AMERICAN COUNCIL OF ACADEMIC PHYSICAL THERAPY

Pre-Admission Observation Hours Task Force Final Report

Contents

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October 20, 2020

Overview

Physical therapist (PT) and physical therapist assistant (PTA) education programs have historically required pre-admission observation hours (ObHr) as one component of the admissions process.[1] Volunteer and/or paid pre-admission ObHr are reported to offer prospective physical therapy students an opportunity to increase their knowledge about a given profession, explore career options and goals, and obtain letters of recommendation.[1,2] The number and type of pre-admission ObHr for PT and PTA education programs, as reported by the Physical Therapy Centralized Application Service (PTCAS), vary considerably by institution.[3] Despite pre-admission ObHr being a frequent admissions requirement, there are few resources or published studies that have reported the direct benefit of such hours to the applicants, students, programs, and clinical sites. Considering the increasing anecdotal burden of ObHr on stakeholders, it is essential to understand the extent of impact. Therefore, the American Council of Academic Physical Therapy (ACAPT) National Consortium of Clinical Educators (NCCE) developed a task force (TF) to examine the issue and make recommendations to ACAPT.

Task Force Charge and Summary of Work

The NCCE charged the TF on Pre-admission ObHr with investigating the current landscape surrounding pre-admission ObHr in Doctor of Physical Therapy (DPT) education. The TF was created in 2019 with a designated chair, selection of members, and an advisory panel. The call for TF members went out in November, 2019. The TF began work in January, 2020.

Purpose

The TF was charged to explore current practices and perceptions on use of pre-admission observation/volunteer hours and make recommendations to ACAPT membership.

Objectives

The TF on Pre-admission ObHr sought to solicit input from a broad spectrum of clinical education stakeholders and diverse clinical settings, with the following objectives:

1. Conduct a review of the literature within and outside of Physical Therapy about the pre-admission ObHr, their value and benefits, burdens and barriers, and explore possible alternatives.

2. Obtain data regarding current practices and perceptions of PT Education Programs that require and/or recommend Pre-admission ObHr. This data was sought from four stakeholder groups:
    a. Admissions Committee (AC) Members
    b. Clinicians
    c. Students
    d. Directors of Clinical Education (DCEs)

3. Develop recommendations for future practices regarding required and/or recommended pre-admission ObHr, including proposing possible alternative strategies to meet the needs of the Programs, the Clinicians, and the Students.

Process

- Task Force Organization: The TF Chair completed a strategic process of TF member selection to include diversity of stakeholders.

- Academic faculty from current ACAPT member institutions including
    - Program administrators
    - Admissions committee members
    - Directors of Clinical Education (DCE)/Academic Coordinators of Clinical Education (ACCE)

- Clinical faculty from various settings
    - Employers
    - Site Coordinators of Clinical Education (SCCE)
    - Clinical staff

- Volunteer coordinators

- Current students

Applicants were considered based on a variety of factors including but not limited to: professional role, geographic location, type of practice setting, and type of educational institution. Applicants not selected for the TF were asked to serve on an advisory panel.

Review of Resources

Pre-admission ObHr literature was reviewed by the TF to determine and focus the title of the project and establish operational definitions. The TF chair compiled pre-admission ObHr requirement data for physical therapy (PT and PTA) programs from the Physical Therapy Centralized Application System (PTCAS) and occupational therapist (OT) and occupuational therapist assistant (OTA) program pre-admission ObHr requirements from individual program websites. The data provided an overview of the current landscape of pre-admission ObHr in addition to informing the TF of the degree of variability present across academic program requirements.

Review of the Literature

The TF established monthly meetings and solicited TF members to serve on the literature subgroup. The subgroup completed a comprehensive search of the literature investigating volunteer hours, ObHr, and paid hours of various health professional disciplines (e.g. occupational therapy, nursing, physician assistant). A structure was created for critical appraisal of the literature by the TF members. Key concepts related to ObHr, volunteer hours, and paid hours within each discipline were identified to provide background information on the research question, and to further inform the development of the TF surveys.

Survey Research

Four stakeholder surveys (Admissions Committee, DCE, clinician, and student) were composed by four survey development subgroups. The subgroups were organized based on TF member interest, with multiple TF members serving on more than one subgroup. A subgroup composed of different TF members finalized the surveys using the Psychdata®[4] platform. The Advisory Panel was consulted on the four surveys and provided recommendations that resulted in minor revisions to each survey. The final surveys, consisting of both closed and open-ended questions, included the following number of questions: Admissions Committee (44), DCEs (13), clinicians (46), and students (37). All surveys did inquire about changes to admissions processes as a result of the COVID-19 pandemic.

The survey remained open for four weeks, May 15 to June 15, 2020. A reminder email was sent two weeks following the initial correspondence to the DCEs requesting their stakeholder group and the admissions committee stakeholder group to consider completing the survey. One week later a final reminder was sent to all accredited DPT program directors soliciting their assistance in recommending survey completion by the DCE and program admissions committee members.

Distribution to Stakeholders

The online survey links were distributed via email to stakeholders using various databases including Liaison International to all users of the Clinical Performance Instrument, National Consortium of Clinical Educators (NCCE) membership (academic and clinical), ACAPT membership (academic program directors), program directors for all accredited DPT programs, APTA Academy of Education (the Academy) and Sections, APTA Chapters, Student Assembly, and state licensing boards. Each stakeholder group survey also included a snowball distribution request. Submission of a completed survey signified informed consent to participate in the study.

Data Analysis

The TF members volunteered and assisted in one of two subgroups to analyze data: qualitative and quantitative.

- Quantitative data analysis: The four survey data files were downloaded from PsychData® in .xlsx format. After initial data screening, the data was sorted and then evaluated for duplicates within each data file. When multiple records were found that met the duplicate criteria, only the first response was retained.

Survey	Initial Respondent Number	Final Respondent Number (Duplicates removed)
Admissions Committee Members	165	162
Clinicians	2976	2937
Students	1222	1222
DCEs	150	150

Descriptive statistics were run for all variables regardless of survey file. Association analyses were conducted using a variety of statistical techniques as appropriate for the level of data. For all statistical tests, the alpha level was set at .05 and Bonferroni adjusted for any follow-up analyses. Effect sizes were calculated using r, Cohen's d, or Cramer's V.

G*Power 3.1 was used a priori to determine participant numbers required for a power of .90 for correlations and difference testing assuming small effect sizes. Qualtrics[5] sample size calculator was used to determine the number of participants needed for generalizability. The number of respondents for all four surveys met the minimum number of respondents needed for generalizability with the confidence interval set at 99%. For example, with approximately 35,000 students in the US, a sample of 651 students were needed.

- Qualitative data analysis: To gain a thematic overview and make comparisons among the responses of the 4 major stakeholder group surveys, data from the open-ended questions were analyzed thematically using established methods described by Hsieh and Shannon.[6] Conventional content analysis as outlined by Hsieh and Shannon was used for creating codes, categories, and themes within and across groups. The open-ended comments were compiled and assigned to members of the subgroup. There were 5 steps for each question:

  1. At least 2 members independently read the data multiple times, identifying either exact words or phrases from the text that may capture key concepts or ideas relative to the research question;

  2. Each member assigned codes to key concepts, organized into group codes and categories, and then displayed in a visual map of related codes and categories;

  3. Preliminary themes were discussed among the members to reach consensus on themes and subthemes, based on word frequency count and rank and quantitative data results;

4. Final themes from each question were discussed and compared for relationships and links with other open-ended questions within the survey. These themes were described, along with selection of exemplary quotes from the text;

5. Major themes of each survey were discussed with consensus reached among the members.

The major themes were later discussed with the entire subgroup, serving as peer reviewers, for additional feedback and interpretations to ensure appropriate representation and comparison of the data within and across surveys.

