

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS
VIRTUAL REGIONAL NETWORKING SESSION
2020 EDUCATION LEADERSHIP CONFERENCE
REPORT TO MEMBERSHIP

Background:

The purpose of the 2020 National Consortium of Clinical Educator's (NCCE) virtual regional networking session was to discuss the concept of developing a clinical education resource hub. A pre-session survey was used to gather preliminary information about interest level and organizational options. The session itself was designed to share sample resources and further explore options for building and organizing this type of repository (see [powerpoint](#) on NCCE website). Small group discussions were utilized with each breakout room having two clinical education stakeholders available to share a resource, a facilitator to guide conversation about how the sample resources might fit into a resource hub, and a scribe to record participant feedback.

Invitations were sent to all regional consortia contacts and to PT programs in states without regional consortia (AL, MS, LA) requesting that each region/consortium invite five representatives to attend. Regional clinical education consortium/stakeholders were asked if they would be willing to share a resource at the session through a general email request sent with the initial save-the-date notice. No volunteers were solicited through this general request so the planning committee reviewed regional consortia websites to identify resources that would be of interest to the broader clinical education community. Once resources were found, planning committee members reached out directly to the consortium to specifically ask if they would do a 5-minute presentation about that resource during the session. The response to this targeted solicitation was outstanding; every consortia/stakeholder contacted agreed to present at the session!

Pre-session survey results:

Snowball sampling was used to distribute the pre-session survey; starting with NCCE members and regional consortia contacts. A total of 341 responses were received with 274 surveys fully completed. More respondents identified as clinicians (67% clinicians, 33% academicians) and PT clinical educators (65% PT, 7% PTA, 26% both, 2% neither). Respondents represented 36 states with the largest representation from Pennsylvania (N=93). Respondents also tended to be more experienced clinicians (72% had >15 years experience) and clinical educators (40% had >15 years, another 40% had 6-15 years and only 20% had <6 years experience).

The respondents were asked how the hub should be organized. Seventy-two percent rated "courses and presentations" as "most important", 43% rated "networking resources" as "somewhat important", and 47% rated "instructional technology resources" as "somewhat important". There was an almost equal distribution of respondents answering "most important" to "somewhat important" for "examples of other CE stakeholders", "peer-reviewed published scholarly work", and "resources from professional organizations". Least important, was "non peer-reviewed scholarly work" with a 70% respondent rate.

Content or topics that respondents wanted available on the hub included clinical teaching strategies for students (77% "most important") and clinical educator training (71% "most important"). Fifty-one percent rated "learning environment" as "somewhat important" while 62% rated "telehealth" as "least important". There was an equal distribution of responses from "most important" to "least important" for available content or topics on the hub for "CE curriculum development", "student performance assessment", "academic-clinical partnerships", "supervision guidelines", and "models of clinical

education". "Somewhat important" and "least important" had about an equal distribution of responses for "interprofessional education". Respondents provided other content or topic ideas they would like available on a hub and included "CI/DCE tools", "compliance and legal information (rights and responsibilities)", "communication and collaboration", "research trends", "patient education", "student psychosocial", and "site development".

In an attempt to determine how submissions would be assessed, we asked what factors or metrics could be used. Sixty-six percent indicated that "evidence-based, grounded in theory, pedagogically sound" should be the basis to determine the quality of a submission. "Contemporary/relevant to the clinical education community" to be used as a metric had about 58% of respondent's vote. Other metrics and responses included "useful across the continuum of learning" (57.1%), "promote continual assessment and improvement" (54.6%), "foster engagement" and "active learning" (52%), "well-written", "person-centered", and "reflections considerations of DEI" (50%), "promote stakeholder or student growth" (48%).

When asked "what should the outcome of the resource assessment process be?", respondents overwhelmingly (93%) want quality resources. This vast majority felt we should include on the hub only resources that met a threshold determined by factors or a metric (57%) or include all resource submitted showing the grade, rank, or outcome of review (36%).

In order to assess resources there will need to be submissions. Only 44% of all respondents were "very likely" or "likely" to submit a resource and 18% were "unlikely/very unlikely". Of note, academic respondents reported more likelihood of submitting a resource to the hub ("very likely" or "likely" to submit – 61% academicians, 35% clinicians). Therefore, fostering submissions would be critical to the success of a resource hub. The most cited barrier to submission was time while the most cited facilitator was ease of submission.

Who should be able to access the resource hub? The majority, 95% of respondents, indicated that the resource hub should be open access for all clinical educator stakeholders. When asked how resource hub should be financially supported, 45% of respondents thought it should be part of membership dues while 27% indicated an annual subscription and 8% recommended charging per resource accessed. When asked which specific stakeholder should be financially responsible for the hub, 43% of respondents chose ACAPT. A close second (34%) thought it should be the academic institution.

