



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.

24 ~~Information provided to all applicants on PTCAS or the program’s website should include-~~
25 ~~Identify if ObHr are weighted in the admissions decision-making process.~~
26 ~~The impact (or lack thereof) of completing ObHr beyond the required number of hours.~~
27 ~~Identify if paid hours (e.g. working as a Physical Therapy Technician) are able to be used for~~
28 ~~fulfilling a program’s ObHr requirements.~~
29 ~~Identify the Timing of hours (i.e. how much time can lapse between completed observation hours~~
30 ~~and application)~~
31 ~~Identify if alternate observation hours (i.e. shadowing of other healthcare professionals,~~
32 ~~volunteering at Special Olympics, working at camp for people with disabilities) count towards ObHr~~
33 ~~requirements~~

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35 **Support Statement:**

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



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45 The final report can be accessed here:

46 [https://acapt.org/docs/default-source/consortium-\(ncce\)/acapt-ncce-pre-admission-ob-hr-report-revised-3-](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)
47 [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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49 Specific feedback from the survey revealed:

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51 Admissions Committee Perspectives

- 52 1. Admissions committee members value ObHr as a means for applicants to demonstrate they have a
53 basic understanding/knowledge of the PT profession before committing to the rigorous process of
54 attaining a physical therapy degree.
- 55 2. Admissions committee members prefer applicants to have a variety of observation sites (two or
56 more sites/settings) but acknowledge difficulties that applicants may experience in obtaining hours
57 in specific settings such as acute care or inpatient rehabilitation.
- 58 3. Usage and purpose of the ObHr requirement varies among programs: some programs weigh the
59 number of ObHr completed while others utilize them to show the applicant has met this criterion
60 and should advance in the admissions process.

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62 Clinician Perspectives:

- 63 1. The variety of the settings and patient populations in which the ObHr take place is more important
64 than the number; perspective applicants' goals can be accomplished with fewer hours than is
65 currently required and/or recommended.
- 66 2. The ObHr requirement may be a burden to those students who: a) do not have "contacts" to find
67 facilities that will accept them, b) have work/school/family responsibilities that limit their ability
68 to pursue these hours, and c) financial constraints (time off work, transportation) that limit their
69 ability to pursue these hours. These reasons may serve to limit the diversity of the applicant pool.
- 70 3. Alternative methods of accomplishing the above two purposes should be investigated in light of
71 HIPAA, Covid and other challenges related to having observers in the health care facilities;
72 however, there is no perfect alternative to in person ObHr in the clinic

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74 Student Perspectives:

- 75 1. Students perceive completing a high number of ObHr is of value for increasing the
76 competitiveness of their application. (ie. more is better, even after they have completed the
77 number of hours that are "required" as stated on the Programs' websites.
- 78 2. Scheduling time to complete the required or recommended numbers of ObHr can be challenging
79 due to school/sport/work commitments (time).
- 80 3. Obtaining hours in hospital/acute/inpatient settings is particularly difficult due to many factors,
81 including in part: lack of nearby facilities willing to accept observers; onboarding requirements;
82 observation hour limits; volunteer hour requirements; overall number of volunteer limits.
- 83 4. Balancing the need to complete high numbers of ObHr with the need to work to help pay for
84 school (financial), is challenging; observation hour requirements may discriminate against those of
85 lower socioeconomic status and decrease profession diversity.
- 86 5. Finding diverse observation hour settings (access) that are nearby can be challenging, particularly
87 for applicants in rural areas.
- 88 6. Determining which facilities accept observers is time consuming, and can be especially difficult
89 for those with limited contacts or little knowledge of physical therapy settings.



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90 7. There is the perception that “more is better” so it is hard for the applicant to know when enough is
91 enough--even after they hit the required number for the program(s) that they are applying to
92 After analysis of the data, the NCCE task force identified various priority items including clarity in the
93 use of ObHrs in order to decrease variance in utilization of ObHrs and to create more uniformity in
94 utilization by admissions committees, decrease burden on clinical sites and clinicians, and subsequently,
95 decrease burden on applicants.

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

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

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

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