

# NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

## Education Leadership Conference 2019

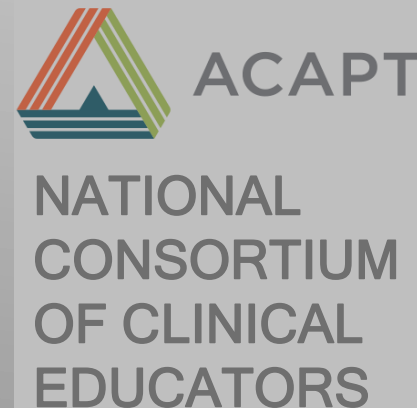
### 4<sup>th</sup> annual regional networking session

Donna Applebaum, PT, DPT, MS

Janice Howman, PT, DPT, MEd

Jamie Bayliss, PT, MPT, DHSc

Tawna Wilkinson, PT, DPT, PhD



# ELC 2019 SESSION OBJECTIVES

During this session, participants will:

- Build on previous work to identify opportunities for improving communication through development of an effective CE network structure that:
  - Conforms to organizational principles (ie: centralized vs decentralized, network management, formalization, trust...)
  - Is efficient, cost-effective, user-friendly & sustainable
  - Could support other functions if needed in the future
- Suggest strategies for moving from discussion phase to development phase

# THE WHY

## The view from 30,000 feet

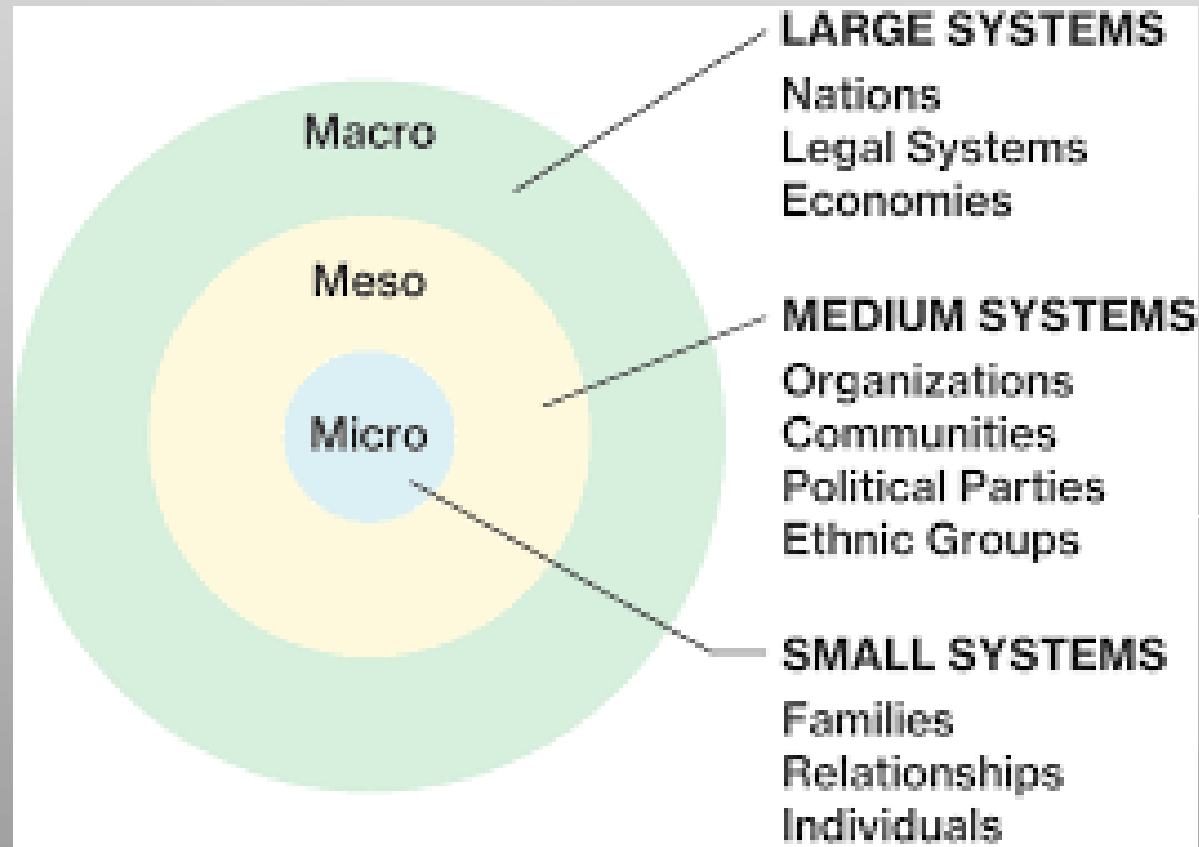
- Call for communication structure coming from:
  - National organizations
  - Task forces
  - Strategy meetings
  - Regional networking session
- Need to be mindful of other functions that could evolve in future
  - Resource sharing (one-stop shop)
  - Research
  - Placement process



# THINK BIG PICTURE

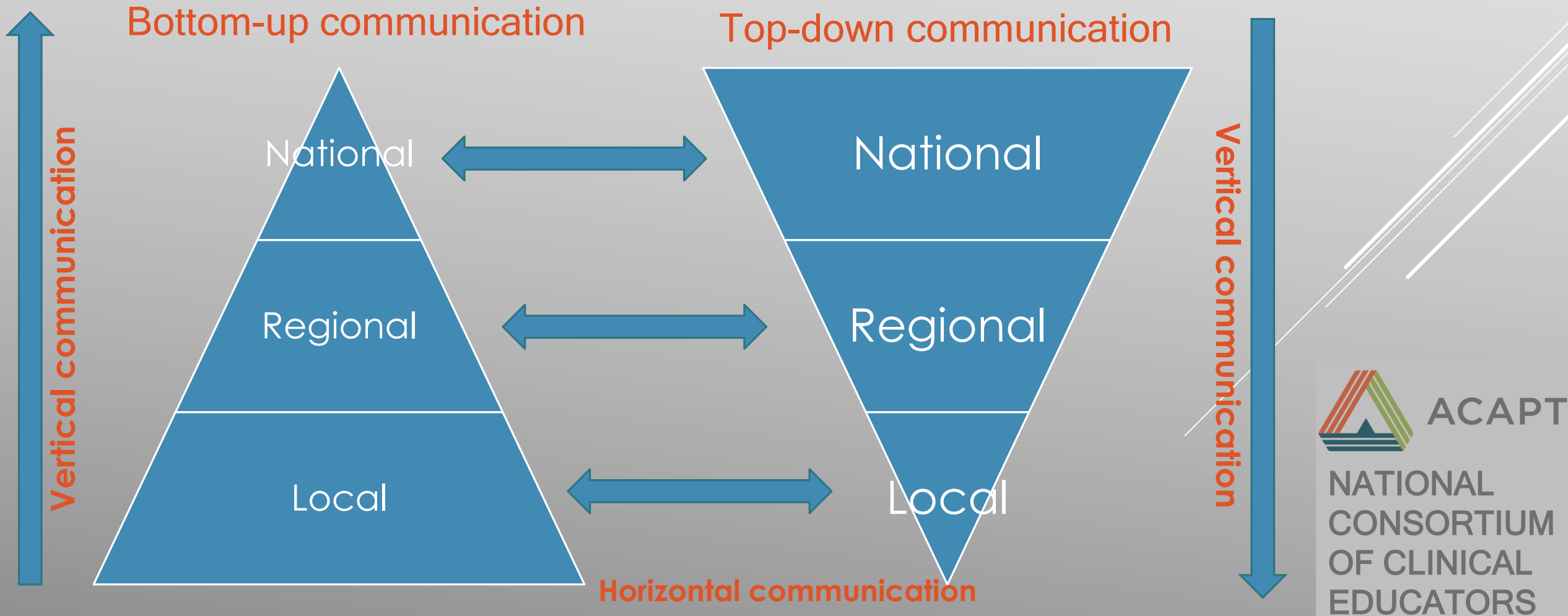
## A clinical education ecosystem?

