

EDUCATION LEADERSHIP CONFERENCE 2018

3rd annual regional networking session:

Cruising the Communication Waterways of Clinical Education

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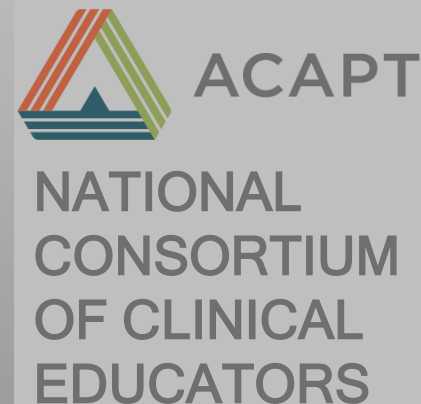
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HOSTED BY THE NATIONAL CONSORTIUM OF CLINICAL EDUCATORS

NCCE Board members assisting as small group facilitators

- Donna Applebaum, PT, DPT, MS
- Christine McCallum, PT, PhD
- Chalee Engelhard, PT, MBA, EdD, GCS Emeritus
- Joan Drevins, PT, DPT, MS, CCS
- Jamie Bayliss, PT, MPT, DHSc
- Vicki LaFay, PT, DPT, CSCS, CEEAA
- Mike Geelhoed, PT, DPT, MTC, OCS
- Chrissy Ropp, PT, DPT, GCS, CEEAA
- Robin Galley, PT, DPT, OCS
- Lori Nolan Gusman, PT, DPT, MS
- Dawn Hicks PT, DPT
- Susan Tomlinson, PT, DPT
- Matt Calendrillo, PT, DPT



WELCOME AND PARTICIPANT OVERVIEW

Number of regions/consortia represented	23
Total number of participants registered	123
• DCEs/ACCES/Assistant DCEs	83
• Academic program directors/administrator	5
• Academic faculty members	3
• Other academic stakeholders	5
• SCCEs (CCCEs)	20
• CIs	3
• Clinic managers/administrators	1
• Other clinic site stakeholders	3

SIGN IN
SHEET AT
TABLE

REGIONAL NETWORKING SESSIONS

- ELC 2016 - inaugural meeting
 - Fact finding: getting to know regions (consortia structures, functions and outcomes)
- ELC 2017
 - Networking topics: academic-clinical partnership, capacity and variation
- ELC 2018
 - Networking topic: communication (national structure, day-to-day operations, planning)

YEAR	ATTENDANCE	CONSORTIA REGION
2016	51	20
2017	55	22
2018	123	23

ELC 2018 SESSION OBJECTIVES

During this session, participants will:

- Discuss the effectiveness of CE communications from an individual, regional and national perspective.
- Share successes and challenges related to CE communication during day-to-day operations and clinical placement process.
- Brainstorm ideas for improving CE communications at the individual, regional and national levels (upstream, downstream and laterally).

COMMUNICATION: DO WE ALWAYS GET THE MESSAGE THROUGH?

CLINICAL EDUCATION COMMUNICATION: STRUCTURE AND FUNCTION

Levels (individual, regional and national)

Direction (vertical and horizontal)

Function (day-to-day operations and planning)



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INDIVIDUAL LEVEL COMMUNICATION

WHAT WE KNOW

Institutions

- Academic programs
 - 242 accredited PT programs
 - 364 PTA programs
- Clinical sites
 - Unknown
 - 48,525 sites in CPI/CSIF system as of CSM 2018

People

- DCEs/ACCEs/ADCEs
 - At least 606!
- SCCEs/CIs
 - Unknown
- Students
 - 32,417 SPTs
 - 12,231 SPTAs

Academic program and student data from CAPTE website at
<http://www.capteonline.org/home.aspx>

REGIONAL LEVEL

WHAT WE KNOW

- 22 regional clinical education consortia for PT education
 - 15 include PTA educators
 - Additional consortia exist exclusively for PTA education
- Geographic distribution of regional consortia
 - 7 states/areas are not represented by a regional consortium
 - 2 states have multiple regional consortia (CA = 2; PA = 3)
 - Uneven distribution of consortia across country
 - NCCE regions aligned to match existing regional consortia

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)

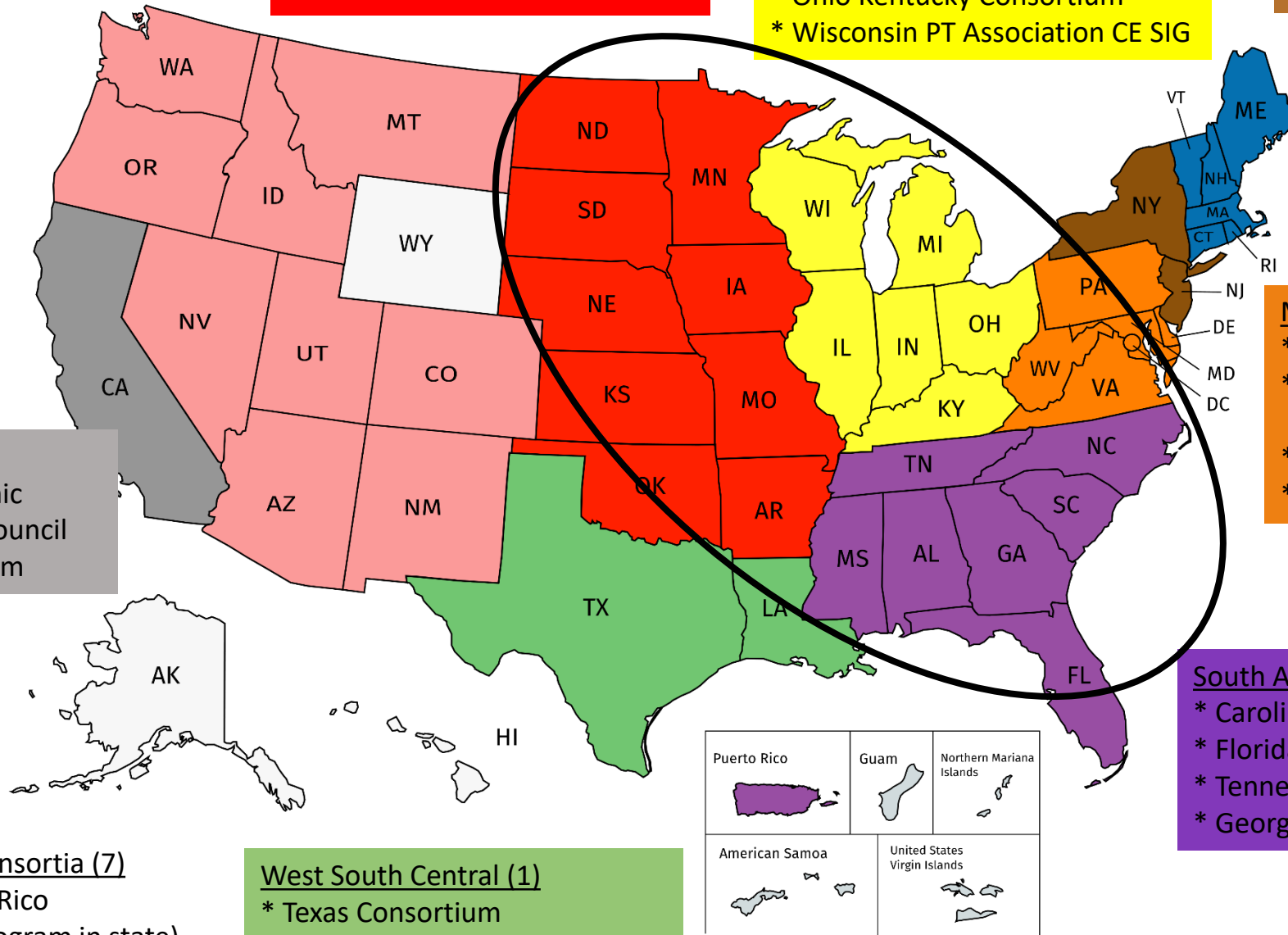
- * Intercollegiate Academic Clinical Coordinators Council
- * Northern CA Consortium

West South Central (1)

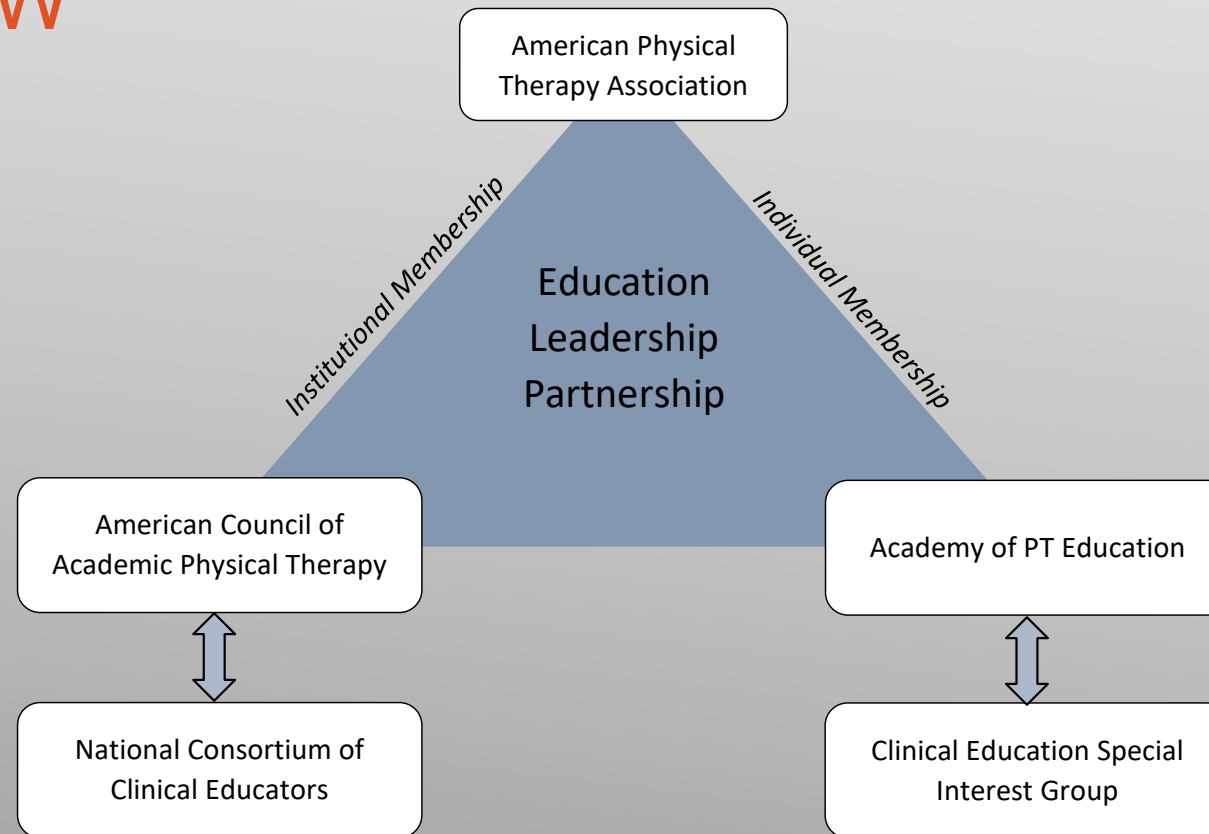
- * Texas Consortium

States/areas without consortia (7)

