

Welcome to the 2021 NCCE Regional Networking Meeting

We ask that you take a few minutes to work through the following survey. We will use this data in real-time at today's meeting - the survey will close at 1:30. As well, this gives you an opportunity to organize your thoughts about your clinical education program along the learner continuum. During this meeting we will be focused on strengths and weaknesses within your program in hopes of networking with specific people in this very room to help stimulate innovative ways to leverage the positive attributes of your program. We will be using concepts consistent with a SWOT analysis (strengths, weakness, opportunities and threats) as we work through these networking activities. Scan the code to access the survey tool, smile, and get ready to network!





ACAPT
NATIONAL CONSORTIUM OF
CLINICAL EDUCATORS (NCCE)

STRIVING FOR EXCELLENCE



NATIONAL CONSORTIUM OF CLINICAL EDUCATORS EDUCATION LEADERSHIP CONFERENCE 2020 5TH ANNUAL REGIONAL NETWORKING SESSION

Networking for Excellence Across the Learning Continuum

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

NCCE BOARD MEMBERS ASSISTING WITH SESSION

- > Lisa Black, PT, DPT
- > Tabitha Bonney Rozeboom, PT
- > Amy Both, PT, DPT, MHS
- > Jaclyn Carson, PT, DPT
- > Jamie Dehan,
- > Robin Galley, PT, DPT, OCS
- > Matt Garber
- > Lori Gusman, PT, DPT, MS
- > Veronica Jackson, PT, DPT, WCC
- > Kelly Meyers
- > Katie Myers, PT, DPT
- > Kelly Sass

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. https://doi.org/10.7916/jcept.v2.1962
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	TBD

Powerpoints/reports available for all sessions at:

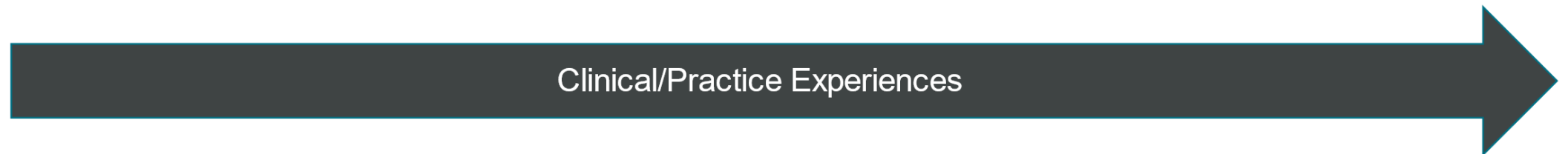
<https://acapt.org/resources/clinical-education>

