Meeting Notes from the 1st ACAPT CE Commission Listening Session

February 7, 2024 at 7pm ET

In this session, we aim to carry forward the remarkable work of the NCCE and create more opportunities for open dialogue in clinical education throughout the year. We recognize the power of diverse perspectives and are eager to extend this engagement beyond the traditional participants of the Regional Networking Session at ELC. Your unique insights and experiences are invaluable to us, and we believe your participation will significantly contribute to enriching our discussions and initiatives.

We are particularly interested in exploring various aspects during this session:

- *Identifying gaps and challenges: We seek your perspective on any underrepresented groups or viewpoints in our current dialogues.*
- *Soliciting feedback on Commission initiatives: Your thoughts on our current initiatives and suggestions on how we can better meet the expectations of our stakeholders are crucial.*
- *Gathering perspectives on current trends: We're eager to hear what emerging trends in physical therapy clinical education excite or concern you, and how you foresee these trends influencing the future of our field.*

Group 1: Program Proliferation

- **Challenges:**
  - Nepotism in clinical partnerships and unused SCCE slots by universities.
  - Restrictive contracts in Southern California, especially since California is a Non-SARA state.
  - Concerns about the profession's saturation, similar to Pharmacy, and the resulting burnout affecting CI quality.
- **Ideas and Resources:**
  - Suggesting students complete clinicals outside their region and offering housing stipends.
  - Policy requiring students to complete clinicals beyond commuting distance.
  - 2:1 model implementation for part-time PTs, with multiple support based on CI and student comfort.

Group 2: Clinical Placement Process

- **Challenges:**
  - Increased cancellations after placement due to CI fatigue and staffing changes.
  - The complexity of matching processes and individualized student needs.
  - Sites moving to different slot management systems, affecting visibility of offerings.

- **Ideas and Resources:**
  - Assigning a CE advisor to each student and capturing additional information from sites.
  - Implementing follow-up with clinics three months before rotation to confirm availability.
  - Building strong relationships between clinical sites and educational programs.

Group 3: New Program Development & Regional Consortia

- **Challenges:**
  - PT programs' inability to join consortiums, hindering networking and resource sharing.
  - Lack of standardization in regional consortia processes and bylaws.
- **Ideas and Resources:**
  - Centralizing information on the CE Commission page and organizing roundtable discussions for best practices.
  - Educating clinical sites on becoming clinical sites of excellence.

Group 4: Inpatient Placements

- **Challenges:**
  - Difficulty in securing placements for earlier clinical rotations and CI interest post-COVID.
  - Students' anxiety and lack of preparation for acute care settings.
  - Students are unprepared emotionally, simulation/standardized patients have been helpful in preparation, CAPTE does not require acute experiences, acute care competencies may be necessary, acute care focused study in curriculums is important
- **Ideas and Resources:**
  - Shortening acute care rotations and incorporating simulation and ICU field trips during didactics.
  - Using the 2:1 model to recognize strong CIs and improve productivity.

Group 5: Accommodations

- **Challenges:**

- ○ Unique and individualized nature of accommodation needs, particularly physical vs. mental.
  - ○ Resource constraints for students with physical limitations, like lifting restrictions.
- **Ideas and Resources:**
  - ○ Emphasizing the importance of students disclosing needs and accessing necessary channels.
  - ○ Sharing examples of policies, procedures, and best practices for accommodations.
  - ○ A successful accommodation process involves student initiation, collaboration with the Clinical Education department, and external partners, with Ask JAN mentioned as a valuable resource.