EDUCATION LEADERSHIP CONFERENCE 2017

2nd annual regional consortium session: Envisioning enhanced academic-clinical partnerships

Janice Howman, PT, DPT, MEd
Donna Applebaum, PT, DPT, MS
Kristine Grubler, PT, DPT
Steve Spivey, PT, DPT
Colette Pientok, PT, DPT, OCS

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

HOSTED BY THE NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

Facilitators and Board members assisting today's presentation

- Christine McCallum, PT, PhD
- Tawna Wilkinson, PT, DPT, PCS
- Michael Geelhoed, PT, DPT, MTC,OCS
- Kathleen Manella, PT, PhD
- Chrissy Ropp, PT, DPT, GCS, CEEAA
- Joan Drevins, PT, DPT, MS, CCS
- Vicki LaFay, PT, DPT, CSCS, CEEAA
- Robin Galley, PT, DPT, OCS
- Lori Nolan Gusman, PT, DPT, MS
- Julie Bibo, PT
- Marcia Himes, PT, DPT
- Dawn Hicks PT, DPT

ACAPT

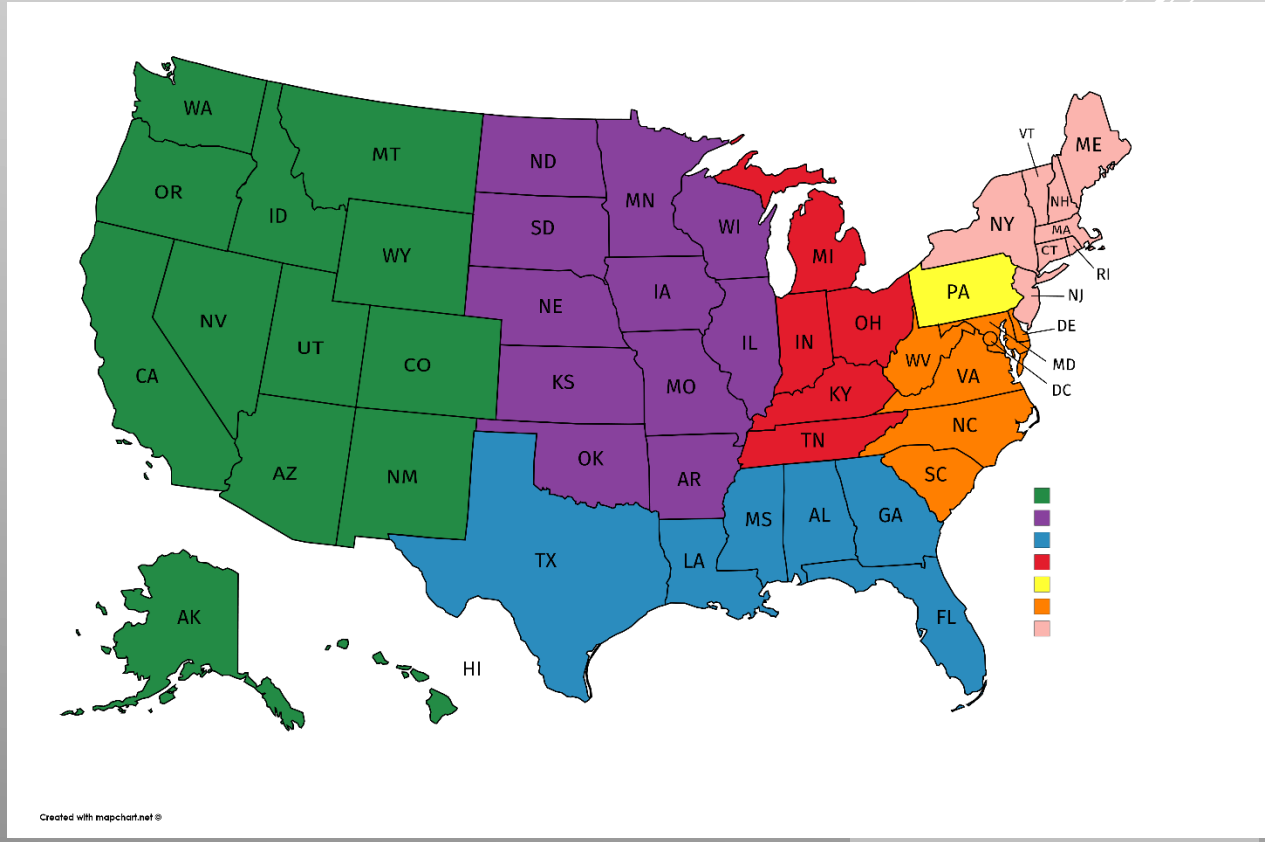
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

REGISTRATION AND NAME TAG CODING

Sign in, find your name tag and add stickers/ribbons to code

- *STAR STICKER COLOR CODE* for your **primary** clin ed role
  - CCCE = GREEN
  - CI = YELLOW
  - "Clinical" administrator (owner, manager, employer) = RED
  - DCE/ACCE/Asst DCE) = PURPLE
  - "Academic" administrator (program director) = BLUE

- *RIBBON COLOR CODE* for your geographic location

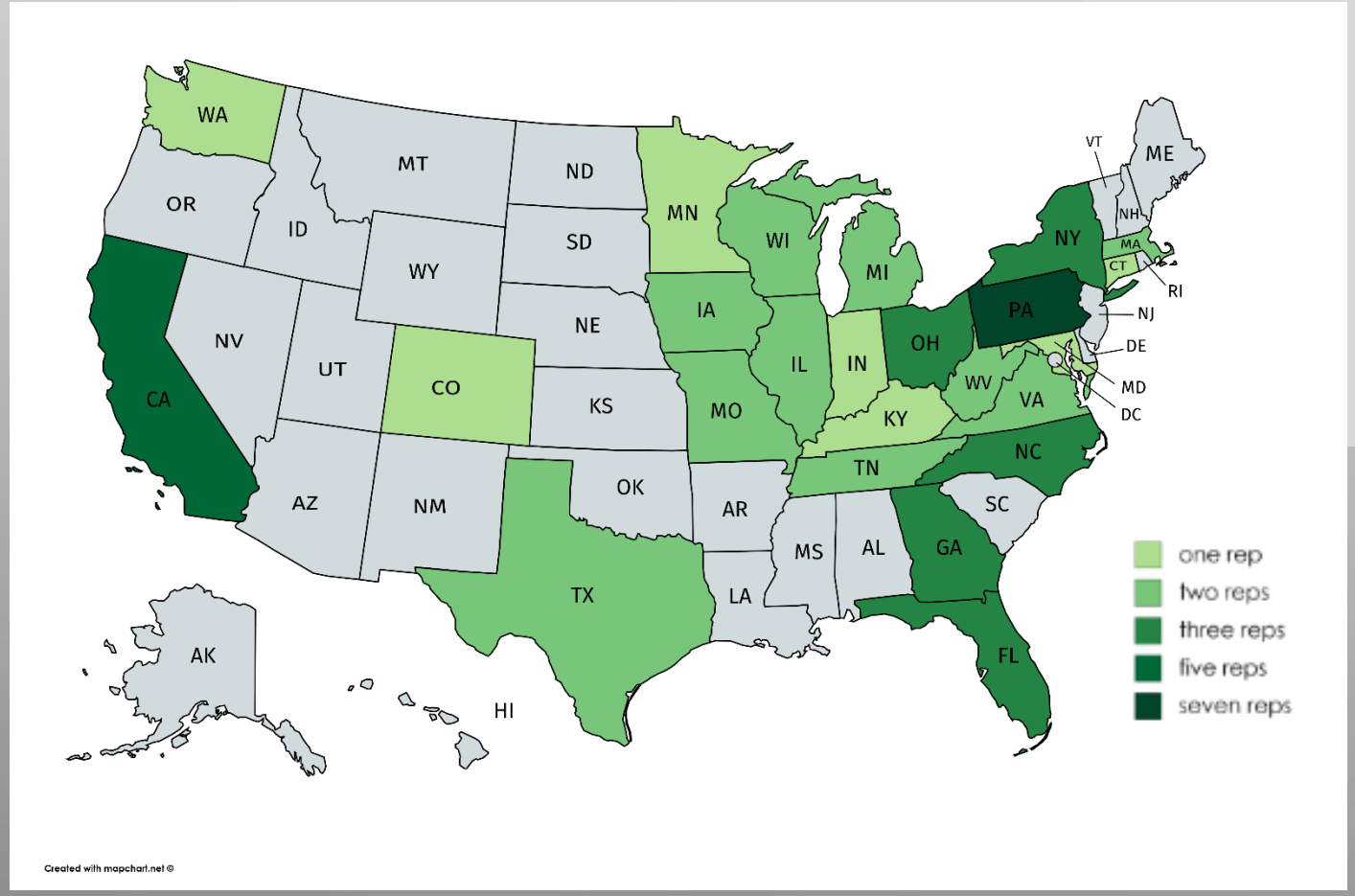


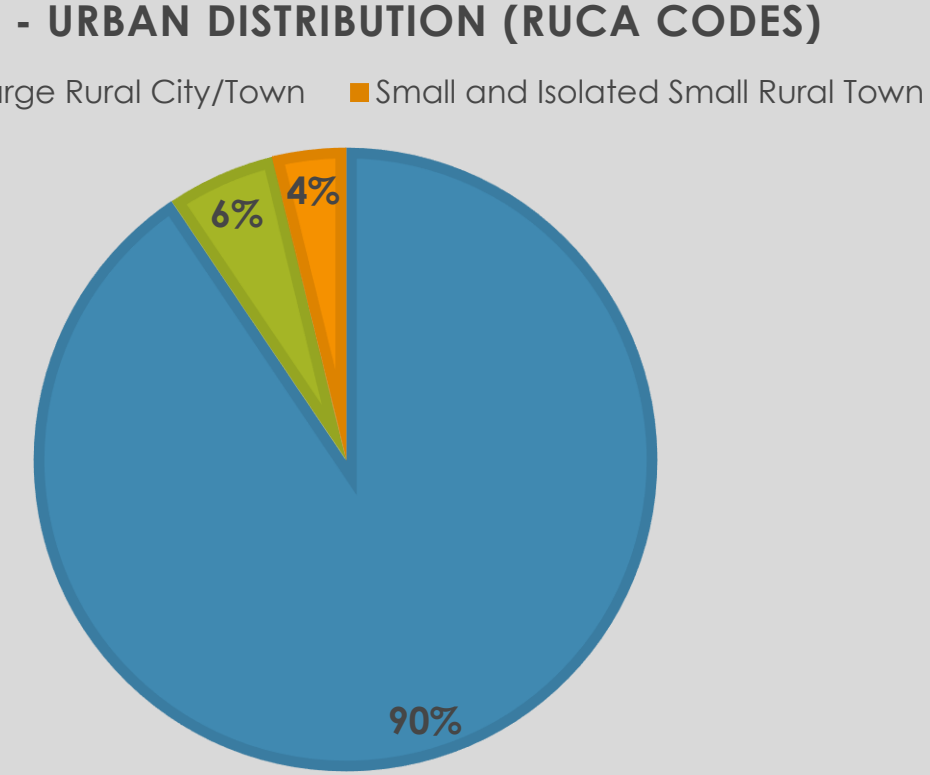
WELCOME AND PARTICIPANT OVERVIEW

Number of participants	54
Number of regional consortia represented	22
Number of DCE/ACCE/Assistant DCE	34
Number of consortium officers	15
Number of CCCEs	12
Number of CIs	13
Number of clinic managers/employers	8
Number of PT program administrators	5
Number of practice owners	2

ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

GEOGRAPHIC REPRESENTATION





ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

INTRODUCTIONS – STAR FINDING

For both connect with someone with a different color ribbon

- Spend 3 minutes finding and speaking with someone with the same colored star that you have
- Find out what they feel is most rewarding about their current role

- Spend 3 minutes finding and speaking with someone that has a star color different than yours
- Find out how they would like to see interaction grow between their role and yours

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

SESSION INTRODUCTION

- Last year's regional consortia session
  - Information gathering
  - Initial networking
  - Resources tab - NCCE website
- This year's desire
  - Action planning around the topic of the academic-clinical partnership
  - Jump start through pre-course survey!

ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

SESSION OBJECTIVES

By the end of this session, participants will be able to:

- Share information from other consortia/regions with colleagues and stakeholders in their consortium
- Discuss capacity and variation from the perspective of different clinical education stakeholder's perspectives
- Articulate at least one action plan related to enhancing academic-clinical partnerships in their region
  - Agree to discuss this with their regional consortia to determine implementation feasibility

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

SESSION RULES

- Network, share information
- Stay focused
- Don’t get caught in the weeds
- Focus discussions on usual and consistent trends not isolated instances
- No side conversations
- Everyone participates – no one dominates
- Take notes and brainstorm throughout the session

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

STRUCTURE OF ACADEMIC-CLINICAL PARTNERSHIPS WITHIN REGIONAL CONSORTIA

Pre-meeting survey results

ACAPT

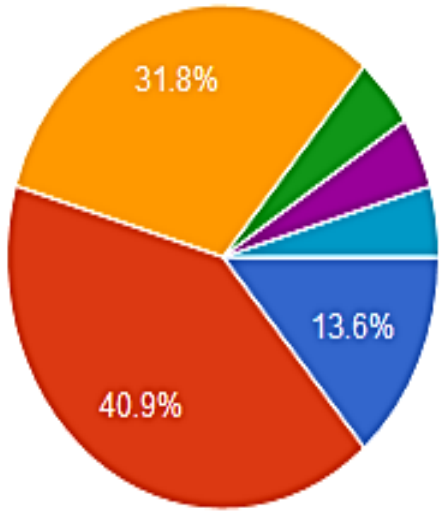
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

PERCEPTION OF ACADEMIC-CLINICAL PARTNERSHIPS

Strength of current regional partnerships

How would you rate your regional consortium's partnerships as they exist today?

22 responses



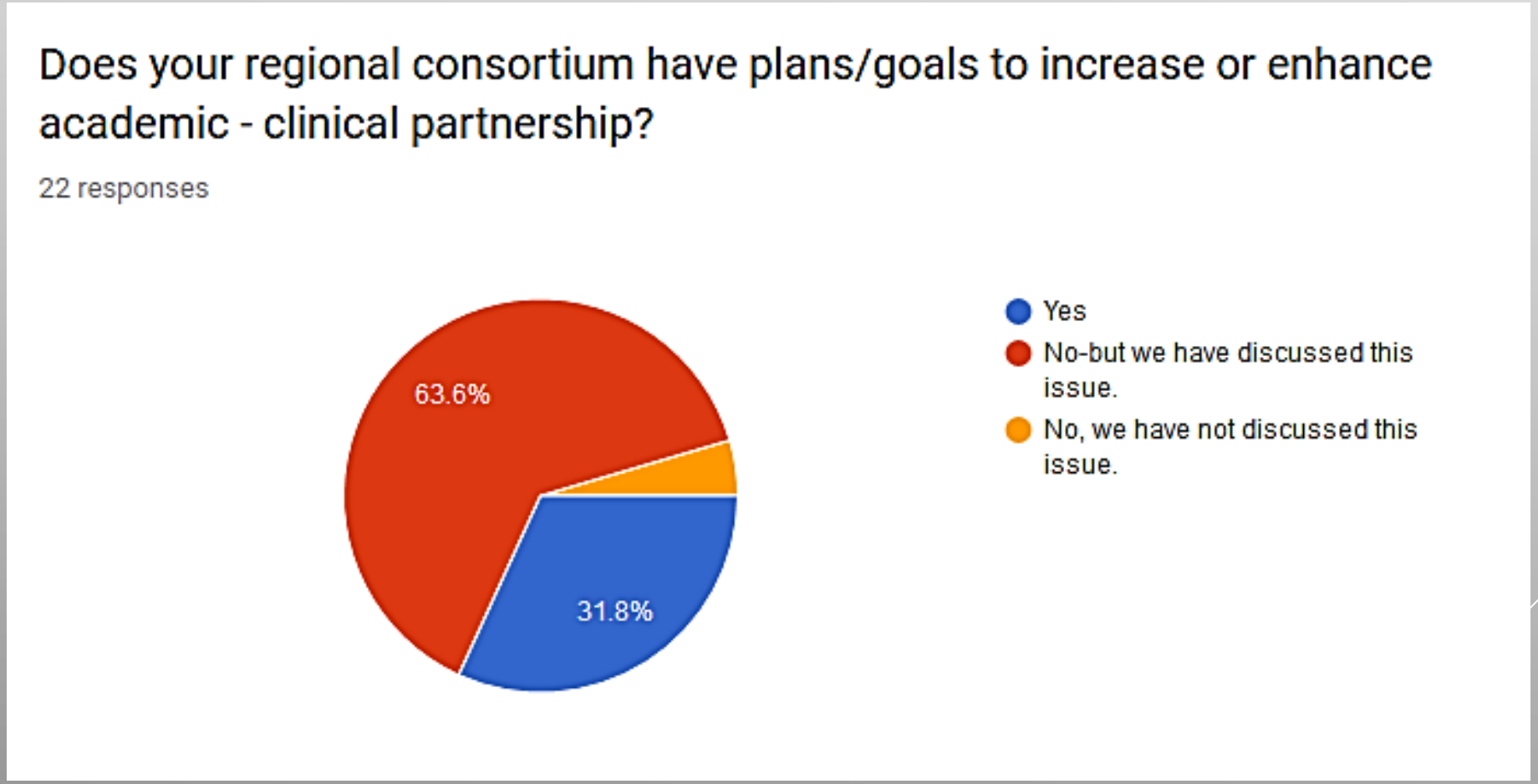
- Engaged academic and clinical partners across the region
- Strong academic-clinical partnerships by program but needs improvement across the region
- Programmatic relationships vary in strength AND regional partnerships across the region need improvement.
- we have a very strong academic presence but continue to encourage a stronger clinical presence
- Most programs have relationships with the same clinical partners. We all use the same sites.
- Strong academic-clinical partnerships by program but needs improvement across the region