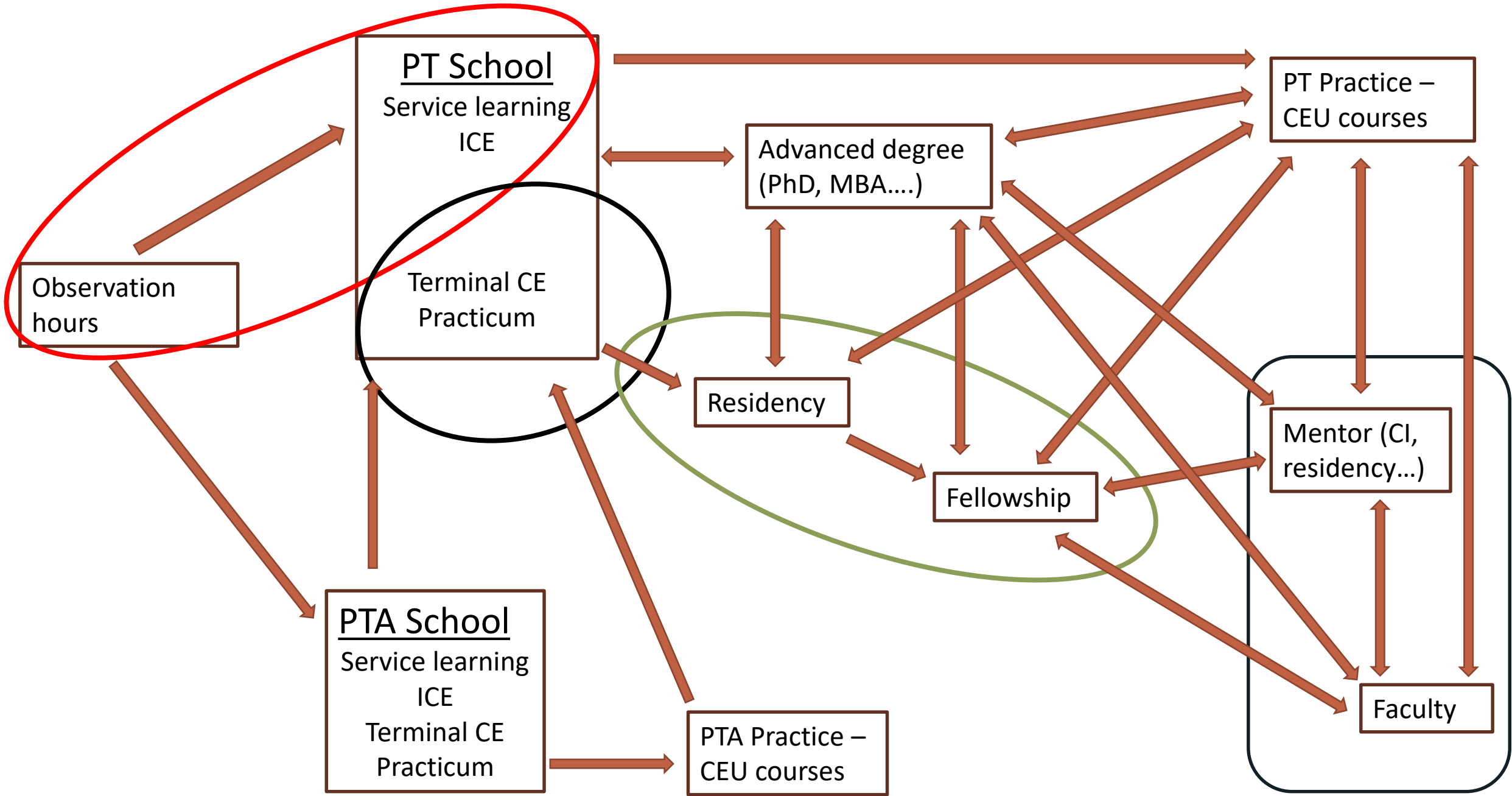
Continuum of Learning

Physical Therapist

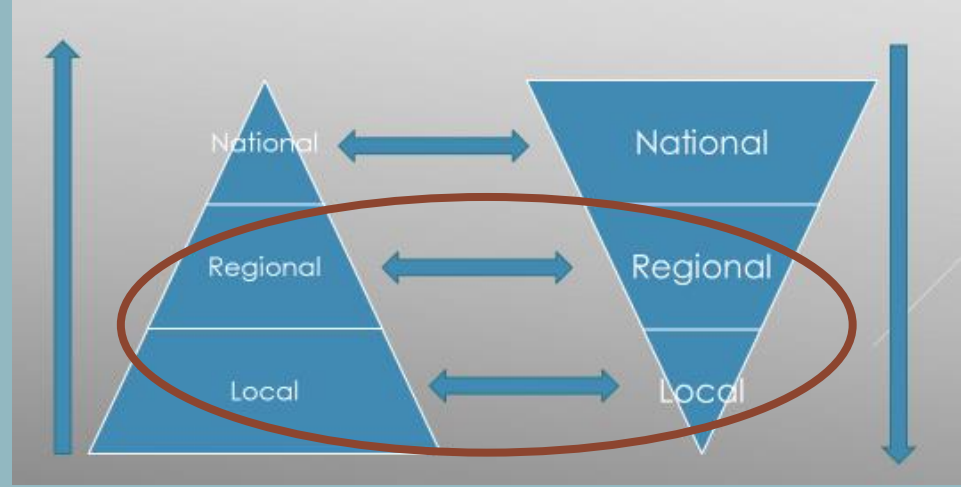


Physical Therapist Assistant





OBJECTIVES



- > Increase awareness of the clinical learning continuum in its entirety
- > Discuss regional barriers and facilitators along the clinical learning continuum
- > Make connections and gather ideas for advancing ones clinical learning curriculum to facilitate learners progression on the learning continuum
- > Create personal connections to advance progression along the continuum locally/individually and regionally