- Macro - national CE network
- Meso - regions/consortia
- Micro - academic program-clinic site relationships



# THE WHO

Consider horizontal and vertical communication needs



# CURRENT COMMUNICATION AMONG STAKEHOLDERS

## Horizontal & vertical communication effectiveness - ELC 2018

### Horizontal

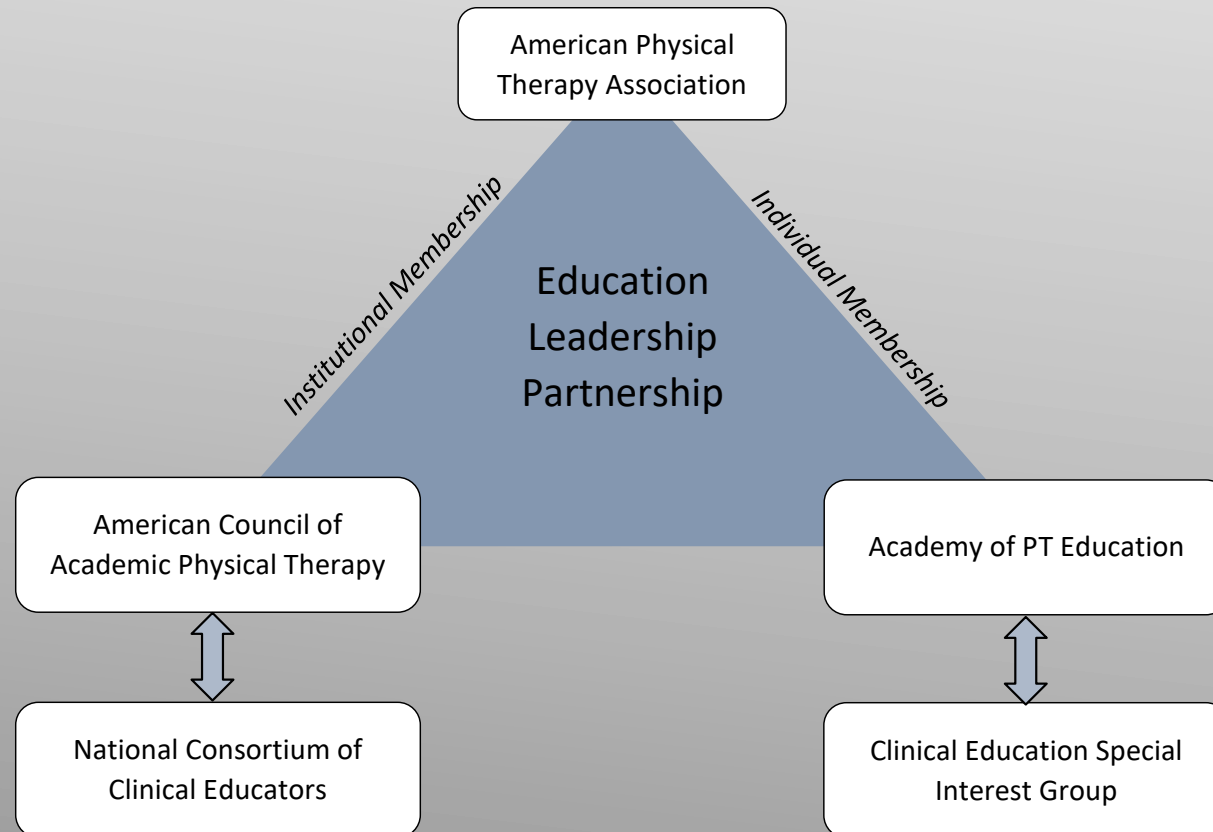
LEVEL	RESULTS
National – National	Mixed (yellow & green)
Regional - Regional	Mostly red
Local level:	
*Clinic Site – Clinic Site	Mostly red
*Acad Prog – Acad Prog	Mostly green
*Acad Prog – Clinic Site	Mixed (yellow & green)

### Vertical

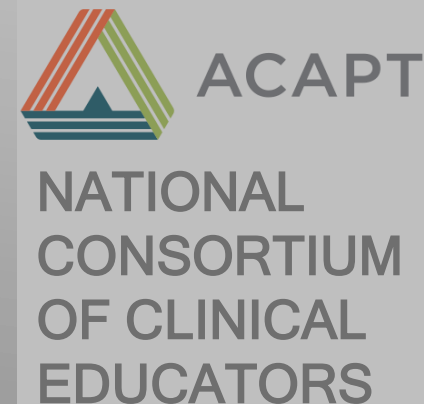
LEVELS	RESULTS
National - Regional	Mixed (red, green & yellow)
National - Individual	All red
Regional – Acad Prog	Mostly green
Regional – Clinic Site	Mostly yellow

# THE WHO

Recognize both organizational and individual stakeholders



NOTE: we need to also conceptualize organizational and individual stakeholder relationships at regional and local level



Picture from Howman, Wilkinson, Engelhard, Applebaum. Collaborations in clinical education: Coordinating top-down and bottom-up efforts to advance best practices in physical therapist education. *Journal of Allied Health*. 2018;47(3):67E-74E.

# THE WHO

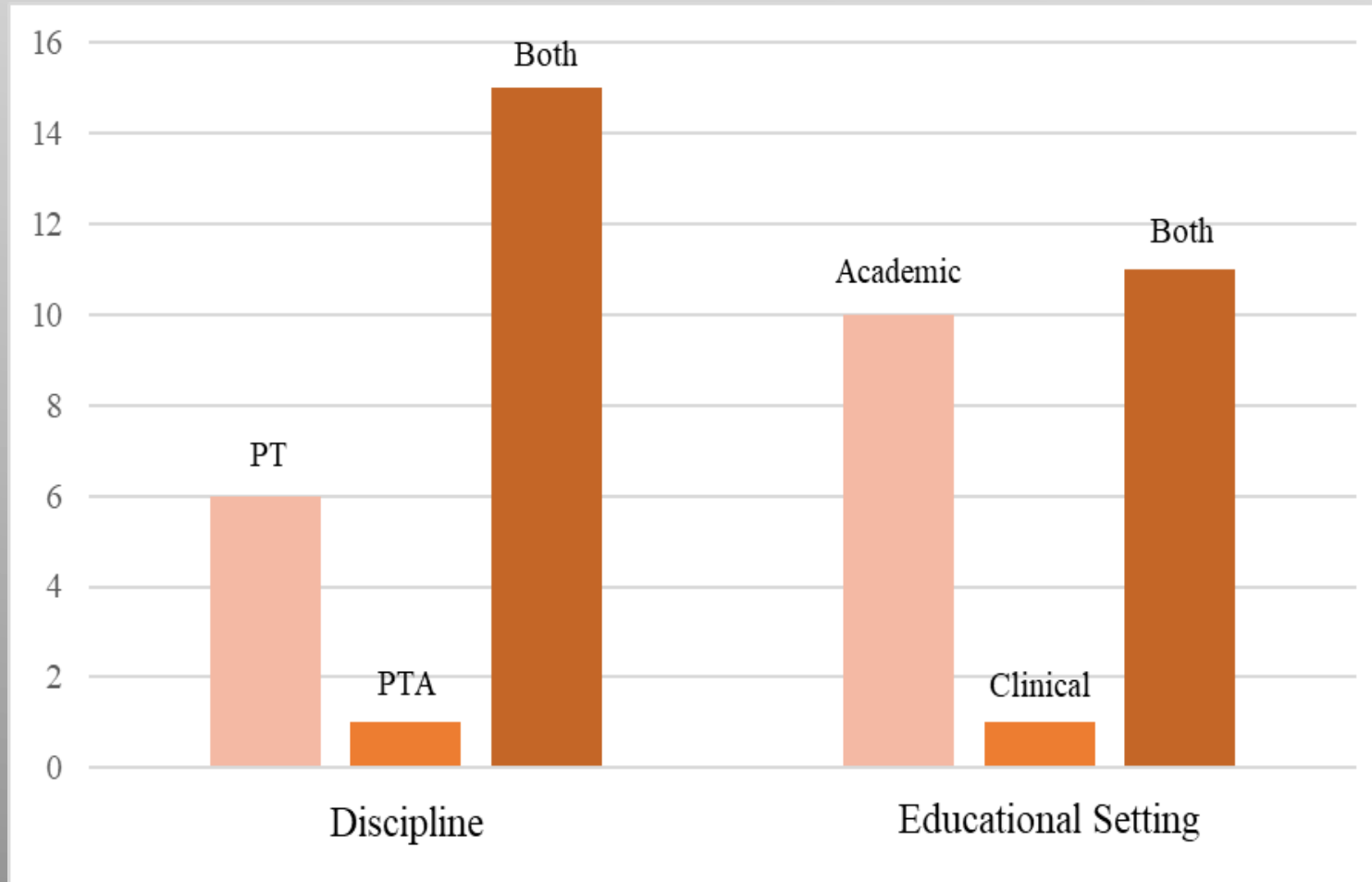
Consider organizational and individual needs/value at all levels

