ATTACHMENT 1

ELC Discussion Questions on Clinical Education

Goal: If we know what we believe our graduates should be able to do, how should clinical education be delivered to produce that outcome?

There is consensus about the expected outcomes of physical therapy education*.
The matrix below compares the major headings in four fundamental, recent documents addressing performance expectations of graduates of physical therapy programs. Citations refer to numbering of bookmarks within the PDF file: a flexible, shared vision for clinical education_background information.pdf sent with this document.

Physical therapist clinical education principles[1]	**Clinical performance instrument**[2]	**Minimal required skills**[6]	**CAPTE evaluative criteria**[8]
Autonomous practice and direct access		Practice management -marketing and public relations	
Documentation	Produces quality documentation in a timely manner to support the delivery of physical therapy services	Practice management - documentation	Multiple patient/client management expectations
Practice management and quality assurance	Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management	Practice management - quality improvement	Professional practice expectation: management of care delivery, practice management
Billing coding and reimbursement	Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines	Practice management - billing/reimbursement	Professional practice expectation: management of care delivery, practice management
Evidence-based practice	Applies current knowledge,	Evidence-based practice - impact	Patient/client management

	theory, clinical judgment, and the patient's values and perspective in patient management	of research on practice	expectation: evidence-based practice
Screening	Determines with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional	Screening - systems review for referral, recognize scope of limitations	Patient/client management expectation: screening
Examination	Performs a physical therapy patient examination using evidence-based tests and measures	Examination/re-examination - history, test and measures, systems review for examination	Patient/client management expectation: examination
Evaluation	Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments	Evaluation - clinical reasoning, clinical decision-making	Patient/client management expectation: clinical reasoning, evaluation
Diagnosis	Determines a diagnosis and prognosis fact guides future patient management	Diagnosis	Patient/client management expectation: diagnosis
Prognosis (includes plan of care)	Establishes a physical therapy plan of care that is safe, effective, patient centered and evidence-based	Prognosis Plan of care - goalsetting, coordination of care, progression of care, discharge	Patient/client management expectation: prognosis, plan of care
Safe and skilled interventions	Practices in a safe manner that minimizes the risk to patient, self, and others. Performs physical therapy interventions in a competent manner	Interventions - safety, emergency care, CPR and first aid, standard precautions, body mechanics, positioning, categories of interventions	Patient/client management expectation: intervention

Outcomes assessment	Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of the individual patient and group outcomes	Outcomes assessment	Patient/client management expectation: outcomes assessment
Health policy			
Cultural competence	Adapts delivery of physical therapy services with consideration for patients differences, values, preferences and needs Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management	Cultural competence	Professional practice expectation: cultural competence, management of care delivery
Direction, supervision and delegation	Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines	Practice management - direction and supervision	Professional practice expectation: management of care delivery
Interpersonal skills		Communication - interpersonal	Professional practice expectation: communication
Communication	Communicate in ways that are congruent with situational needs	Communication - verbal, written	Professional practice expectation: communication
Teaching and learning	Educates others (patients, caregivers, staff, students, other healthcare providers, business and industry representatives, school systems) using relevant and effective teaching methods	Education - patients/clients, families, caregivers colleagues, other health professionals, and students	Professional practice expectation: education
Interprofessional collaboration	Determines with each patient encounter the patient's need for		

	further examination or consultation by a physical therapist or referral to another health care professional		
Prevention, wellness and health promotion		Promotion of health, wellness and prevention	Professional practice expectation: prevention, health promotion, fitness and wellness
Consultation		Consultation	Practice management expectation: consultation
Ethical and legal practice	Practices in a manner consistent with established legal and professional standards and ethical guidelines	Practice management patient rights, patient consent, confidentiality and HIPPA	Professional practice expectation: accountability, altruism, compassion and caring, integrity
Professional development	Demonstrates professional behavior in all situations Participate in self-assessment to improve clinical and professional performance	Professionalism: core values - accountability, altruism , compassion/caring, excellence, integrity, professional duty, social responsibility	Professional practice expectation: accountability, altruism, professional duty, social responsibility and advocacy
Technology/informatics			

*A cursory reading of these documents was performed in an effort to see if there was consensus on the major areas of expectations. A more thorough analysis could reveal comprehensive agreement.

<u>A flexible vision of physical therapy clinical education: background information</u>

Physical Therapist Clinical Education Principles

Results from the consensus conference on standards in clinical education (Physical Therapist Clinical Education Principles) identified essential structural pillars that sustain clinical education. A short, very low resolution summary of these essential pillars extracted from pages 47-55 of the PDF file appears below. Please see the document for a full description and context of these issues.