SESSION OUTLINE

- > 1:00-1:15 Introduction
- > 1:15-1:45 Regional barriers along the continuum (make individual notes)
- > 1:45–2:45 Regional facilitators along the continuum (make individual notes)
- > 2:45-3:00 BREAK
- > 3:00-3:20 Self-assessment/reflection of strengths, weakness, goals
- > 3:20-3:30 Themes along the continuum
- > 3:30-4:05 Innovative networking opportunities for process improvements
- > 4:05-4:30 Networking for implementation

GROUND RULES

- > Think outside the box – brainstorm unique ideas
- > Build on novel ideas
- > Focus on excellence
- > Stay on topic
- > Actively listen
- > Be open to sharing
- > Network outside your personal comfort zone – meet someone you don't know
- > Network outside your knowledge comfort zone – explore unfamiliar parts of the continuum

PRE-SESSION SURVEY

RESPONSES = 33 (LOW RETURN RATE)

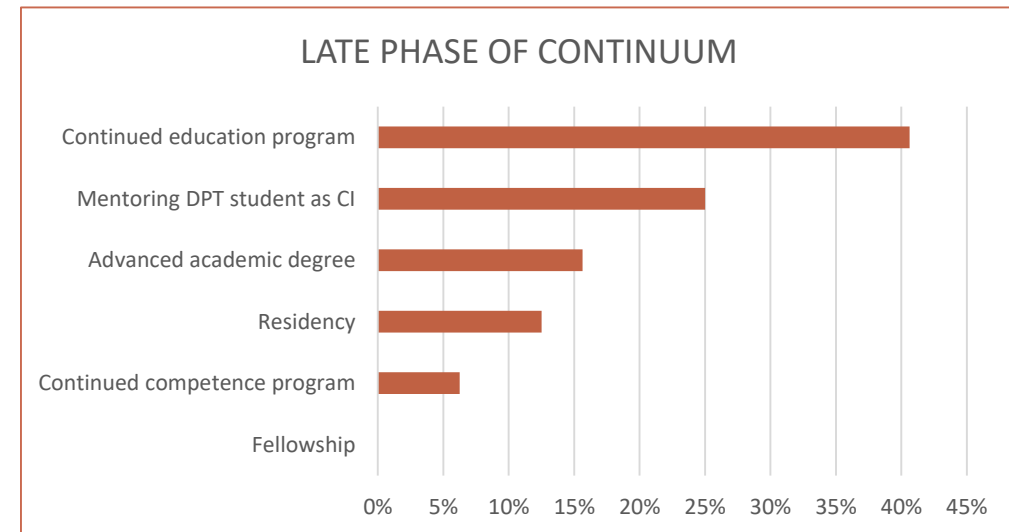
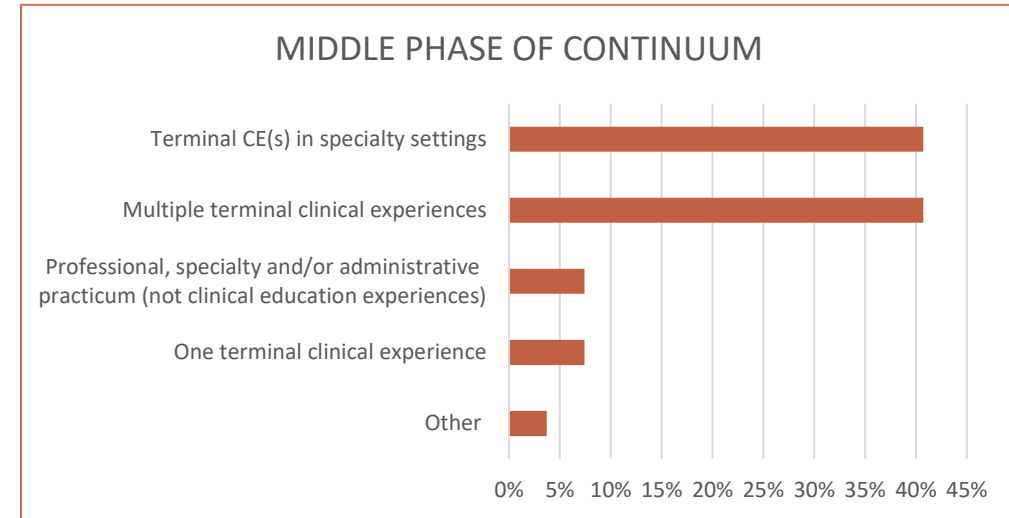
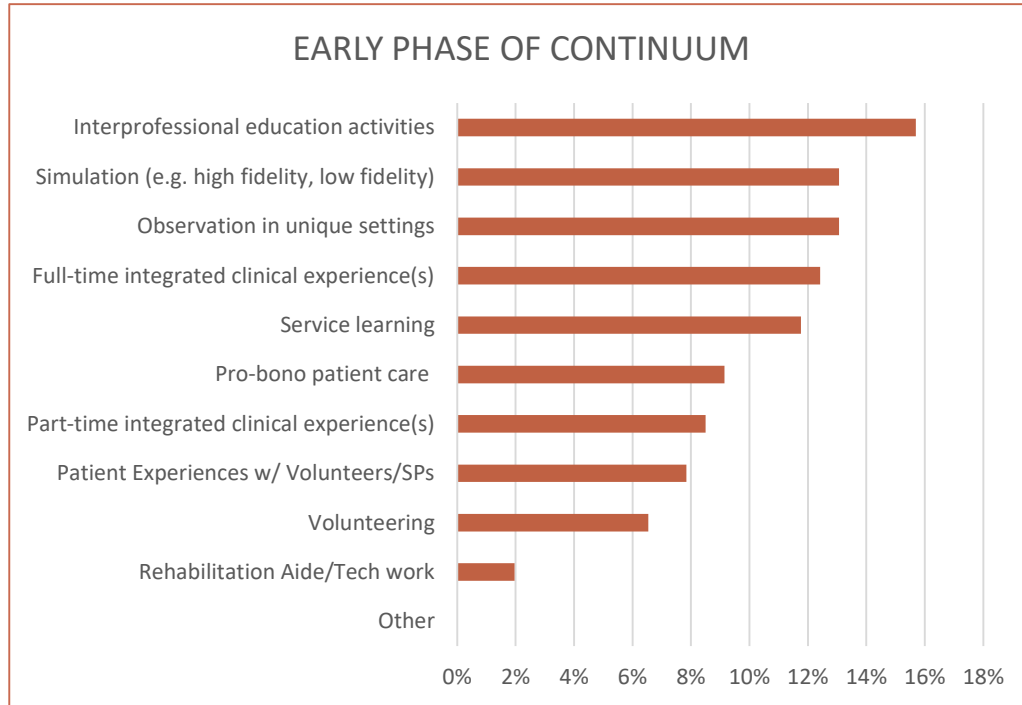
Academician	24 (73%)
Clinician	9 (27%)
Residency/Fellowship	0

DCE	20 (61%)
Assistant DCE	3 (9%)
SCCE	4 (12%)
CI	3 (9%)
Clinical administrator	0
Residency/Fellowship mentor	0
Residency/Fellowship coordinator	0
Other - please describe	3 (9%)