Report Format

- Task Force Structure and Members
- Summary of Survey Research
- Recommendations for Consideration
- Recommendations for Further Research

Task Force Structure and Members

Chair

- Peggy Gleeson, PT, PhD

Clinical Members

- Lara Canham, PT, DPT
- Hiroshi Kiyota, PT, DPT
- Colette Pientok, PT, DPT

Students

- Gavin McBride
- Casey McCarthy

NCCE Board Member and Liaison

- Jamie Bayliss, PT, MPT, DHSc

Academic Members

- Yvonne Colgrove, PT, PhD
- Jamie Greco, PT, DPT, EdD
- Ha Hoang, PT, PhD
- Mira Mariano, PT, PhD
- Judi Schack-Dugre, PT, DPT, MBA, EdD
- Laura Stephens, PT, DPT
- Molly Watkins, PT, DPT
- Emma Wheeler, PT, DPT, MS

Advisory panel

- Jane Eason, PT, PhD
- Robin Galley, PT, DPT
- Jamie Kuettel, PT, DPT

Stakeholders Surveyed

- Academic Programs: Directors of Clinical Education/Academic Coordinators of Clinical Education, Admissions Committee Members, Faculty
- Clinical Entities: Clinicians, Employers, Managers
- Students: Enrolled DPT students (any year in program, including most recent class of graduates)

Summary of Survey Research

Every year, thousands of aspiring PT and PTA applicants face a complicated application process. All submit applications in hopeful anticipation of acceptance into their program(s) of choice. In preparation for application submission, students often strategize to achieve high grades, participate in numerous extracurricular activities, write thoughtful essays, and complete a multitude of ObHr in a variety of rehabilitation settings. A student's application process will likely vary by program, location, and access to ObHr experiences. Given the complex application process, particularly the variability in ObHr requirements and subsequent resource commitments from prospective students and local clinicians, further understanding of the criterion of ObHr is necessary.

Observation hours can include a variety of experiences such as shadowing, volunteering, undergraduate internships, and paid positions. The percentage of paid versus unpaid ObHr here completed by prospective students is currently unknown. Additionally, some undergraduate programs have designed practicum coursework with infrastructure to support students' interactions with various health professionals.[7,8] The ObHr criterion lacks standardization across both physical and occupational therapy education, with varying definitions and requirements.

Due to the vast number of students applying for admission, this lack of clarity surrounding a primary criterion for admission into PT education programs warranted an in-depth investigation. Categorizing and defining the types of hours and the benefits and/or burdens as perceived by the primary stakeholders involved in PT/PTA ObHrs is valuable information given the resources that these experiences consume. In addition, analyzing the value and barriers that these encounters create for the varying stakeholders can provide insight into current practices. Using the evidence for interpreting this application requirement from a stakeholder perspective, the profession can better shape how PT admission processes advance into the future.

In order to obtain various stakeholder perspectives, tailored surveys were disseminated via email to the four stakeholder groups: PT program admissions committee (AC) members, Directors of Clinical Education (DCE), clinicians, and students. A total of 4471 stakeholders, located across all nine American Council of Academic Physical Therapy (ACAPT) geographical regions, are represented in the data (see table below). Respondents with missing data were included in appropriate analyses.

Admissions committee members totaled 162 (63% of accredited programs) with representation from tenure and tenure-

track faculty, clinical faculty, community clinicians, directors/chairs, alumni and other institutional representatives (specifics in Appendix). Directors of Clinical Education totaled 150, accounting for 58% accredited programs.

Students enrolled in a Doctor of Physical Therapy program as well as recently graduated students from the class of 2020 totaled 1,222 respondents. Of the respondents, their year in the program varied:

Year in Program	# of Respondents (%)
First	295 (24%)
Second	434 (36%)
Third	267 (22%)
Fourth	3 (0%)
Recent Graduate	223 (18%)

Clinicians comprised the largest respondent group (n = 2937) and included Clinic/Department Director or Supervisors, Site Coordinators of Clinical Education (SCCE), Clinical Instructors (CI), Residency/Fellowship Program Coordinators or Directors, Residency/Fellowship Mentors, Clinicians, Administrators/Staff, and other clinical personnel.

- Practice setting representation: Outpatient orthopedic private practice, outpatient orthopedic hospital, outpatient orthopedic corporate, outpatient rehabilitation, outpatient pediatrics, inpatient acute care hospital, inpatient rehabilitation hospital, long-term acute care hospital, sub-acute rehabilitation/SNF/nursing home, school district/school-based pediatrics, home health, specialty private practice, and other
- Clinical location classifications: urban, rural, suburban, other

The respondents from each stakeholder group represent all geographical regions across the country.

	Admissions Committee		Clinicians		DCE		Students	
	F	%	F	%	F	%	F	%
New England	8	4.9	116	3.9	9	6.0	8	.7

Middle Atlantic	29	17.9	490	16.7	25	16.7	173	14.2
South Atlantic	33	20.4	550	18.7	38	25.3	320	26.2
East North Central	21	13.0	586	20.0	18	12.0	136	11.1
West North Central	21	13.0	157	5.3	15	10.0	176	14.4
West South Central	16	9.9	389	13.2	18	12.0	173	14.2
East South Central	13	8.0	110	3.7	9	6.0	53	4.3
Pacific	11	6.8	293	10.0	9	6.0	43	3.5
Mountain	10	6.2	246	8.4	9	6.0	140	11.5
Total	162	100.0	2937	100.0	150	100.0	1222	100.0

F – frequency, % – percent

See Table above for the percentage of DPT program respondents by region.

Stakeholder Perspectives, Perceptions and Themes of the Purpose of ObHr

Admissions Committee Members Summarized Perspectives and Perceptions

- Respondents Strongly Agree/Agree (93.2%) that ObHr provide the applicant some understanding of the roles and responsibilities of the Physical Therapist.
- Respondents Strongly Agree/Agree (90.1%) that ObHr provide the applicant some understanding of the range and variety of patients with whom Physical Therapists interact.
- Respondents Strongly Agree/Agree (87.7%) that ObHr provide the applicant the opportunity to determine if they want to pursue Physical Therapy as a profession.
- The importance of number of ObHr and the number of different clinical settings varied considerably among respondents, with the greatest proportion of individuals (38%) indicating the number of hours and different clinical settings are equally important.
- Respondents indicated completion of ObHr in multiple settings (outpatient—74.5%, inpatient—75.8%) as Very important/Important. Admissions committee members perceive the purpose of ObHr as a means to assist applicants in making an informed decision regarding the pursuit of a physical therapy career. A variety of settings is preferred over an excessive number of hours in any one setting in order to provide applicants with exposure to the broad scope of physical therapy practice.
- Many programs utilize ObHr as a process to manage applicant eligibility. Respondents Strongly Agree/Agree (25%) that ObHr are used or weighted in the AC's decisions for applicants, but that process varied among

programs.

Global Themes

1. Admissions committee members value ObHr as a means for applicants to demonstrate they have a *basic understanding/knowledge of the PT profession* before committing to the rigorous process of attaining a physical therapy degree.
2. Admissions committee members prefer applicants to have a *variety of observation sites* (two or more sites/settings) but acknowledge difficulties that applicants may experience in obtaining hours in specific settings such as acute care or inpatient rehab.
3. *Usage and purpose of the ObHr requirement varies* among programs: some programs weigh the number of ObHr completed while others utilize them to show the applicant has met this criterion and should advance in the admissions process.
4. Admissions committee members recognize that the COVID-19 pandemic has affected students' opportunities to obtain ObHr and are *prepared to be flexible* regarding these requirements in the upcoming admissions cycle(s). Respondents are unable to state whether the pandemic will cause any permanent changes to their process/requirements beyond the next year.

Clinicians Summarized Perspectives and Perceptions

- Respondents Agreed/Strongly agreed that PT ObHr were helpful in learning the variety of roles inherent in the PT profession (96.6%), in understanding the range and variety of patients (95.1%), and in determining if the applicanat wants to pursue PT as a profession (90.9%).
- The greatest burdens reported by respondents include increased administrative burden (background check/training; n = 1263) and the clinic already taking a variety of students: DPT students (n = 1890), PTA students (n = 1346) and other students (not fellows/residents; n = 1006). There were statistically significant differences regarding perceived burden, by geographical locations.
- The purpose of the ObHr is to ensure that 1) the applicant has a thorough understanding and appreciation of the depth and breadth of the settings, patient populations, tasks, obligations and responsibilities of the physical therapist, and 2) to assess whether the profession is an appropriate fit for them, given the time and financial resources required.