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



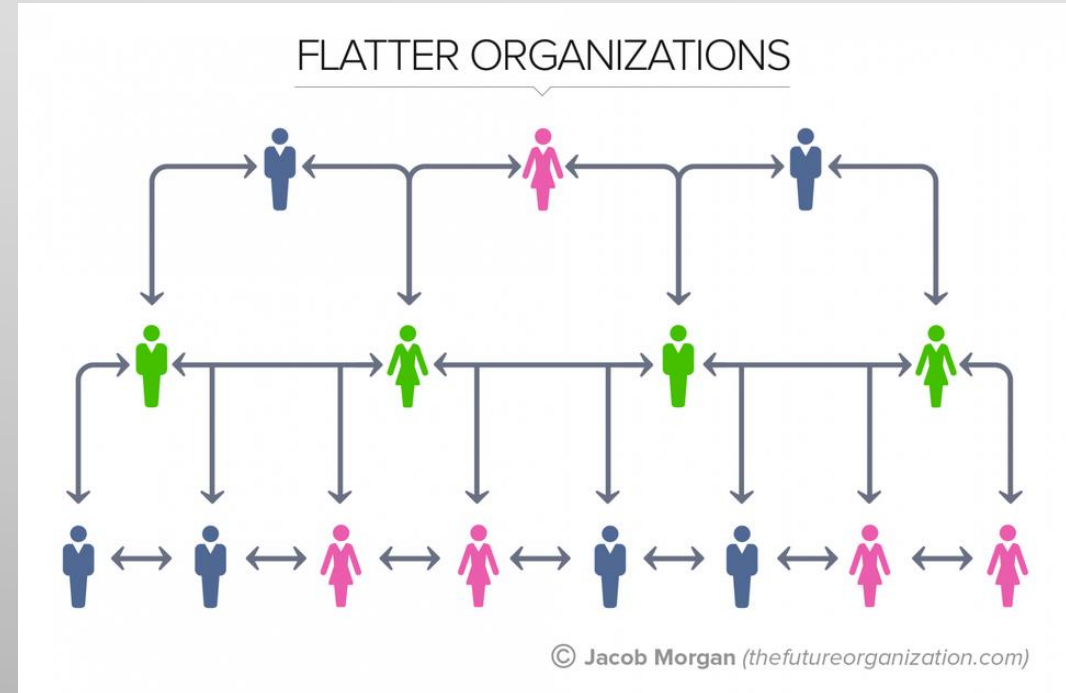
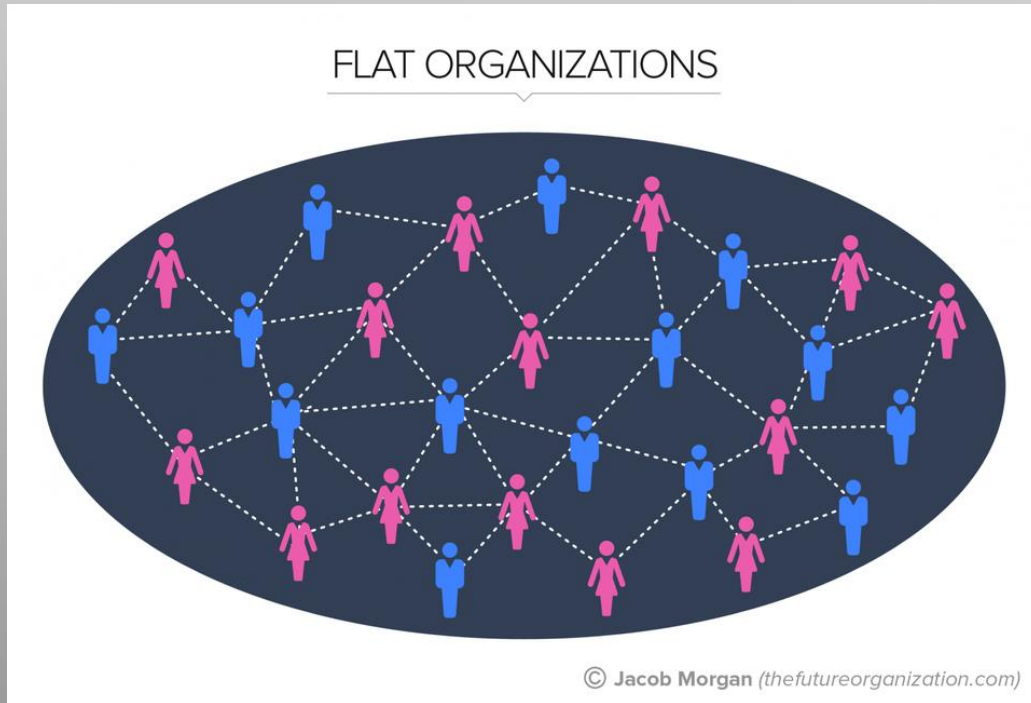
NATIONAL LEVEL EDUCATION LEADERSHIP PARTNERSHIP (ELP) WHAT WE KNOW



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.

STRUCTURES FOSTER COMMUNICATION

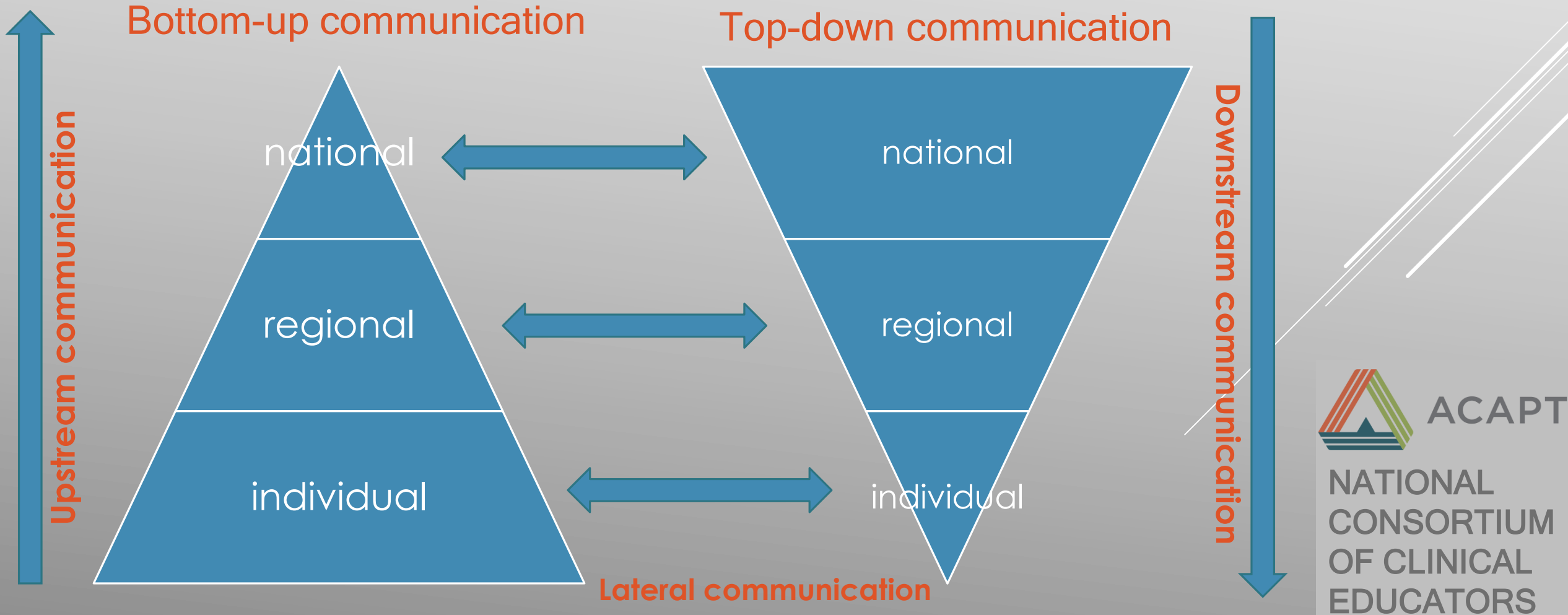
Is clinical education “Flat”?



Or “Flatter”?

A VIEW FROM THE HELM

(NATIONAL VIEW)



HOW IS OUR NATIONAL COMMUNICATION FLOWING?

What we know

- Approved national initiatives
 - Common Terminology Glossary for Clin Ed
 - Parameters for ICE
 - Student Readiness for first full-time clinical experience

What we don't know

- Has information flowed downstream?
 - Are we all talking the same language?
 - Are we all using the same parameters and readiness considerations?
- Do grassroots stakeholders feel their voice was heard?

HOW IS OUR NATIONAL COMMUNICATION FLOWING?

- Clinical partners:

- [Let's kahoot it!](#)

- www.kahoot.it - enter game PIN 180593

HOW IS OUR NATIONAL COMMUNICATION FLOWING?