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

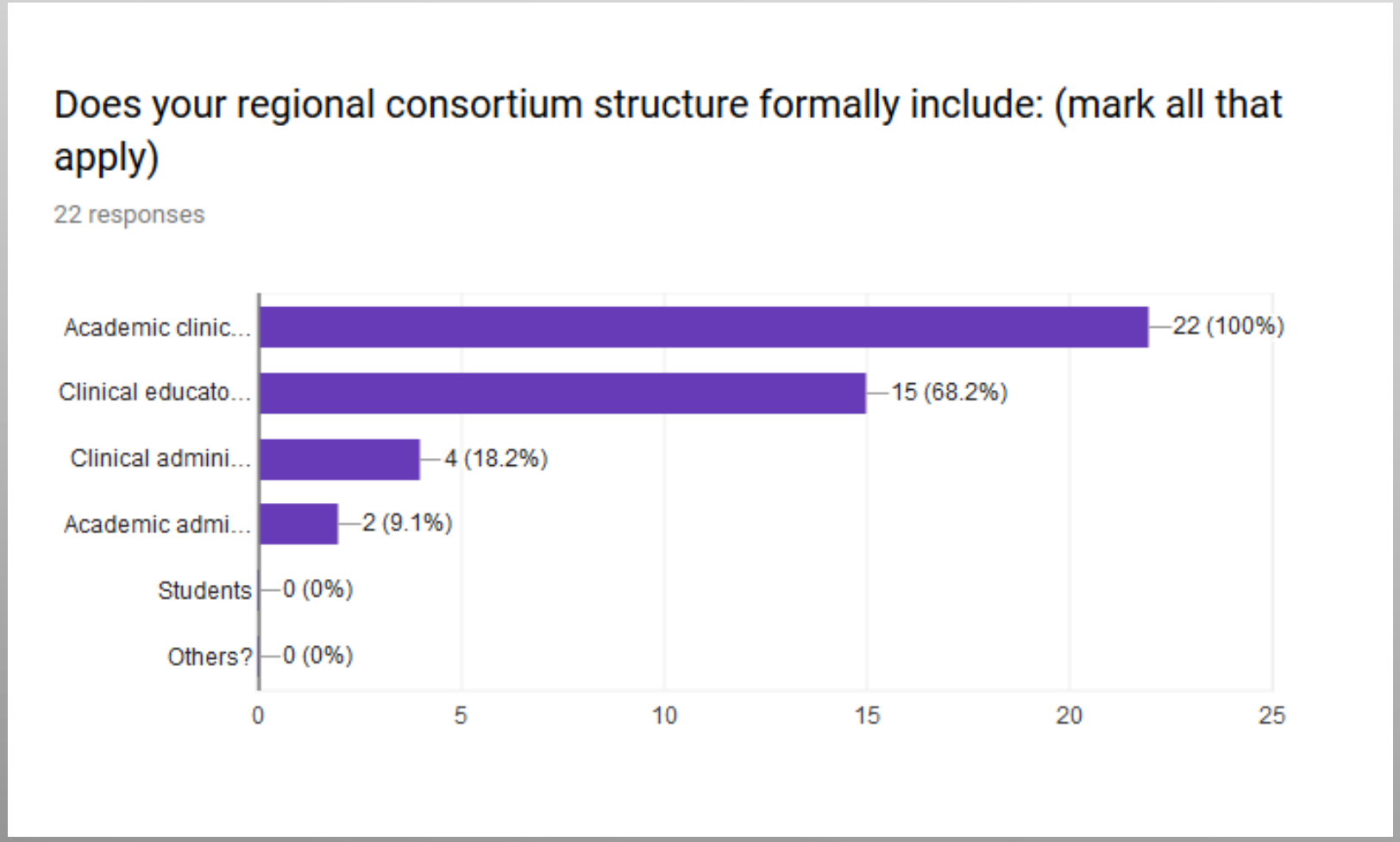
PERCEPTION OF ACADEMIC-CLINICAL PARTNERSHIPS

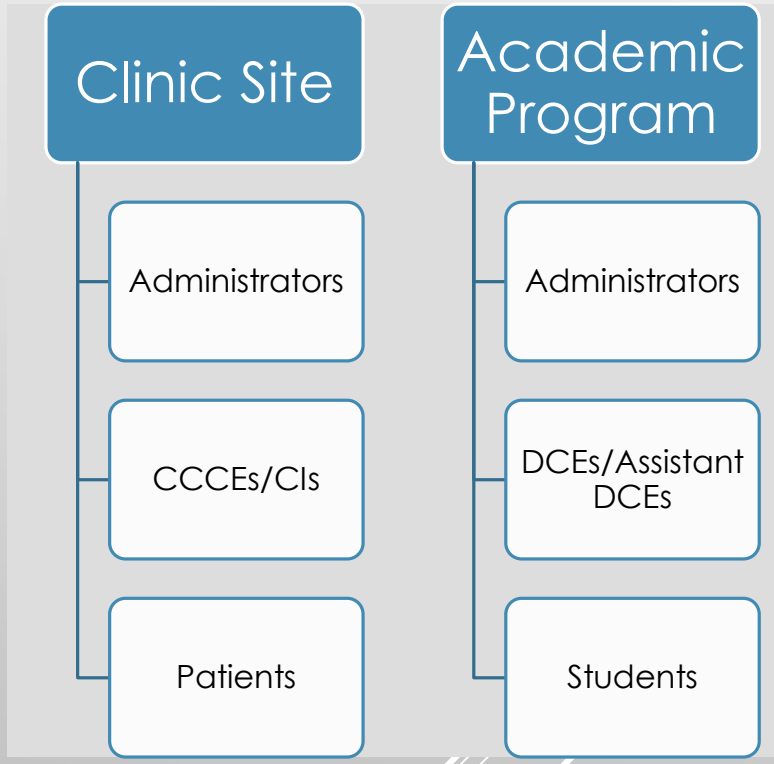
Plans to enhance regional partnerships



ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

STAKEHOLDER REPRESENTATION IN REGIONAL CONSORTIA





ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

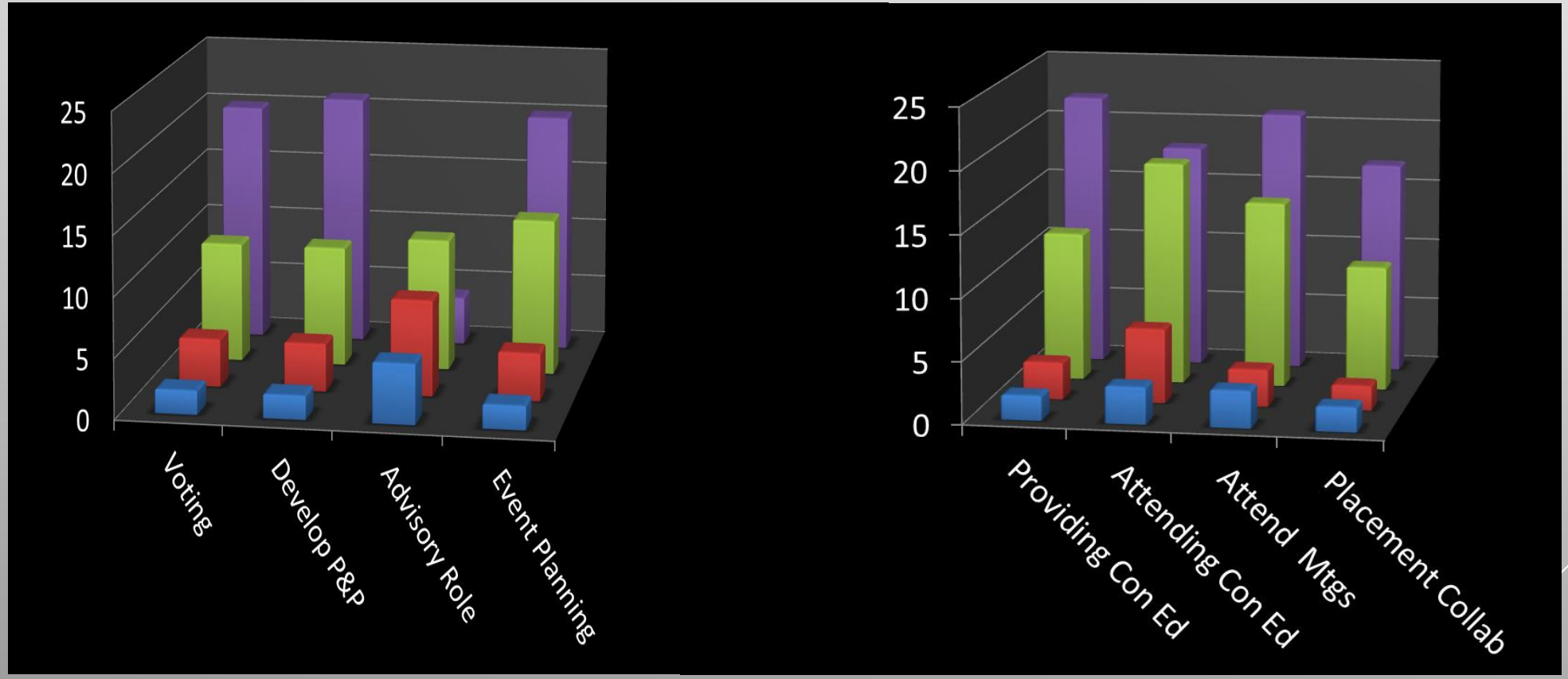
STAKEHOLDER REPRESENTATION

Comment themes

- Clinical educators and administrators have limited role
  - Limited in number ("2 CCCEs who serve as elected clinician members")
  - Limited in capacity ("considered consultant members")
- Just beginning to include clinical educators
  - "recently updated our bylaws to include…"
- Open to all
  - "academic clinical educators are paying members but all local CCCEs and CIs are welcome to have free membership"
  - "open to all but not all of the above roles are members"

ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

ROLES BY STAKEHOLDER



ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

VARIATION IN EDUCATION AND PRACTICE

Unwarranted variation discussion
Results from survey
Break-out discussions

ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

DEFINING UNWARRANTED VARIATION

- Tara Jo Manal, PT, DPT, FAPTA gave delivery of the 22nd John H. P. Maley Lecture at NEXT 2017 titled *Variation in Care is the Profession's Greatest Challenge*.
- https://www.youtube.com/watch?v=XeuPh3XrHc4&feature=youtu.be

ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

DEFINING UNWARRANTED VARIATION

- “Unwarranted variation doesn’t mean we have to be the same. It means that, if we are variable, that the variations we have don’t actually impact the outcomes. So, you and I could rehab somebody very differently, but we get to the same point, with the same cost, and same investment of resources. Then that is not unwarranted variation. We are at the same place. We are the same. It is unwarranted when it is outside of what that standard would be.”

Tara Jo Manal, PT, DPT, FAPTA

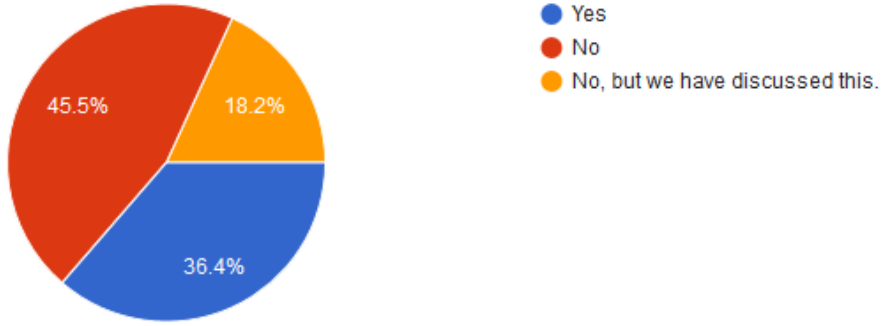
ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

PERCEPTIONS OF VARIATION IN PT EDUCATION/CLINICAL EDUCATION

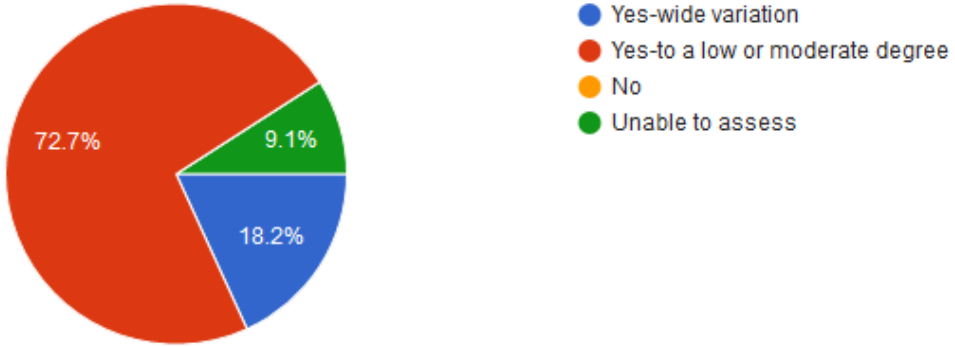
Has your regional consortium worked collaboratively on any projects to try to reduce the variation in PT education in your region?

22 responses



Does your regional consortium perceive that there is variation in PT education/clinical education curricula in your region?