Global Themes

1. The *variety* of the settings and patient populations in which the ObHr take place is more important than the number; the above purposes can be accomplished with fewer hours than is currently required.
2. The ObHr requirement *may be a burden* to those students who: a) do not have "contacts" to find facilities that will accept them, b) have work/school/family responsibilities that limit their ability to pursue these hours, and c) financial constraints (time off work, transportation) that limit their ability to pursue these hours. The consequences MAY be that *the applicant pool is limited in its diversity for these reasons.*
3. *Alternative methods* of accomplishing the above two purposes should be investigated in light of HIPAA, Covid and other challenges related to having observers in the health care facilities; however, there is no perfect alternative to being physically in the clinic.

Minor Themes

1. Providing ObHr (and taking students for clinical education experiences) are part of the physical therapist's *professional obligation*.
2. *Providing a framework or structure* regarding what should be accomplished during the ObHr would benefit both observers and their supervisors, to ensure that they are not just passive observers or the clean-up crew.
3. *Observers consume therapist resources* that are needed to supervise PT and PTA students.

Students Summarized Perspectives and Perceptions

- Students perceive that the main purpose and value of ObHr is to provide an increased awareness and understanding of the career of physical therapy (Strongly Agree/Agree - 95.6%), helping to solidify physical therapy as the desired career choice prior to entry.
- Respondents rated Strongly Agree/Agree on the burden of ObHr related to lack of guidance from the academic programs (60.3%), financial constraint (53.4%), administrative burden (HIPAA, background checks, etc.) (43.9%), and lack of available clinical sites (36%).
- Respondents living in rural/suburban locations noted the lack of facilities as a barrier. Similarly, respondents living in a college town noted competition for resources to complete ObHr as a barrier.
- Aside from career exploration purposes, students additionally perceive completing high numbers of ObHr is of value for increasing the competitiveness of their application.
- Nearly all students (97.8%) reported completing the required number of ObHr, with 91% additionally reporting completing the recommended number of ObHr.

Global Themes

Students perceive the benefit/purpose/value of ObHr is:

1. *To provide an increased awareness and understanding* of the career of physical therapy, helping to solidify physical therapy as the desired career choice prior to entry.
2. Observation hours help applicants l*earn about the variety* present in physical therapy treatments, settings, and patients.
3. Students additionally perceive completing a high number of ObHr is of value for increasing the *competitiveness of their application.*

There are barriers present in obtaining the required and/or recommended number of ObHr and setting variety:

1. Scheduling time to complete the required or recommended numbers of ObHr can *be challenging due to school/sport/work commitments (time).*
2. Obtaining hours in hospital/acute/inpatient settings is particularly difficult due to many factors, including in part: lack of nearby facilities willing to accept observers; onboarding requirements; observation hour limits; volunteer hour requirements; overall volunteer number limits.
3. Balancing the need to complete high numbers of ObHr with the *need to work to help pay for school (financial),* is challenging; observation hour requirements may discriminate against those of lower socioeconomic status and *decrease profession diversity.*
4. Finding diverse observation hour settings (access) that are nearby can be challenging, particularly for applicants in *rural areas.*

5. Determining which facilities *accept observers is time consuming,* and can be especially difficult for those with limited contacts or little knowledge of physical therapy settings.

DCEs Summarized Perspectives and Perceptions

- The main purposes of ObHr for applicants to DPT programs are 1) to familiarize themselves with the depth and breadth of settings and patient populations within physical therapy practice and 2) to guide applicants in their pursuit of a career in the PT profession.

Global Themes

1. Many DCE respondents indicate that *pre-admission ObHr have no impact on the students' success during clinical education experiences.* The reasons provided include the timing from ObHr as well as knowledge gained from didactic coursework to first clinical education experience. More time from observation experience and in didactic content to first clinical education experience would likely decrease any impacts on clinical education experiences. However, some respondents report negative impacts that included inappropriate practice ideas and patterns requiring remediation efforts from the program.
2. Many DCE respondents indicate that *pre-admission ObHr have no impact on where they place students for clinical education experiences.* Some respondents report that they have no knowledge of the amount and locations of their students' ObHr. However, an overwhelming majority of the DCEs have a policy that does not allow students to be assigned to clinical sites where previous employment, volunteer hours, or ObHr occurred.
3. Many DCE respondents indicate that *pre-admission ObHr have no impact on their ability to obtain clinical sites for current students.* There does appear to be sufficient support for current students in clinical settings. However, respondents note several factors that negatively impact their ability to obtain clinical sites. Some of these factors include rising demands from high school to post-professional programs for clinical experiences, pre-admission ObHr requirements and limited physical resources (space) in clinical sites, particularly related to the pandemic.
4. Many DCE respondents indicate that *alternative methods or strategies could be developed to provide the same benefits/value as current ObHr.* Strategies such as online learning modules, videos, webinars, personal reflections with guided prompts, personal experiences, etc., were mentioned as options to demonstrate the breadth and depth of physical therapy practice. Involving key stakeholders such as APTA, the Academy, NCCE, and PTCAS will contribute to the development of standards and experiences.

Perceived Appropriate Number of Observation Hours (by Stakeholder Group)

	Number who answered question	Range of ObHr	Percent of Largest Majority
Students (n = 1222)	1212	0-2000	86.6% (0-50 hrs)

Clinicians (n = 2976)	2859	0-1000	17.2% (0-20 hrs) 35.6% (21-50 hrs) 29.1% (51-100 hrs) 12.69% (101-200 hrs)
DCEs (n = 150)	63	0-480	52% (0-60 hrs)
*Admissions Committees (n =165)	155 REQUIRE	0-200	71% (30-100 hrs)
	133 RECOMMEND	0-300	83.5% (0 hrs)

**Admissions Committees are what they currently REQUIRE and RECOMMEND

Recommendations for Consideration

1. **Provide a standard training module required for Observers** to read and follow prior to their ObHr. This would include:
    a. Description of scope of PT practice
        i. Description of various settings and patient populations
        ii. Specialized training available or required
    b. A list of suggested questions for the applicant to ask of the CI/supervisor, that might include:
        i. What are the benefits and challenges to working with THAT patient population, at THAT type of clinic
        ii. Others
    c. Professionalism advice, that might include:
        i. What professional dress looks like (and it may differ with the type of clinic)
        ii. Professional communication and interpersonal interactions
        iii. Baseline HIPAA guidance
    d. A required writing assignment/reflection
    e. Recommend that the student training module be developed and supported by multiple physical therapy education stakeholders, including the APTA, PTCAS, ACAPT, the Academy, and ELP.

2. **Provide a standard training module for CIs/supervisors of Observers**. This might include:
    a. The purpose of the ObHr
        i. To learn of the depth and breadth of physical therapy, including special training, challenges and benefits of that particular type of setting or that particular patient population
            1. Discuss other type of clinics or patient populations that are different from the Observation site so that the student gets a wider viewpoint

2. A realistic description or role-modelling of a "Day in the Life" so that the Observer can assess whether the PT profession is a good "fit" for them

ii. Recommend that the supervisor training module be developed and supported by multiple physical therapy education stakeholders, including the APTA, PTCAS, ACAPT, the Academy, and ELP.

1. The TF recommends investigating the feasibility of clinicians earning continuing education units (CEUs) for completion of the training module.

