



ACAPT

NATIONAL CONSORTIUM OF  
CLINICAL EDUCATORS (NCCE)

Nov 17  
Exposition

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Visitors/SH

STRIVING FOR  
EXCELLENCE



# NATIONAL CONSORTIUM OF CLINICAL EDUCATORS EDUCATION LEADERSHIP CONFERENCE 2022

## 7<sup>th</sup> Annual Regional Networking Session Data-Driven Decision-Making in Clinical Education

- > Jamie Bayliss, PT, MPT, DHSc
- > Matt Calendrillo, PT, DPT, BOCOP
- > Chris Cesario, PT, DPT, MBA
- > Erin Green, PT, DPT, OCS, FAAOMPT
- > Janice Howman, PT, DPT, MEd
- > Colette Pientok, PT, DPT, OCS

# NCCE BOARD MEMBERS ASSISTING WITH SESSION

- > Lisa Black, PT, DPT
- > Catherine Bilyeu, PT, DPT
- > Tabitha Bonney Rozeboom, PT
- > Amy Both, PT, DPT, MHS
- > Jaclyn Carson, PT, DPT
- > Amanda Crouch, PT, DPT
- > Jamie Dehan, PT, DPT, PhD, MS
- > Matt Garber, PT, DSc
- > Janet Konecne, PT, DPT, PhD
- > Suzie Maciel, PT
- > Kelly Meyers, PT, DPT
- > Tara Paradie, PT, MSPT, DHSc(c)
- > Kelly Sass, PT, PhD
- > Janette Scardillo, PT, DPT

EVERYONE SIGN IN  
AT YOUR TABLES

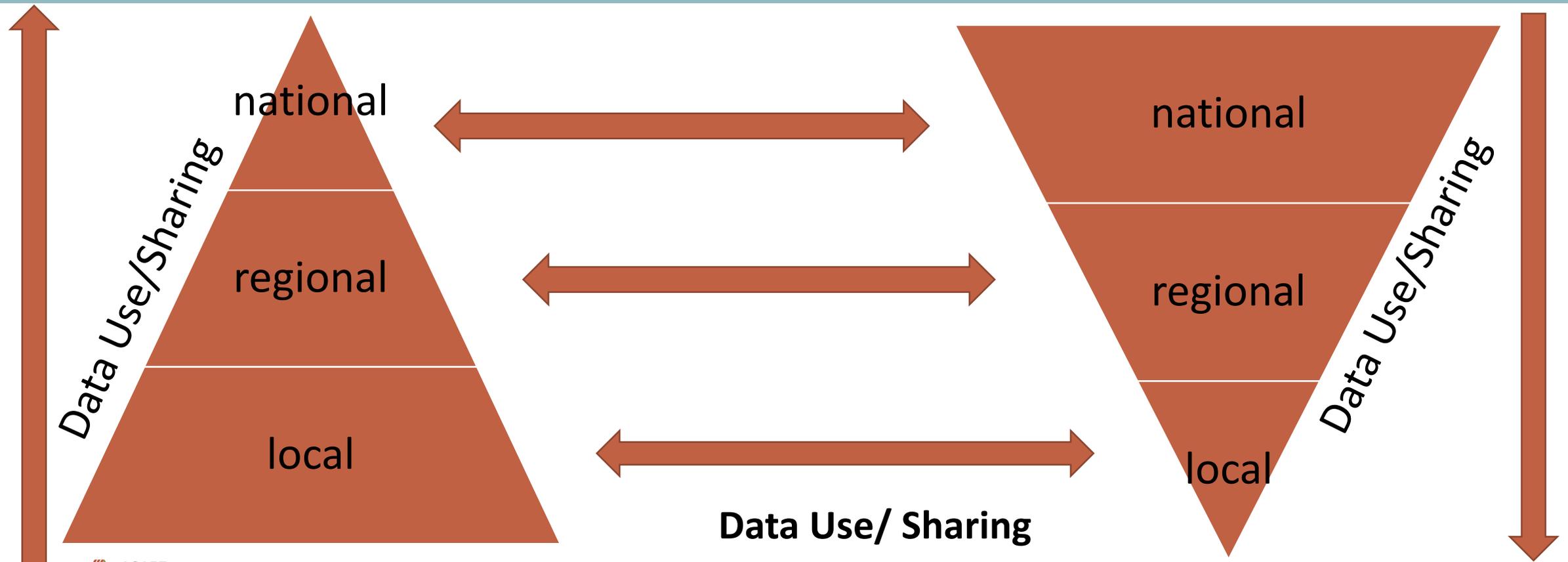
IF NOT  
REGISTERED  
ALREADY



# ANNUAL ELC REGIONAL NETWORKING SESSIONS

YEAR	TOPIC	OUTCOME
2016	Getting to know regional consortia (structure, functions, outcomes)	Collaborations in Clinical Education: Coordinating Top-Down and Bottom-Up Efforts to Advance Best Practices in Physical Therapist Education. <i>Journal of Allied Health</i> . 2018 Fall:47(3):e67-e74
2017	Envisioning Enhanced Academic-Clinical Partnerships	General discussions and networking about A-C partnership, capacity and variation
2018	Cruising the Communication Waterways of Clinical Education	Perspective in physical therapy education: creating a communication network to connect clinical education stakeholders. <i>The Journal of Clinical Education in Physical Therapy</i> . 2020; 2. <a href="https://doi.org/10.7916/jcept.v2.1962">https://doi.org/10.7916/jcept.v2.1962</a>
2019	Brainstormed strategies for building national CE network structure	Foundational to ACAPT Centennial Scholar project (baseline CE database investigation)
2020	Exploring Development of a CE Resource Hub	Foundational to launching resource sharing webinars
2021	Networking for Excellence Across the Learning Continuum	Successful at connecting clinical educators with similar interests and innovative ideas for learning across the continuum
2022	Networking Around Data-Driven Decision-Making in Clin Ed	TBD

# INSTEAD OF LISTING OBJECTIVES THE END GOAL OF TODAY'S SESSION IS...



# DATA USE AND SHARING

## Topics

- > Medical center affiliations: What role do they play in clinical education?
- > Academic-clinical engagement: How can we do better?
- > Clinic site visits: Do the logistics matter?