PRE-SESSION SURVEY

- > **Continuum of clinical learning** – an uninterrupted progression of clinical learning from the point when a learner begins exploring physical therapy as a profession until they retire from practice as a physical therapist. The continuum is broken down into three phases:
 - > **Early phase** – this is consider the “entry into training” phase and includes the time from the beginning of observation hours until the beginning of terminal clinical education experiences. This phase may include, but not be limited to, observation hours, early experiential learning activities, part- and/or full-time integrated clinical education experiences, etc.
 - > **Intermediate phase** – this is considered the “entry into practice” phase and includes the time from the beginning of terminal clinical education experiences through graduation from the DPT program. This phase may include, but not be limited to, traditional and/or specialty terminal clinical education experiences, professional and/or administrative practicum experiences, etc.
 - > **Late phase** – this is consider the “post-professional” phase and includes the time from graduation from the DPT program until the time of retirement from practice. This phase may include, but not be limited to residency, fellowship, pursuit of an advanced degree (ie: PhD, EdD, MBA, etc.), continuing education, etc.

OPPORTUNITIES ALONG THE CONTINUUM



BARRIERS ALONG THE CONTINUUM

	Early	Middle	Late
Limited resources (time and space)	17%	7%	18%
Limited supply of quality clinical sites	16%	15%	9%
Unprepared learners	12%	8%	6%
Lack of administrative support	11%	7%	16%
Negative/stressful environment	11%	11%	9%
Lack of additional/novel learning experiences	8%	10%	5%
Lack of talented mentors	8%	13%	13%
Limited financial support	5%	5%	16%
Low pt census/limited supply of volunteers/SPs	5%	5%	1%
Weak academic-clinical partnerships	5%	9%	5%
Lack of diversity in patient population	3%	7%	2%
Other	1%	2%	1%

Consider locus of control (internal vs external)

BARRIERS – BREAKOUT (15 min)



GOAL: TO IDENTIFY AND LABEL BARRIERS TO CLINICAL LEARNING ACROSS THE CONTINUUM

NOT FOCUSING ON FINDING SOLUTIONS

CREATIVE IDEAS WELCOMED BUT NOT EXPECTED

- REMINDER OF RULES:
 - BE RESPECTFUL AND OPEN TO ALL SUGGESTIONS
 - LIMIT PERSEVERATION ON TOPICS
- BREAKOUT GROUP TASKS
 - BRAINSTORM BARRIERS/ISSUES NOT IDENTIFIED IN THE SURVEY
 - WHERE IN THE CONTINUUM ARE THEY MOST DETERMENTAL
 - (EARLY – MIDDLE – LATE PHASE) 1-2 MINUTES ONLY!
 - IDENTIFY **YOUR REGION'S** MOST CRITICAL BARRIER IN EACH PHASE
 - **WHAT** KIND OF BARRIER IS IT (PROCESS, REGULATORY, RESOURCE, ETC.)?
 - **WHY** DOES BARRIER EXIST (LACK OF COMMUNICATION, KNOWLEDGE, AWARENESS, ETC.)?
 - DETERMINE LOCUS OF CONTROL (**EXTERNAL VS INTERNAL**) BARRIER
 - **WHO** IS RESPONSIBLE FOR BARRIER/WHO CAN “FIX” IT?

BARRIERS BREAKOUT

JOT DOWN

PERSONAL NOTES/TABLE SCRIBE NOTES REGIONAL BARRIERS

	WHAT	WHY	INTERNAL/EXTERNAL	WHO
EARLY				
MID				
LATE				

FACILITATORS ALONG THE CONTINUUM

	Early	Middle	Late
Adequate supply of quality clinical sites	14%	13%	4%
Motivated and engaged learners	14%	14%	16%
Strong academic-clinical partnerships	13%	16%	10%
Supportive culture	13%	11%	15%
Well-prepared learners	10%	14%	8%
Supply of talented mentors	8%	11%	11%
Diverse patient population	7%	6%	4%
Sufficient resources (time and space)	7%	2%	12%
Adequate administrative support	5%	5%	14%
Variety of additional/novel learning experiences	5%	6%	1%
Adequate volume of pts/volunteers/SPs	3%	1%	0%
Sufficient financial support	1%	0%	6%
Other	0%	0%	0%