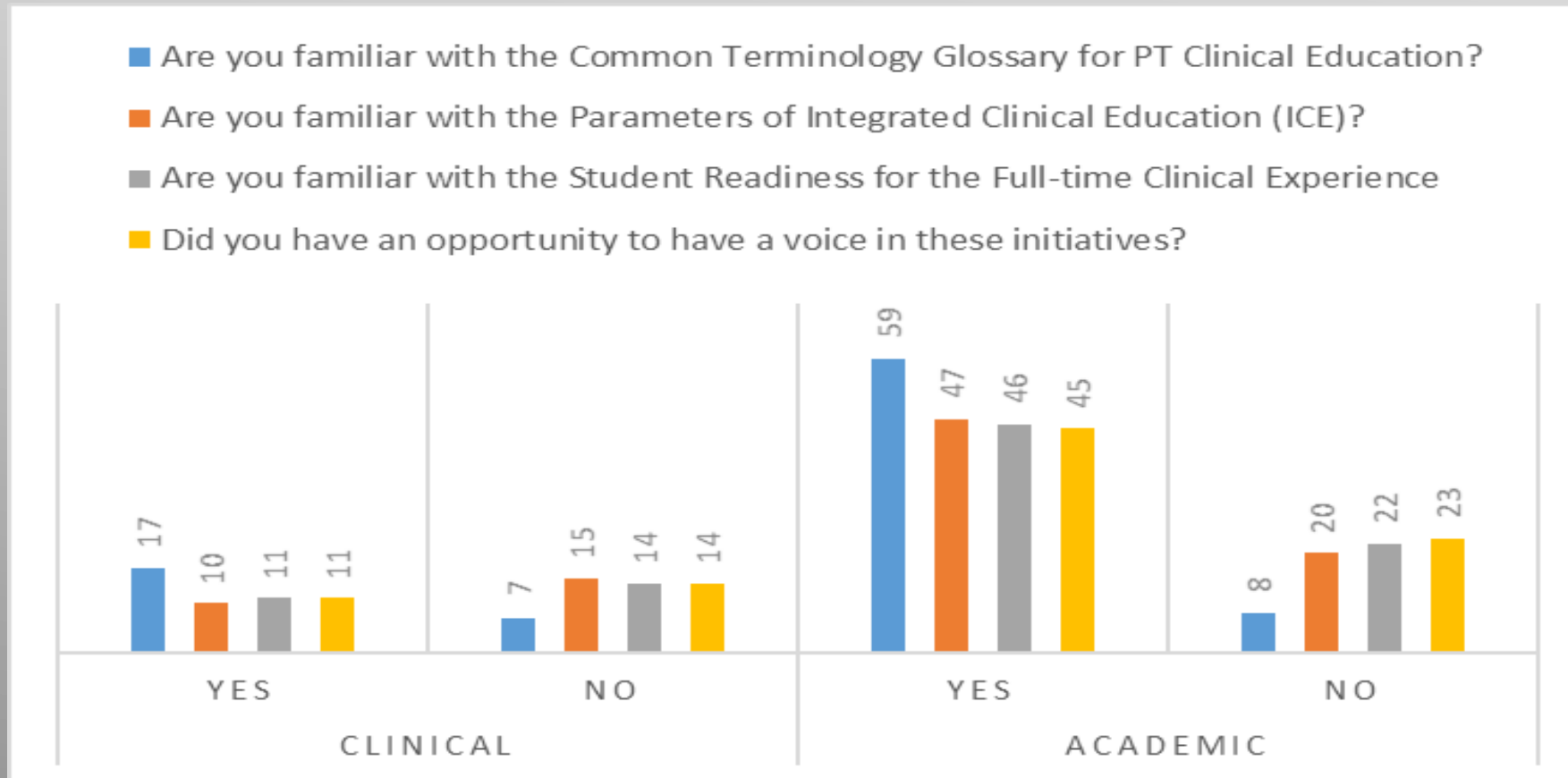
- Academic partners:

- [Let's kahoot it!](#)

- www.kahoot.it - enter game PIN 3264165

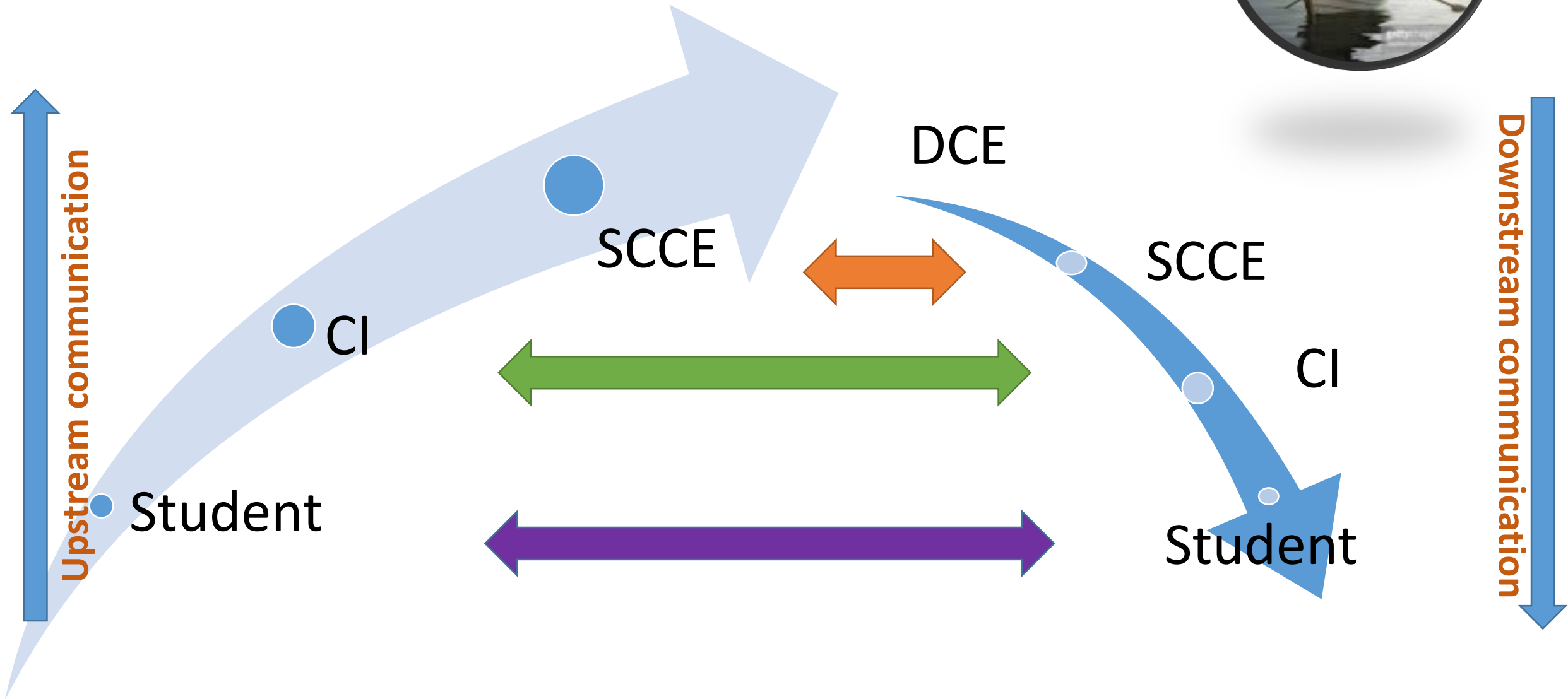
HOW IS OUR NATIONAL COMMUNICATION FLOWING?

KAHOOT RESULTS



LOOKING THROUGH THE SPYGLASS

(INDIVIDUAL VIEW)



COMMUNICATION FUNCTIONS

Purposes

- Day-to-day
- Planning
- Strategic
- Inter-organizational

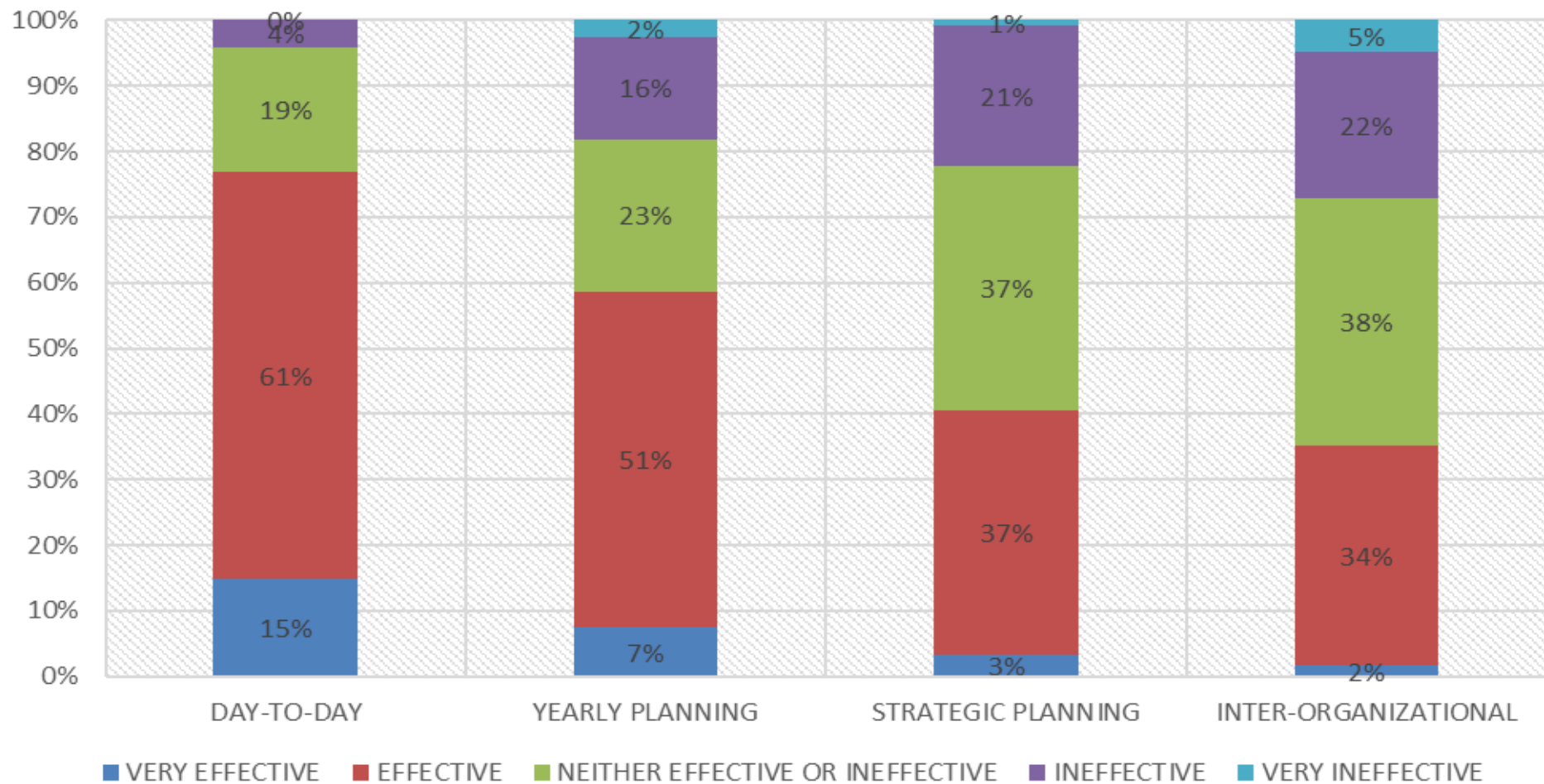
Types

- Formal and informal



PRE-SESSION SURVEY RESULTS

HOW EFFECTIVE IS CLINICAL EDUCATION COMMUNICATION





ROUNDTABLE ACTIVITIES

- Identify lines of communication
- Consider how regions fit into the bigger picture
- Brainstorm potential models