# DATA-DRIVEN DECISION- MAKING (DDDM)

- > Definition: using data to inform decisions & validate action BEFORE committing to it
- > Benefits
  - More confidence in decisions
  - More transparency & accountability
  - Fosters continuous improvement & innovation

# ACAPT DEFINITION OF EXCELLENCE

*“Excellence is an aspiration rather than a destination and is characterized by continual improvement.”*

“Excellence... is achieved when the academic culture supports the ongoing development and integration of three domains: **Inquiry, inclusion, & innovation.**”





# DDDM aids the pursuit of excellence

- > How well are we doing this in clinical education
  - Centennial Scholar Survey
    - 111 PT programs responded (50% response rate)*
    - 94% reported using their CE data to make decisions related to academic program (placement process, curricular assessment, etc.)
    - 58% reported using their CE data for strategic planning
    - 17% reported using their CE data for external benchmarking
- > What resources are available to better use data externally (data sharing, benchmarking)?

# DATA-DRIVEN DECISION-MAKING ACAPT RESOURCES

## > Center of Excellence

- Supports assessment through data management and analysis
- Foundation:
  - ACAPT's Criteria for Excellence
  - ACAPT's Excellence Framework for Academic Physical Therapy

## > Data Advisory Committee

## > Institutional Profile Survey (IPS)

- Goal: capture important baseline data about DPT programs
- Inaugural survey Jan 2022
- Sent to ACAPT member institutions
- 79% response rate
- Summary report available on ACAPT's website and full report available on member portal
- Review/revisions for Jan 2023 survey

<https://acapt.org/resources/excellence>

# CLINICAL EDUCATION COMMUNITY AWARENESS OF INSTITUTIONAL PROFILE SURVEY (IPS)

## > Poll

- Academic clinical educators
  - Were you aware of ACAPT's Institutional Profile Survey sent out in January 2022?
  - Did you assist your Program Director in completing the 2022 Institutional Profile Survey?
- Clinician clinical educators
  - Were you aware of ACAPT's Institutional Profile Survey sent out in January 2022?



# THE TALE OF TWO STUDENTS

While listening to the following two vignettes, consider:

- > What data (any and all) does the **student/academic programs/CE sites** have about their clinical education program/experiences?

*Jot your ideas down on vignette copy provided at table*

# CLINICAL EDUCATION VIGNETTES

## Case of Emma

- > **Student:** final year DPT program
  - Traditional student/program (80 students/cohort), public university with medical center affiliation in urban area
- > **CEEs:** All at program's med center
  - Full-time 6 wk ICE (yr 2)
  - 3 terminal CEEs (12, 12, 24 wks)
- > **Site visits:** In-person for terminal CEEs
- > **CI benefits:** CEU opportunities, CI credentialing program
- > **Post grad:** Job at medical center; feels well prepared

## Case of Kyle

- > **Student:** final year DPT program
  - Early assurance admit post-military duty
  - Traditional program (30 students/cohort); public university in rural area; no med center affiliation
- > **CEEs:** Diverse settings, many clinical partners across country
  - Part-time ICE (yr 2)
  - 4 full-time CEEs (10 wks each)
- > **Site visits:** Midterm phone calls
- > **CI benefits:** library access
- > **Post grad:** Orthopedic residency; feels well prepared

# THE TALE OF TWO STUDENTS

Now that you have heard the vignettes, consider:

- > What other data would have been helpful for the **student/academic programs/CE sites** to have?
- > How might the **student/academic programs/CE sites** make decisions based on the data they had/wanted?

*Jot your ideas down on vignette copy provided at table*



# Topic #1

- > MEDICAL CENTER AFFILIATIONS:  
WHAT ROLE DO THEY PLAY IN  
CLINICAL EDUCATION?



# Let's see: Who's in the room?

Is your CE program affiliated with a medical center

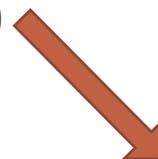
YES



Do you feel your medical affiliation is an advantage, disadvantage or neutral to your CE program?

advantage | disadvantage | neutral

NO



Do you feel **NOT** being associated to a medical affiliation is an advantage, disadvantage or neutral to your CE program?

advantage | disadvantage | neutral

# BREAKOUT #1:



- > The focus here is for tables to have an open discussion about their programs. Are you affiliated with a medical center, what is your program doing well regardless the status of this affiliation.
- > Then...
- > What are your associated biases to programs with or without medical center affiliation?

# POSSIBLE ASSUMPTIONS...

## > Medical Center affiliated

- More CI/CE faculty engagement with program
- More access to post-professional or residency education
- More ICE hrs (*not counting toward CAPTE min*)

## > Non-Medical Center affiliated

- More active CE agreements
- Greater diversity of CE experiences
- More site visits