GOAL: TO IDENTIFY AND LABEL FACILLIATORS TO CLINICAL LEARNING ACROSS THE CONTINUUM

FACILITATORS BREAKOUT (25 min)

- BREAKOUT GROUP TASKS
 - BRAINSTORM ADDITIONAL FACILITATORS (BUILD ON OTHERS' IDEAS)
 - WHERE IN THE CONTINUUM ARE THEY MOST BENEFICIAL (EARLY – MIDDLE – LATE PHASE) 1-2 MINUTES ONLY!
 - IDENTIFY YOUR REGION'S MOST ESSENTIAL FACILITATOR IN EACH PHASE
 - WHAT KIND OF FACILITATOR IS IT (PERSON, PROCESS, RESOURCE, ETC.)?
 - WHO IS RESPONSIBLE FOR THE FACILITATOR/FACILITATION?
 - WHY IS IT A FACILITATOR (STRONG COMMUNICATION OR KNOWLEDGE, ADEQUATE RESOURCES OR SUPPORT, ETC.)?
 - DETERMINE LOCUS OF CONTROL (EXTERNAL VS INTERNAL)
 - HOW DO WE MAXIMIZE THIS FACILITATOR FROM ONE PART OF THE CONTINUUM TO ANOTHER?

FACILITATORS BREAKOUT

JOT DOWN PERSONAL NOTES/TABLE SCRIBE NOTES REGIONAL BARRIERS

	WHAT	WHO	WHY	INTERNAL/EXTERNAL	HOW TO MAXIMIZE
EARLY					
MID					
LATE					

BREAKOUT REPORTING: REGIONAL BARRIERS AND FACILITATORS

DO NOT REPEAT WHAT OTHERS SAID
3 MINUTE EACH GROUP

- Highlight most critical barrier not yet shared regardless of phase
 - Explain What, Who, Why, Locus of Control, and How to Maximize
- Highlight most beneficial facilitator not yet shared regardless of phase
 - Explain What, Who, Why, Locus of Control, and How to Maximize
- Consider relationship between Barrier and Facilitator if applicable

BREAK TIME!!

- ~~> 1:00-1:15 Introduction~~
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ACTIVITY #3 PROGRAM/PRACTICE SELF-ASSESSMENT – BREAKOUT (10 Min)

- **INDEPENDENTLY IDENTIFY THE FOLLOWING (CONSIDERING YOUR CLINICAL EDUCATION PROGRAM'S RESPECTIVE PHASE IN THE CONTINUUM OF LEARNING):**
 - 3 STRENGTHS
 - 3 WEAKNESSES
 - 3 GOALS



ACTIVITY #3 - PROGRAM/PRACTICE SELF-ASSESSMENT SMALL BREAKOUT REPORT (10 Min)

- SHARE WITH TABLEMATES
 - 1 STRENGTH, 1 WEAKNESS, 1 GOAL
 - IF YOUR CLINICAL EDUCATION PROGRAM INCLUDES MORE THAN ONE PHASE IN THE CONTINUUM OF LEARNING, SHARE YOUR IDEAS FROM A PHASE THAT MAY BE LESS REPRESENTED AT YOUR TABLE