1. Relationship at the organizational level between academic program and clinical facilities.

   a. National or regional clustering of facilities in relationship with regional schools
   b. School-dependent training of clinical instructors.
   c. Regional consortia
   d. Mechanism to enhance relationship between academic program and affiliating sites.
   e. Centralized information source for information about clinical sites.
2. Needed communication (types, frequency, purpose, etc.)
3. Clinical education contracts
   a. Must be present
   b. Common contract to be used by all
4. Placements of students in clinical experiences
   a. Regional/national system
5. Performance evaluation and grading.
   a. Uniform evaluation process
6. Clinical education curriculum design (locus of control, number of clinical experiences, length of clinical experiences, types of clinical experiences, placement of clinical experiences within the entire curriculum).
   a. Academic program responsible for organization and placement.
   b. Early integrated exposure
   c. Required settings
   d. nature of full time longer, terminal experiences
7. Standardization
   a. Standardized placement procedures
   b. Standard time frames
   c. Standard start times for a full-time clinical experiences
   d. Standard contracts
   e. Standardized training for clinical instructors
   f. Standard objectives for different clinical experiences
8. Use of technology
   a. Technology based tracking systems for student experiences relevant to expected outcomes.

Environmental Factors

There are a number of factors that will influence the flexible, shared vision of clinical education that rests upon these pillars. Some of these factors are:

1. Diversity of types of universities hosting physical therapy programs with likely diverse missions[9].
2. Diversity of clinical education opportunities available (e.g. program hosted in association with a large medical complex, program hosted at a non-medical-based institution).
3. Regional saturation of physical therapy schools within a regional area of clinical practice opportunities[9].
4. Physical therapy reimbursement, supervision and student-delivered care.
5. Cost of physical therapy education and student debt[9].
6. Federal distance education legislation
7. Post-graduate experiences (continued affiliation with University post licensure; residencies).

Summary Diagram

The diagram below illustrates the relationship between the organizational pillars upon which clinical education sits and the factors relevant to producing a flexible, shared vision of clinical education.

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Factors

Diversity of clinical education opportunities available.

Diversity of types of universities hosting physical therapy programs with likely diverse missions

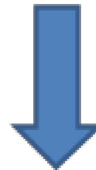
Post-graduate experiences (continued affiliation with University post licensure; residencies).

Federal distance education legislation

Regional saturation of physical therapy schools within a regional area of clinical practice opportunities

Physical therapy reimbursement, supervision and student-delivered care.

Cost of physical therapy education and student debt[9].



Flexible, shared vision clinical education

Pillars

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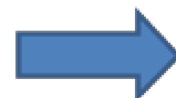
<u>A flexible vision of physical therapy clinical education: draft questions for session at ELC</u>

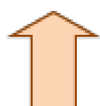
A couple of premises:

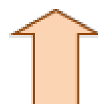
- The focus of the conversation is on pillars because those are the things we can change in order to produce the flexible, shared vision of clinical education.
- Each question should always be in the context of the factors relevant to it. The questions are redundantly worded to make sure this occurs.
- There is a hierarchy of discussion with academic/clinical excellence first, organizational issues second and uniformity issues third.
- The goal of each discussion is not to resolve/make recommendations about the issues, but to determine the position papers we need to fully understand and wisely decide about that issue. The questions are redundantly worded to make sure this occurs.

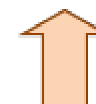


Discussion assumptions:

- The discussion will only address clinical education in professional entry-level education, but we should consider entry-level education as being part of an educational continuum.
- Recommendations emerging from this process if implemented should not cause a program to be out of compliance with







<u>Academic/clinical excellence</u>

Outcomes assessment/performance evaluation (still adequate?).
Early exposure.
Length, type, setting full-time experiences.
Required settings.
Relationship between site school (eg. Communication methods and timing).

<u>Organizational issues</u>

Regionally organized?
Role of school in CI faculty education.
Centralized clinical site information.
Clinical education contracts.
Mechanism of placements.

<u>Uniformity</u>

How many possibilities?
Standardized?
Objectives.
Placement procedures.
Time frames and start times.
Contracts.
Training for CI.
Use of technology.

CAPTE standards, but may influence standards of the future.
- The recommendations and ELC discussion are to be about physical therapy education and not include physical therapy assistant education.
- The focus of the discussion is to determine areas in which we need position papers based on areas of agreement and disagreement.
- The discussion should include all clinical education settings.
- The discussion is to be about domestic clinical education sites, but be mindful that global education is an ongoing possibility for schools (global education may be a topic best considered by the World Confederation and perhaps considered as an individual focus later).