# WHAT WE'VE LEARNED

*DATA FROM ACAPT 2021 IPS*

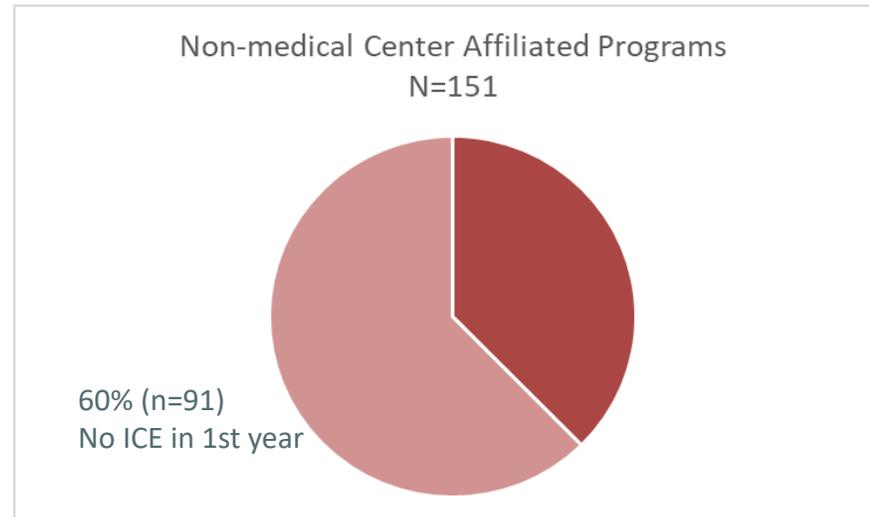
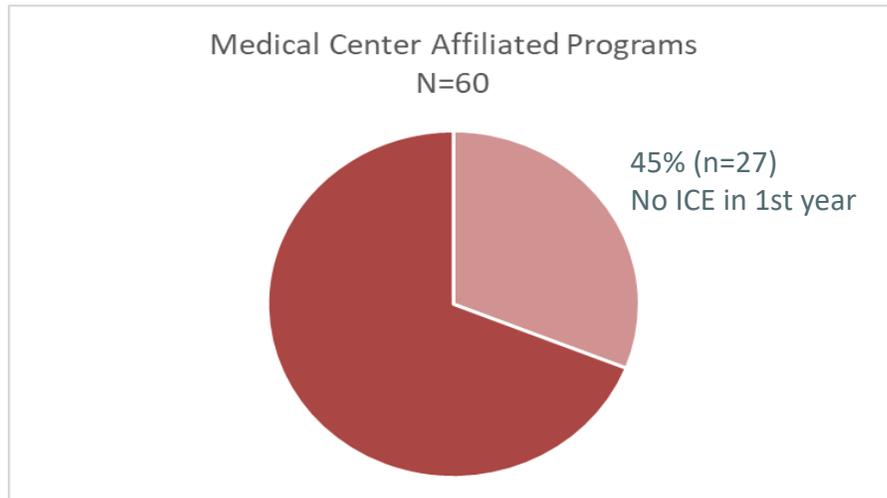
- > ***NO significant difference*** in:
  - Number of active CE agreements
  - Active engagement with clinical partners
  - Employment offers at graduation
  - *Plans* to enter residency or fellowship at graduation
- BUT.... ***significant difference existed*** in percentage of students from medical-center affiliated program had entered residency 12-months post-graduation



# WHAT WE'VE LEARNED

## *DATA FROM ACAPT 2021 IPS*

### CE hours (not counting towards CAPTE min)



> But... ***No significant difference*** in part- or full-time ICE hours after the 1st year.



# CLINICAL EDUCATION VIGNETTES

## Case of Emma

- > **Student:** final year DPT program
  - Traditional student/program (80 students/cohort), public university with medical center affiliation in urban area
- > **CEEs:** All at program's med center
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# THE VIGNETTES

- > We can agree that both Emma and Kyle have been successful in their Physical Therapy Education
- > Can we however **objectively** identify why?
  - Can data help?
  - Can a Culture of data sharing help?

# HOW DO YOU USE YOUR DATA?

Consider how you **demonstrate** and **assess** excellence of your CE program with the **data you have**.



What data *do you still need (as a individual CE program)*?



What data do you need to support external benchmarking?

# POSSIBLE DATA SOURCES

## CAPTE AAR

- Overall program format
- Professional phase
- Length of full-time CE
- Total weeks in full-time CE
- Length of terminal CE
- Curriculum model
- # of CE agreements
- Yes/no breadth/depth
- % of CCIP CI's
- % of CI's with advanced cert.
- Yes/no access to sites
- CI's with < 1 yr experience
- Graduation delay d/t CE cancellation

## ACAPT Institutional Profile Survey

- Carnegie classification
- Program duration
- Degrees offered
- Medical center affiliation
- 1<sup>st</sup> year full-time CE
- 2<sup>nd</sup> year full-time CE
- 3<sup>rd</sup> year full-time CE
- Full-time CE *not counting towards CAPTE minimum*, e.g. full-time and part-time ICE
- Requirements for CE settings
- CE staff
- Frequency of CE site visits
- CI benefits
- Clinical partner engagement

## OUTCOMES/ASSESSMENT DATA

- Graduation data (CAPTE)
- Performance outcomes, eg, CPI, CIET, PT Max
- NPTE outcomes
- Graduation employment (IPS)
- Post-professional education enrollment (IPS)
- PTSE