SWOT THEMES FROM SURVEY

MOST FREQUENT REPORTED STRENGTHS

MOST FREQUENT REPORTED WEAKNESSES

MOST FREQUENT REPORTED OPPORTUNITIES

MOST FREQUENT REPORTED THREATS



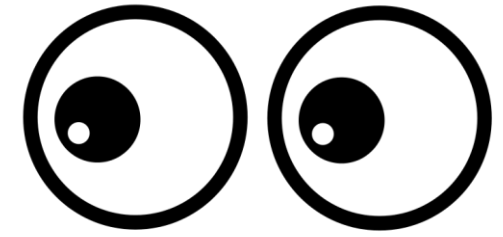
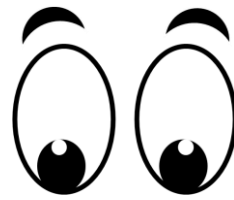
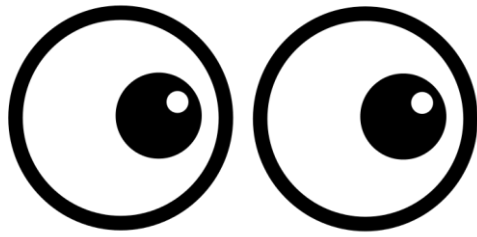
ACTIVITY #4 – NETWORKING BREAKOUT(25 Min)

- WHAT AREAS DO YOU WANT YOUR CE PROGRAM TO IMPROVE – FIND SOMEONE WHO HAS THAT AREA AS A STRENGTH.
- IN THE DISCUSSIONS WITH AN INDIVIDUAL OR TWO WHO HAS/HAVE A NEED TO IMPROVE THEIR CE PROGRAM – CONSIDER SHARING AN INNOVATION WITHIN ANY PHASE OF THE CONTINUUM OF LEARNING



ACTIVITY #4 – NETWORKING REPORT OUT (10 Min)

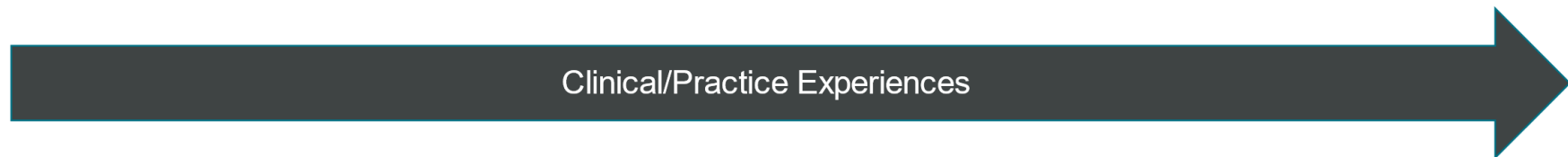
- AT THE END OF THIS ACTIVITY, RETURN TO YOUR TABLE TO REPORT OUT INNOVATION TO THE LARGER GROUP.



Physical Therapist



Physical Therapist Assistant





ACTIVITY #5 – INNOVATIONS ACROSS THE CONTINUUM OF CLINICAL LEARNING BREAKOUT (15 Min)

- REFLECT ON ALL OF THE INFORMATION WE'VE DISCUSSED AND SHARED THROUGHOUT THE AFTERNOON
- WHETHER YOU SHARED A CE INNOVATIVE IDEA OR LEARNED OF AN INNOVATION TO CONSIDER FOR YOUR OWN CE PROGRAM, BRAINSTORM WAYS TO IMPLEMENT INNOVATION RELATED TO THAT TOPIC ACROSS THE CONTINUUM OF THE CLINICAL LEARNER



INNOVATIONS ACROSS THE CONTINUUM OF CLINICAL LEARNING – EXCHANGE OF IDEAS (10 Min)

- SHARING OF INNOVATION IDEAS ACROSS THE CONTINUUM OF CLINICAL LEARNING

NCCE EVENTS AT ELC

- > Thurs Oct 21 – 8am-12pm Board meeting
- > Thurs Oct 21 – 1pm-5pm 6th Annual regional consortia networking session, *Networking for Excellence Across the Learning Continuum*
- > Sat Oct 23 – 8:15am – 10am (in-person) NCCE business meeting
 - Friday Nov 12 – 12-1:30pm ET (webinar) – meeting recap and Q&A
- > Sun Oct 24 – 8:30-10am – NCCE/CESIG joint session, *Accepting Students Where They Are: Increasing the Capacity for Students Before the End*



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

- ncce@acapt.org
- <https://acapt.org/ncce>
- [facebook.com/acapt2](https://www.facebook.com/acapt2)
- twitter.com/acapt2
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