Session 1 - Academic/clinical excellence
- Group 1 - In the context of the factors influencing clinical education today, are we using the appropriate outcome/performance measure for clinical education?
    - Is a position paper needed on this issue (if so, with what focus)?
- Group 2 - In the context of the factors influencing clinical education today, is it agreed that early integrated clinical experiences is an essential part of producing academic/clinical excellence.
    - Is a position paper needed on this issue (if so with what focus)?
- Group 3 (perhaps several) - in the context of the factors influencing clinical education today, is it agreed that a full-time terminal experience(s) is/are required to achieve academic/clinical excellence? If so, how should position papers best address the issues of:
    - Length of the terminal of experience
    - Number of sites to be involved
    - Required settings or populations to be involved
    - e.g. produce several position papers each describing a different clinical education structure?
- Group 4 - in the context of the factors influencing clinical education today, what is the ideal partnership between clinical site and school?
    - Is a position paper needed on this issue (if so with what focus)?
- Group 5 - in the context of the factors influencing clinical education today, what qualifications should clinical provider sites possess (e.g. # qualified clinical faculty, administrative support for clinical training/teaching, diversity of learning opportunities, case mix, etc).
    - Is a position paper needed on this issue (if so with what focus)?
- Group 6 - in the context of the factors influencing clinical education today, are there structural learning experiences (e.g.

curriculum) that should be included in clinical education that collaborating schools and sites would in tandem develop (similar to the way residencies are developed)?
    - Is a position paper needed on this issue (if so with what focus)?
- Group 7 - in the context of the factors influencing clinical education today, are there student qualities that must be in place before different stages of clinical educational experiences begin?
    - Is a position paper needed on this issue (if so with what focus)?
- Group 8 - in the context of the factors influencing clinical education today, what is the ideal partnership between clinical education site and school (part of the discussion should be about clinical faculty development (e.g. teaching, clinical skills, research, etc.)
    - Is a position paper needed on this issue (if so with what focus)?

Session 2 - Academic/clinical excellence continued or organizational issues. If organizational issues:

- Group 1 - in the context of the factors influencing clinical education today, should the clinical organization's availability for participation in clinical education (e.g. site can offer acute care and outpatient orthopedic experiences during a specified clinical education timeslot) be maintained at the school level, regional level or national level?
    - Is a position paper needed on this issue (if so, with what focus)?
- Group 2 - in the context of the factors influencing clinical education today, what are the roles/obligations of the institution and clinical site for clinical instructor education?
    - Is a position paper needed on this issue (if so, with what focus)?
- Group 3 - in the context of the factors influencing clinical education today, what is the best mechanism to store and access information about affiliating clinical sites (availability for placement, etc.)?
    - Is a position paper needed on this issue (if so, with what focus)?
- Group 4 (perhaps several others) - in the context of the factors influencing clinical education today, how should the placement of students within a clinical site be made (by the individual school, by a regional consortium, by a national match, etc.)?
    - Is a position paper needed on this issue (if so, with what focus)?
- Group 5 - in the context of the factors influencing clinical education today, what is the organizational culture of an affiliating clinical institution (e.g. will the site have education as part of its mission and will clinicians be considered clinical faculty akin to clinical faculty and medical school)?
    - Is a position paper needed on this issue (if so, with what focus)?
- Group 6 - in the context of the factors influencing clinical education today, should formal affiliations between schools and clinical sites be regionally or nationally organized?

- Is a position paper needed on this issue (if so, with what focus)?

Session 3 - academic/clinical excellence continued, organizational issues continued, or uniformity issue. If it is the last:

- Group 1 (perhaps several others) - in the context of the factors influencing clinical education today, how many possible structures for clinical education should exist if academic/clinical excellence and substantive organizational issues are to be satisfied?
  - Is a position paper needed on this issue (if so, with what focus)?
- Group 2 (perhaps several others) - in the context of the factors influencing clinical education today, what issues about clinical education can be standardized in order to achieve academic/clinical excellence?
  - Is a position paper needed on this issue (if so, with what focus)?
- Group 3 - in the context of the factors influencing clinical education today, should there be uniformity and learning experiences?
  - Is a position paper needed on this issue (if so, with what focus)?
- Group 4 - in the context of the factors influencing clinical education today, should those student qualifications that must be in place before different stages of clinical educational experiences be standardized?
  - Is a position paper needed on this issue (if so, with what focus)?
- Group 5 - in the context of the factors influencing clinical education today, should there be standard qualifications for clinical education provider sites?
  - Is a position paper needed on this issue (if so, with what focus)?
- Group 6 - in the context of the factors influencing clinical education today, is it agreed that interprofessional educational experiences (including experiences with non-physical therapists) are a desired option for clinical education?
  - Is a position paper needed on this issue (if so, with what focus)?