ROUNDTABLE ACTIVITY #2 - DISCUSS:

- How do our regions/consortia fit into the “bigger picture”?
 1. Do regions/consortia have a role in a national communication structure? YES - NO
 - Independent grassroots organizations/areas?
 2. Provide rationale for your perspective

ROUNDTABLE ACTIVITY #3

- What would the “ideal” model of a communication structure look like in your region?
 - Diagram, outline or describe it on paper at your table
 - Consider all levels/stakeholders and various purposes of communication



CONTINUING THE JOURNEY

- Communication on the day-to-day operational basis
- Sharing results from roundtable activities
 - Fully compile and share with registrants in coming months

BREAK TIME!!

- When returning after break - move to the table number listed on your nametag



CLINICAL EDUCATION COMMUNICATION: DAY-TO-DAY OPERATIONS

Emarkment: Before the CE experience

The Cruise: During the CE experience

Disembarkment: After the CE experience



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KNOW THE ROPES

- Network, share information
- Hour glass timers
 - Everyone has time share
- Facilitators will keep us on task
 - Stay focused
 - Stay positive
 - Don't get caught in the “sea”weeds
 - Focus on the usual and consistent trends



BEFORE THE CLINICAL EXPERIENCE

What we know.....

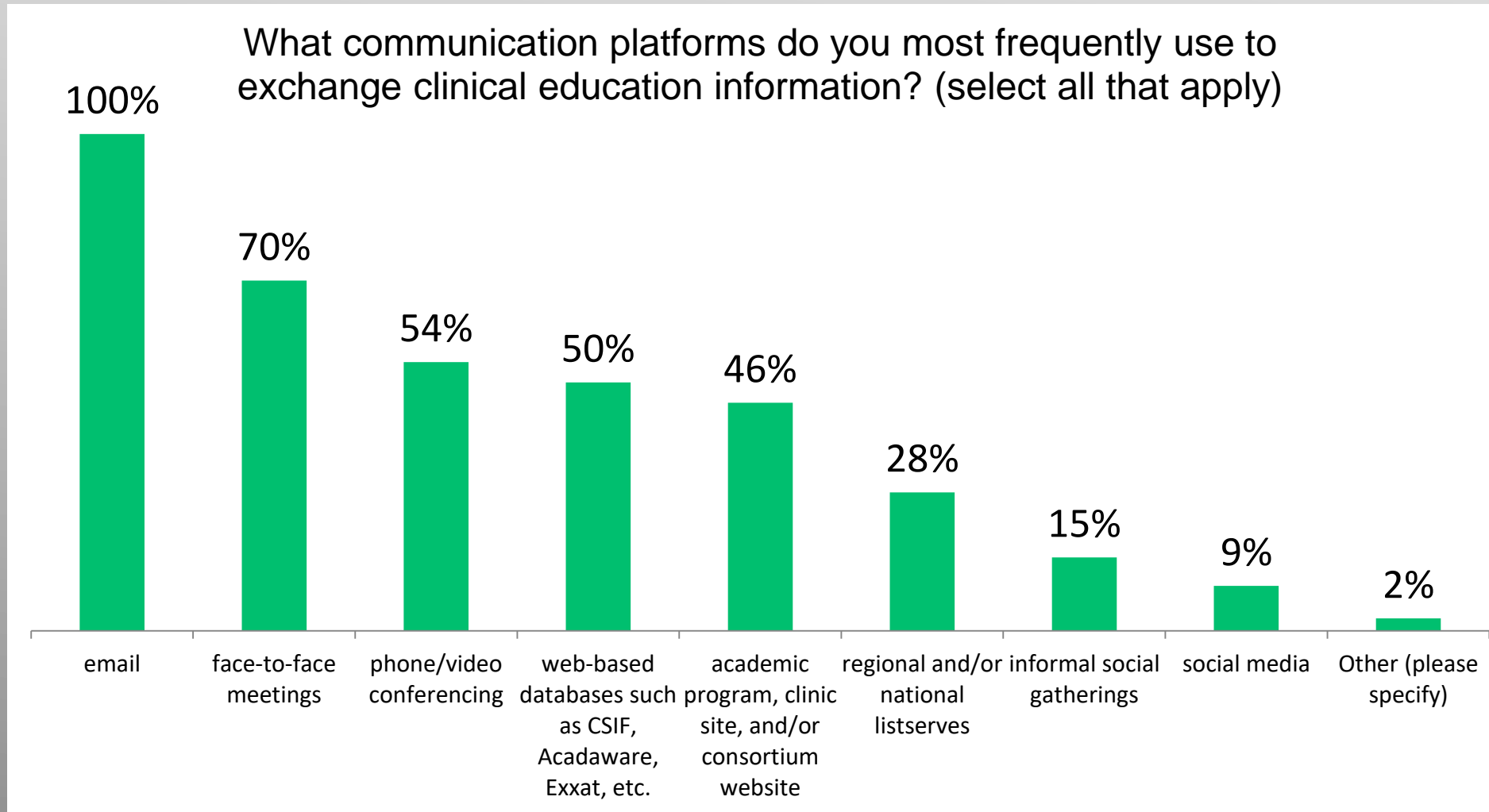


We know a lot of communication happens prior to the clinical excursion. The goal is to insure no one is left out of the boat, we work effectively as a team, so that at the start of the excursion all are happy and onboard.



BEFORE THE CLINICAL EXPERIENCE

What we know.....



ROUNDTABLE ACTIVITY #4

BEFORE THE CLINICAL EXPERIENCE

What we need to know from our *Clinical Partners*

- What is the essential information you need to prepare for the journey ahead?
- What is the best communication platform to exchange this essential information?
- Who is the best individual to receive this information from?
- Share any pearls or resources you have found helpful.

DURING THE CLINICAL EXPERIENCE

What we know.....



The student is now *coming aboard* (entering the clinical environment) and starting to ride the complexity of the clinical environment. There is interaction with many individuals and exploration of all that can be found (exploring in a tide pool). Much can be gathered, there is considerable interaction, and the environment can change.



ROUNDTABLE ACTIVITY #5

DURING THE CLINICAL EXPERIENCE

What we need to know:

- Please complete the brief check sheet at the table
- Share any pearls or resources you have found helpful.

THE CLINICAL EXPERIENCE: MANY EXCURSIONS

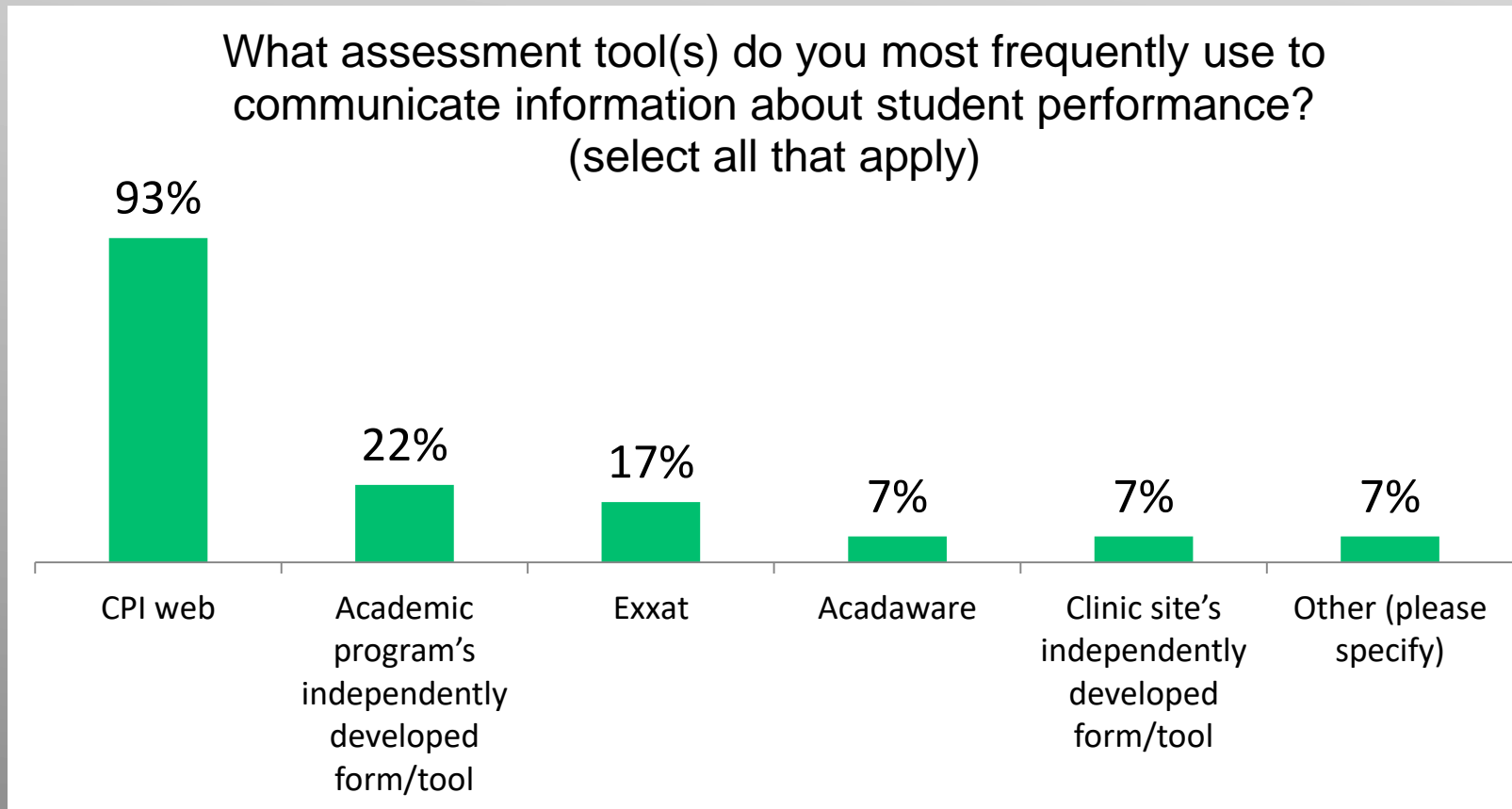
What we know:

