



AMERICAN COUNCIL OF ACADEMIC PHYSICAL THERAPY

1 **AC-6**

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10 **PROPOSED BY:** Mary Dockter, University of Mary

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13 **TITLE:** Clarity of Observation Hours in the Admission Process

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15 **Move that the following policy be adopted:**

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17 **To be read-in as a revision to the original motion:**

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19 1. Admissions committees shall discontinue the practice of listing “Recommended” ObHr
20 supplemental to “Required” ObHr.
21 2. Admissions Committees shall be explicit on how they utilize the criteria of Pre-admission
22 observation hours (ObHr) so that applicants can use this information in making decisions
23 regarding the use of their time and that of the clinical sites.
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25 **Support Statement:**

26 ACAPT's National Consortium of Clinical Educators (NCCE) identified concerns from the clinical
27 education community that pre-admission Observation Hours (ObHrs) created challenges for DPT
28 student clinical placements. The ACAPT board empowered the NCCE to create a task force to
29 investigate the landscape surrounding pre-admission observation hours in DPT education. The task
30 force created and sent out a comprehensive survey and received the following participant response:
31 admissions committee members (n= 162), clinicians (n=2937), PT students and recent graduates
32 (n=1222), and DCEs (n=150). Survey analysis revealed that, among several findings, there is wide
33 variability in ObHr requirements (number of hours (required and/or recommended) number and
34 type of settings paid vs unpaid) and how the hours are weighted/used in the admission's process.

35 The final report can be accessed here:

36 [https://acapt.org/docs/default-source/consortium-\(ncce\)/acapt-ncce-pre-admission-ob-hr-report-revised-3-recommendation-final-12-10-20.pdf?sfvrsn=5f5982d8_0](https://acapt.org/docs/default-source/consortium-(ncce)/acapt-ncce-pre-admission-ob-hr-report-revised-3-recommendation-final-12-10-20.pdf?sfvrsn=5f5982d8_0).

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39 Specific feedback from the survey revealed:

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41 Admissions Committee Perspectives

- 42 1. Admissions committee members value ObHr as a means for applicants to demonstrate they have a
43 basic understanding/knowledge of the PT profession before committing to the rigorous process of
44 attaining a physical therapy degree.
45 2. Admissions committee members prefer applicants to have a variety of observation sites (two or



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46 more sites/settings) but acknowledge difficulties that applicants may experience in obtaining hours
47 in specific settings such as acute care or inpatient rehabilitation.

48 3. Usage and purpose of the ObHr requirement varies among programs: some programs weigh the
49 number of ObHr completed while others utilize them to show the applicant has met this criterion
50 and should advance in the admissions process.

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52 Clinician Perspectives:

53 1. The variety of the settings and patient populations in which the ObHr take place is more important
54 than the number; perspective applicants' goals can be accomplished with fewer hours than is
55 currently required and/or recommended.

56 2. The ObHr requirement may be a burden to those students who: a) do not have "contacts" to find
57 facilities that will accept them, b) have work/school/family responsibilities that limit their ability
58 to pursue these hours, and c) financial constraints (time off work, transportation) that limit their
59 ability to pursue these hours. These reasons may serve to limit the diversity of the applicant pool.

60 3. Alternative methods of accomplishing the above two purposes should be investigated in light of
61 HIPAA, Covid and other challenges related to having observers in the health care facilities;
62 however, there is no perfect alternative to in person ObHr in the clinic

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64 Student Perspectives:

65 1. Students perceive completing a high number of ObHr is of value for increasing the
66 competitiveness of their application. (ie. more is better, even after they have completed the
67 number of hours that are "required" as stated on the Programs' websites.

68 2. Scheduling time to complete the required or recommended numbers of ObHr can be challenging
69 due to school/sport/work commitments (time).

70 3. Obtaining hours in hospital/acute/inpatient settings is particularly difficult due to many factors,
71 including in part: lack of nearby facilities willing to accept observers; onboarding requirements;
72 observation hour limits; volunteer hour requirements; overall number of volunteer limits.

73 4. Balancing the need to complete high numbers of ObHr with the need to work to help pay for
74 school (financial), is challenging; observation hour requirements may discriminate against those of
75 lower socioeconomic status and decrease profession diversity.

76 5. Finding diverse observation hour settings (access) that are nearby can be challenging, particularly
77 for applicants in rural areas.

78 6. Determining which facilities accept observers is time consuming, and can be especially difficult
79 for those with limited contacts or little knowledge of physical therapy settings.

80 7. There is the perception that "more is better" so it is hard for the applicant to know when enough is
81 enough--even after they hit the required number for the program(s) that they are applying to

82 After analysis of the data, the NCCE task force identified various priority items including clarity in the
83 use of ObHrs in order to decrease variance in utilization of ObHrs and to create more uniformity in
84 utilization by admissions committees, decrease burden on clinical sites and clinicians, and subsequently,
85 decrease burden on applicants.

86 The ACAPT board brought forth the final report to the Education Leadership Partnership (ELP) for action
87 on the identified priority items and subsequently created a task force composed of representatives from
88 APTA, ACAPT, and the NCCE. Robert Rowe, rep from the APTA board, and Mary Dockter, rep from
89 ACAPT, were commissioned to create this motion.

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93 **CURRENT POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:**

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98 **RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:**

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