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!
STRIVING FOR EXCELLENCE
Networking for Excellence Across the Learning Continuum

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Chris Cesario, PT, DPT, MBA
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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
<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOPIC</th>
<th>OUTCOME</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>Envisioning Enhanced Academic-Clinical Partnerships</td>
<td>General discussions and networking about A-C partnership, capacity and variation</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>Brainstormed strategies for building national CE network structure</td>
<td>Foundational to ACAPT Centennial Scholar project (baseline CE database investigation)</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>Exploring Development of a CE Resource Hub</td>
<td>Foundational to launching resource sharing webinars</td>
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<tr>
<td>2021</td>
<td>Networking for Excellence Across the Learning Continuum</td>
<td>TBD</td>
<td></td>
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</table>

Powerpoints/reports available for all sessions at: [https://acapt.org/resources/clinical-education](https://acapt.org/resources/clinical-education)
Continuum of Learning

Physical Therapist
- Pre-Professional Education (Volunteer, observation)
- Professional Physical Therapist Education
- Postprofessional Education (RFE, graduate degree)
- Board Certification
- Maintenance of Specialist Certification
- Continuing Professional Development

Physical Therapist Assistant
- Pre-Training Education (Volunteer, observation)
- Physical Therapist Assistant Education
- Post-training Education (bachelors degree, graduate degree)
- Pre-professional education to pursue a DPT degree
- PTA Advanced Proficiency Pathway
- Continuing Career/Skills Development

Clinical/Practice Experiences

Chesbro, S. Used with permission.
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 one’s 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)

<table>
<thead>
<tr>
<th>Role</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academician</td>
<td>24 (73%)</td>
</tr>
<tr>
<td>Clinician</td>
<td>9 (27%)</td>
</tr>
<tr>
<td>Residency/Fellowship</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCE</td>
<td>20 (61%)</td>
</tr>
<tr>
<td>Assistant DCE</td>
<td>3 (9%)</td>
</tr>
<tr>
<td>SCCE</td>
<td>4 (12%)</td>
</tr>
<tr>
<td>CI</td>
<td>3 (9%)</td>
</tr>
<tr>
<td>Clinical administrator</td>
<td>0</td>
</tr>
<tr>
<td>Residency/Fellowship mentor</td>
<td>0</td>
</tr>
<tr>
<td>Residency/Fellowship coordinator</td>
<td>0</td>
</tr>
<tr>
<td>Other - please describe</td>
<td>3 (9%)</td>
</tr>
</tbody>
</table>
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 considered 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 considered 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 (i.e.: PhD, EdD, MBA, etc.), continuing education, etc.
OPPORTUNITIES ALONG THE CONTINUUM

EARLY PHASE OF CONTINUUM

- Interprofessional education activities
- Simulation (e.g. high fidelity, low fidelity)
- Observation in unique settings
- Full-time integrated clinical experience(s)
- Service learning
- Pro-bono patient care
- Part-time integrated clinical experience(s)
- Patient Experiences w/ Volunteers/SPs
- Volunteering
- Rehabilitation Aide/Tech work
- Other

MIDDLE PHASE OF CONTINUUM

- Terminal CE(s) in specialty settings
- Multiple terminal clinical experiences
- Professional, specialty and/or administrative practicum (not clinical education experiences)
- One terminal clinical experience
- Other

LATE PHASE OF CONTINUUM

- Continued education program
- Mentoring DPT student as CI
- Advanced academic degree
- Residency
- Continued competence program
- Fellowship
## BARRIERS ALONG THE CONTINUUM

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

Consider locus of control (internal vs external)
GOAL: TO IDENTIFY AND LABEL BARRIERS TO CLINICAL LEARNING ACROSS THE CONTINUUM

NOT FOCUSING ON FINDING SOLUTIONS

CREATIVE IDEAS WELCOMED BUT NOT EXPECTED

BARRIERS – BREAKOUT (15 min)

- 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

PERSONAL NOTES/TABLE SCRIBE NOTES REGIONAL BARRIERS

<table>
<thead>
<tr>
<th></th>
<th>WHAT</th>
<th>WHY</th>
<th>INTERNAL/EXTERNAL</th>
<th>WHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>EARLY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MID</td>
<td></td>
<td></td>
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<tr>
<td>LATE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factor</td>
<td>Early</td>
<td>Middle</td>
<td>Late</td>
<td></td>
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<tr>
<td>---------------------------------------------</td>
<td>-------</td>
<td>--------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>Adequate supply of quality clinical sites</td>
<td>14%</td>
<td>13%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Motivated and engaged learners</td>
<td>14%</td>
<td>14%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Strong academic-clinical partnerships</td>
<td>13%</td>
<td>16%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Supportive culture</td>
<td>13%</td>
<td>11%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Well-prepared learners</td>
<td>10%</td>
<td>14%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Supply of talented mentors</td>
<td>8%</td>
<td>11%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Diverse patient population</td>
<td>7%</td>
<td>6%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Sufficient resources (time and space)</td>
<td>7%</td>
<td>2%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Adequate administrative support</td>
<td>5%</td>
<td>5%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Variety of additional/novel learning experiences</td>
<td>5%</td>
<td>6%</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Adequate volume of pts/volunteers/SPs</td>
<td>3%</td>
<td>1%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Sufficient financial support</td>
<td>1%</td>
<td>0%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td></td>
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</tbody>
</table>
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?

GOAL: TO IDENTIFY AND LABEL FACILITATORS TO CLINICAL LEARNING ACROSS THE CONTINUUM
FACILITATORS BREAKOUT
JOT DOWN PERSONAL NOTES/TABLE SCRIBE NOTES REGIONAL BARRIERS

<table>
<thead>
<tr>
<th></th>
<th>WHAT</th>
<th>WHO</th>
<th>WHY</th>
<th>INTERNAL/EXTERNAL</th>
<th>HOW TO MAXIMIZE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EARLY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MID</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LATE</td>
<td></td>
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</tr>
</tbody>
</table>
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
- 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
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.
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:

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- https://acapt.org/ncce
- facebook.com/acapt2
- twitter.com/acapt2
- www.linkedin.com/company/acapt