- Organization needs/value
  - APTA, ACAPT, APTE
  - NCCE, CESIG
  - Regional Consortia
  - Academic programs
  - Clinical sites
- Individual needs/value
  - SCCEs
  - CIs
  - Managers/Administrators
  - Program Directors/Deans
  - DCEs
  - Students



# THE WHO - REGIONAL LEVEL

## Membership make-up of regional consortia - ELC 2016



# FACT FINDING POLL

## Organizational vs individual membership/representation (current status)

### Organizational representation

- Is your consortium representative of all programs in your region?
- Is your consortia representative of all contracted clinical sites in your region?

### Individual representation

- Does your consortium represent all individual CE stakeholders in your region (ie: DCEs, SCCEs, CIs, etc)?

# FACT FINDING POLL RESULTS

**Is your consortium representative of all programs in your region?**



Unknown

# FACT FINDING POLL RESULTS

**Is your consortia representative of all contracted clinical sites in your region?**



# FACT FINDING POLL RESULTS

**Does your consortium represent all individual CE stakeholders in your region (ie: DCEs, SCCEs, CIs, etc)?**



# BREAK OUT #1 - discussion and top 2 themes

## Organizational vs individual membership/representation (ideal representation)

### Organizational representation

- Should consortia represent ALL programs/clinic sites in their region?

### Individual representation

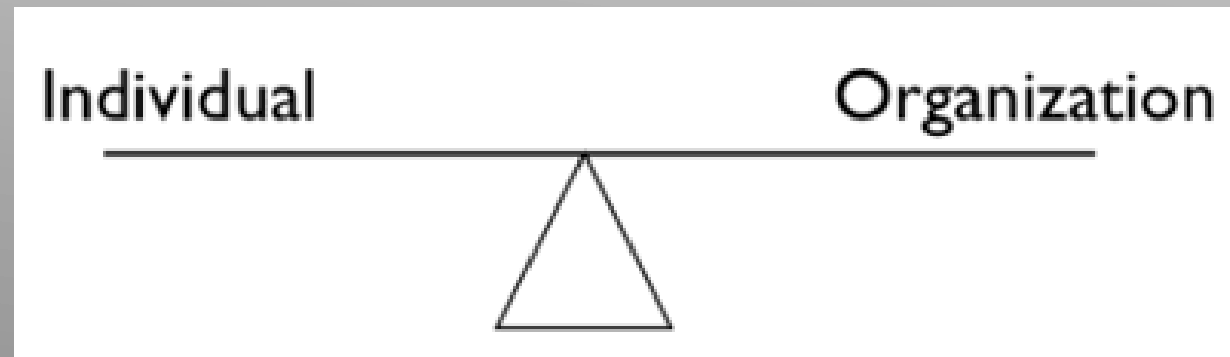
- Should consortia represent ALL individual stakeholders in their region?

What are the benefits and challenges to inclusive membership and/or representation?

# BREAK OUT #1 WRAP UP

## Organizational vs individual membership/representation (impact moving forward)

- How does organizational and individual membership/representation impact the potential for developing a communication network with ALL stakeholders in a region?
  - How do we balance organizational and individual needs/value?



# THE WHAT

## Functions of a clinical education network (examples)

### ➤ COMMUNICATION

- Routine information sharing, giving/receiving input, urgent notices, etc.

### ➤ Collaboration

- Education, training, research, shared resources, placement process, etc.

### ➤ Decision-making

- Sharing data, mentorship, etc.

### ➤ Outreach

- Connect to those not engaged, to managers/administrators, etc.
- While reducing redundancy

### ➤ Others??



# THE WHAT

## Regional consortia functions - ELC 2016

	Peer Network	Clinical Faculty Development	Disseminate CE Resources	Clinical Faculty Recognition	Collaborative Research Projects	Mentor Clinical Faculty	Regional Policy- Setting	Student Placements
% of consortia collaborating on:	90.9%	77.3%	77.3%	59.1%	45.5%	40.9%	36.4%	22.7%

# BREAK OUT #2

Consider individual and organizational needs

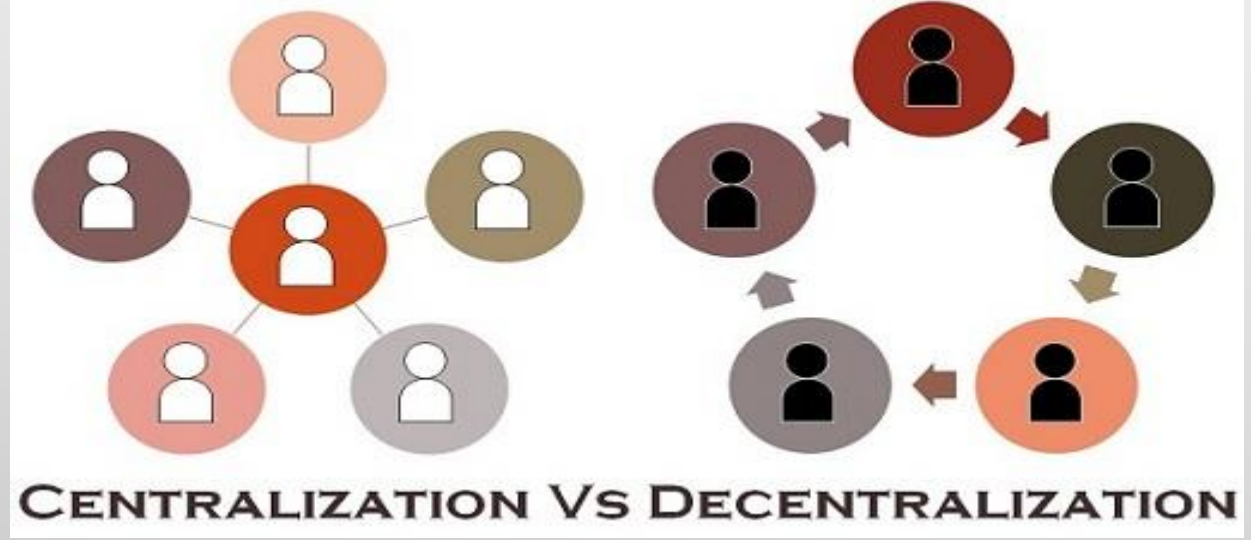
- What functions can be served or enhanced by improved vertical communication?
- What functions can be served or enhanced by improved horizontal communication?