3. **Admissions Committees should be explicit on how they utilize the criteria of ObHr (especially "recommended" hours), so that applicants can use this information in making decisions regarding the use of their time and that of the clinical sites. Recommended areas of clarity include**:
    a. The impact (or lack thereof) of completing ObHr beyond the required number of hours.
    b. The impact (or lack thereof) of completing ObHr in a specific number of settings.
    c. Whether or not paid hours (e.g. working as a Physical Therapy Technician) are able to be used for fulfilling a program's ObHr requirements.
    d. Whether other avenues for professional exploration (e.g. working as a caregiver, attending physical therapy sessions as a patient or with a family member) may count towards ObHr requirements.
    e. Discontinuation of the practice of listing "Recommended" ObHr supplemental to "Required" ObHr.

4. To increase efficiency and lower paperwork burden for prospective students as well as clinicians, **consider having standardized documention to capture ObHr** that can be used by all DPT programs.

5. **Programs may consider accepting alternative experiences outside of formal ObHr that demonstrate an applicant has explored and understands the PT profession.**
    a. Consider alternative experiences that will allow prospective students to understand the depth and breadth of the PT profession, including settings, patient populations, benefits and challenges of each, as well as the role of various interprofessional team members
    b. Consider alternative experiences that foster opportunities for prospective students to assess whether the PT profession is a good "fit" for the applicant
    c. Recommend further investigation of alternative experiences.
        i. Videos of a "Day in the Life" of various PTs who work in various settings with various patient populations and various healthcare providers. The PTs would discuss their day, the challenges, the joys, additional required or suggested training, why they chose that setting, etc.
        ii. Webinars/panel discussion similar to above
        iii. Applicants' time spent as a patient/observing a caregiver's experience

6. **Students and clinicians expressed a need for having a roster of clinical sites that accept Observers.** Therefore, consider investigating local or regional mechanisms for providing this information to stakeholders.

Recommendations for Further Research

Further study is recommended to explore factors that impact clinical sites' acceptance of volunteers and alternatives to pre-admission ObHrs.

Factors Impacting Clinical Sites' Acceptance of Volunteers: ACAPT should consider exploration of clinical site factors that affect acceptance of volunteers seeking to fulfill pre-admission ObHr.

- Over 80% of clinician survey respondents answered that they accept fewer than two volunteers per month with half of them accepting fewer than one volunteer a month. The TF survey demonstrated clinicians' perceived burdens of ObHr, but how this requirement affects their decision on whether they accept volunteers or not, if they do, how many, is still unknown.

Alternatives to in-person pre-admission ObHr: ACAPT should consider exploring the impact of the pre-admission ObHr TF recommendations on demographics of applicants to DPT programs.

- Alternatives to in-person ObHr and/or the number of hours may relieve some barriers of obtaining the required number of hours for applications. For example, there are applicants who live in more rural areas with limited access to sites, and/or those potential applicants who have financial constraints prohibiting them from participating in ObHr in person. Likewise, modifying this requirement, may increase the applicant diversity.

ACAPT should consider evaluating the effectiveness of any created virtual alternatives to in-person ObHr.

- If alternatives to standard in-person ObHr are proposed and academic programs continue to require some type of pre-admission ObHr, it will be important to evaluate and/or compare these strategies to face-to-face ObHr from different stakeholder perspectives in terms of exploring their effectiveness in addressing the perceived purposes of the ObHr requirement.
- Similarly, comparing the effectiveness of web-based alternative strategies with in-person ObHr on decisions to pursue career in physical therapy (particularly those from underrepresented student populations), barriers/challenges during the application process, first year program performance (academic and clinical), and ultimate licensure outcomes is recommended.

[Overall Summary]:
There is agreement across stakeholder groups that ObHr are beneficial for providing applicants with an understanding of the profession, and allowing for informed decision making. While beneficial, ObHr completion also presents burdens for applicants, as well as clinicians. These burdens may be exacerbated by an inflated applicant perception of the importance of completing a high number of ObHr, as compared to AC members' reported valuing of the number of completed hours. Currently the average range of required ObHr by DPT programs that responded is 30-100 hours. The summarized perceptions of DCEs, clinicians, and student respondents is that a range of 20-50 hours is appropriate for DPT program applicants. Therefore, the recommendations above aim to address considerations for various stakeholders involved in pre-admission ObHr experiences. Completion of additional hours beyond this point should be made only with careful consideration of the balance between purpose, benefits, and burdens for all stakeholders.

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APPENDIX

Current Landscape of Pre-Admission Observation Hours for Physical Therapy and Occupational Therapy Programs

PT Pre-Admission Observation Hours Requirement

As of January 3, 2020, CAPTE data

- Accredited: 241 institutions supporting 255 programs
- Developing: 52 institutions developing 52 programs
- Total: 293 institutions supporting/developing 307 programs

Data accessed January 2020 from PTCAS

- 240 PT Programs listed on PTCAS regarding Pre-admission Observation Hours
- 205 (85.5%) require pre-admission observation hours

Number of hours required	Number of Programs	Recommended hours over required (data collected on 1/31/2020)
Greater than 200	1	5
101-200	4	11
81-100	34	12
51-80	43	3
20-50	106	22
Less than 20	7	2
Did not specify	10	
TOTAL	205/240 (85.5%)	55/240 (23%) 5635 hours are recommended over and above what is required **

Other: 28 hours not required but highly recommended, 5 not required but considered, 3 not required or considered, 4 other

GRAND TOTAL: For one admission cycle, the recommended number of pre-admission observation hours for all responding DPT Programs is 15,890 hours.

PTA Pre-Admission Observation Hours Requirement

As of January 3, 2020, CAPTE data

- Accredited: 353 institutions supporting 374 programs
- Developing: 39 institutions developing 39 programs
- Total: 392 institutions supporting/developing 413 programs

Data compiled December, 2019

- 345 PTA Programs' websites were reviewed
- 284 (82.3%) require pre-admission observation hours

Number of hours required	Number of Programs
Greater than 60	5
50-59	19
40-49	46
30-39	11
20-29	64
10-19	37
4-9	14
Did not specify	88
TOTAL	**284/345 (82.3%)**

Other: 5 hours not required but highly recommended, 25 not required or considered, 31 unclear

Occupational Therapy (OT) (both Masters and Clinical Doctorate) Pre-Admission Observation Hours Requirement

Data accessed Feb 2, 2020 from individual websites based on American Occupational Therapy Association (AOTA) website

- 208 OT Programs listed
- 144 (69.2%) require pre-admission observation hours
- Range = 14-100 Hours

Number of hours required	Number of Programs
81-100	3
61-80	7
41-60	21
21-40	69
14-20	31
Did not specify	13
TOTAL	144/208 (69.2%)

Other: 8 hours not required but highly recommended, 6 not required but considered, 1 “Not required but the more hours, the more competitive the application”, 49 no information provided

OT Assistant (OTA) Pre-Admission Observation Hours Requirement

Data accessed January 31, 2020 from individual websites based on AOTA website

- 196 OTA Programs listed
- 80 (40.8%) require pre-admission observation hours

Number of hours required	Number of Programs
41-50	3
31-40	9

21-30	10
11-20	31
Less than 11	27
Did not specify	46
TOTAL	80/196 (40.8%)

Other: 4 hours not required but highly recommended, 6 not required but considered, 61 not required or considered

Demographic Data and Descriptive Statistics

Number of Respondents by Survey (final analysis with duplicates eliminated)

	Frequency (%)
Admissions Committee Members	162 (3.6)
Clinicians	2937 (65.7)
Students	1222 (27.3)
DCEs	150 (3.4)
Total	4471

Percentage of DPT Programs and Percent of Respondents from 3 Stakeholder Groups by Region and Number of Observation Hours Required for One Student in Each Program that Requires Hours*

N = 258 + (11) developing; **Not all DPT Programs subscribe to PTCAS

Region	Number	Percent	DCE	Admissions	Students	Number of Required Observation Hours for ONE student in each Program in each region (PTCAS accessed 8/11/2020)
New England	18	7.0	6.0	4.9	7.0	275 (3%)