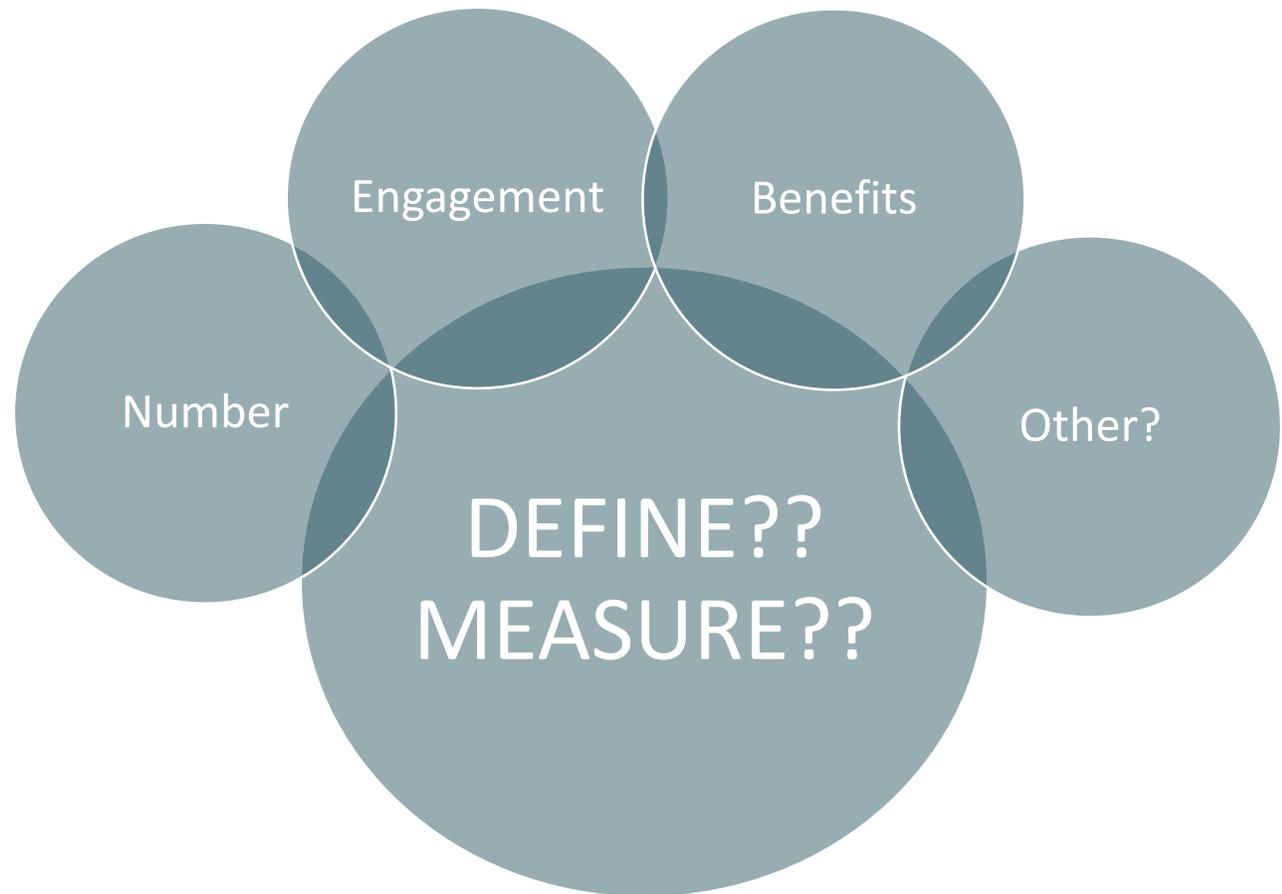


## Topic #2

> ACADEMIC-CLINICAL ENGAGEMENT:  
HOW CAN WE DO BETTER?

# ACADEMIC-CLINICAL PARTNERSHIPS

Many strong  
local and regional  
A-C partnerships



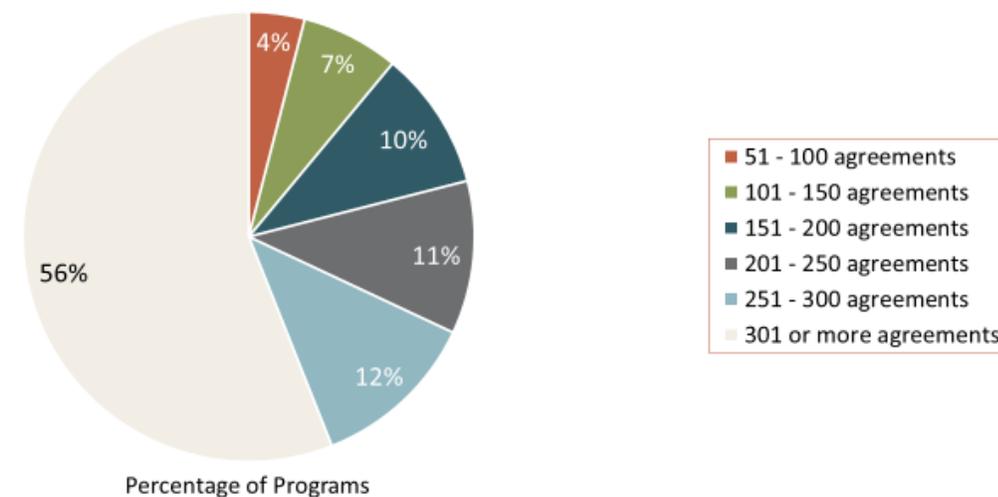
# CLINICAL EDUCATION AFFILIATIONS

## CAPTE 2020-2021 Aggregate Data (mean)

2018-2019	2019-2020	2020-2021
537	610	617

- > Is data representation accurate across programs?
- > How do you define a clinical education “site”?

## CLINICAL EDUCATION AGREEMENTS



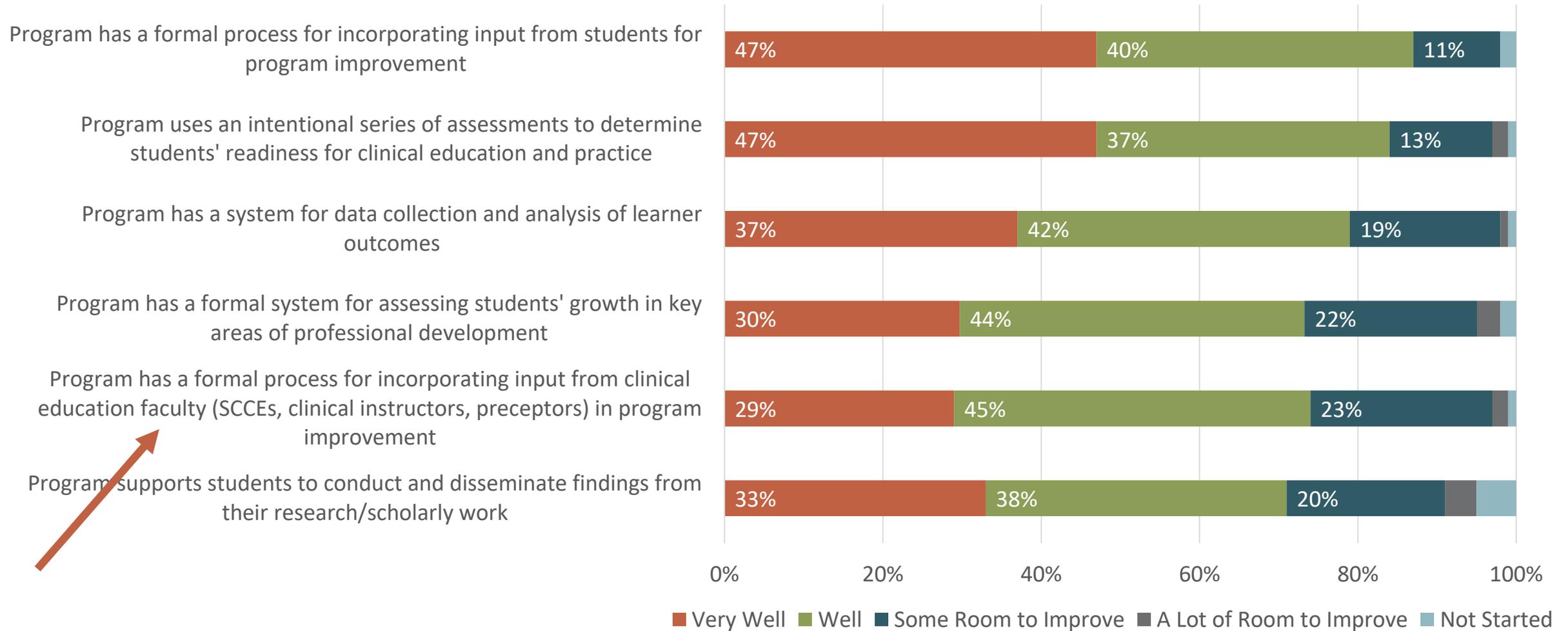
ACAPT NATIONAL CONSORTIUM OF CLINICAL EDUCATORS (NCCE) ACAPT.ORG/NCCE Q27. How many active clinical education agreements does your DPT program have? (n=206)