- Using color-coded post-it notes
  - Identify functions that may be served or enhanced in each quadrant

Dark Blue	Yellow	COMMUNICATION	HORIZONTAL
Pink	Light Blue		VERTICAL
CE STAKEHOLDERS			
INDIVIDUAL	ORGANIZATIONAL		

# THE HOW

## Network structures



### Centralized

- Hierarchical governance
- More network management
- Less formal P&P
- More informal relationship

### Decentralized

- Shared governance
- Less management, more power sharing
- More formalization
- Strong trust

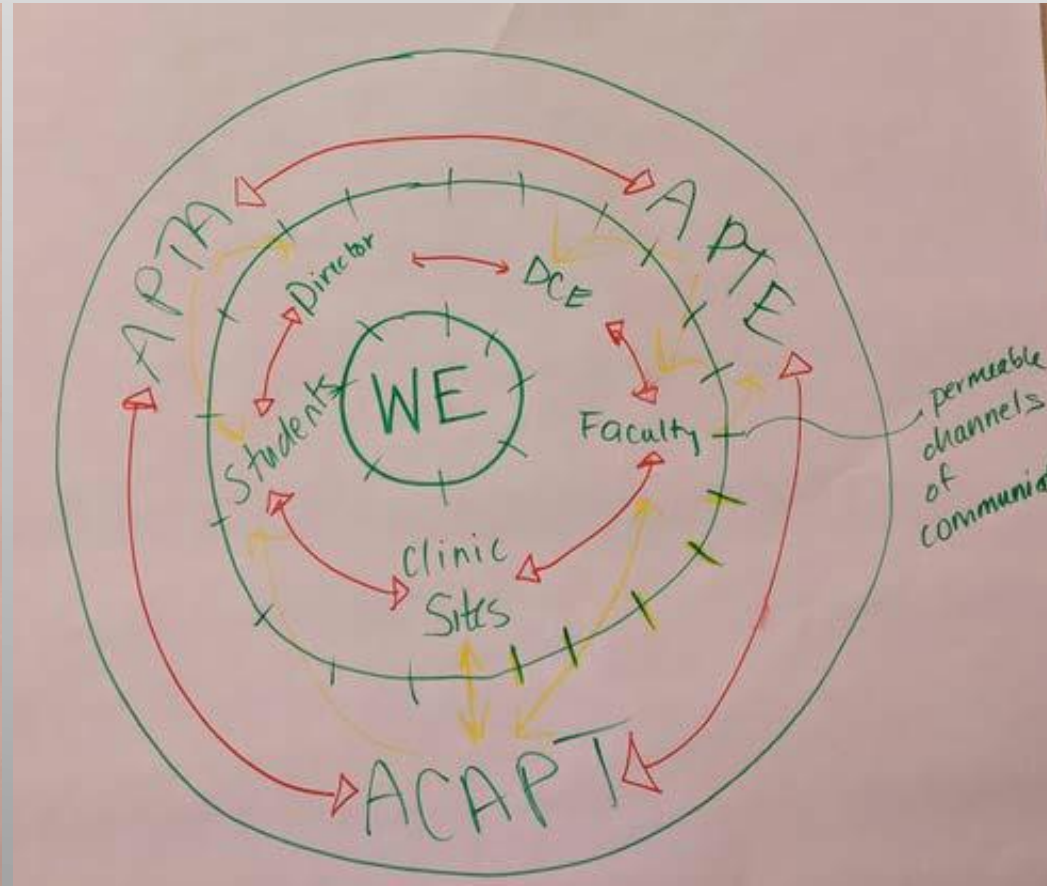
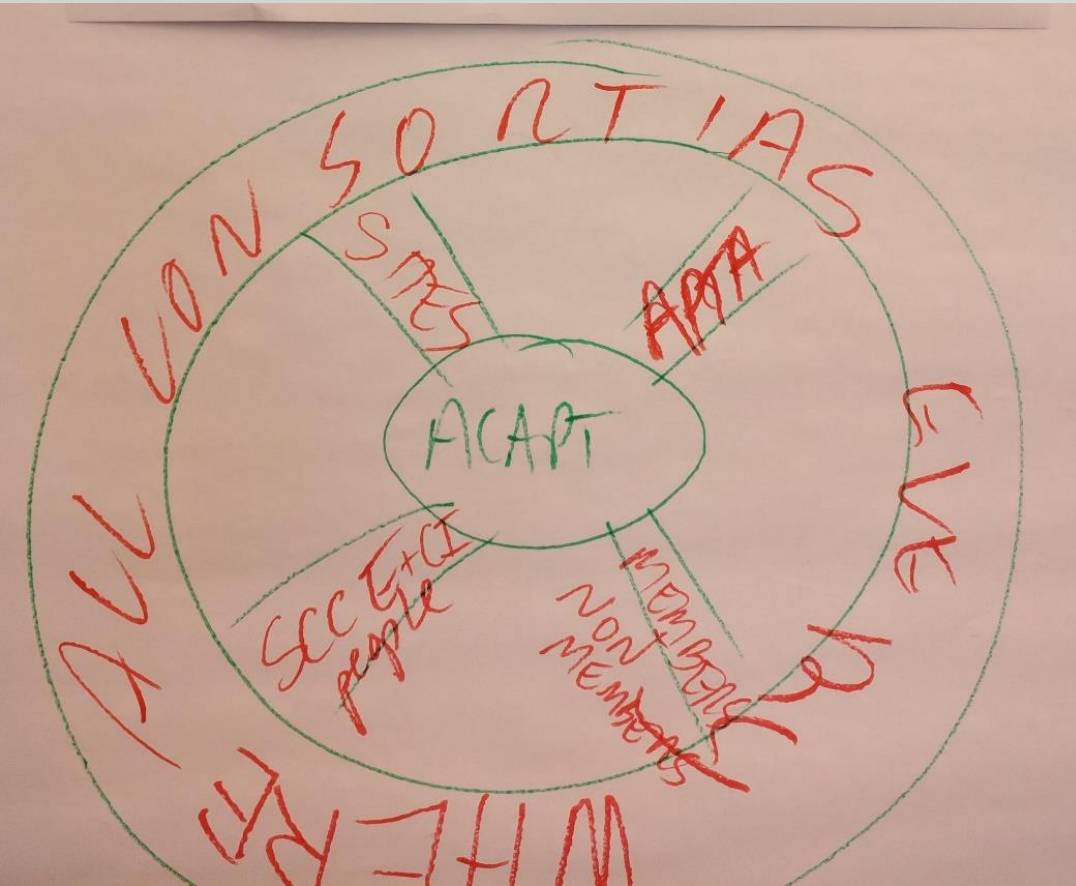
# STRUCTURE

## Blending centralized & decentralized features

- Best of both worlds?
  - Centralized units promote consistency, compliance, “one-stop shop”
  - Decentralization allows autonomy, room for individualization, unique cultures