Mid Atlantic	46	17.8	16.7	17.9	26.2	1619 (17.8%)
South Atlantic	53	20.5	25.3	20.4	14.2	1842 (20%)
East North Central	37	14.3	12.0	13.0	11.1	1215 (13.4%)
West North Central	26	10.0	10.0	13.0	14.4	650 (7%)
West South Central	26	10.0	12.0	9.9	14.2	1098 (12%)
East South Central	15	5.8	6.0	8.0	4.3	381 (4.2%)
Pacific	23	8.9	6.0	6.8	3.5	1395 (15%)
Mountain	14	5.4	6.0	6.2	11.5	630 (7%)
TOTAL	**258**					**9,105**

Required hours: 194 Programs (75.2%), not required but strongly recommended: 38, not required but considered: 6, not required or considered: 3, other: 4

Admissions Committee Member Survey

Q1. Geographic Location of DPT Program

	Frequency (%)
New England	8 (4.9)
Middle Atlantic	29 (17.9)
South Atlantic	33 (20.4)
East North Central	21 (13.0)
West North Central	21 (13.0)
West South Central	16 (9.9)
East South Central	13 (8.0)
Pacific	11 (6.8)
Mountain	10 (6.2)
Total	162

Q2. Years as a faculty member

	Frequency (%)
0-3	13 (8.0)
4-8	30 (18.5)
9-15	45 (27.8)
16-25	42 (25.9)
over 25	32 (19.8)
Total	162

Q3. Makeup of Admissions Committee

	Frequency (%)
Tenured or Tenure-Track	124 (78.5)
Clinical Faculty	90 (57.0)
Community Clinicians	24 (15.2)
Director or Chair	80 (50.6)
Alumni	25 (15.8)
Other	51 (32.3)
Total	158 (100.0)

Q4. Number of Required Observation Hours

N	155
Mean	47.34
Median	40.00
Std. Deviation	37.009
Range	200
Minimum	0
Maximum	200

Number of Required Observation Hours		
		Frequency (%)
Hours	0	30 (19.4)
	1	1 (.6)
	2	1 (.6)
	10	4 (2.6)
	15	1 (.6)
	20	3 (1.9)
	24	1 (.6)
	25	1 (.6)
	30	12 (7.7)
	40	26 (16.8)
	45	4 (2.6)
	50	22 (14.2)
	60	9 (5.8)
	80	11 (7.1)
	100	26 (16.8)
	120	1 (.6)
	150	1 (.6)
	200	1 (.6)
	Total	155 (100.0)

Q5. Indicate the number of different clinical settings that are required.

		Frequency (%)
	We do not require observation hours	26 (16.0)
	Require 1 clinical setting	7 (4.3)
	Require 2 clinical settings	47 (29.0)

	Requires 3-4 clinical settings	6 (3.7)
	Other	27 (16.7)
	We do not state the specific number of clinical settings	49 (30.2)
	Total	162 (100.0)

Q7. Number of Recommended Observation Hours

N	133
Mean	17.59
Median	.00
Std. Deviation	52.770
Range	300
Minimum	0
Maximum	300

Recommended Hours		**Frequency (%)**
Hours	0	111 (83.5)
	20	1 (.8)
	30	1 (.8)
	40	3 (2.3)
	50	3 (2.3)
	60	1 (.8)
	75	2 (1.5)
	80	2 (1.5)
	100	4 (3.0)
	150	1 (.8)
	250	2 (1.5)

	300	2 (1.5)
	Total	133 (100.0)

Q8. Number of Recommended Settings for Observation Hours

Recommended Settings	Frequency (%)
We do not recommend any observation hours	88 (54.3)
We recommend 2 clinical settings.	15 (9.3)
We recommend 3-4 clinical settings.	3 (1.9)
Other	31 (19.1)
We do not specify the number of clinical settings.	25 (15.4)
Total	162 (100.0)

Q18-22. Benefits/Value of Observation Hours as they pertain to the Applicant

Q18. They provide the Applicant some understanding of the roles and responsibilities of the Physical Therapist.

Q19. They provide the Applicant some understanding of the range and variety of patients with whom Physical Therapists interact.

Q20. They provide the Applicant the opportunity to determine if they want to pursue Physical Therapy as a profession.

Q21. They provide the Applicant the opportunity to work on their interpersonal and communication skills.

Q22. They help to prepare the Applicant for the rigors of the DPT curriculum.

	Q18	**Q19**	**Q20**	**Q21**	**Q22**
	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)
Strongly Agree	100 (63.3)	86 (54.4)	86 (54.4)	19 (12.0)	7 (4.4)
Agree	51 (32.3)	60 (38.0)	56 (35.4)	57 (36.1)	15 (9.5)
Neutral	4 (2.5)	7 (4.4)	12 (7.6)	48 (30.4)	44 (27.8)
Disagree	2 (1.3)	3 (1.9)	2 (1.3)	26 (16.5)	61 (38.6)
Strongly Disagree	1 (.6)	2 (1.3)	2 (1.3)	8 (5.1)	31 (19.6)
Total	158 (100.0)	158 (100.0)	158 (100.0)	158 (100.0)	158 (100.0)

Q24-28. Benefits/Value of Observation Hours as they pertain to the Admissions Committee

Q24. They provide an avenue to collect information from the Applicant's supervisor (in the clinic) regarding the Applicant's potential for success in a DPT Program.

Q25. They are weighted heavily enough by our Admissions Committee to impact admissions decisions.

Q26. Applicants who observe MORE than the REQUIRED number of Observation Hours are given stronger consideration by the Admissions Committee.

Q27. Applicants who observe in MORE than the REQUIRED number of clinical settings are given stronger consideration by the Admissions Committee.

Q28. The Admissions Committee would consider a strong applicant even if they did NOT complete all of their Observation Hours.

	Q24	Q25	Q26	Q27	Q28
	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)
Strongly Agree	23 (14.6)	8 (5.1)	3 (1.9)	7 (4.4)	17 (10.8)
Agree	47 (29.7)	32 (20.3)	34 (21.5)	42 (26.5)	32 (20.3)
Neutral	51 (32.3)	40 (25.3)	24 (15.2)	29 (18.4)	25 (15.8)
Disagree	24 (15.2)	49 (31.0)	44 (27.8)	35 (22.2)	52 (32.9)
Strongly Disagree	13 (8.2)	29 (18.4)	53 (33.5)	45 (28.5)	32 (20.3)
Total	158 (100.0)	158 (100.0)	158 (100.0)	158 (100.0)	158 (100.0)

Q30. Please indicate which is more important to the Admissions Committee's decision-making regarding accepting an Applicant to your DPT Program.

	Frequency (%)
Number of Observation Hours	17 (10.5)
Number of difference clinical settings	44 (27.2)
Both are equally important to our decision-making	64 (39.5)
Neither is important to our decision-making	37 (22.8)
Total	162 (100.0)

Q39. Alternative methods or strategies that could be developed that would provide the same benefits/value as Observation Hours for the individual who is applying to a DPT Program?

	Frequency (%)
Yes	37 (23.4)
No	47 (29.7)
I don't know	74 (46.8)
Total	158 (100.0)

Q41. Changes made to required or recommended hours due to COVID-19.

	Frequency (%)
Yes	91 (56.2)
No	71 (43.8)
Total	162 (100.0)

Clinician Survey

Q1. Type of Clinical Setting (primary work)

	Frequency (%)
OP ortho private practice	528 (18.0)
OP ortho hospital	548 (18.7)
OP ortho corporate	174 (5.9)
OP rehab	157 (5.3)
OP pediatrics	144 (4.9)
IP acute care hospital	545 (18.6)
IP rehabilitation hospital	195 (6.6)
Long-term Acute Care Hospital	11 (.4)

	Sub-acute rehabilitation/SNF/nursing home	108 (3.7)
	School district/school-based pediatrics	100 (3.4)
	Home health	49 (1.7)
	Specialty Private Practice	27 (.9)
	Other	351 (12.0)
	Total	2937 (100.0)

Q3. Professional Role (n = 2937)

	Frequency (%)
Clinic/Department Director or Supervisor	695 (23.7)
Site Coordinator of Clinical Education	655 (22.3)
Clinical Instructor	1768 (60.5)
Residency/Fellowship Program Coordinator or Director	57 (1.9)
Residency/Fellowship Mentor	173 (5.9)
Clinician	2323 (79.1)
Administrator/Staff	174 (5.9)
Other	173 (5.9)

Q4. Geographic Region of Clinical Setting

		Frequency (%)
	South Atlantic	550 (18.7)
	Middle Atlantic	490 (16.7)
	East North Central	586 (20.0)
	West North Central	157 (5.3)

	West South Central	389 (13.2)
	East South Central	110 (3.7)
	New England	116 (3.9)
	Pacific	293 (10.0)
	Mountain	246 (8.4)
	Total	2937 (100.0)

Q5. Clinical Location Classification

		Frequency (%)
	Rural	425 (14.5)
	Urban	1006 (34.3)
	Suburban	1387 (47.2)
	Other	119 (4.1)
	Total	2937 (100.0)

Q10. Does your clinic accept unpaid observers for PTA or DPT?