Regional networking session

There were 85 clinical educators from 21 of the 23 regions/consortia registered for the session. Actual attendance for all or part of the virtual session was 97 participants with 19 NCCE Board members present to facilitate discussions and networking (included outgoing and incoming officers). While the majority of attendees were academic clinical educators, there was some clinician representation including site coordinators, clinical instructors, and clinical management.

The networking session began with a brief discussion about the potential vision of a "resource hub" and an overview of the survey results. Participants were then divided into small groups and sent to virtual breakout rooms with their resource presenters, facilitator and scribe.

Summary of resources presented:

The following resources were shared in small group breakouts (two resources per breakout group):

1. Carolina Consortium (Jennifer Martin) shared their [CI and Facility of the Year Awards](#).
2. Florida Consortium (Robin Galley) shared their [PT and PTA Outstanding CI Awards](#) (password protected).
3. Intercollegiate Academic Clinical Coordinators Council (Valerie Teglia) shared their [collaborative scheduling process for clinical education placements](#).
4. New England Consortium of Clinical Educators (Tara Paradie) shared their [Student Anxiety in the Clinic: What to Know and How to Build Resiliency](#) course..
5. New England Consortium of Clinical Educators (Kim Nowakowski) shared their [student data form](#).
6. [Live Every Day PT clinic](#) (Abby Mulligan) shared their ACL virtual reciprocity ring program (education and support group incorporating PT and sports psychology students).
7. New York/New Jersey Consortium (Colleen Brough) shared their [Clinical Instructor Training Modules](#).
8. Northern Plains Clinical Education Consortium (Jessica Scholl) shared their [Collaborative Model of Clinical Education document](#).
9. Ohio-Kentucky Consortium (Amy Both) shared their [website](#) and its development.
10. Texas Consortium (Peggy Gleeson) shared their [Clinical Instructor certification course](#).

Summary of key concepts gathered about development of a clinical education resource hub: (Matt)

Participants mirrored the sentiments of the survey results. There was a continued passion for the centralization of clinical education resources. The breakout sessions were focused on the 'process' of organizing and defining the presented resource for a future resource hub as opposed to the specific resource's content. The participants' hunger to discuss the resource content itself was evident during the breakout sessions. While facilitators continued to redirect the conversation to the process of a "hub" organization, we want to acknowledge the importance of this phenomenon. We firmly believe this further showcases the interest that the clinical education community has in sharing successful resources and devising active ways of incorporating new ideas into their processes and programs. In general, participants did provide feedback for each resource on how to best define, establish keywords, and categorize it based on which particular stakeholder it would benefit most (i.e. SCCE, DCE, CI etc).

Summary and recommendations:

Overall, the themes that emerged from this session indicate that clinical education stakeholders are interested in sharing resources with most interest in courses/presentations, exemplars from others, scholarly work and resources from professional organizations. Content that elicited the most interest from the pre-session survey (more clinician response) was clinical teaching strategies and clinical educator training while participants in the networking session (more academicians) expressed strong interest in resources that assist in the administration of clinical education (ie: scheduling processes, awards, forms, website development, etc.) as well as courses/training resources. Survey respondents and networking session participants agreed upon the need for ensuring the quality of resources shared using a prescribed vetting process. Survey results revealed academicians were more likely to submit a resource for sharing than clinicians. Ease of submission and invitation to submit were most frequently cited as ways to facilitate submission of a resource to the hub. The networking session's planning committee experience supported this.

Based on this information, the NCCE Board plans to:

- Increase frequency of networking sessions to facilitate more sharing of resources
 - Plan: Host 2-3 virtual networking sessions in 2021 for resource sharing (in addition to the annual ELC regional networking session)
- Invite clinical education stakeholders to share specific resources during networking sessions and on ACAPT's clinical education resource webpage
- If stakeholder interest in submitting resources outside of an invitation process increases:
 - Develop a simple, user-friendly submission mechanism
 - Develop a mechanism to vet resources submitted
- Continue to work with CE SIG, PTAE SIG, and APTA on development of a "one-stop shop" for clinical education resources (as recommended from ELP strategy meetings)

Call to action for all clinical education stakeholders

The NCCE Board also encourages all clinical education stakeholders to review their clinical education resources, whether developed for their individual program or clinic's use or as part of a group effort. Recognize that if a resource is helpful to you, it will likely be of interest to others so please do not wait for an invitation! Contact the NCCE at ncce@acapt.org to let us know about your resource and your interest in sharing it. Thank you!

Respectfully submitted,

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