- Academic programs need data
- Clinical sites need a way to assess student performance
- Students need feedback



AFTER THE CLINICAL EXPERIENCE: DISEMBARKMENT *AND READY FOR NEXT STEPS*

What we know:



AFTER THE CLINICAL EXPERIENCE: DISEMBARKMENT *AND READY FOR NEXT STEPS*

What we know.....



We know that when a student is disembarking (leaving the clinical excursion) there are various ways the student may exit:

- One = rather unexpectedly or surprised at the outcome.
- Another may be safely but not in the most efficient fashion.
- What we would like is that the student leaves safely, bags fully packed with all needed information and tools, and has a safe guided exit from the excursion.



ROUNDTABLE ACTIVITY #6

AFTER THE CLINICAL EXPERIENCE

- Focus on essential information and share:
 - What part of the tools you already use help you get this information?
 - “Wouldn’t it be great if an assessment tool would.....”

BREAK TIME!!

- Return to your same tables after break



CLINICAL EDUCATION COMMUNICATION: YEARLY PLANNING



Clinical placement process

- Historical perspective
- Current initiatives
- Multi-directional communications
- Wonderment: “Where we want to go?”



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Historical Overview



Today

1998



CESIG approved the
*Voluntary Uniform Mailing
Date* of March 1st of the
preceding year

182 PT programs

179 PTA programs

2009 and 2015

Re-confirmation
by CESIG in
2009 and 2015
with a
recommended
common form

242 PT programs

& Developing = 17

364 PTA programs

& Developing = 40

Total Students:

PT 32,417

PTA 12,231

CURRENT INITIATIVES:

CLINICAL PLACEMENT TASK FORCE

Co-chairs: Christine McCallum and Cindy Flom-Meland

Objectives

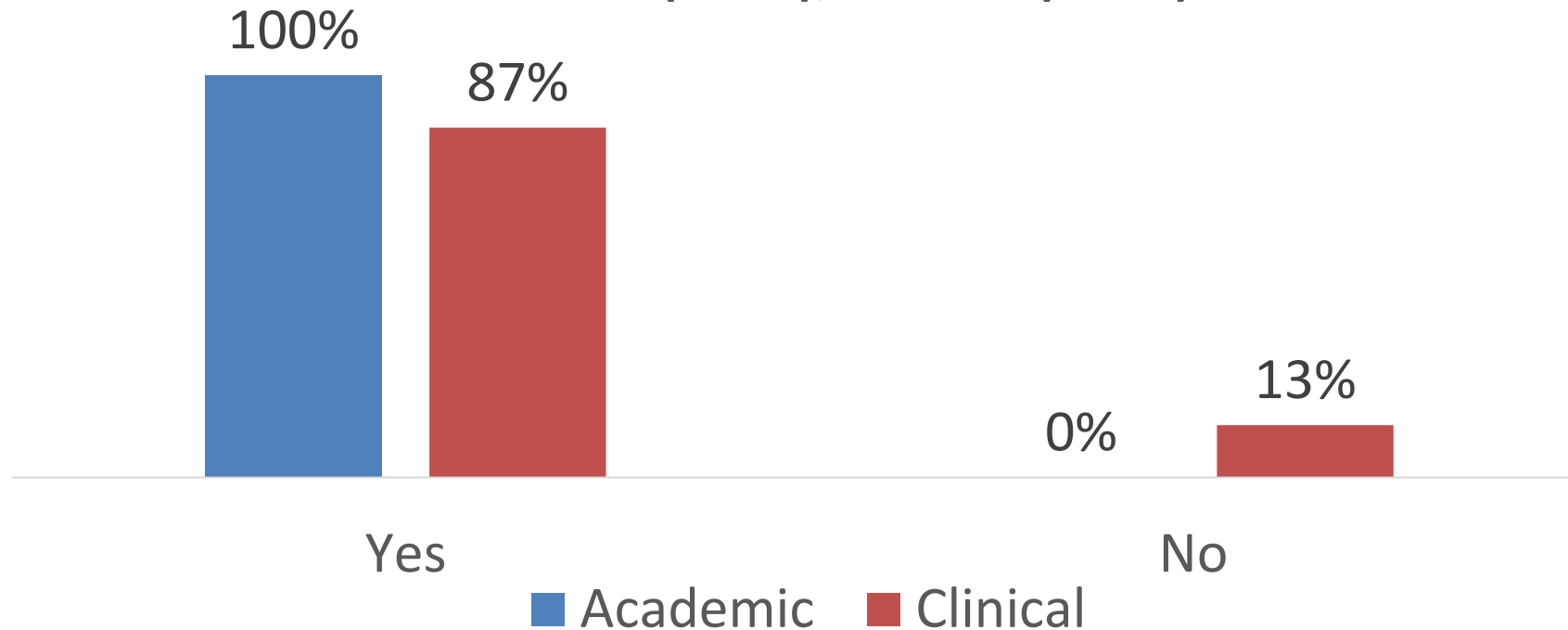
- Describe existing clinical placement models of CE
- Examine models/structures from other professions
- Identify academic, clinical site and student expectations
- Explore ethical and legal implications
- Incorporate PT ethic standards of practice and core values
- Develop recommendations to maximize resources, efficiencies and outcomes in placement process for entry level DPT students

SURVEY RESULTS

COMMUNICATION UPSTREAM/DOWNSTREAM

Does your program / site follow the time frame outlined by the voluntary uniform mailing date?

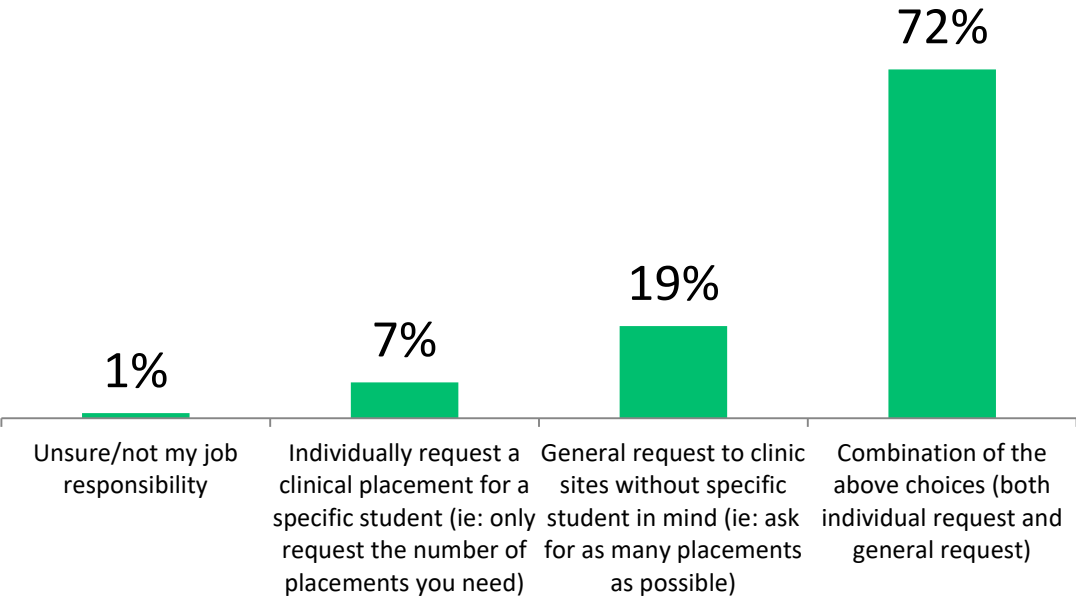
Academic (n=88), Clinical (n=23)



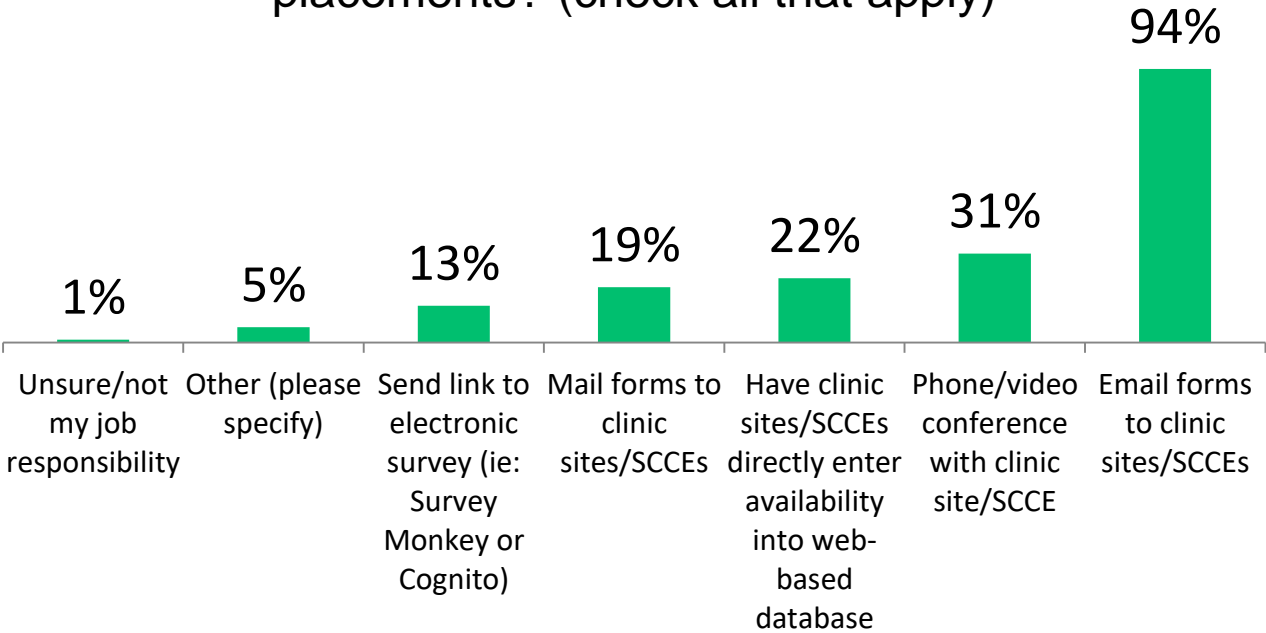
STUDENT PLACEMENT PROCESS AND PROCEDURES - ACADEMIC



What process does your program use to request clinical placements?