22 responses



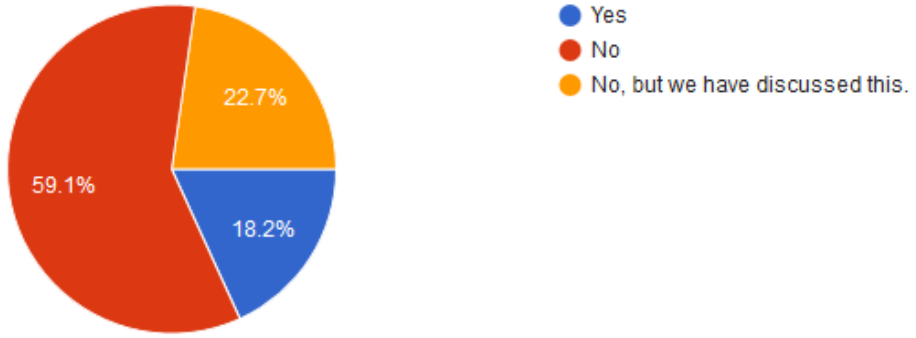
ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

PERCEPTIONS OF VARIATION IN PRACTICE

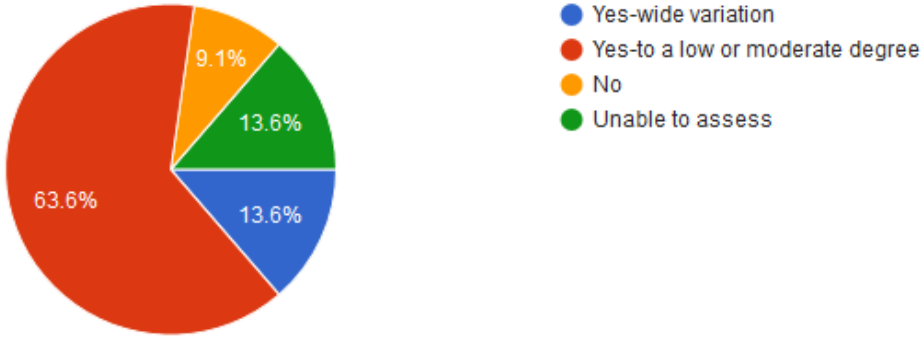
Has your regional consortium worked collaboratively on any projects to try to reduce the variation in PT clinical practice in your region?

22 responses



Does your regional consortium perceive that there is variation in clinical practice in your region?

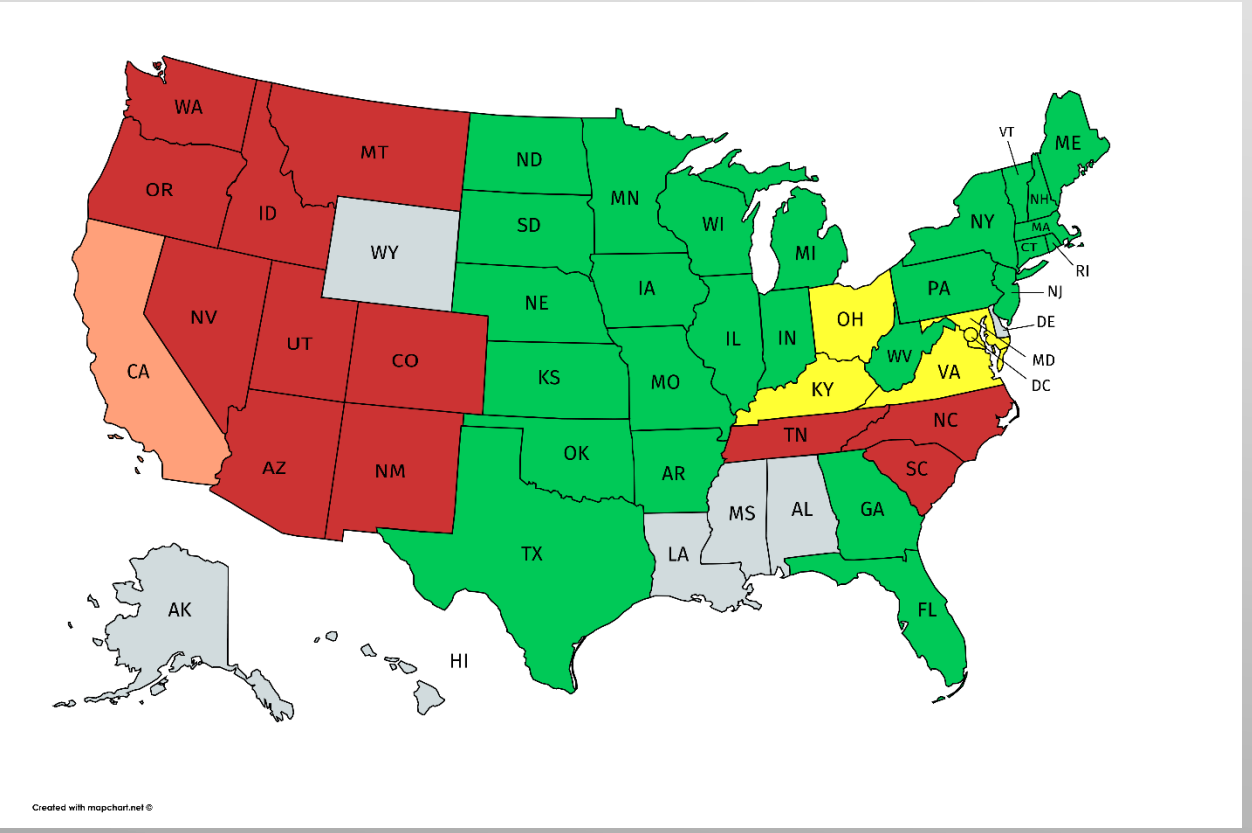
22 responses



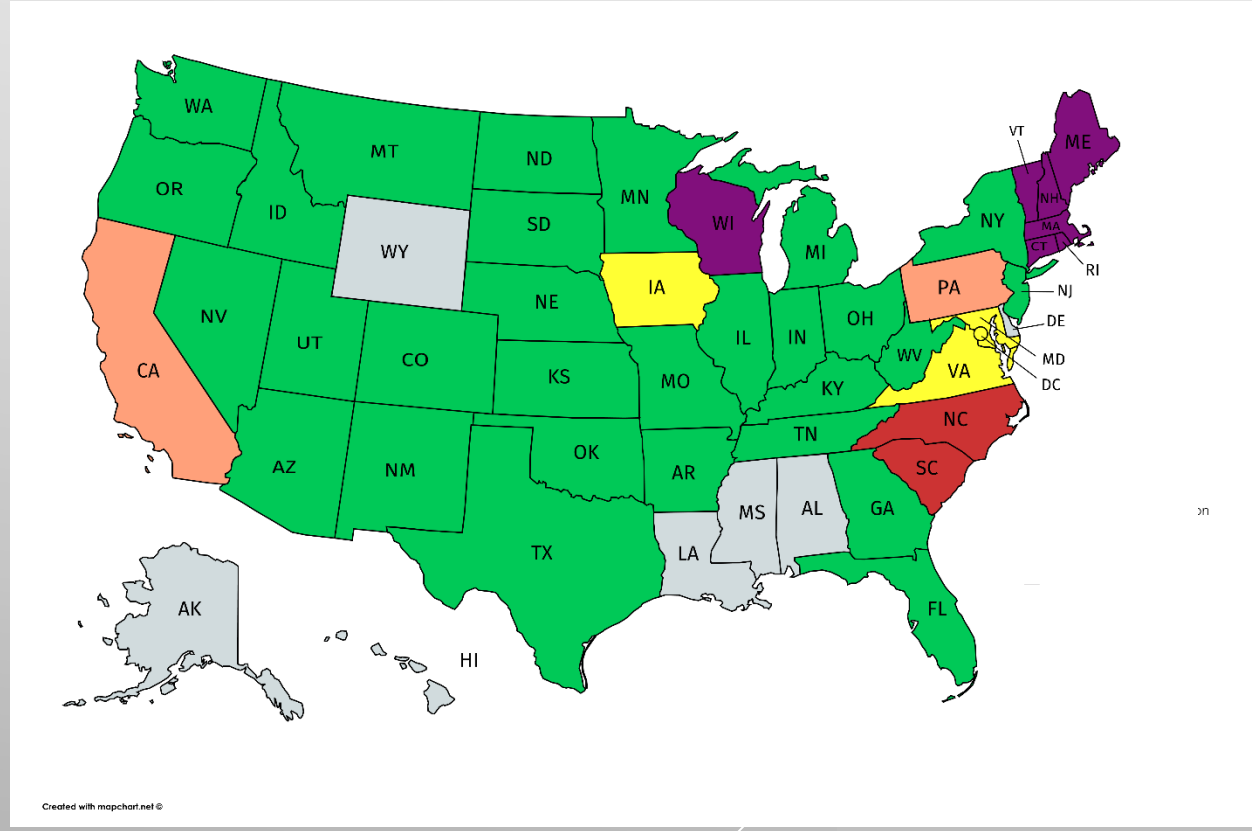
ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

PERCEPTIONS OF VARIATION IN EDUCATION



PERCEPTIONS OF VARIATION IN PRACTICE



- wide variation
- low to moderate variation
- unable to assess
- mixed
- no variation

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

THEMES FROM COMMENTS ON VARIATION

- Collaborations to decrease variation include:
  - Standardized policies (ie: attendance, professional expectations, etc.)
  - Standardized procedures (ie: March mailer)
  - Provide education/workshops/developed modules to reduce variation in clinical education practice
  - Use same performance assessment instrument
- Having discussions regarding:
  - Variations in quality
  - Definition of variation – "good vs bad" variation
  - Difficulty influencing another site/institution's practices

ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

How can we relate this to both physical therapy education/clinical education and clinical practice?

Variation that offers opportunities for improvement ……..

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

Lets not focus on the negatives, but the positive ways in which we can improve in both physical therapy education/clinical education and clinical practice for the best patient/student experiences and outcomes.

ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

WHAT TYPE OF VARIATION IS HAPPENING IN PHYSICAL THERAPY EDUCATION/CLINICAL EDUCATION THAT IS PROBLEMATIC/UNWARRANTED?

- Small group discussion:
  - Academic Administrator, ACCE, DCE
  - Clinical Administrator, CCCE, CI
- Discuss and create top 3 problematic/unwarranted areas of concern

ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

WHAT TYPE OF VARIATION IS HAPPENING IN CLINICAL PRACTICE THAT IS PROBLEMATIC/UNWARRANTED?

- Small group discussion:
  - Academic Administrator, ACCE, DCE
  - Clinical Administrator, CCCE, CI
- Discuss and create top 3 problematic/unwarranted areas of concern

ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

FACILITATORS SWITCH SIDES OF ROOM

- "Academic" review/discuss information from "Clinical"
- "Clinical" review/discuss information from "Academic"
- Consider things like:
  - What can and cannot be changed
  - What resources are needed/available to address these items
- Rule out any items that are unreasonable and/or beyond our control!

ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

TOP VARIATIONS IN EDUCATION/CLINICAL EDUCATION FROM ROUNDTABLE DISCUSSIONS

- Clinicians: readiness of CI, quality of CI, assessment of students
- Clinical education curriculum: level of preparation, length/timing of experience, requirements for types of experiences, number of students being placed
- Payment for clinical education
- Onboarding variations
- Clinical affiliation agreement differences
- Terminology

ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

TOP VARIATIONS IN PRACTICE FROM ROUNDTABLE DISCUSSIONS

- Clinic/clinicians: EBP, CEUs, tx/interventions/philosophy, CI credentials, CI participation, onboarding requirements
- Workflow: supervision, productivity, documentation, billing, culture, role of PT, direct access
- Quality of student: readiness, performance, assessment, site selection, school requirements, affective behaviors

ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

MIXED GROUP BREAKOUT

Variations in education

- Clinicians: readiness of CI, quality of CI, assessment of students
- Clin ed curriculum: level of preparation, length/timing of experience, requirements for types of experiences, number of students being placed
- Payment for clinical education
- Onboarding variations
- Clinical affiliation agreement differences
- Terminology

Variations in practice

- Clinic/clinicians: EBP, CEUs, tx/interventions/philosophy, CI credentials, CI participation, onboarding requirements
- Workflow: supervision, productivity, documentation, billing, culture, role of PT, direct access
- Quality of student: readiness, performance, assessment, site selection, school requirements, affective behaviors

- Discuss strategies/solutions for decreasing unwarranted variation.
- How can academic-clinic partnerships assist with variation?
- How can regional consortia/collaborations assist with variation?

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

VARIATION WRAP UP

- What strategies or solutions were generated through your discussions?
- How can stronger partnerships help improve variation issues?
- What positive changes can we implement in our schools, clinics and consortia?

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

CLINICAL EDUCATION CAPACITY

Results from survey

Break-out discussions

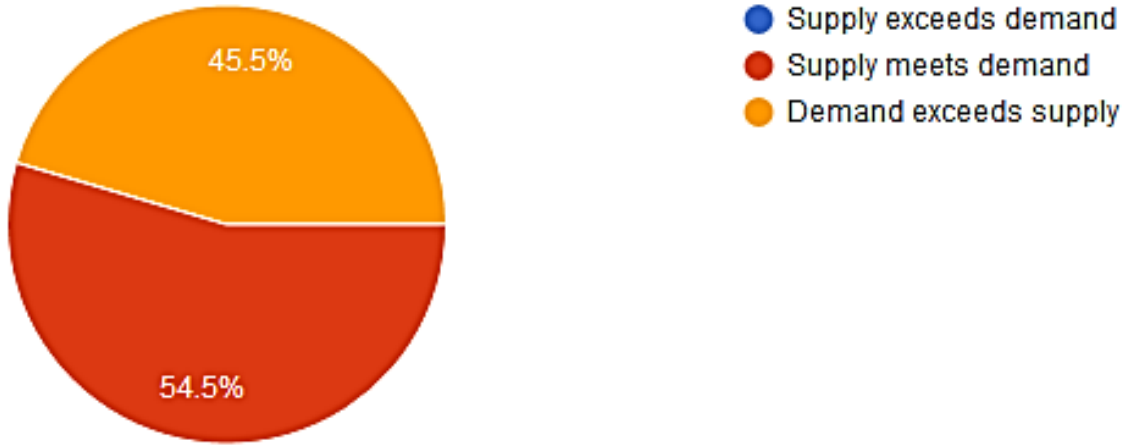
ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

SUPPLY AND DEMAND

Select the option that best describes capacity in your consortium's region

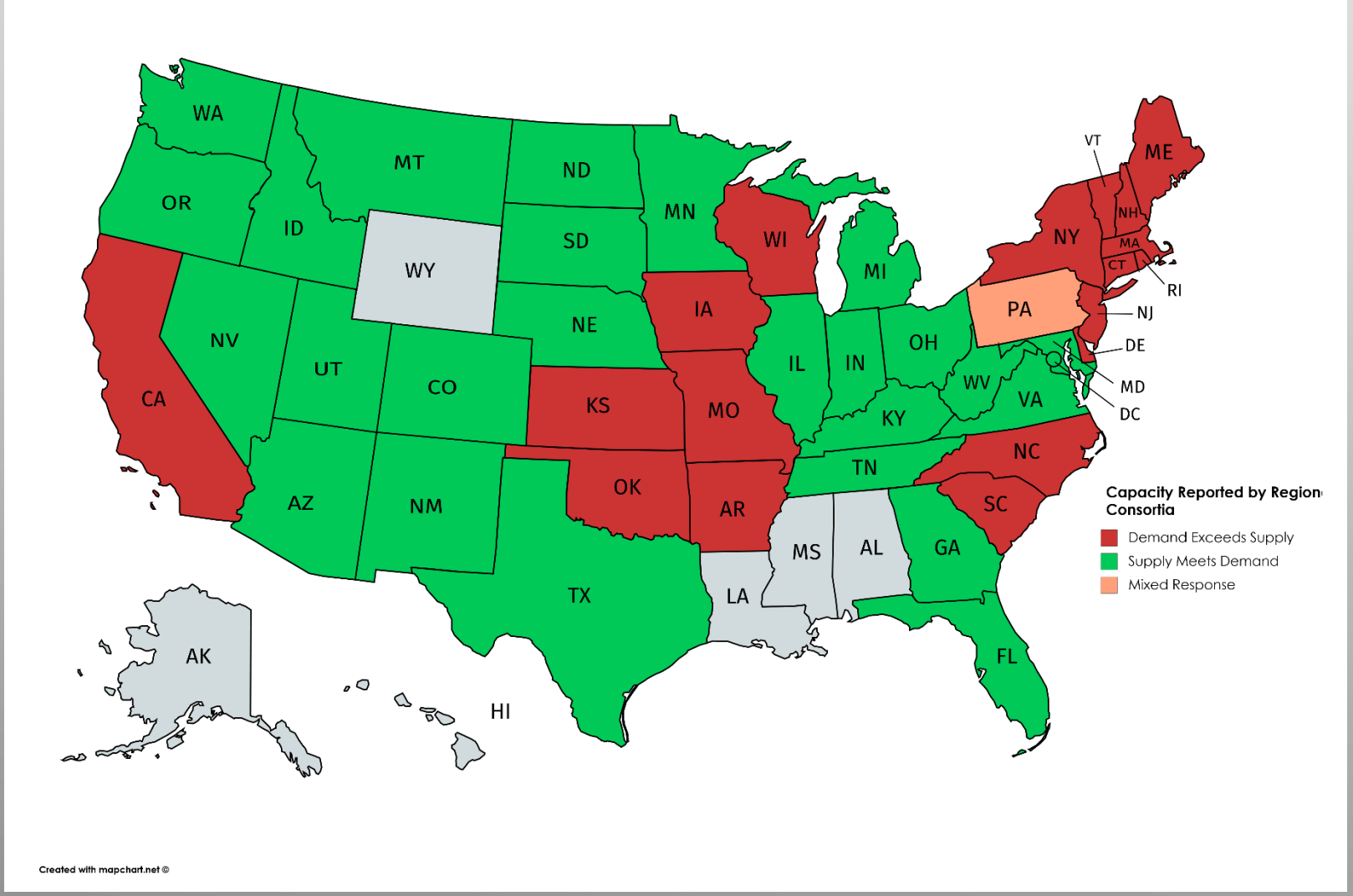
22 responses



ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

GEOGRAPHIC DISTRIBUTION OF CAPACITY RESPONSES



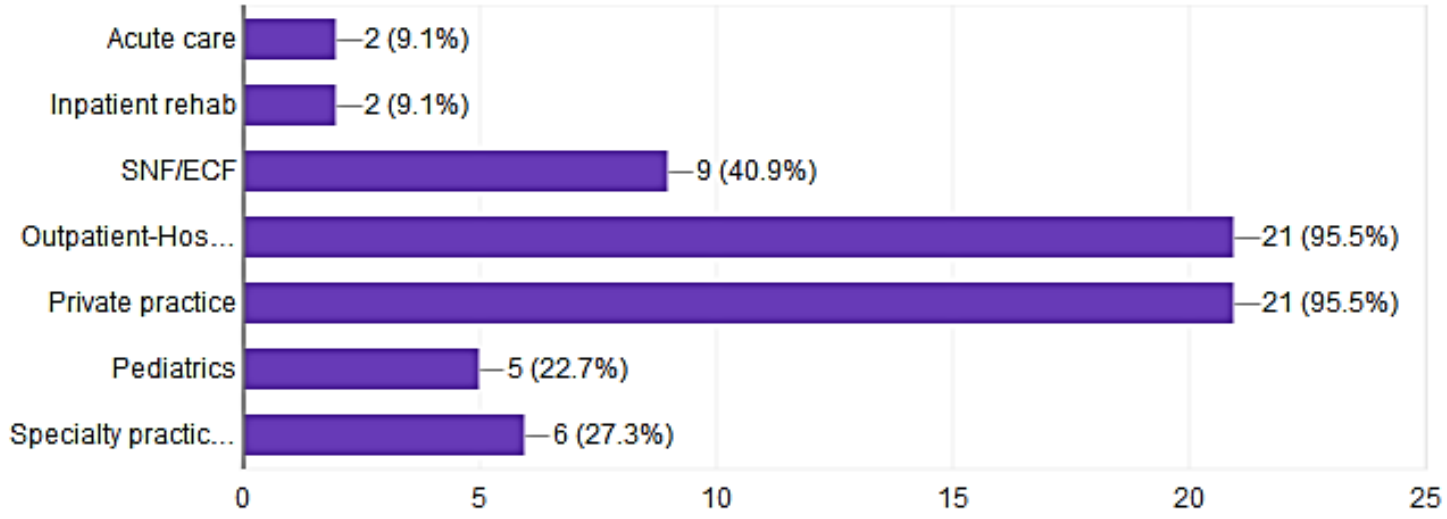
ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

SETTINGS WITH SUFFICIENT CAPACITY

Capacity for clinical education placements is sufficient for the following practice settings in consortium region (check all that apply). Note: this question is specifically looking for capacity in the region and not for the programs' ability to secure sufficient resources within or outside the region.

