be updated to remain consistent with future revisions to the ABPTRFE Accreditation Handbook.]  |
| ***Full-time clinical education experience*** |  | A clinical education experience in which a student is engaged for a minimum of 35 hours per week. Full-time clinical education experiences designated to achieve the minimum number of weeks set forth by CAPTE are directed by a physical therapist clinical instructor.5,7 An integrated clinical education experience may be a full-time clinical education experience. |
|  | **First full-time clinical education experience** | The first clinical education experience designated to achieve the minimum number of weeks set forth by CAPTE in which a student engages for a minimum of 35 hours per week.  |
|  | **Intermediate full-time clinical education experience** | A clinical education experience designated to achieve the minimum number of weeks set forth by CAPTE in which a student engages for a minimum of 35 hours per week and returns to the academic program for further completion of the didactic curriculum. |
|  | **Terminal full-time clinical education experience** | A single, or set of, full-time clinical education experience(s) designated to achieve the minimum number of weeks set forth by CAPTE that occurs after the student has completed the didactic curriculum of a physical therapist professional education program. Students may return to the academic program for didactic instruction that does not require additional clinical education experiences. The expected outcome of the final, or last terminal experience is entry-level performance.7  |
| ***International clinical education experiences*** |  | A student educational opportunity outside of the country in which the physical therapist education program is situated, for which the student obtains clinical education credit. [Note:The abbreviation ICE should not be used to describe an international clinical education experience.7,15]  |
| ***Internship*** |  | A terminal full-time clinical education experience that provides recompense to participants in accordance with federal labor laws under the Fair Labor Standards Act.16  |
| ***Learning experience*** |  | Any experience which allows or facilitates a change in attitude or behavior. A planned learning experience includes a learner, an objective for the learner, a situation devised to produce a response that contributes to the objective, a response by the student, and reinforcement to encourage the desired response.3 |
| ***Part-time clinical education experience*** |  | A clinical education experience in which a student engages in clinical education for less than 35 hours per week. Part-time experiences vary in length. A part-time clinical education experience may be considered an integrated clinical education experience depending on the design of the experience and the learning objectives.7,17 |
| ***Physical therapist professional education program*** |  | Education comprised of didactic and clinical education designed to assure that students acquire the professional knowledge, skills, and behaviors required for entry-level physical therapist practice.3,18,19 |
| ***Physical therapist post-professional education program*** |  | Degree and non-degree based professional development for the physical therapist to enhance professional knowledge, skills, and abilities beyond entry level. Examples include, but are not limited to, continuing education courses, post-professional doctoral education programs, certificate programs, residencies, and fellowships.19 |
| ***Residency*** |  | A postprofessional planned learning experience in a focused area of practice. Similar to the medical model, a residency program is a structured educational experience (both didactic and clinical) for physical therapists following entry-level education and licensure that is designed to significantly advance the physical therapist’s knowledge, skills, and attributes in a specific area of practice (i.e. Cardiovascular/Pulmonary, Faculty, Orthopedics, Sports, Pediatrics, etc). It combines opportunities for ongoing mentoring, with a theoretical basis for advanced practice and scientific inquiry based on a Description of Specialty Practice (see definition), Description of Residency Practice (see definition), or valid analysis of practice/comprehensive needs assessment for that specific area of practice. When board certification exists through ABPTS for that specialty, the residency training prepares the physical therapist to pass the certification examination following graduation. A residency candidate must be licensed as a physical therapist in the State where the program is located/clinical training will occur prior to entry into the program. Neither “residency” nor “fellowship” is synonymous with the terms “internship.”14 (http://www.abptrfe.org/uploadedFiles/ABPTRFEorg/For\_Programs/Apply/ABPTRFE\_CredentialingHandbook.pdf )[Note: This definition will be updated to remain consistent with future revisions to the ABPTRFE Accreditation Handbook.] |
| **CLINICAL EDUCATION SITES** |
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| ***Clinical education site*** |  | A health service delivery agency or other setting in which clinical education experiences are provided for physical therapist students. The clinical education site may be, but is not limited to, a hospital, agency, clinic, office, school, or home and is affiliated with the educational program(s) through a contractual agreement.3,4 |
| ***Clinical education environment*** |  | The physical space(s), and/or the structures, policies, procedures, and culture, within the clinical education site.  |