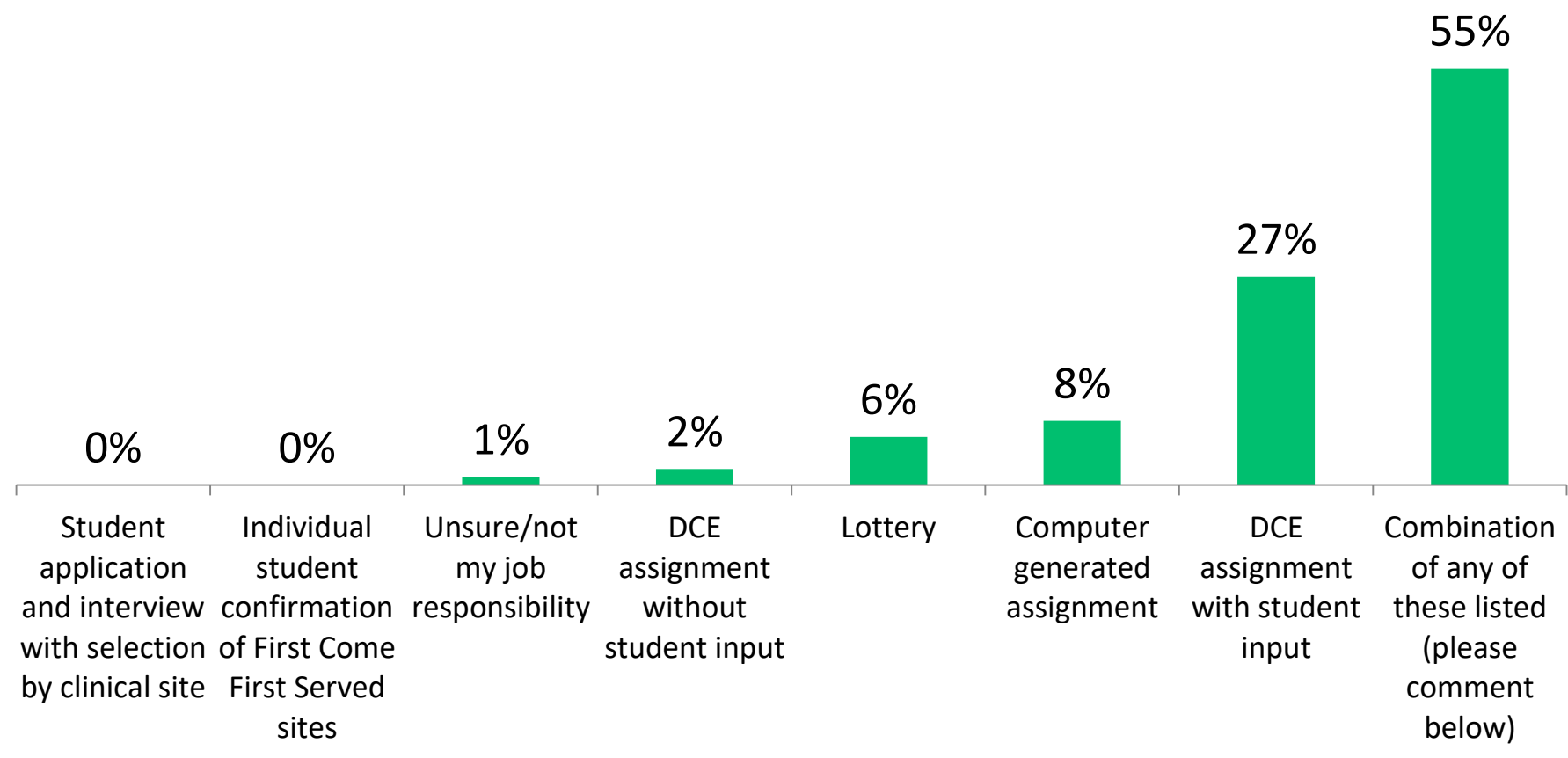
What procedure does your program use to gather information about available clinical placements? (check all that apply)



STUDENT PLACEMENT PROCESS AND PROCEDURES - ACADEMIC



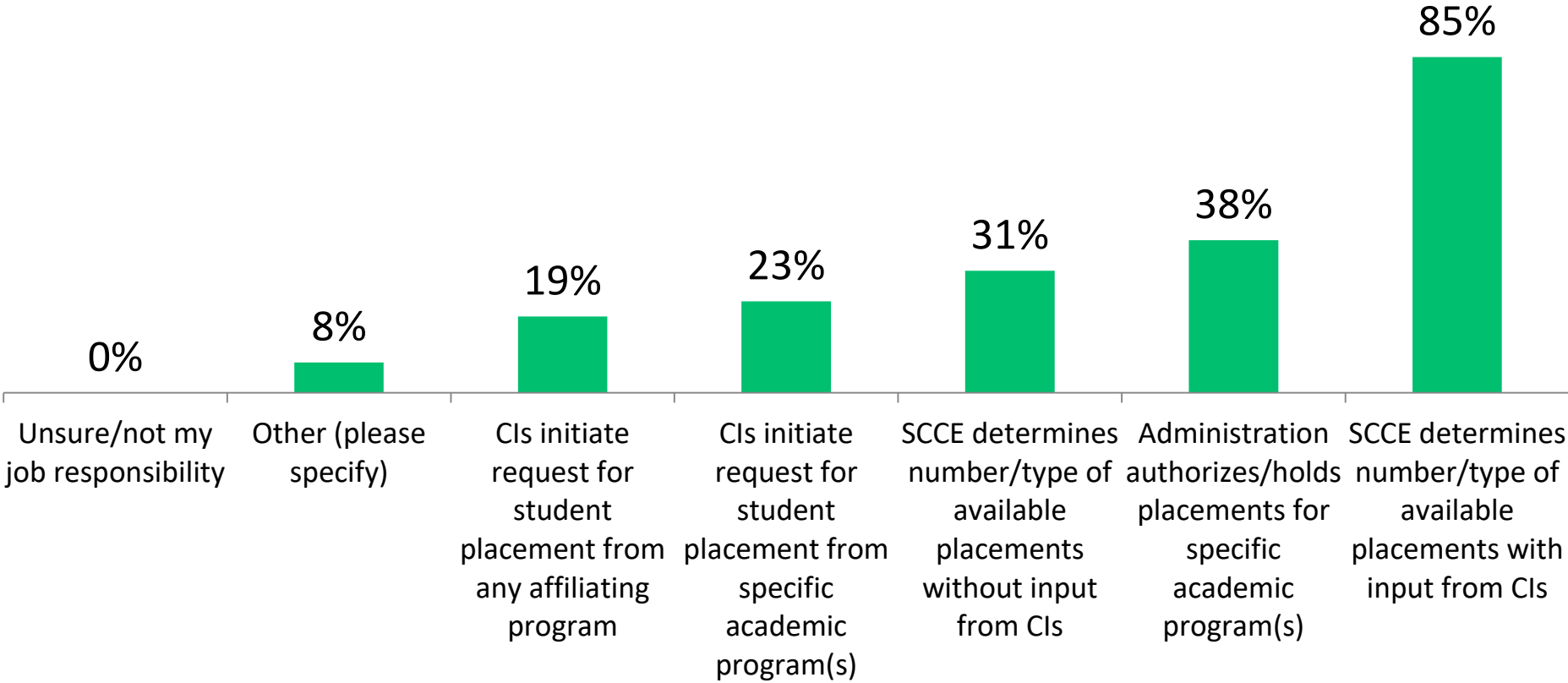
What procedure does your program currently use to match students to clinical placements?