22 responses



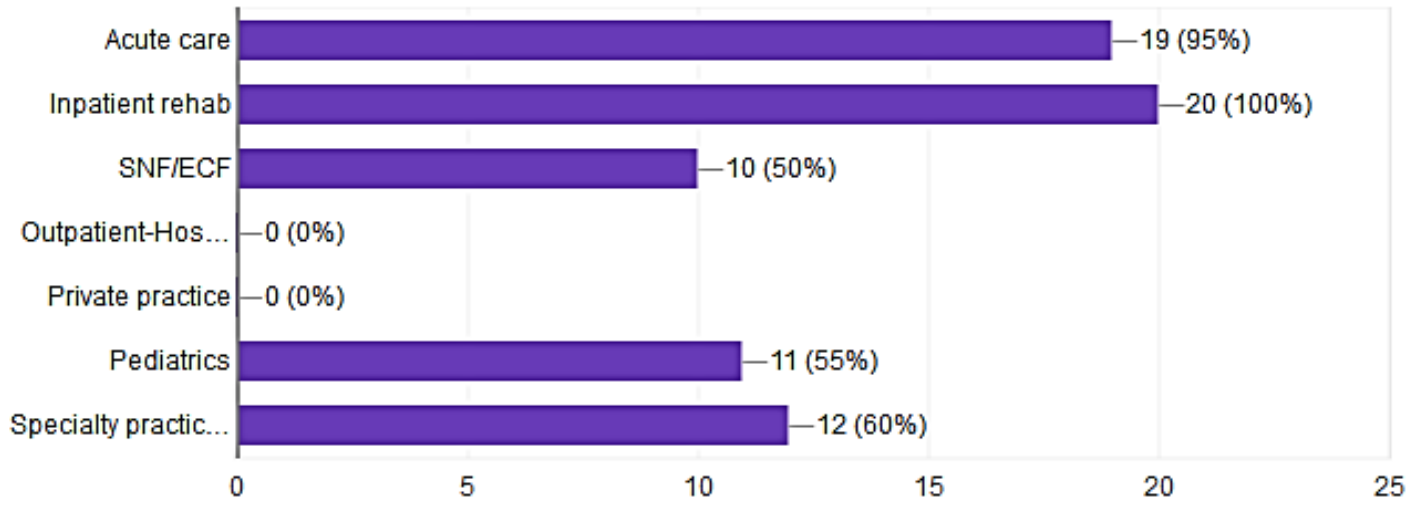
ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

SETTINGS WITH INSUFFICIENT CAPACITY

Capacity for clinical education placements is insufficient/limited for the following practice settings in consortium region (check all that apply). Note: this question is specifically looking for capacity in the region and not for the programs' ability to secure sufficient resources within or outside the region.

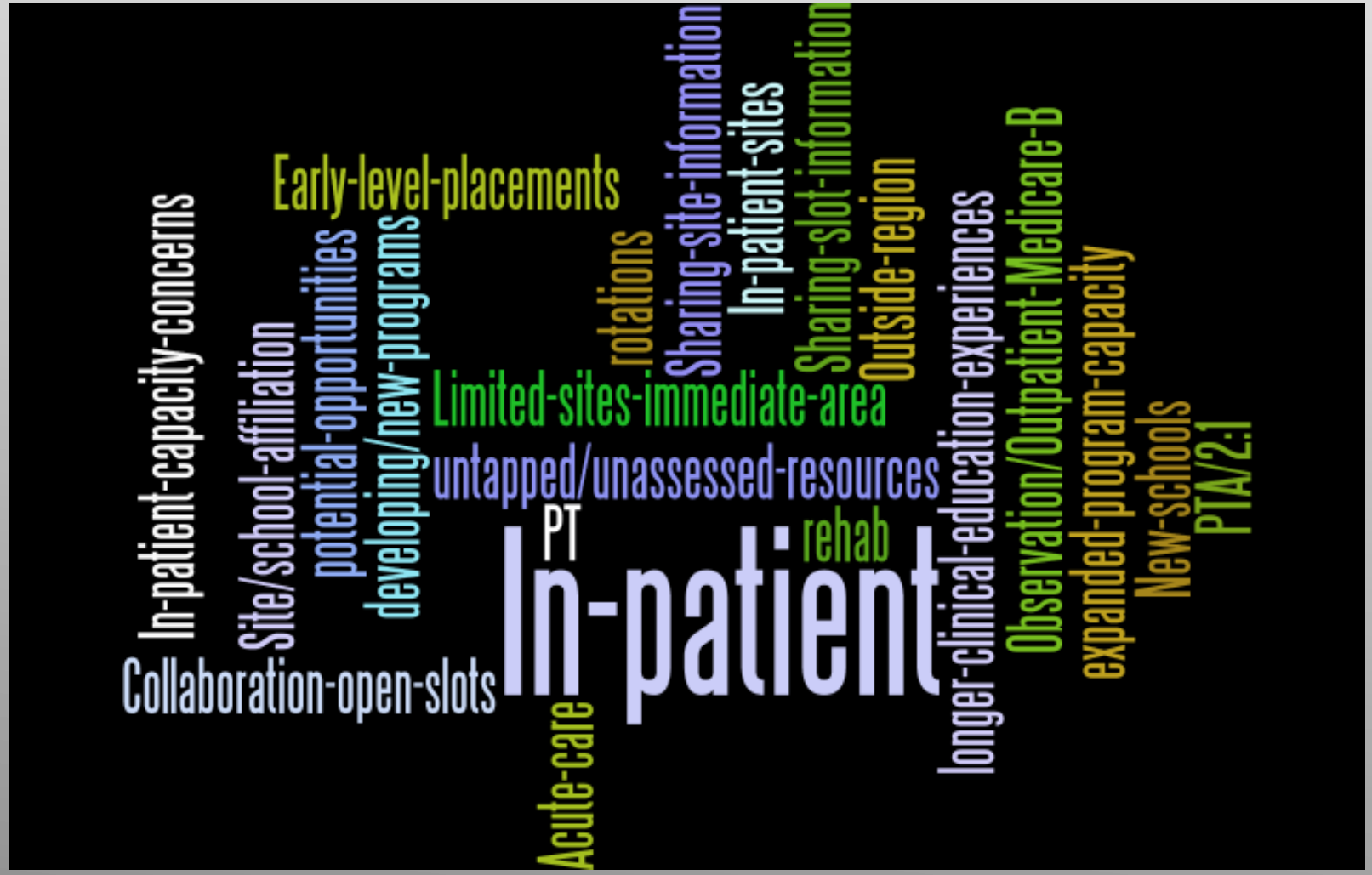
20 responses



ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

COMMENTS RELATED TO CAPACITY FROM SURVEY

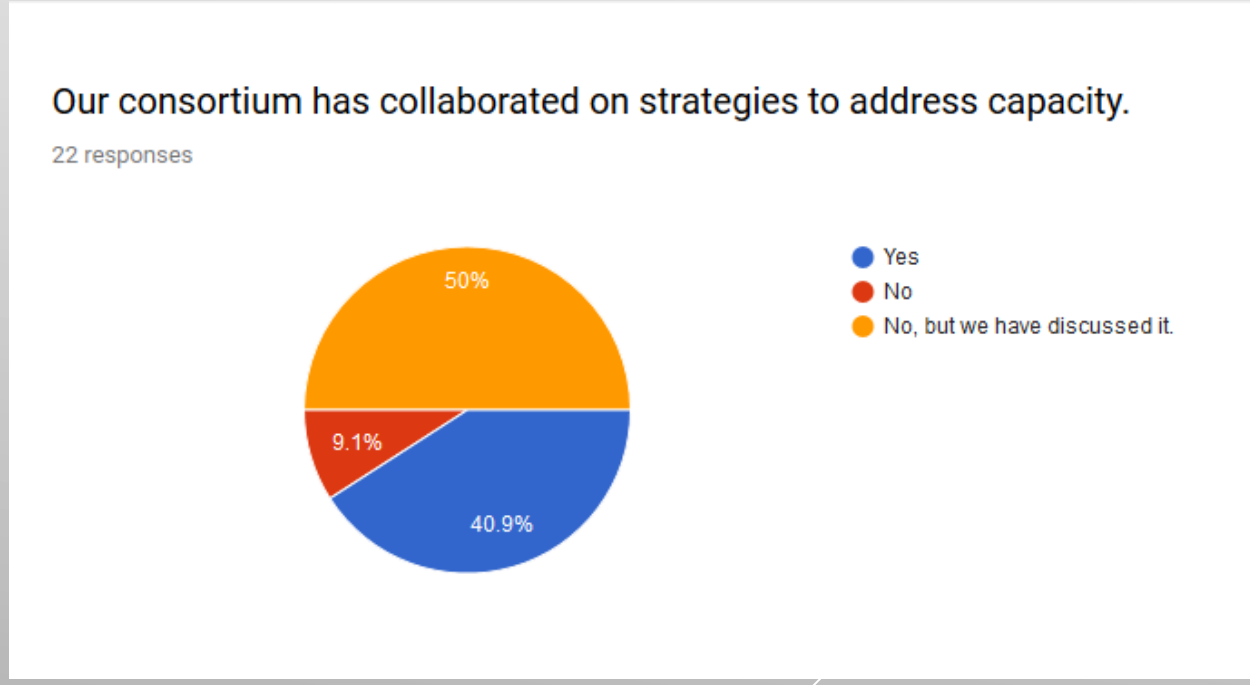


ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

COLLABORATIONS TO ADDRESS CAPACITY

- Site sharing
- Open slots shared/traded
- Schedule collaboratively
- Education of clinics/clinicians on:
  - Effects of contracting/letter of intent with new programs
  - CI education on hosting early level students
- PT program and PT/PTA program collaboration of DCE's for 2:1 placement of various level students



ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

ISSUES AFFECTING CAPACITY

Academic program density

Produced by PTCAS, updated 5/1/2017. Retrieved from GoogleMyMaps.