# STRUCTURE IDEAS FROM ELC 2018

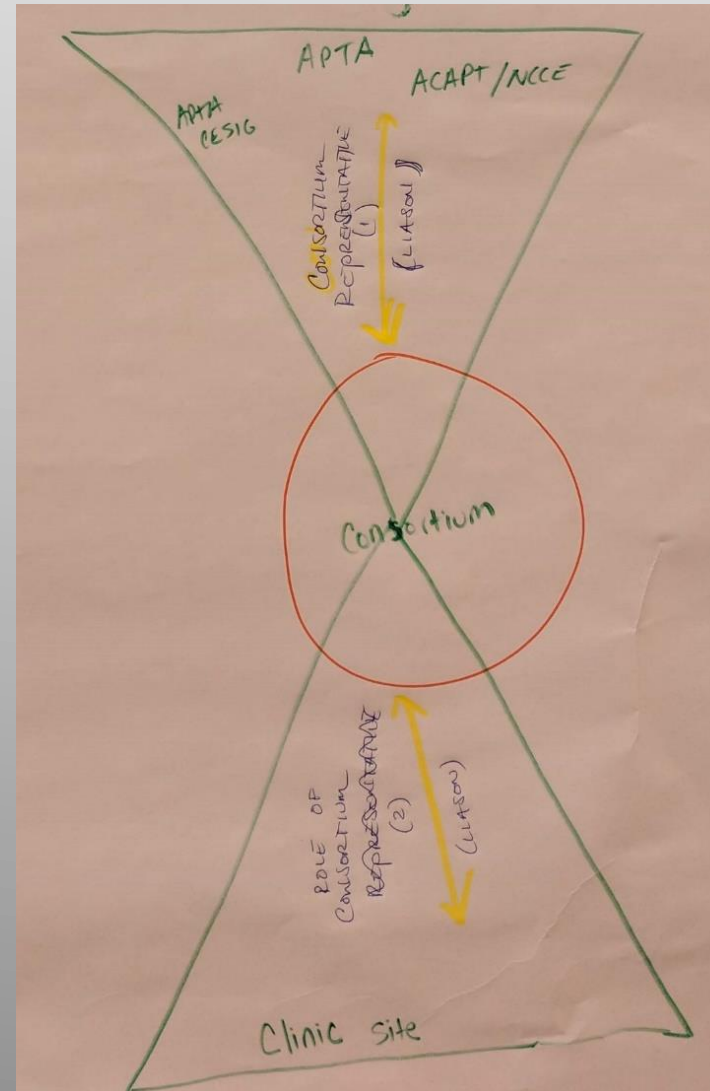
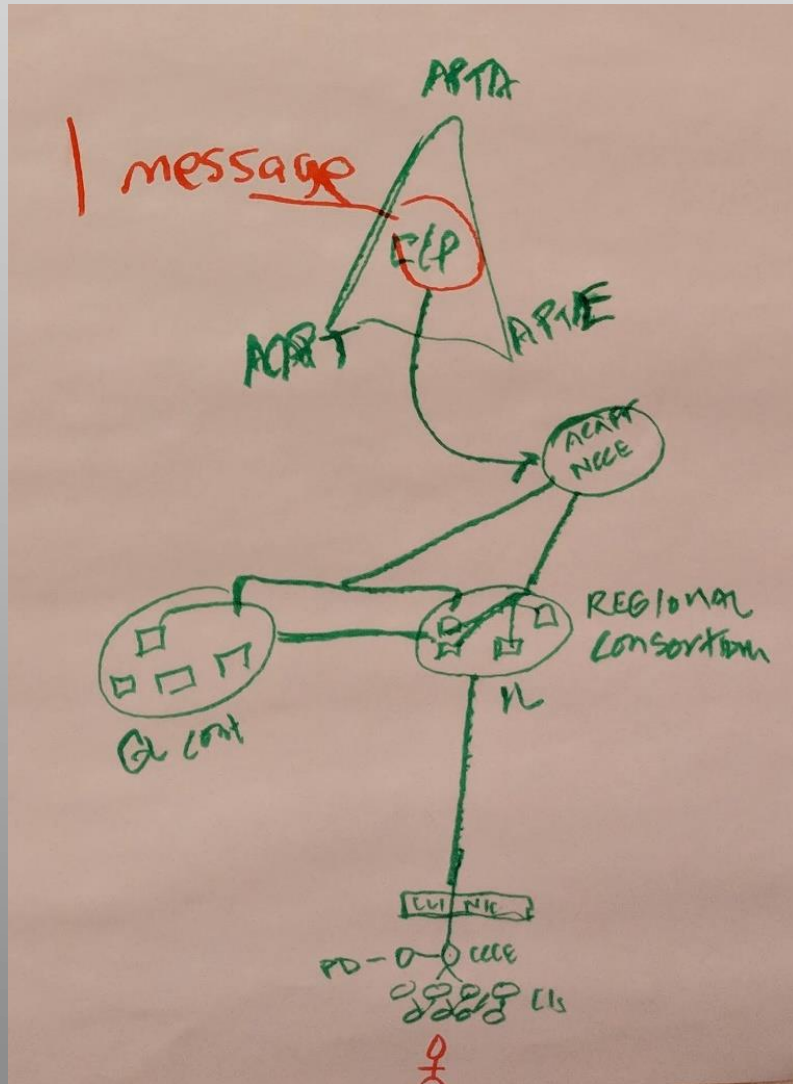
## Circular design - centralized or blended





# STRUCTURE IDEAS FROM ELC 2018

## Linear design - centralized or blended



# BREAK OUT #3 - discussion and top 2 themes

## Centralized, de-centralized, or blended

### Considerations

- From a regional consortia perspective:
  - What issues and/or needs should be considered to determine the best structure for a CE network?
  - What information should be gathered to determine the best structure for a CE network?

# OPINION POLL

Centralized, de-centralized, or blended  
Impressions

- Opinion poll: What is your initial impression of structure based on discussion/pictures?
  - Centralized
  - De-centralized
  - Blended



# OPINION POLL RESULTS

**What is your initial impression of structure based on discussion/pictures?**



# THE HOW

## Role of regions in network - ELC 2018 results

### More Positives

- Stronger partnerships
- More connections
- Improved uniformity
- More sharing
- Improved efficiency