STUDENT PLACEMENT PROCESS AND PROCEDURES – CLINICAL

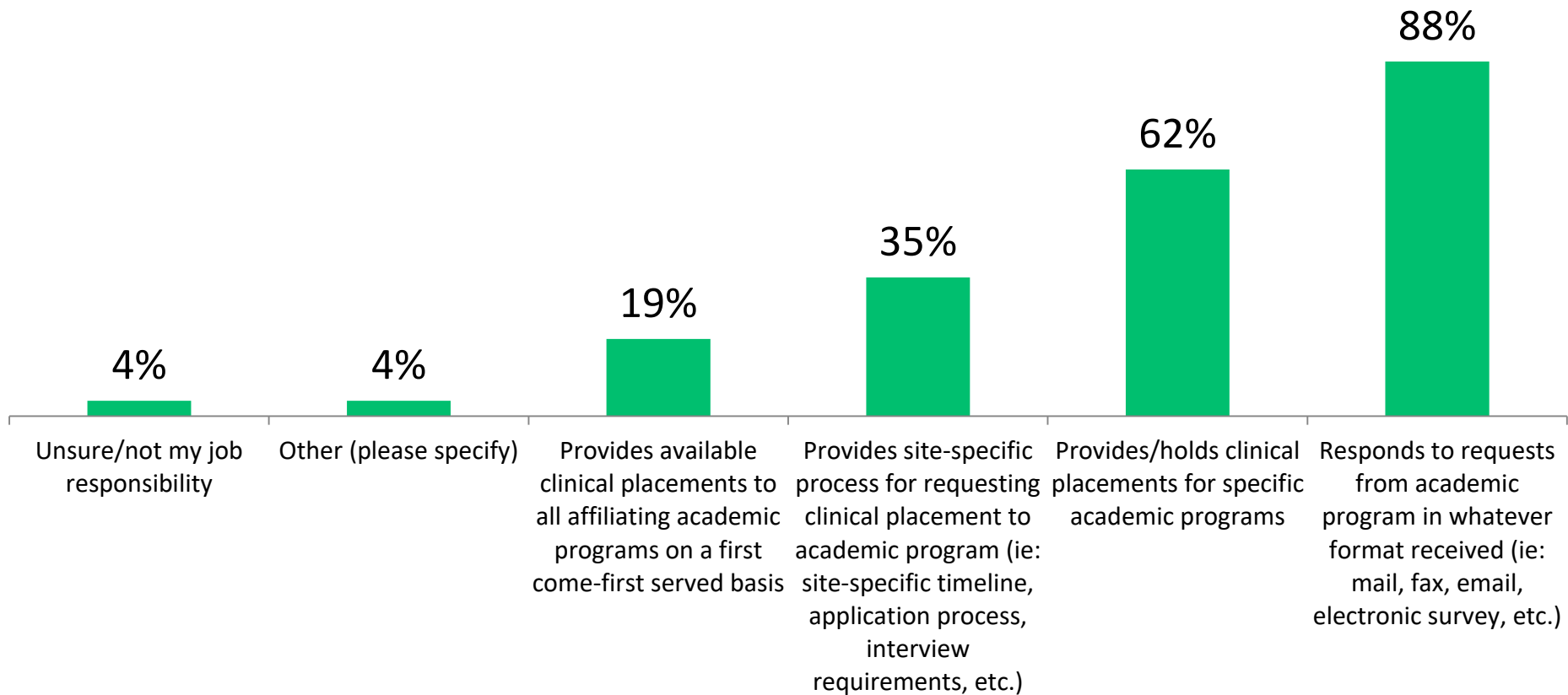


What process(es) does your clinic site use to determine available slots for clinical placement? (check all that apply)



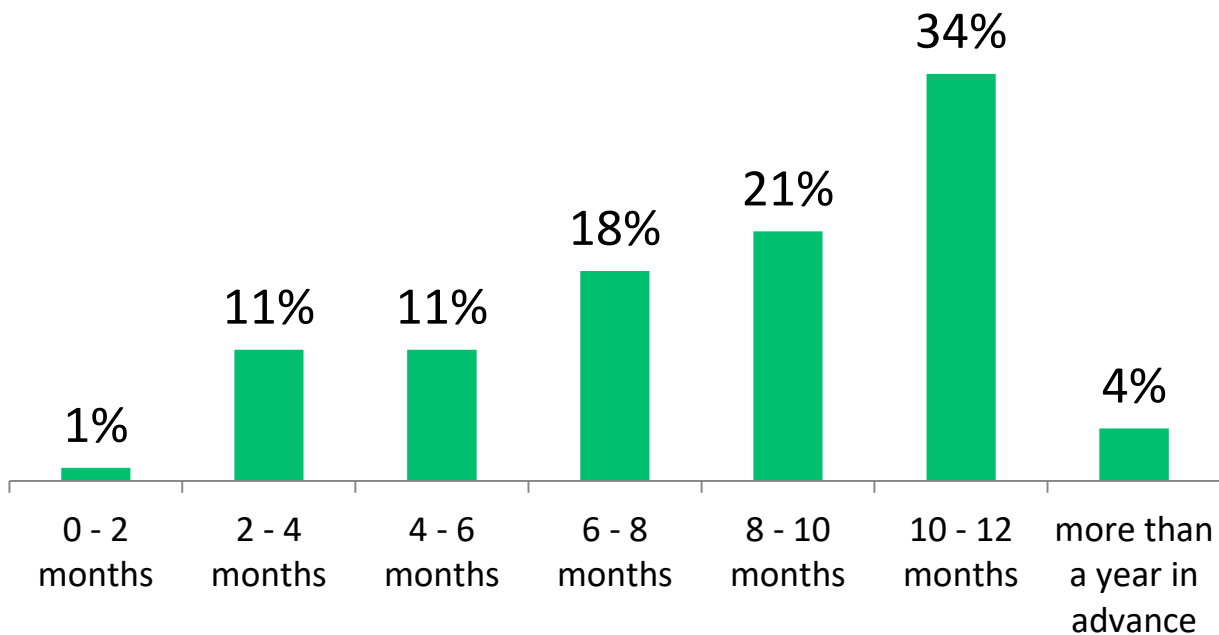
STUDENT PLACEMENT PROCESS AND PROCEDURES – CLINICAL

How does your clinic site communicate information about available clinical placements to academic programs? (check all that apply)

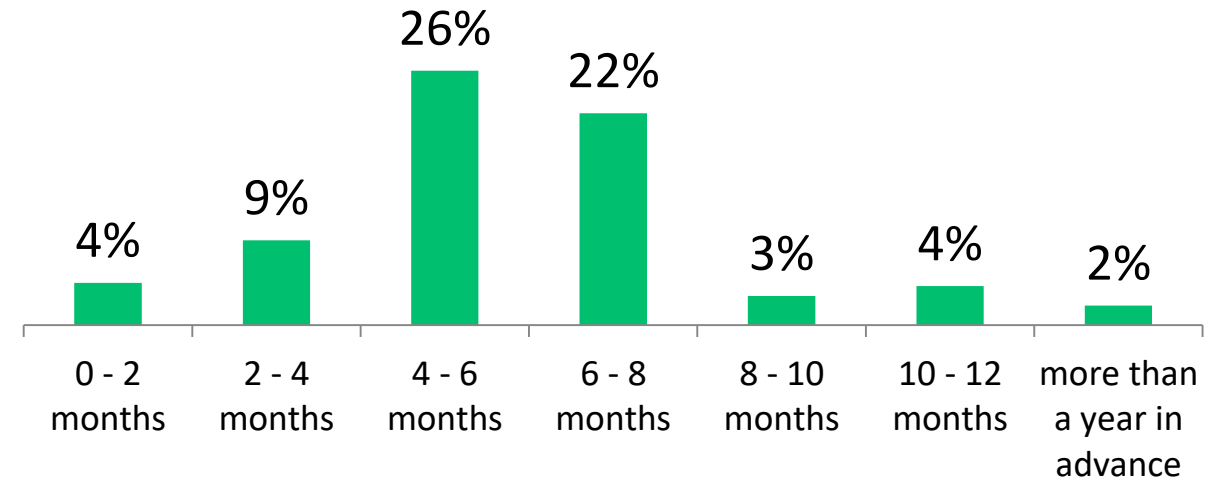


TIMELINES REPORTED

On average, how far in advance do you assign clinical experiences? (n=91)

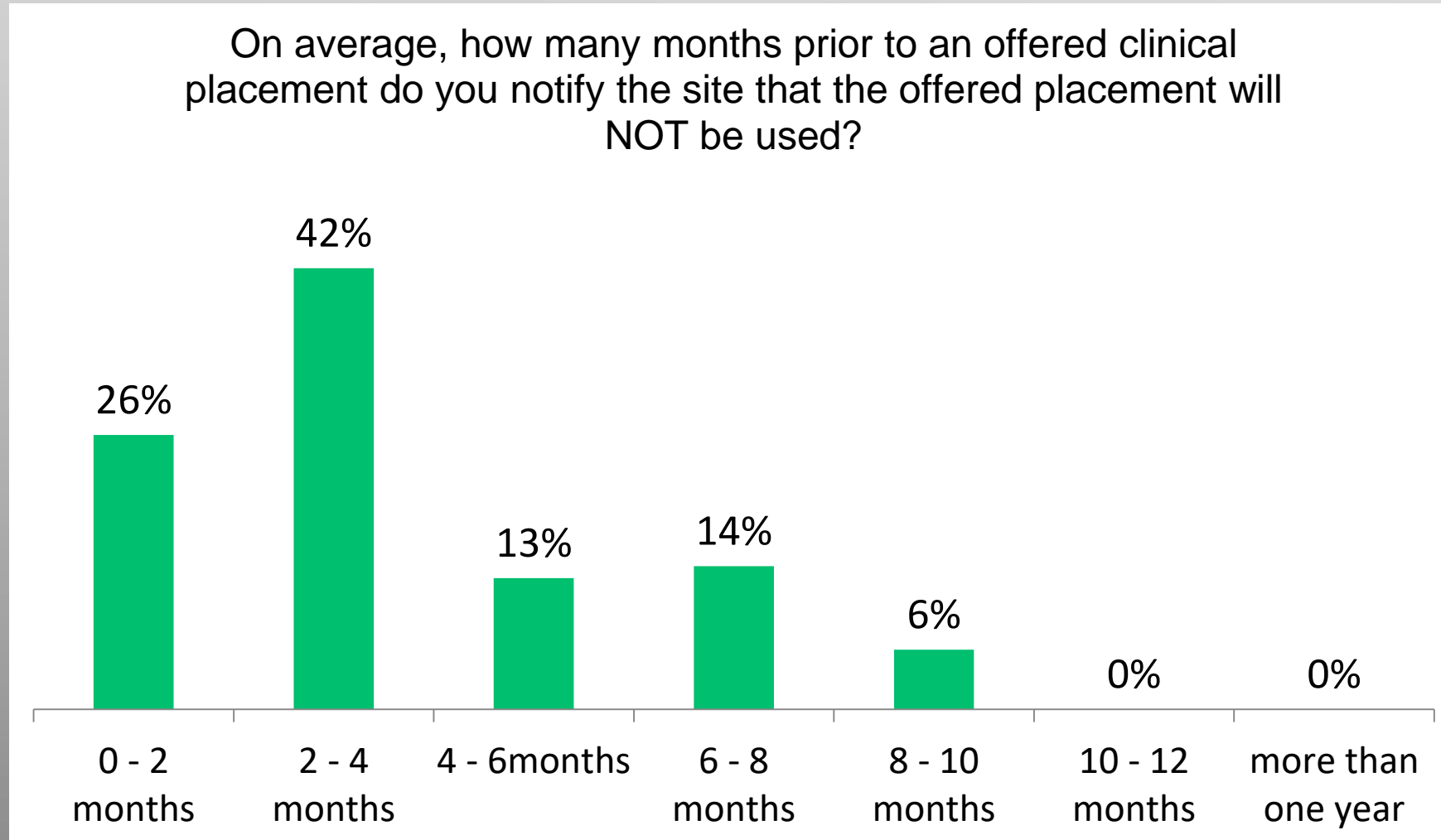


On average, how far in advance do you receive notification that an offered clinical placement will be used? (n=23)