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

CAPACITY POLLING

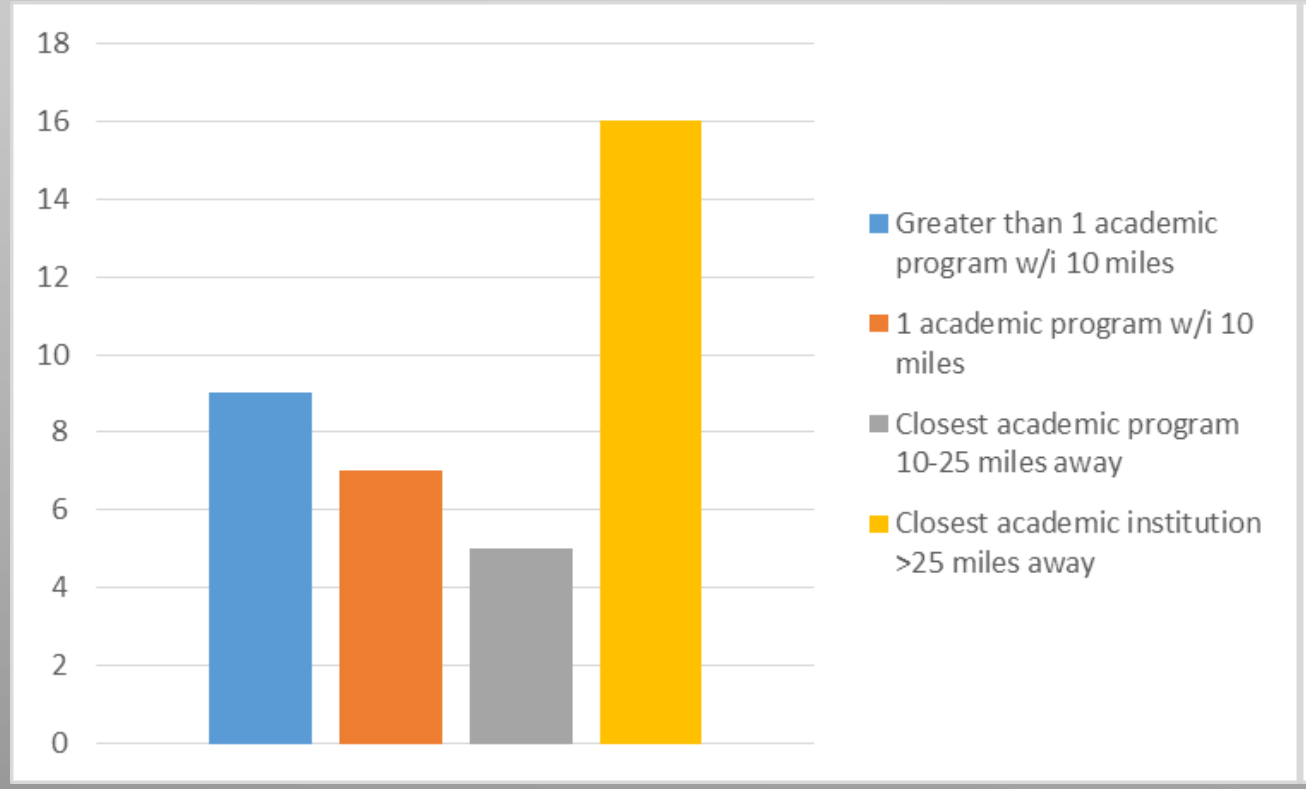
- “Academic” clinical educators
  - https://play.kahoot.it/#/k/b8c8077f-53e9-4826-aea1-ff40c89dfb0d
- “Clinical” clinical educators
  - https://play.kahoot.it/#/k/c73dcadf-cd0e-4936-9677-74189f4d624e

ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

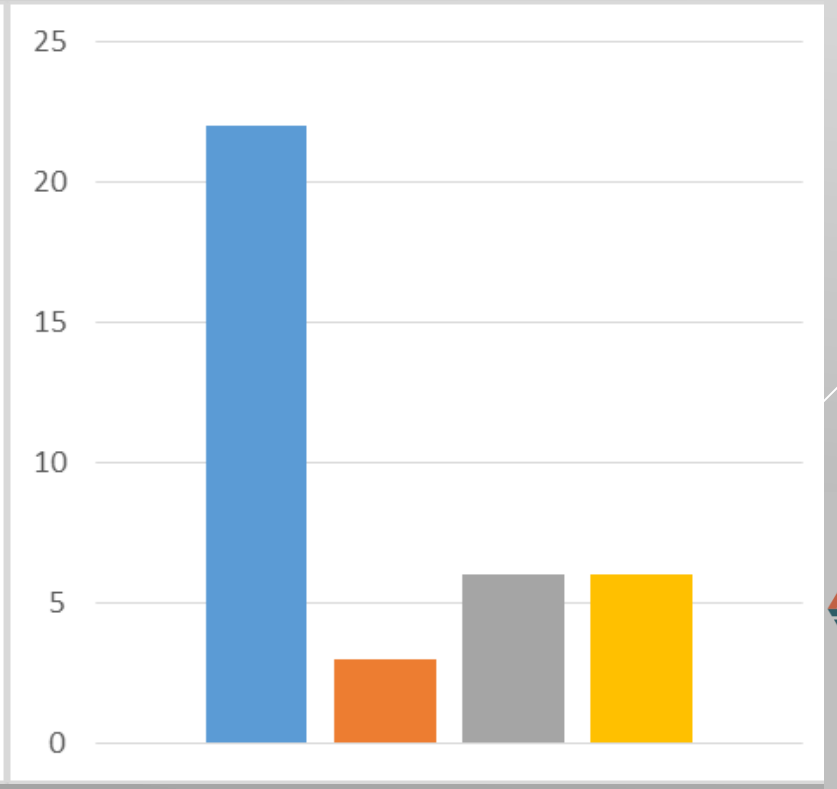
“ACADEMIC” CLINICAL EDUCATOR PERCEPTIONS OF ACADEMIC PROGRAM DENSITY IN THEIR REGION

POLL RESPONSES

PT PROGRAM DENSITY



PT/PTA PROGRAM DENSITY



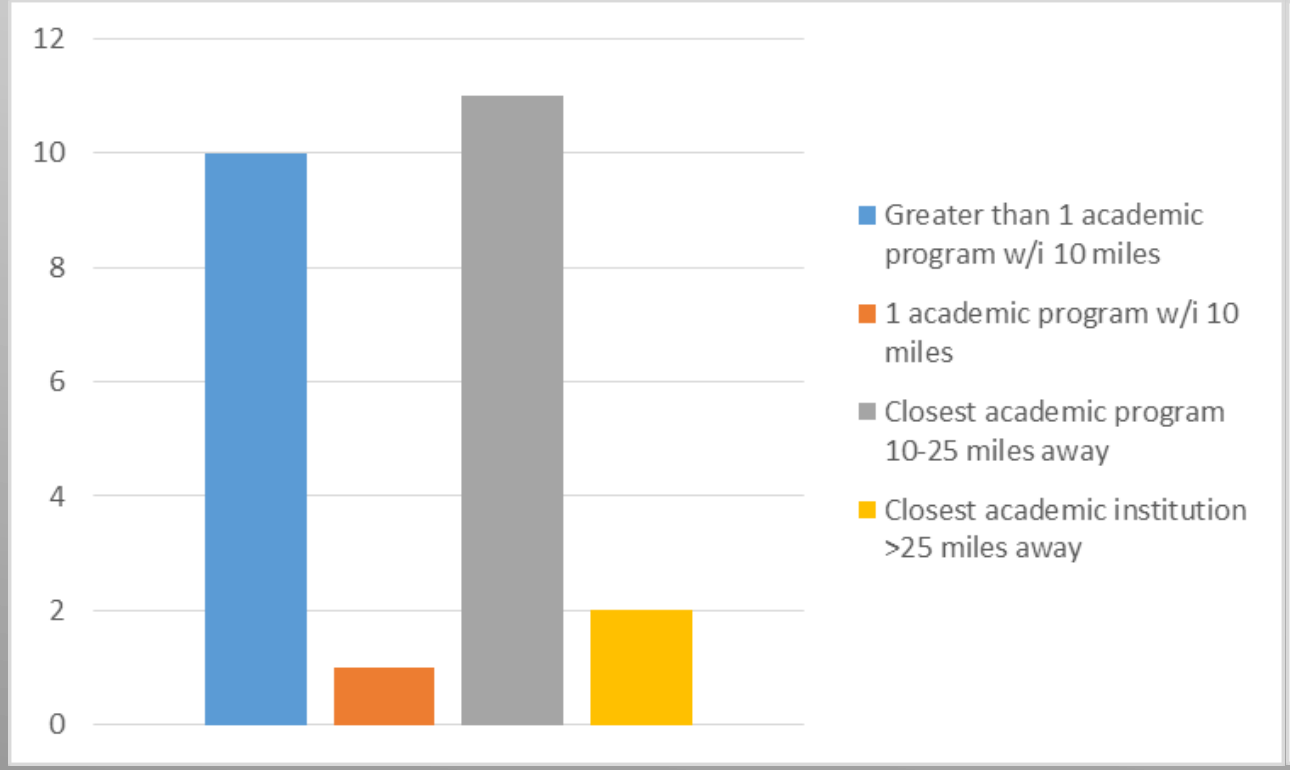
ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

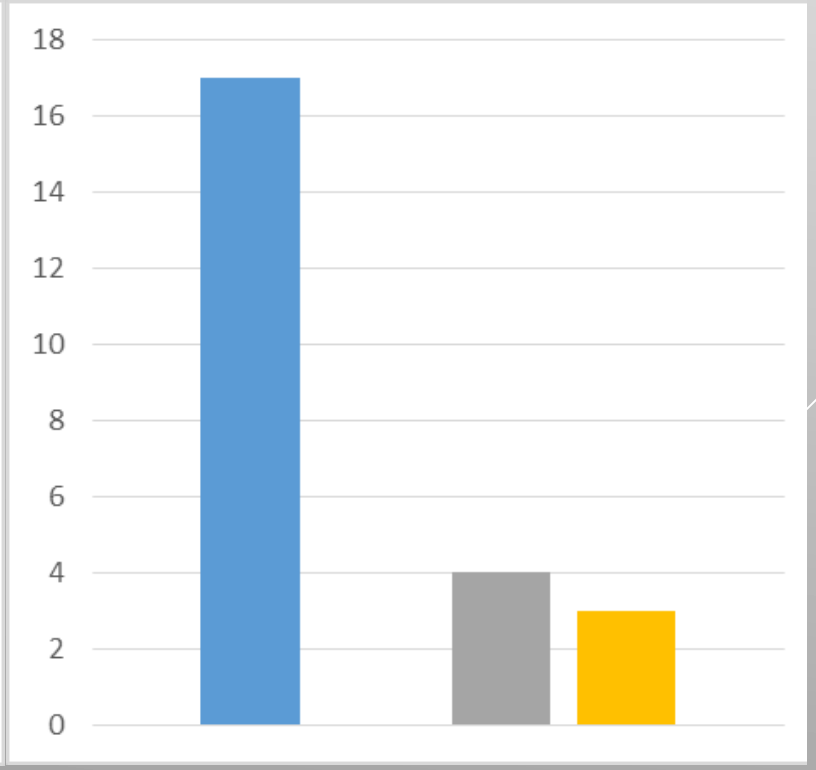
“CLINICAL” CLINICAL EDUCATOR PERCEPTIONS OF ACADEMIC PROGRAM DENSITY IN THEIR REGION