		Frequency (%)
	DPT	457 (15.6)
	PTA	17 (.6)
	DPT and PTA	2214 (75.4)
	No	249 (8.5)
	Total	2937 (100.0)

Q12. Do you have a minimum number of hours required of observers?

		Frequency (%)
	Yes	30 (1.0)
	No minimum number of hours	2177 (74.2)

We do not accept observers for observation hours	205 (7.0)
Others	521 (17.8)
Total	2933 (100.0)

Q13. Do you have a maximum number of hours that you allow for observers?

	Frequency (%)
Yes	50 (1.7)
No maximum number of hours	1859 (63.4)
We do not accept observers	215 (7.3)
Others	809 (27.6)
Total	2933 (100.0)

Q14. How many observers applying to a DPT program do you accept per month?

	Frequency (%)
We do not accept observers	229 (7.8)
We accept 1-2 observers	1346 (45.8)
We accepts 3-6 observers per month	242 (8.2)
We accept 7-10 observers per month.	25 (.9)
We accept greater than 10 observers per month	30 (1.0)
other	1065 (36.3)
Total	2937 (100.0)

Q15.How many non-DPT/PTA observers do you accept per month?

	Frequency (%)

We do not accept observers	575 (19.6)
We accept 1-2 observers	1133 (38.6)
We accepts 3-6 observers per month	149 (5.1)
We accept 7-10 observers per month.	22 (.7)
We accept greater than 10 observers per month	19 (.6)
other	1039 (35.4)
Total	2937 (100.0)

Q16-20. What are the benefits/value of observation hours?

Q16. They provide the Observers some understanding of the roles and responsibilities of the Physical Therapist.

Q17. They provide the Observers some understanding of the range and variety of patients with whom Physical Therapists interact.

Q18. They provide the Observers an opportunity to determine if they want to pursue Physical Therapy as a profession.

Q19. They provide the Observers an opportunity to work on their interpersonal and communication skills.

Q20. They provide an avenue for Clinicians to provide input to the DPT Program(s) regarding the Observers' potential for success in a DPT Program.

	Q16	**Q17**	**Q18**	**Q19**	**Q20**
	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)
Strongly Agree	1944 (66.3)	1811 (61.7)	1704 (58.1)	779 (26.6)	609 (20.8)
Agree	893 (30.4)	982 (33.5)	965 (32.9)	997 (34.0)	818 (27.9)
Neutral	62 (2.1)	90 (3.1)	206 (7.0)	739 (25.2)	764 (26.0)
Disagree	23 (.8)	38 (1.3)	39 (1.3)	331 (11.3)	534 (18.2)
Strongly Disagree	11 (.4)	12 (.4)	19 (.6)	87 (3.0)	208 (7.1)
Total	2933 (100)	2933 (100.0)	2933 (100.0)	2933 (100.0)	2933 (100.0)

Q24-29. What are the burdens related to resources?

Q24. There is inadequate staff to supervise the Observers.

Q25. There is inadequate interest by staff to supervise the Observers.

Q26. There is inadequate space to accommodate the Observers.

Q27. Observers result in decreased therapist productivity.

Q28. Observers result in increased administrative burden, such as required background check and training.

Q29. The documentation required by the DPT Program(s) is too burdensome.

	Q24	**Q25**	**Q26**	**Q27**	**Q28**	**Q29**
	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)
Strongly Agree	206 (7.0)	185 (6.3)	198 (6.8)	180 (6.1)	304 (10.4)	81 (2.8)
Agree	536 (18.3)	674 (23.0)	575 (19.6)	660 (22.5)	959 (32.7)	263 (9.0)
Neutral	505 (17.2)	624 (21.3)	567 (19.3)	581 (19.8)	732 (25.0)	1214 (41.4)
Disagree	1269 (43.3)	1074 (36.6)	1183 (40.3)	1154 (39.3)	754 25.7)	1136 (38.7)
Strongly Disagree	417 (14.2)	376 (12.8)	410 (14.0)	358 (12.2)	184 (6.3)	239 (8.1)
Total	2933 (100.0)	2933 (100.0)	2933 (100.0)	2933 (100.0)	2933 (100.0)	2933 (100.0)

Q31-34. What are the burdens related to your obligations to other students, residents, fellows, etc.

Q31. We already accept DPT students for clinical experiences (short term or long term) which take up our resources.

Q32. We already accept PTA students for clinical experiences (short term or full time) which take up our resources.

Q33. We already accept NON-DPT/PTA students for clinical experiences/internships/observations (eg. high school students, kinesiology students or applicants for OT Programs) and they take up our resources.

Q34. We mentor Residents and Fellows and they take up our resources.

	Q31	**Q32**	**Q33**	**Q34**
	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)
Strongly Agree	737 (25.1)	467 (15.9)	264 (9.0)	183 (6.2)
Agree	1153 (39.3)	879 (30.0)	742 (25.3)	343 (11.7)
Neutral	471 (16.1)	667 (22.7)	735 (25.1)	796 (27.1)

Disagree	444 (15.1)	606 (20.7)	813 (27.7)	827 (28.2)
Strongly Disagree	128 (4.4)	314 (10.7)	379 (12.9)	784 (26.7)
Total	2933 (100.0)	2933 (100.0)	2933 (100.0)	2933 (100.0)

Q40. Changes made to policies regarding accepting individuals for Observation hours due to COVID-19

	Frequency (%)
Yes	2213 (75.5)
No	323 (11.0)
I don't know	397 (13.5)
Total	2933 (100.0)

Student Survey

Q1. Year in DPT program

	Frequency (%)
First	295 (24.1)
Second	434 (35.5)
Third	267 (21.8)
Fourth	3 (.2)
Recent graduate	223 (18.2)
Total	1222

Q2. Age

N	1216
Mean	25.4
Median	24.0
Std. Deviation	3.7
Range	36
Minimum	20

Maximum	56

Q3. Race/Ethnicity

	Frequency (%)
African American/Black	40 (3.3)
American Indian/Alaskan Native	6 (.5)
Caucasian/White	1058 (86.6)
Hispanic/Latino	84 (6.9)
Native Hawaiian/Pacific Islander	11 (.9)
Asian	102 (8.3)

Q4. Regional location of DPT program

	Frequency (%)
New England	8 (.7)
South Atlantic	320 (26.2)
Middle Atlantic	173 (14.2)
East North Central	136 (11.1)
West North Central	176 (14.4)
West South Central	173 (14.2)
East South Central	53 (4.3)
Pacific	43 (3.5)
Mountain	140 (11.5)
Total	1222 (100.0)

Q5. Were observation hours required for the DPT Program(s) to which you applied?