# POLL

- > Academic partners – how do you “define” a clinical affiliate to answer questions about how many clinical education agreements you have?
  - By clinical site corporation (ie: Select Medical, Cleveland Clinic or Mayo Medical Center, Athletico, etc.)
  - By SCCE clinic oversight
  - By each satellite clinic that a student could be placed at
  - Other

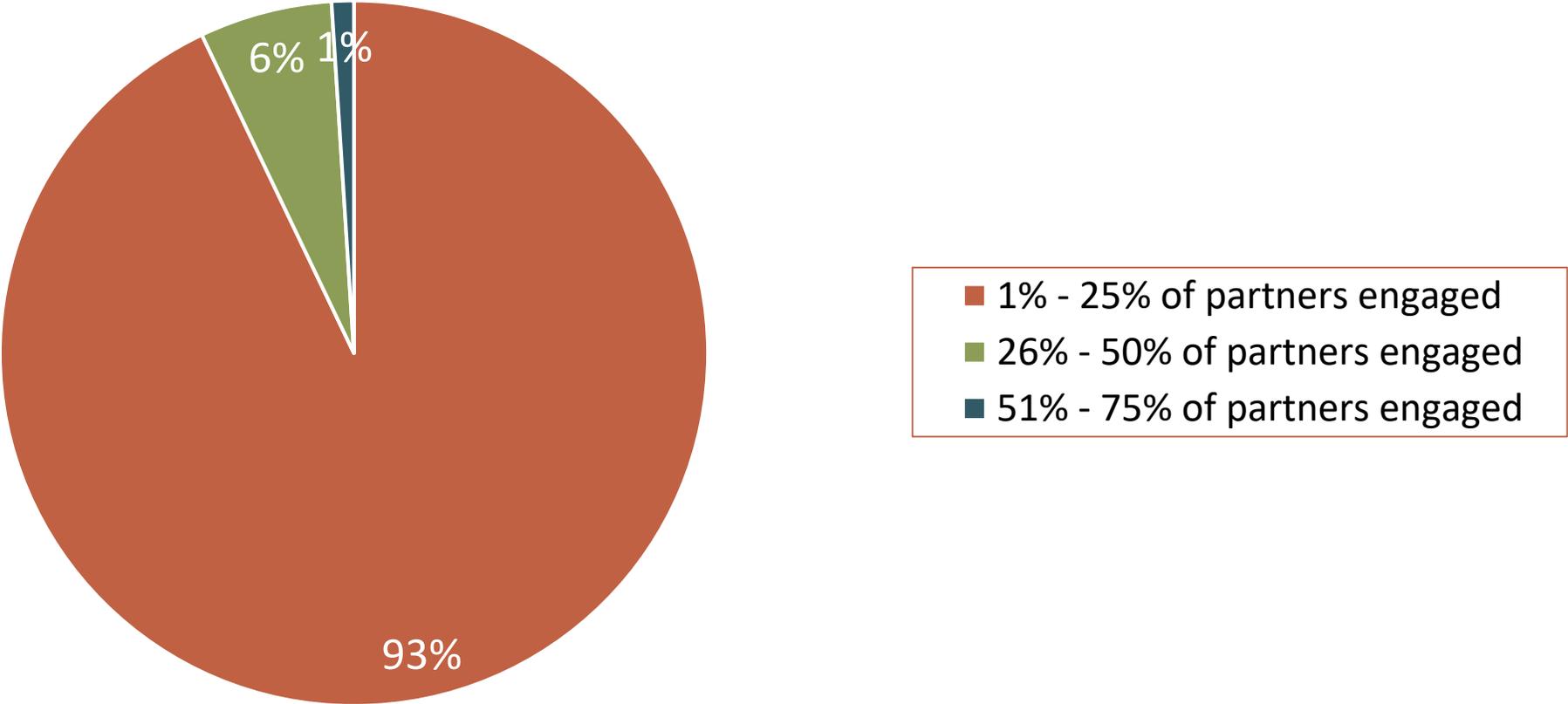


# STATEMENTS RELATED TO PROGRAM



Q13 & Q14 - Please assess each of the following statements in relation to your program.

# CLINICAL PARTNERS ACTIVELY ENGAGED WITH DPT PROGRAM



Percentage of Programs

Q28. What percentage of your clinical partners (e.g., Site Coordinators of Clinical Education, Clinical Instructors) actively engage with your academic program (e.g., guest lecture, serve on advisory board, participate in faculty meetings, etc.)? (n=204)

# BREAKOUT #1 (10 MINUTES)



**Engagement opportunities can be initiated by either academic program or clinic site**

- > How would you define “active engagement”?
- > What opportunities do you have in place to engage your academic/clinical partners?
- > What additional opportunities for engagement could/should be developed?