| **CLINICAL EDUCATION STAKEHOLDERS** |
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| ***Academic faculty*** |  | Educators and scholars within the academic institution dedicated to preparing students with the skills and aptitudes needed to practice physical therapy.20 |
| ***Academic institution*** |  | University or college through which an academic degree is granted.4 |
| ***Clinical education consortia*** |  | National and regional groups that include academic and clinical education faculty for the purpose of sharing resources, ideas, and efforts.4 |
| ***Clinical education faculty*** |  | The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Site Coordinators of Clinical Education (SCCEs), preceptors, or clinical Instructors. While the academic institution does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services.7 |
| ***Clinical instructor (CI)*** |  | The physical therapist responsible for the physical therapist student and for directly instrucing, guiding, supervising, and formally assessing the student during the clinical education experience. When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE, the clinical instructor must be a licensed physical therapist with a minimum of one year of full time (or equivalent) post-licensure clinical experience.4,21,22 |
| ***Director of Clinical Education (DCE)*** |  | Academic faculty member who is responsible for planning, directing and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development.21,23,24 |
| ***Physical therapist student***  |  | Student enrolled in a CAPTE-accredited or approved developing physical therapist professional education program. Students should not be referred to as a physical therapy student. |
| ***Preceptor*** |  | An individual who provides short-term specialized instruction, guidance, and supervision for the physical therapist student during a clinical education experience. This individual may or may not be a physical therapist as permitted by law. |
| ***Site Coordinator of Clinical Education (SCCE)*** |  | A professional who administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience. In addition, this person determines the readiness of persons to serve as preceptors and clinical instructors for students, supervises preceptors and clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information to academic programs.4,21,25 |
| **CLINICAL EDUCATION ASSESSMENT** |
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| ***Clinical performance assessment*** |  | Formal and informal processes designed to appraise physical therapist student performance during clinical education experiences. Assessment may be formative or summative in nature and performed for the purposes of providing feedback, improving learning, revising learning experiences, and determining successful attainment of student performance expectations during clinical education experiences.3,21,26,27 |
| ***Clinical performance evaluation tool*** |  | A valid, reliable, and multidimensional clinical performance assessment tool utilized to determine if, and how well, a student meets established objectives during clinical education experiences.4,28,29,30  |
| ***Entry-level physical therapist clinical performance*** |  | Performance that demonstrates knowledge, skills, and behaviors consistent with effective, efficient, and safe patient/client management to achieve optimal outcomes.21,28  |
| ***Supervision*** |  | Guidance and direction provided to a physical therapist student by the preceptor or clinical instructor. This varies based on the complexity of the patient/client or environment; jurisdiction and payer rules and regulations; and abilities of the physical therapist student.4,21,28 |

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**Support Statement:**

SS: Using a common language to discuss physical therapist clinical education is essential to efficient and effective communication. The participants at the Summit certainly acknowledged this fact and thus developed a Summit recommendation requesting a common set of terms.

In order for this initiative to be successful, it is essential that physical therapist programs commit to adoption of the common terms. It will also be essential that programs refrain from use of additional terms not included in the

Glossary to describe physical therapist clinical education. If adopted, ACAPT will work to encourage inclusion of the new terminology in documents across the PT education community as identified by the Common Terminology panel and assist member institutions in disseminating the Physical Therapist Clinical Education Glossary to their clinical partners.

There is no doubt that change is hard and it will take work for the common terms to filter down into organizational documents. However, in order for the innovative changes that are needed to restructure the physical therapist clinical education infrastructure to be effective, we must begin with a strong foundation.

Common terminology enables everyone to speak the same language and have clear understanding about the clinical education system which is an essential building block of the solid foundation.

**RELATIONSHIP TO PURPOSE AND OBJECTIVES OF THE ACAPT:**

Setting best practice standards in academic PT education.

**RELEVANT POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:**

[Include current standard, position, guideline, policy or procedure if applicable]

Terminology for Clinical Education Experiences (AC 2-13)