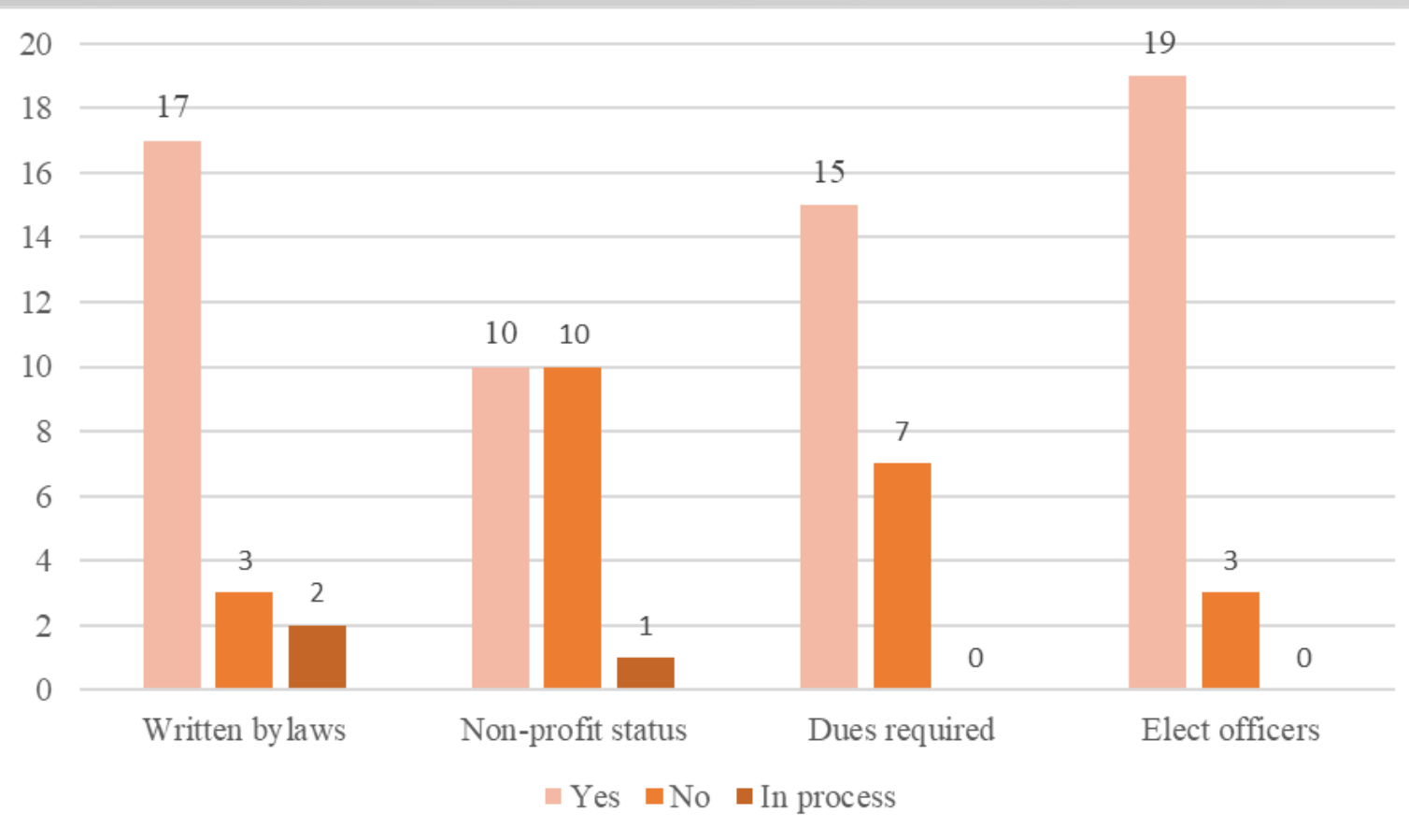
### But Some Concerns Expressed

- Competitiveness
- Equal representation
- Trust issues
- National oversight
- More “layers”

# THE HOW - ELC 2016 RESULTS

## Regional variability - structure & geographic distribution

### Organizational structure



### West Mountain (1)

- \* NW Intermountain Consortium

### West North Central (3)

- \* Central Coordinators of Clin Ed
- \* Northern Plains Consortium
- \* Iowa Consortium

### Great Lakes (5)

- \* Central Indiana Consortium
- \* Illinois PT Association CE SIG
- \* Michigan PT Consortium
- \* Ohio Kentucky Consortium
- \* Wisconsin PT Association CE SIG

### New York/New Jersey (1)

- \* NY/NJ Consortium

### North East Coast (1)

- \* New England Consortium

### Middle Atlantic (4)

- \* Philadelphia Area Consortium
- \* Pocono Susquehanna Consortium
- \* Three Rivers Consortium
- \* Mid-Atlantic Consortium

### South Atlantic (4)

- \* Carolina Consortium
- \* Florida Consortium
- \* Tennessee Consortium
- \* Georgia Coalition of PT Educators

### Pacific (2)

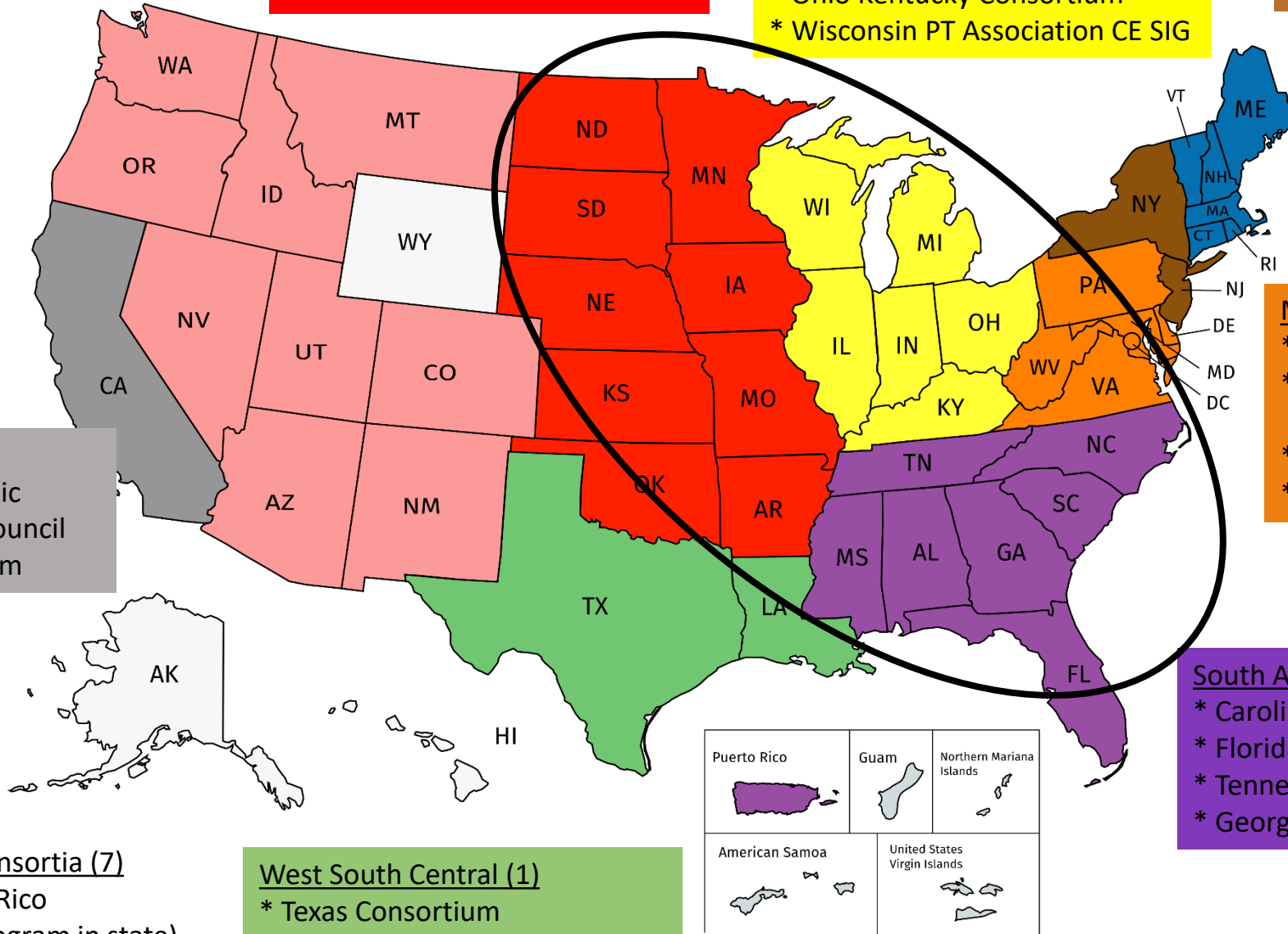
- \* Intercollegiate Academic Clinical Coordinators Council
- \* Northern CA Consortium

### West South Central (1)

- \* Texas Consortium

### States/areas without consortia (7)

- \* AL – LA – MS – Puerto Rico
- \* AK – HI - WY (no PT program in state)



# BREAK OUT #4 - discussion and top 2 themes

## Precursors to developing a network

- Is more uniformity in structure and distribution of regional consortia needed before a national network can be developed?
  - If so, how do individual and organizational stakeholders maintain their uniqueness while embracing the opportunity for increasing uniformity?
- What are the opportunities and challenges to developing inter-consortia collaboration and communication?