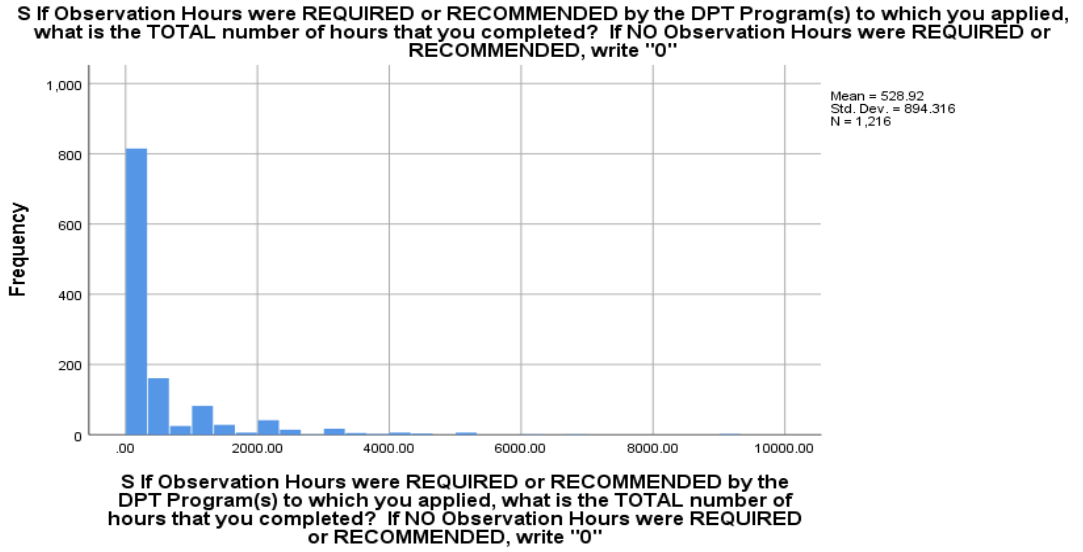
	Frequency (%)
Yes, required for all DPT programs	921 (75.4)
Yes, required for some of the DPT programs	269 (22.0)

	No, there were no required hours	32 (2.6)
	Total	1222 (100.0)

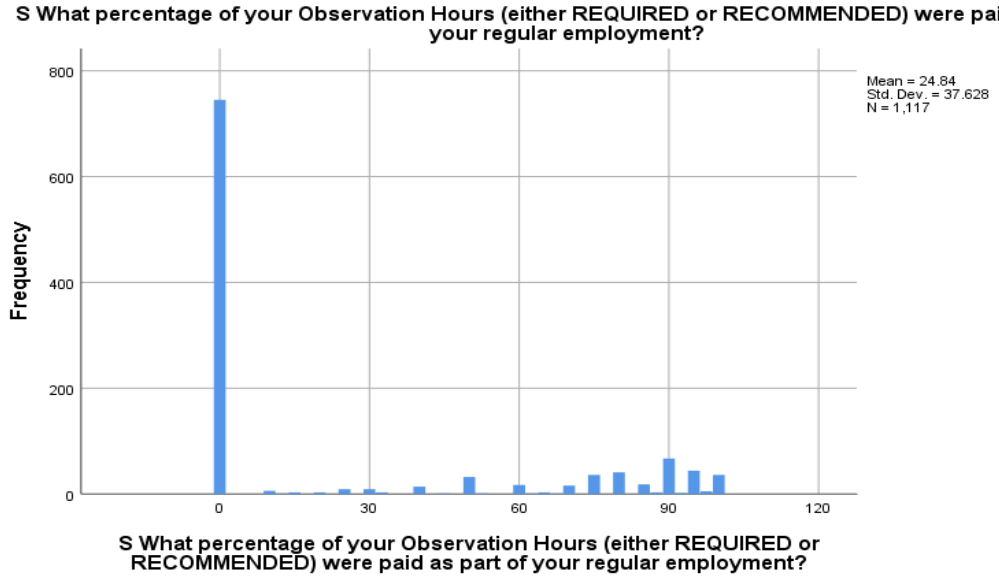
Q6. Were observation hours recommended for the DPT Program(s) to which you applied?

		Frequency (%)
	Hours were recommended by all program	954 (78.1)
	Hours were recommended by some programs.	132 (10.8)
	No hours were recommended	136 (11.1)
	Total	1222 (100.0)

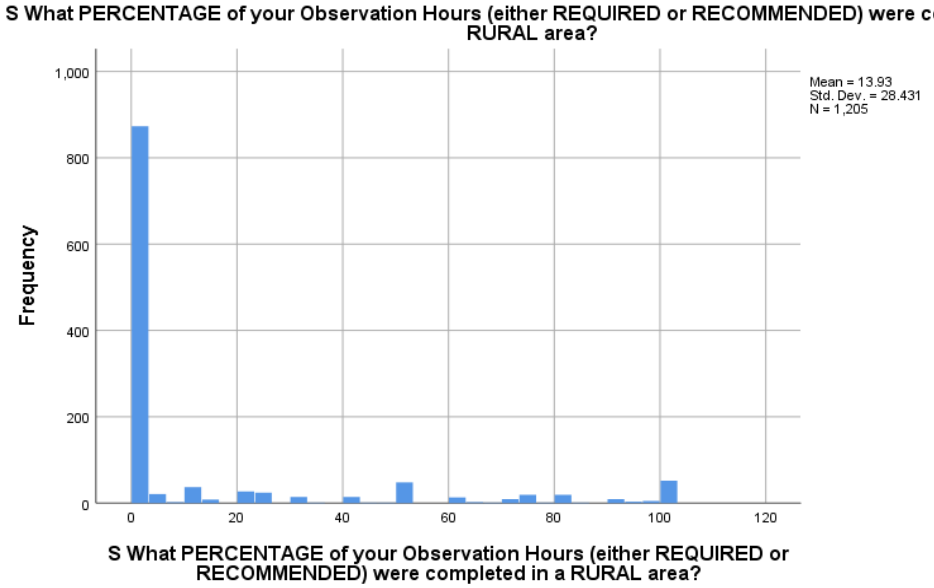
Q7.



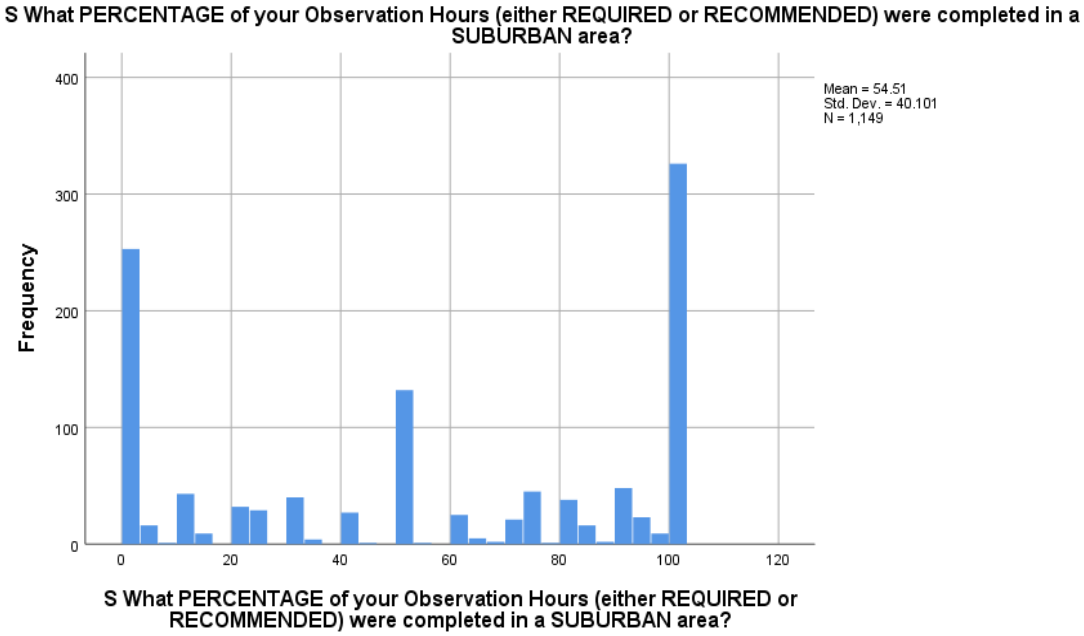
Q8.