Q#26 WHICH OF THE FOLLOWING DOES YOUR DPT PROGRAM PROVIDE TO CLINICAL EDUCATION SITES AND/OR CLINICAL INSTRUCTORS FOR TAKING STUDENTS IN CLINICAL EDUCATION EXPERIENCES?

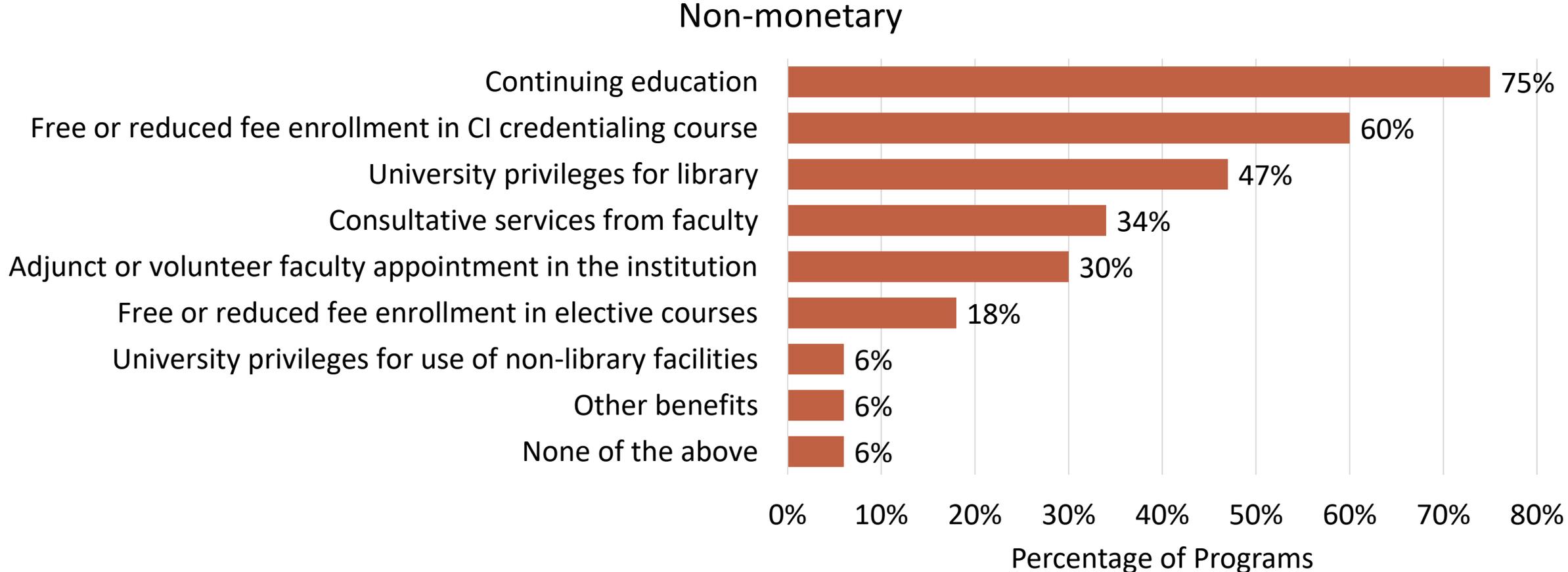
> **Non-Monetary Benefits**

- University privileges for library
- University privileges for use of non-library facilities, including recreation facilities
- Continuing education
- Free or reduced fee enrollment in elective courses
- Consultative services from faculty
- Free or reduced fee enrollment in CI credentialing course
- Adjunct or volunteer faculty appointment in the institution
- Other, please specify

– **Other Benefits**

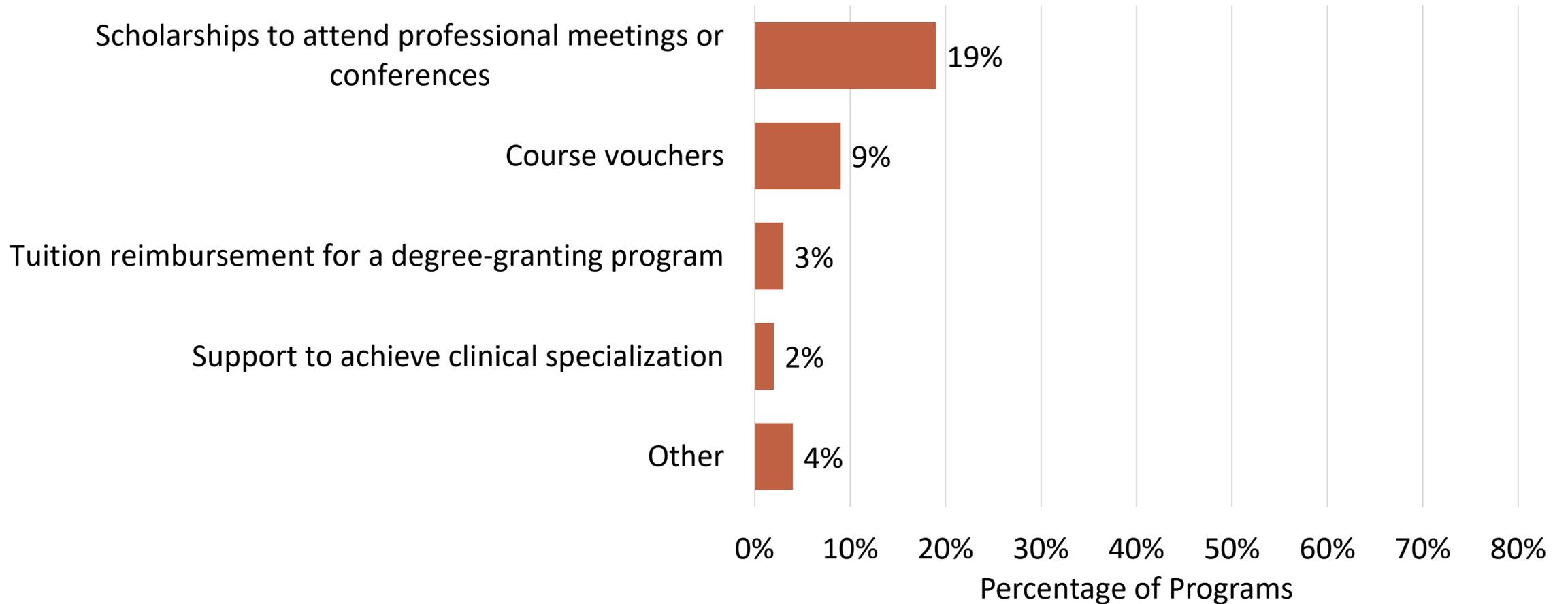
- Tuition reimbursement for a degree-granting program
- Course vouchers
- Scholarships to attend professional meetings or conferences
- Support to achieve clinical specialization
- Other, please specify