POLL RESPONSES

PT PROGRAM DENSITY



PT/PTA PROGRAM DENSITY

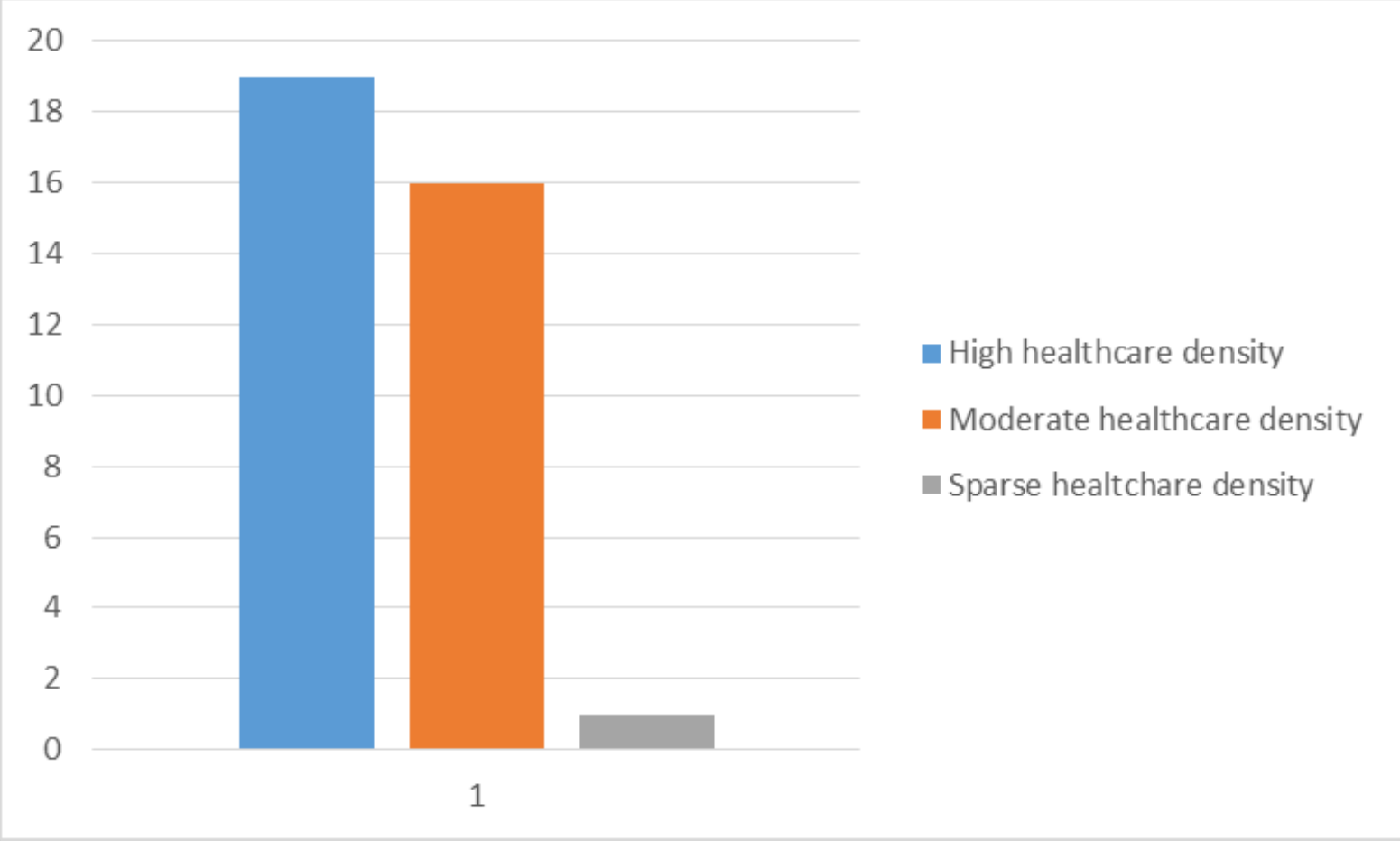


ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

“ACADEMIC” CLINICAL EDUCATOR PERCEPTIONS OF CLINIC SITE/HEALTHCARE DENSITY IN THEIR REGION

POLL RESPONSES

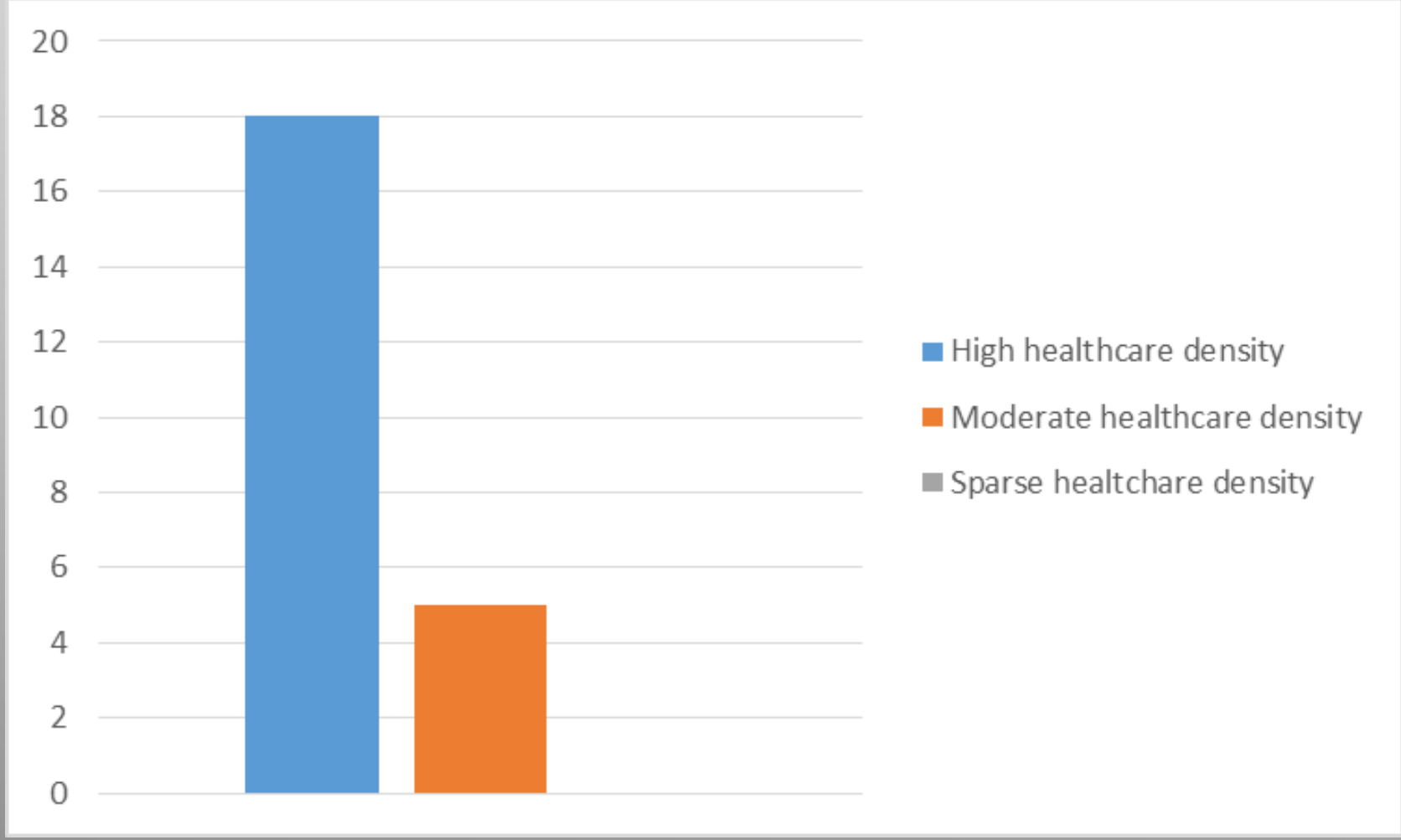


ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

“CLINICAL” CLINICAL EDUCATOR PERCEPTIONS OF CLINIC SITE/HEALTHCARE DENSITY IN THEIR REGION

POLL RESPONSES



ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

CAPACITY BREAK OUT DISCUSSIONS

Discussion #1: Are capacity perceptions reality?

- Is there a lack of capacity in total or only in certain areas of practices or geographical locations?
- How could the current number of sites be utilized to maximize their effectiveness in meeting your school's or region's needs?
- What system is used in your area to maximize capacity?
- If in reality demand does exceed supply, what strategies do you as a school and consortium use to meet your current needs?

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

CAPACITY BREAK OUT DISCUSSIONS

Discussion #2: How can you increase capacity in your region?

- What current strategies are being used to increase overall capacity and specific capacity in deficient areas?
- Have you modified or changed any of your processes?
- Have there been any changes in program curricula or regional strategies to help address capacity problems?
- Are new strategies' needed? Share ideas.

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

CAPACITY BREAK OUT DISCUSSIONS

Discussion #3: How does PTA education and new PT/PTA programs impact capacity in your region?

- What strategies have you used to meet the needs of both PT and PTA education in your region?
- How can PT or PTA curricula be modified to assist with capacity issues?
- How can your consortium or school collaborate and communicate with new programs to maximize capacity?

ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

CAPACITY WRAP UP

- What solutions were generated through your discussions?
- How can stronger partnerships help with capacity issues?
- What were common themes in your discussions?
- What positive changes can we implement in our schools, clinics and consortia?

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

SUMMARY AND TAKE-HOME

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

SUMMARIZING THIS SESSION

- What will you take home with you?
- What resources do you need?

ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

BACK TO THE SUMMIT: OCTOBER 2014

7 Position Papers: Themes (Thank you OH/KY!!)

- Partnership
- Roles and Responsibilities
- Quality
- Assessment
- Administration of Clinical Education
- Research
- Challenges

https://docs.wixstatic.com/ugd/ee4e8e_cb5b2a20b61c48078c17a4fc79376997.pdf

https://www.okptce.com/position-papers-and-webinars

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

BACK TO THE SUMMIT:

Recommendations overview

- Systemic and interconnected approach to strengthening clinical education
- “Culture of teaching and learning will be the basis of strong partnerships and quality curricular experiences that achieve student readiness”

http://www.acapt.org/documents/reports

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

BACK TO THE SUMMIT:

Harmonization recommendations

- **Culture of Teaching and Learning:** shared responsibility, **common language**
- **Partnerships:** CE partnerships, CCCEs as education leaders, site recognition
- **Curricular Experiences**: clinical curricula, **ICE**, criteria for exiting curriculum
- **Student Readiness: readiness to enter/progress**, student competencies

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

BACK TO THE SUMMIT:

Innovation recommendations

- **Partnerships:** culture of shared responsibility, collaboration through networks

- **Curricular Experiences:** terminal internship, community-centered physical therapy services

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

BEST PRACTICES IN CLINICAL EDUCATION TASK FORCE

- Recommendation 1: Preparation for practice
- Recommendation 2: Standardization of clinical education curriculum
- Recommendation 3: Partnerships
- Recommendation 4: Data Management
- Recommendation 5: Education research agenda includes clin ed

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

WHAT'S NEXT?

Where do you see regional consortia fitting into this picture?

What resources do you need to accomplish goals?

Next ELC: what's our next step?

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

HAVE A GREAT CONFERENCE! ☺

ACAPT

NATIONAL CONSORTIUM OF CLINICAL EDUCATORS