S What percentage of your Observation Hours (either REQUIRED or RECOMMENDED) were paid as part of your regular employment?
Mean = 24.84
Std. Dev. = 37.628
N = 1,117
Frequency
800
600
400
200
0
0
30
60
90
120
S What percentage of your Observation Hours (either REQUIRED or RECOMMENDED) were paid as part of your regular employment?

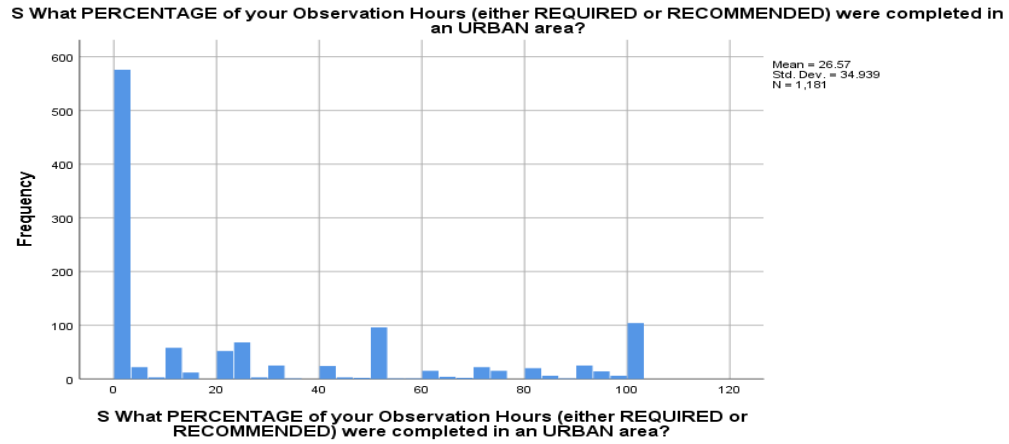
Q10.


S What PERCENTAGE of your Observation Hours (either REQUIRED or RECOMMENDED) were completed in a RURAL area?
Mean = 13.93
Std. Dev. = 28.431
N = 1,205
Frequency
1,000
800
600
400
200
0
0
20
40
60
80
100
120
S What PERCENTAGE of your Observation Hours (either REQUIRED or RECOMMENDED) were completed in a RURAL area?

Q11.



Q12.



Q17. Did the number of required or recommended hours impact choice of DPT program(s) to which you applied?

	Frequency (%)
Yes	214 (17.6)

	No	913 (75.0)
	Not sure	91 (7.5)
	Total	1218 (100.0)

Q19. Did the number of clinical settings impact choice of DPT program(s) to which you applied?

		Frequency (%)
	Yes	221 (18.1)
	No	920 (75.5)
	Not Sure	77 (6.3)
	Total	1218 (100.0)

Q21-27. Benefits/value of hours to you

Q21. To complete the admissions requirements for the DPT Program.

Q22. To gain some understanding of the roles and responsibilities of the Physical Therapist.

Q23. To gain some understanding of the range and variety of patients with whom Physical Therapists interact.

Q24. To have the opportunity to determine if I want to pursue Physical Therapy as a profession.

Q25. To have the opportunity to work on my interpersonal and communication skills.

Q26. To allow my supervisors (in the clinic) the opportunity to give input to the Admissions Committee regarding my ability to be successful in the DPT Program.

Q27. To prepare me for the rigors of a DPT Program.

	Q21	**Q22**	**Q23**	**Q24**	**Q25**	**Q26**	**Q27**
	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)
Strongly Agree	710 (58.3)	851 (69.9)	734 (60.3)	820 (67.3)	449 (36.9)	459 (37.7)	248 (2.4)
Agree	384 (31.5)	318 (26.1)	379 (31.1)	264 (21.7)	349 (28.7)	396 (32.5)	215 (17.7)
Neutral	91 (7.5)	35 (2.9)	57 (4.7)	71 (5.8)	240 (19.7)	177 (14.5)	286 (23.5)
Disagree	25 (2.1)	11 (.9)	41 (3.4)	48 (3.9)	137 (11.2)	130 (10.7)	311 (25.5)
Strongly Disagree	8 (.7)	3 (.2)	7 (.6)	15 (1.2)	43 (3.5)	56 (4.6)	158 (13.0)
Total	1218 (100.0)	1218 (100.0)	1218 (100.0)	1218 (100.0)	1218 (100.0)	1218 (100.0)	1218 (100.0)

Q29-32. Barriers/challenges of obtaining hours

Q29. The financial constraints (taking time off work, commuting costs, etc.).

Q30. A lack of available clinical facilities within my commuting distance.

Q31. A lack of guidance in finding available clinical facilities.

Q32. Administrative requirements (orientation, immunizations, background screening, etc.).

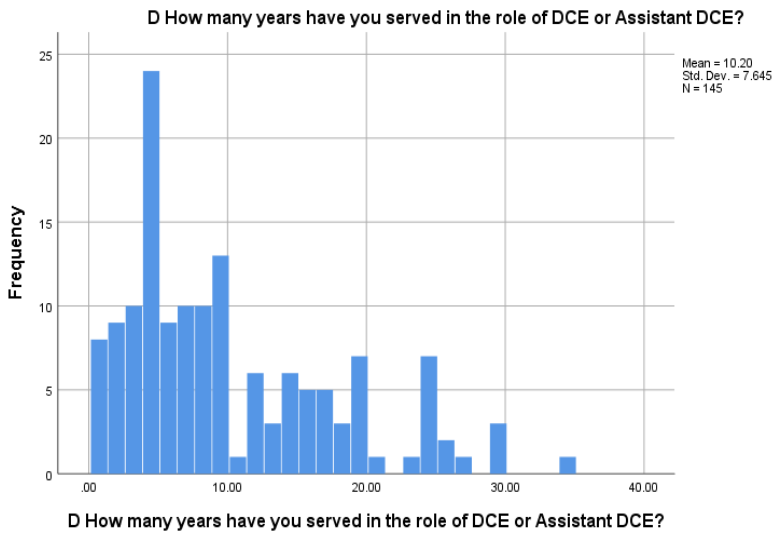
	Q29	**Q30**	**Q31**	**Q32**
	Frequency (%)	Frequency (%)	Frequency (%)	Frequency (%)
Strongly Agree	262 (21.5)	192 (15.8)	311 (25.5)	202 (16.6)
Agree	388 (31.9)	246 (20.2)	423 (34.7)	333 (27.3)
Neutral	224 (18.4)	199 (16.3)	169 (13.9)	260 (21.3)
Disagree	257 (21.1)	427 (35.1)	236 (19.4)	329 (27.0)
Strongly Disagree	87 (7.1)	154 (12.6)	79 (6.5)	94 (7.7)
Total	1218 (100.0)	1218 (100.0)	1218 (100.0)	1218 (100.0)

DCE Survey

Q1. Region of the Country of DPT Program

	Frequency (%)
New England	9 (6.0)
Middle Atlantic	25 (16.7)
South Atlantic	38 (25.3)
East North Central	18 (12.0)
West North Central	15 (10.0)
West South Central	18 (12.0)
East South Central	9 (6.0)
Pacific	9 (6.0)
Mountain	9 (6.0)
Total	150 (100.0)

Q3.



Q4-6. Impact of hours on clinical education program

Q4. Observation Hours contribute to the student's success during Clinical Experiences.

Q5. Observation Hours impact where I place students for Clinical Experiences.

Q6. Observation Hours impact my ability to obtain clinical sites for my current students.

	Q4	**Q5**	**Q6**
	Frequency (%)	Frequency (%)	Frequency (%)
Strongly Agree	8 (5.5)	10 (6.8)	10 (6.8)
Agree	42 (28.8)	33 (22.6)	32 (21.9)
Neutral	43 (29.5)	25 (17.1)	37 (25.3)
Disagree	41 (28.1)	39 (26.7)	42 (28.8)
Strongly Disagree	12 (8.2)	39 (26.7)	25 (17.1)
Total	146 (100.0)	146 (100.0)	146 (100.0)