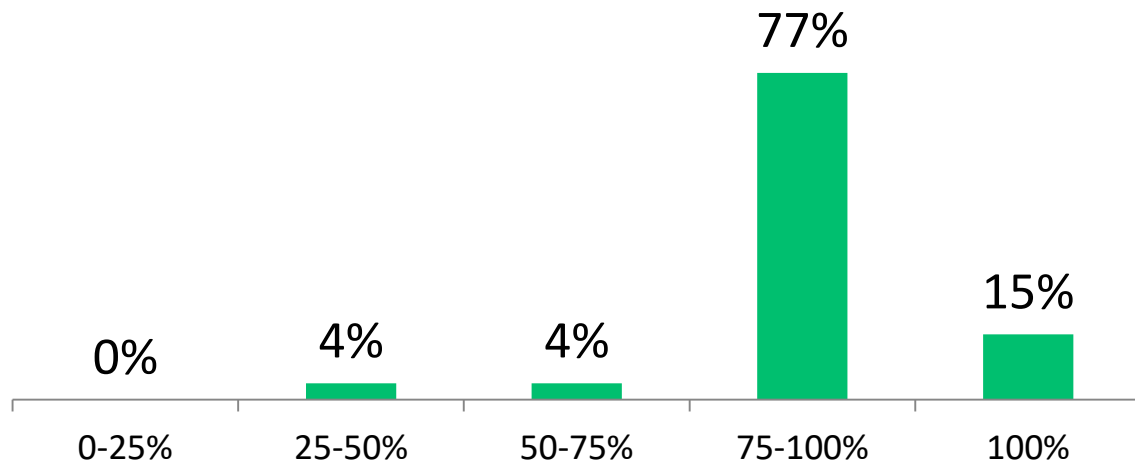
TIMELINES REPORTED

80% OF ACADEMIC RESPONDENTS REPORTED SENDING RELEASE LETTERS

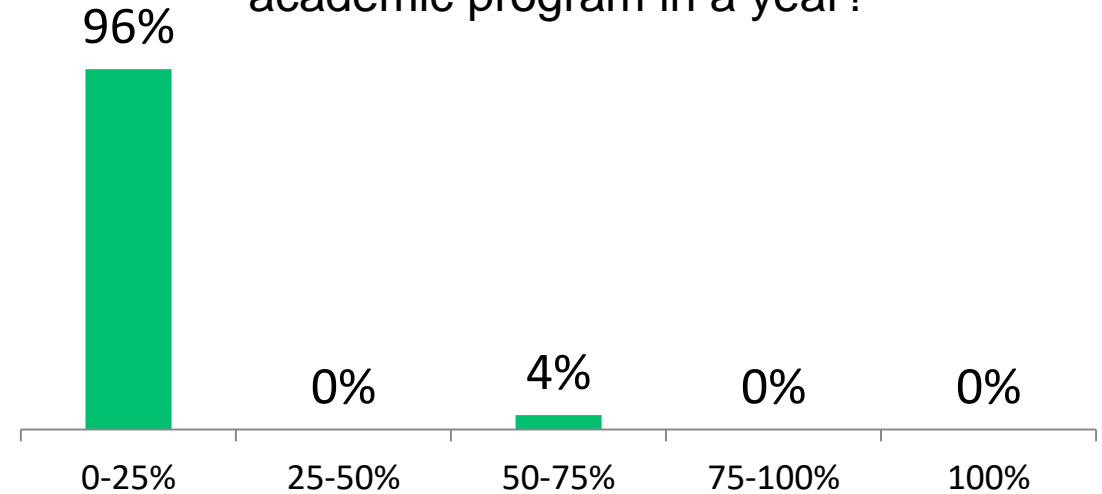


UTILIZATION REPORTED BY CLINICAL RESPONDENTS (N=25)

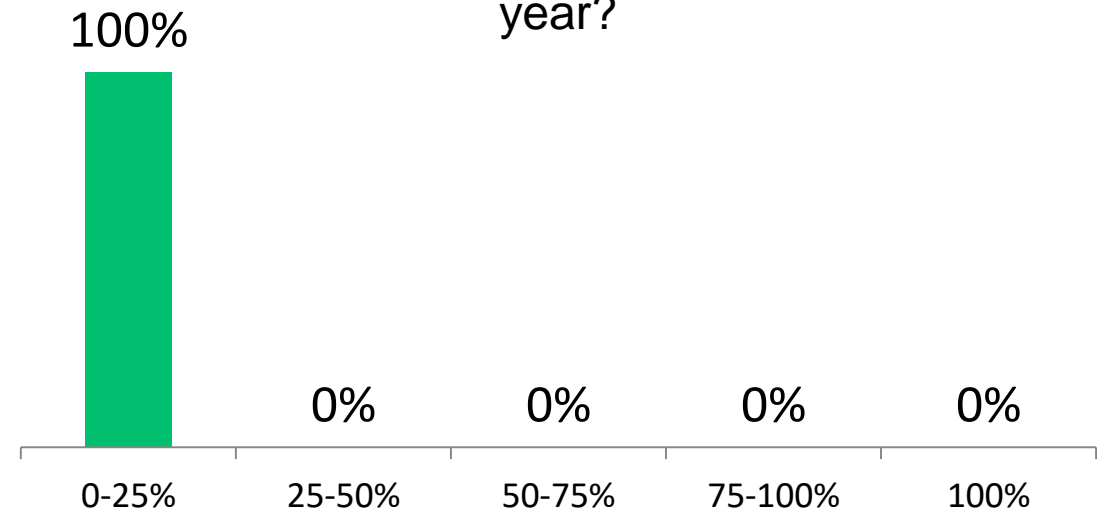
On average, what percentage of your offered clinical placements get used every year?



On average, what percentage of clinical placements are canceled by the academic program in a year?

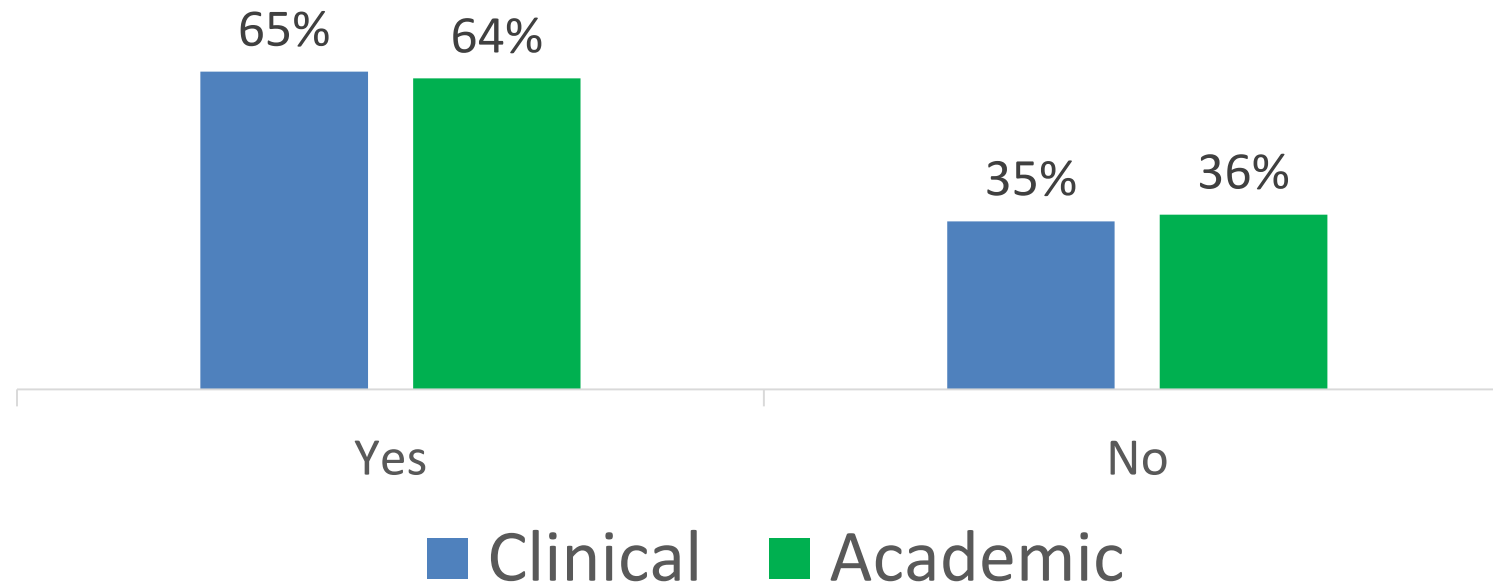


On average, what percentage of clinical placements does your clinic cancel in a year?



OVERALL SATISFACTION WITH CURRENT CLINICAL PLACEMENT PROCESS

Overall, are the current processes/procedures you are using for clinical placement meeting your needs and expectations?



ROUNDTABLE ACTIVITY #7

STUDENT PLACEMENT PROCESS DISCUSSION

- Share your favorite pearl to help navigate the student placement process.
- What icebergs have you had to navigate around?

ROUNDTABLE ACTIVITY #8 - WONDERMENT



*Cast a Vision: The **future** of CE
Placement process on a local, regional
and national level*

Dream big, Dream bold

*No judgement or side bars
conversations*

NETWORKING SESSION WRAP UP



- Today's networking session
 - Modeled upstream, downstream and lateral communication
- Follow-up from today's meeting
 - Compile information gathered today and report back in coming months (NCCE website and email)
- Take home message and parting gift!
 - Communication is a LIFESAVER in our clinical education waterways
 - Continue to collaborate in all directions!

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



NCCE Business Meeting

- Fri 5-6:30pm in Grand Ballroom 1-3

Clin Ed SIG meeting

- Sat 8-10am in Grand Ballroom 4-5