# CLINICAL SITE / INSTRUCTOR BENEFITS



Q26. Which of the following does your DPT program provide to clinical education sites and/or clinical instructors for taking students in clinical experiences? (n=209)

## Other benefits



Q26. Which of the following does your DPT program provide to clinical education sites and/or clinical instructors for taking students in clinical experiences? (*n*=209)



## BREAKOUT #2 (10 MINUTES)

### Benefits can be offered by either academic program or clinic site *Mutual benefits in a partnership*

- > What benefits does your program/organization offer?
  - Do your clinical/academic partners know about the benefits?
  - Which of the benefits are the most utilized?
  - What are the barriers for taking advantage of offered benefits?
- > Are there additional benefits that should be considered?

# POLL – QUICK PULSE ON BUDGET/TIME BARRIERS...

## ACADEMICIANS

- > Do you have a dedicated clinical education budget?
  - If yes, what is your approximate annual budget allocation?
- > Do you have dedicated time in your workload to develop non-monetary benefits for your clinical partners?
- > Do you have dedicated time in your workload to take advantage of benefits offered by your clinical partners?

## CLINICIANS

- > Do you have a dedicated clinical education budget?
  - If yes, what is your approximate annual budget allocation?
- > Do you have dedicated time in your workload to develop engagement opportunities for your academic partners?
- > Do you have dedicated time in your workload to take advantage of benefits offered by your academic partners?



# BREAKOUT #3 (10 MINUTES)

## DETERMINING PRIORITIES

- > Each table determines TWO priorities for data collection/sharing/usage that can help us better define/measure the academic-clinical partnership in PT education



# Topic #3

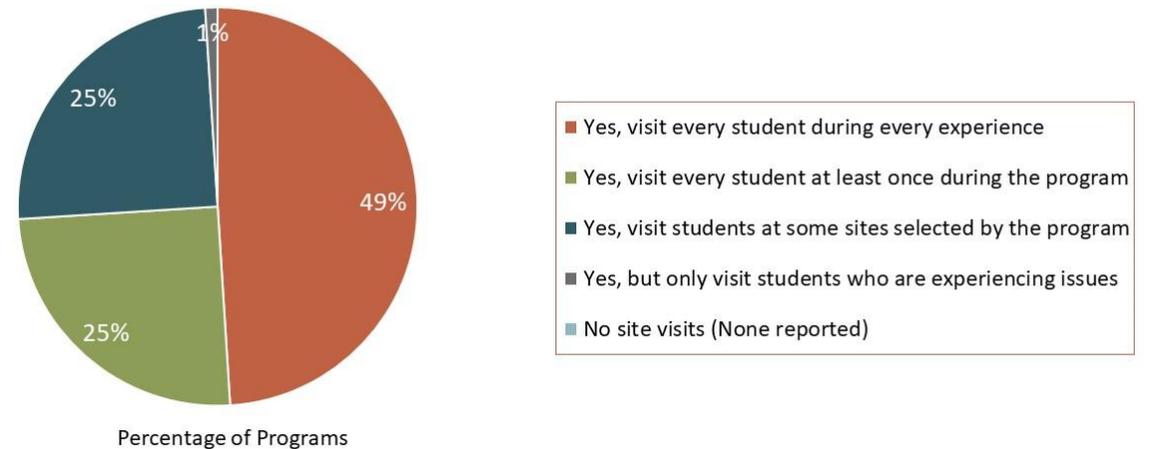
- > CLINIC SITE VISITS:  
DO THE LOGISTICS MATTER?

# BACKGROUND

All programs conduct at least some site visits during students' clinical education experiences

- > 49% of programs visit every student during every experience
- > Factors that do not appear to affect the frequency of visits:
  - Size of the DPT student cohort
  - Tuition cost of DPT program

## CLINICAL EDUCATION SITE VISITS



Q25. Does your DPT program conduct clinical education site visits during students' full-time, integrated or terminal clinical experiences? (n=208)

# BACKGROUND

Does medical center affiliation impact frequency of site visits?

	Med Center Affiliation YES	Med Center Affiliation NO
Visit every student, every CEE	22%*	78%**
Visit every student at least 1x/program	25%	75%
Visit some sites selected by program	43%*	57%**
Only visit students experiencing issues	33%	67%

*\*statistically significant difference between cells*

*\*\*statistically significant difference between cells*

# PROCESS AND GOAL OF THIS SECTION

## Process

- > Three breakouts for table discussions (before, during, after site visit)
- > Each topic will serve to share and gather information from both academic programs and clinical site/clinical educators
- > Develop and prioritize hot topics list

## Goal

- > Identification of the group's "top 2" recommendations for further investigation/research

# BREAKOUT #1

(10 MINUTES)



## KEY CONSIDERATIONS IN SITE VISIT PLANNING

- > As an academic program, what criteria do you utilize to determine if you are going to do a site visit?
- > As a clinical site what criteria are most important in planning the site visit? (consider the perspective of the CI/SCCE/Student)
- > **DETERMINE TOP 2 CONSIDERATIONS – LAST 2 MINUTES SHOULD BE SPENT DISCUSSING PRIORITY AREAS**

# BREAKOUT #2 - KEY COMPONENTS THAT NEED TO OCCUR DURING A SITE VISIT (10 MINUTES)

- > Does the current framework of visits work for all (Students, DCE's and Clinicians)? Please consider:
  - Visit format
  - Structure of visit
  - Timing (Midterm or not at midterm)
  - People involved
- > **DETERMINE TOP 2 CONSIDERATIONS – LAST 2 MINUTES SHOULD BE SPENT DISCUSSING PRIORITY AREAS**

# BREAK OUT #3 - WHAT KEY DATA DO YOU USE FROM THE SITE VISIT TO IMPROVE YOUR PROGRAM (10 MINUTES)

- > What information do you attempt to gather during the site visit?
- > How can we add value to the site visit for all stakeholders?
- > **DETERMINE TOP 2 CONSIDERATIONS – LAST 2 MINUTES SHOULD BE SPENT DISCUSSING PRIORITY AREAS**





What's your favorite break time snack when in Milwaukee??