# THE WHY

## The view from 30,000 feet

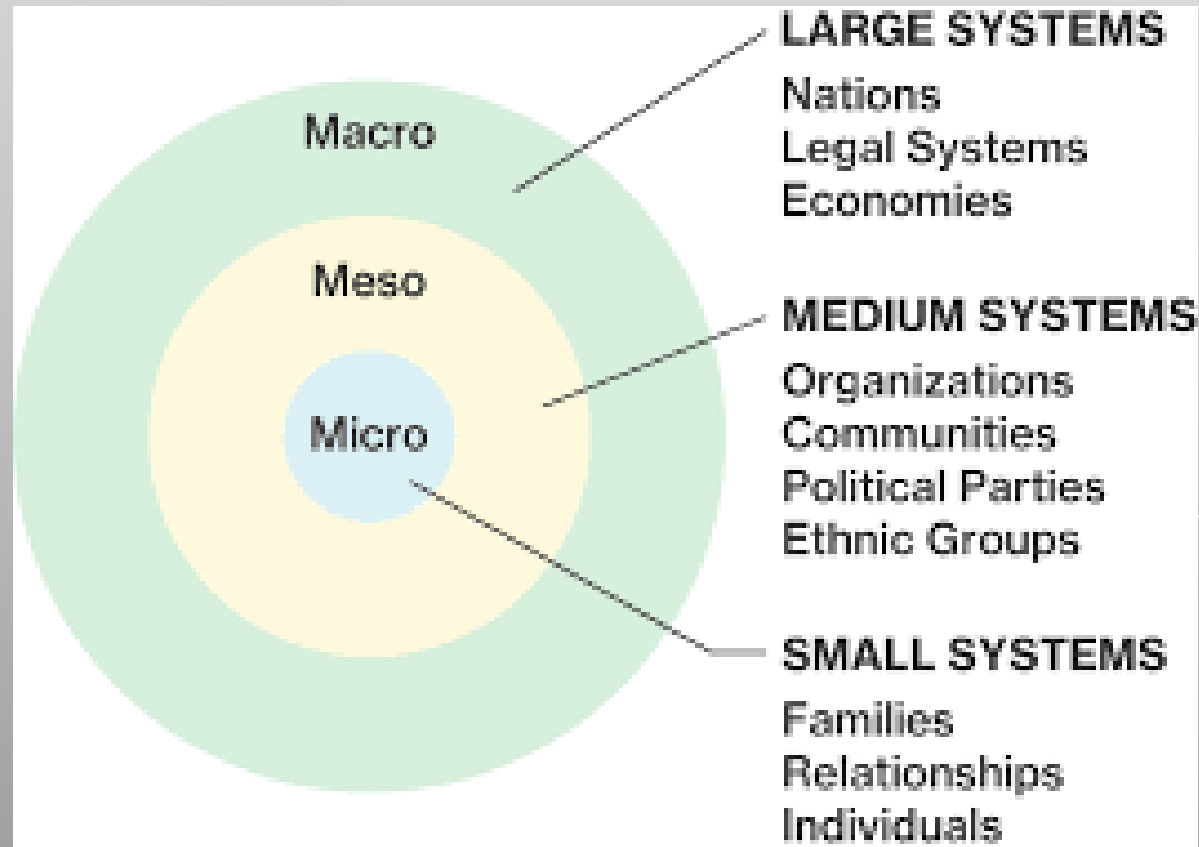
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# THINK BIG PICTURE

## A clinical education ecosystem?

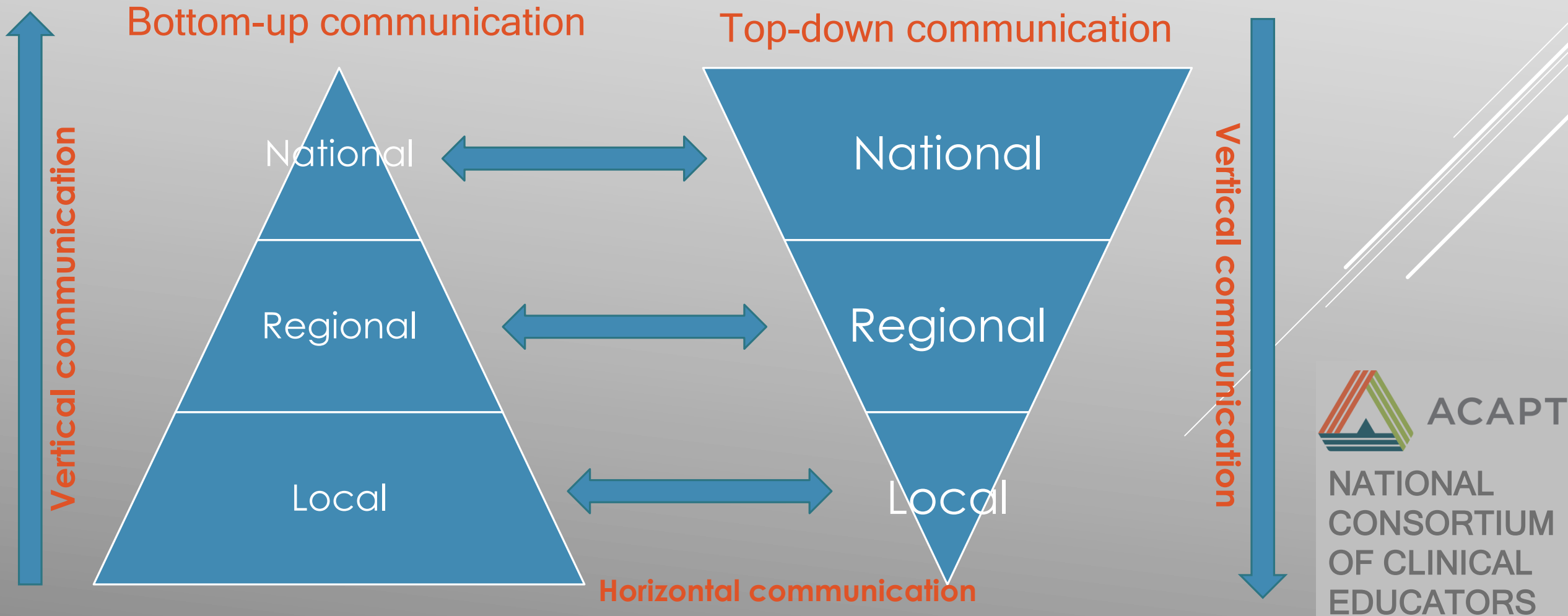
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# THE WHO

Consider horizontal and vertical communication needs



# SUMMARY FROM EARLIER DISCUSSIONS WITH CONSORTIA LEADERSHIP

- Consortial representation of organizations (academic programs, clinic sites) and individuals (DCEs, SCCEs, CIs, managers, etc.) in their region - top themes:
  - Geography / Mechanics for Engagement
  - Defining Value and Purpose
  - Inclusivity of Stakeholders/ Having a Voice - Climate Change
  - Resources / Academic Programs

# SUMMARY FROM EARLIER DISCUSSIONS WITH CONSORTIA LEADERSHIP

- Considerations/information needed to determine best structure for CE network - top themes:
  - Infrastructure - Resources and Centralization
  - Ownership / Stakeholders - Trust and Locus of Control
  - Communication - Engaging and Sharing Bi-directionally
- Initial impressions of structure needed:
  - Centralized = 19%
  - Decentralized = 5%
  - Blended = 76%

# SUMMARY FROM EARLIER DISCUSSIONS WITH CONSORTIA LEADERSHIP

- Considerations about uniformity among consortia; opportunities and challenges – top themes:
  - Uniqueness and Uniformity
  - Culture Change
  - Ensuring Representation
  - Relying on Work of Others

# IMPROVING CE COMMUNICATION (network or not)

## Use of information and communication technology (ICT)

- ICT = all technologies used to record, store and communicate information (ie: internet, cell phones, computers, video conferencing, social networking, etc.)
- Effective ICT in a CE network will:
  - Increase/improve communication among all stakeholders
  - Will support a “one-stop shop” (thus increasing access to and efficiency in obtaining resources)

# WHAT WE KNOW FROM ELC 2016

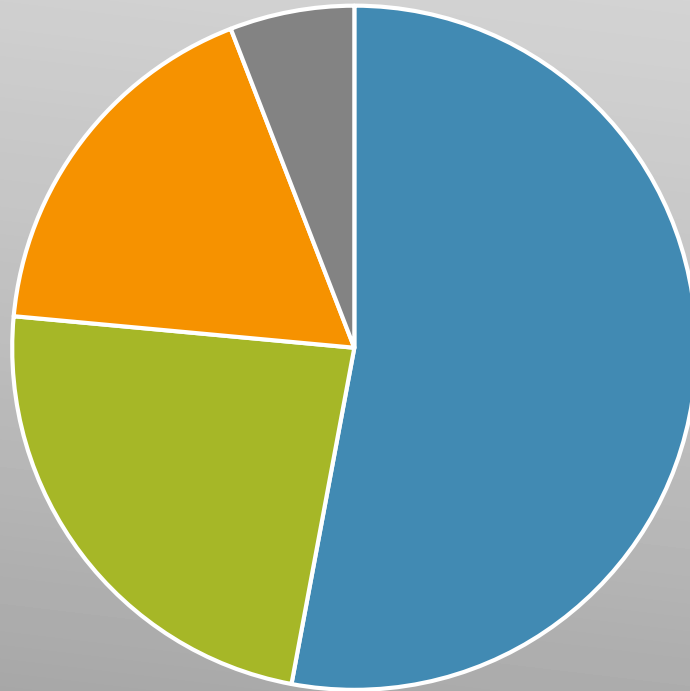
## Use of ICT for consortium document storage

■ officer keeps

■ website

■ google docs

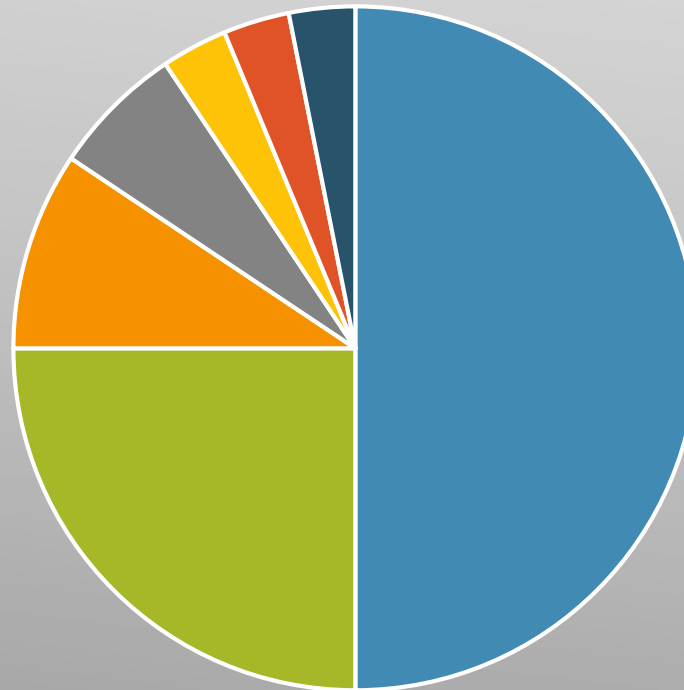
■ Yahoo



# WHAT WE KNOW FROM ELC 2016

## Use of ICT for consortium communication

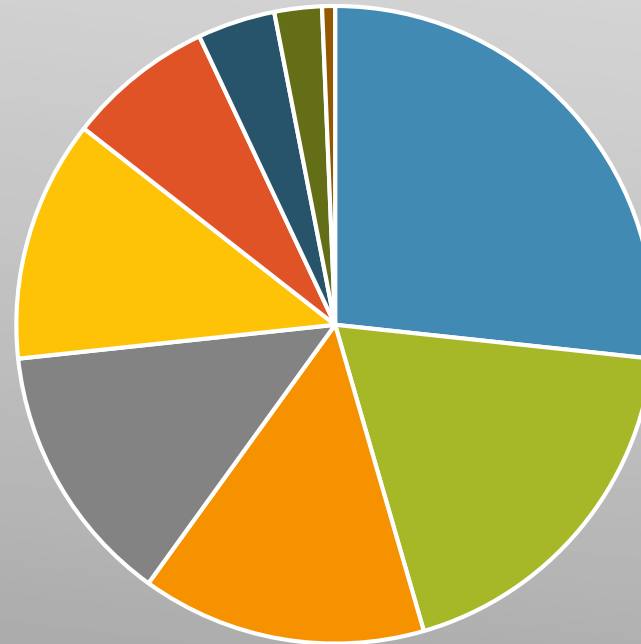
- email
- website
- phone
- video conference
- Blackboard
- Facebook group
- web blasts



# WHAT WE KNOW FROM ELC 2018

## Use of ICT for CE communication

- email
- face-to-face meetings
- phone/video conferencing
- web-based databases
- website
- regional and/or national listserves
- informal social gatherings
- social media
- Other





# BREAK OUT #5

## Brainstorming ICT needs of network

- Using color-coded post-its
  - What ICT challenges need to be addressed at the different network levels?
  - What ICT/platforms are best suited for the different network levels?

Dark Blue	Yellow	COMMUNICATION	HORIZONTAL
Pink	Light Blue		VERTICAL
CE STAKEHOLDERS			
INDIVIDUAL	ORGANIZATIONAL		

# SUMMARY FROM EARLIER DISCUSSIONS WITH CONSORTIA LEADERSHIP

➤ Functions that can be served or enhanced by CE network

Dark Blue	Yellow	COMMUNICATION	HORIZONTAL
Mentoring Resource Sharing Infrastructure	Efficiencies / Resource Allocation Relationship Building Resource Sharing		
Pink	Light Blue		VERTICAL
Credibility and Trust Shared Perspective Awareness of Roles and Challenges	Infrastructure Transparency and Trust Knowledge and Credibility		
CE STAKEHOLDERS			
INDIVIDUAL	ORGANIZATIONAL		

# ICT WRAP UP DISCUSSION

## Brainstorming ICT needs of network

- How/what ICT can help us reach those individuals and organizations not currently engaged?



# RECOMMENDATIONS FOR NEXT STEPS

- What do we need to do to move from discussing development of CE communication network to actually begin developing the network and ICT foundation?
  - What expertise is needed?
  - What financial support is needed?
  - What stakeholders need to be involved?

**THANKS FOR NETWORKING WITH US!!  
ENJOY THE REST OF YOUR ADVENTURES AT ELC**



### NCCE Business Meeting

- Fri 5:15-7:15 pm in Hyatt  
Regency Bellevue -  
Regency EFG

### Clin Ed SIG meeting

- Sat 8-10am in Hyatt  
Regency Bellevue -  
Evergreen A-F