REPORT OUT ON TOPIC PRIORITIES  
*MEDICAL CENTER AFFILIATION*  
*BREAKOUTS*

> **HOW DO WE ASSESS/CAPTURE DATA TO  
DETERMINE AN EXCELLENT CE PROGRAM**

**Student** readiness for clinical experience(s).

**Clinical Instructor** competency.

**Patient** purported outcome data.

# REPORT OUT ON TOPIC PRIORITIES

## *ACADEMIC-CLINICAL PARTNERSHIPS*

### > **OVERARCHING CONCEPTS**

- Defining entry level (in different settings)
- Define excellence in clinical education
- Define benchmarks and active engagement

### > **NON-MONETARY BENEFITS**

- % of clinicians who access benefits provided
- Understand the barriers to clinicians for taking advantage of benefits
- Satisfaction with benefits
- What benefits are important

### > **WAYS TO USE DATA MANAGEMENT SYSTEMS**

- Exit surveys for CIs about clinical experiences built in to Exxat

### > **QUALITY & QUANTITY OF CEE**

- Ideal number of weeks
- Quality of CE sites
- Productivity metrics/data (with and w/out student, across settings & length of experience)
- Importance/impact of early clinical experiences
- Number of CE sites that will only take terminal students
- Primary barrier to taking students

# REPORT OUT ON TOPIC PRIORITIES

## *CLINIC SITE VISITS*

### > PLANNING A SITE VISIT

- Student performance/issues
  - Speak to the student prior to the visit for more “honest” feedback
- New CE site
  - In person visit preferred.
- Location of CE site
- CE budget
- Scheduling issues (availability of CI, DCE)
  - Options for scheduling
- Availability to be on site for issue resolution
  - Be able to share any known concerns about a student
- Relationship building
- CE site preference

# REPORT OUT ON TOPIC PRIORITIES

## *CLINIC SITE VISITS*

### > DURING THE SITE VISIT

- Partnership & curriculum feedback (send curricular questions in advance)
- Feedback on student readiness
- Relationship building
- Determining student progress/need for academic intervention
- Supporting the student
- Answering questions about excellence and benchmarking
- Efficient use of time (productive visit)
- Honest communication
- Exploring CE site culture
- Clarifying expectations

# REPORT OUT ON TOPIC PRIORITIES

## *CLINIC SITE VISITS*

### > AFTER SITE VISIT/HOW DO YOU USE THE DATA

- Assessing the quality of the clinical site
  - CI rates the school
  - Student rates the site/CI
- Sharing the academic curriculum
  - Identify strength/weakness
  - Share feedback to school about curriculum; sharing of feedback about CIs to SCCES from school.
  - Consistency in terminology (i.e., terminal experience example)
- Future viability of the site or the school
  - Is this a good match based on the culture of the site? Assessment of fit with program.
  - Learn the SCCE's culture.
- Reminders about benefits to the site
- “What more can we do for you?” – *not sure if this was academic or clinical but captures the essence of the clinical partnership!*
  - Relationship building.
  - For future reference: identify special circumstances about future students.

# USING DATA GATHERED TODAY TO INFORM FUTURE ACTIVITIES

- > Inform future communications/webinars/education sessions
  - Communicate/Educate on existing data and data sources
  
- > Share clinical education data needs with ACAPT's Data Advisory Committee
  - Collaborate to develop new questions for IPS??
  - Collaborate to develop new surveys for clinical education community??
  
- > Other ideas?

# POSSIBLE DATA SOURCES

## CAPTE AAR

- Overall program format
- Professional phase
- Length of full-time CE
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## OUTCOMES/ASSESSMENT DATA

- Graduation data (CAPTE)
- Performance outcomes, eg, CPI, CIET, PT Max
- NPTE outcomes
- Graduation employment (IPS)
- Post-professional education enrollment (IPS)
- PTSE

# PARTICIPANT INSIGHTS

- > What are you going to do when you get back to your office/clinic next week to better utilize the data you are already collecting?
- > What new data/information are you going to start collecting/using?

# WE'D LOVE TO CONNECT



# ELC SESSIONS THAT MAY BE OF INTEREST

- > Fri Oct 28 (5:30pm) CE SIG meeting - Room 102C
- > Fri Oct 28 (7:00pm) Reception with exhibitors/DEI event – Ballroom C
- > Sat Oct 29 (8:00am) NCCE business meeting – Ballroom AB
- > Sat Oct 29 (10:30am) A vision for Excellence in PT Education: A 2022 Action Update – Ballroom AB
- > Sat Oct 29 (1:30pm) Your Voice Matters: Engaging in the Center for Excellence in Academic Physical Therapy Room 102 C
- > Sat Oct 29 (3:15pm) Site Visits: Is there a method to the madness? Gaining consensus in best practice – Room 101 A
- > Sun Oct 30 (8:00am) From Zoom to the clinic: Unique student challenges in physical therapy education – Room 102 C
  - NCCE/CESIG joint session



## Thank you! National Consortium of Clinical Educators (NCCE) contact info:

- [acapt@apta.org](mailto:acapt@apta.org)
- [acapt.org](http://acapt.org)
- [facebook.com/acapt2](https://facebook.com/acapt2)
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