Post-Summit Strategic Initiative Panels

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Objectives

- Discuss literature relevant to integrated clinical education, student readiness for full-time clinical experiences, and clinical education common terminology.
- Describe the progress made to date by the ACAPT post-summit strategic initiative panels.
- Realize the importance of collaboration in the development of recommendations to advance clinical education.
- Recommend future directions to the ACAPT panels based on information provided.

The Plan

- 40 minutes Process and panel updates
- ~ 15 minutes Conversation 1
- ~ 15 minutes Conversation 2
- ~ 15 minutes Conversation 3
- 5 minutes Closing

The Vision

"Clinical education in physical therapy will have a common culture of teaching and learning based in strong partnerships with shared responsibility for preparing all students to enter and progress through their clinical education experiences prepared for practice."

Final Report

- Guiding Principles
 - Evidence-based
 - Stakeholders as partners
 - Assessment
 - Clear, explicit plan
 - Forward thinking
 - Interprofessional
 - Responsible and sustainable
- 15 recommendations
 - 11 harmonizing
 - 4 innovative

Culture of Teaching and Learning

Shared responsibility Common language

Partnerships

Clinical education partnerships

CCCEs as clinical leaders

Clinical faculty development

Clinical site recognition

Culture of shared responsibility

Collaboration through networks

Curricular Experiences

Clinical curricula
Integrated clinical education
Criteria for exiting curriculum
Terminal internship
Community centered physical therapy
services

Student Readiness

Readiness to enter and progress through clinical education

Student competencies

Post-Summit Process

- ACAPT Board prioritized summit recommendations
- Identified the top 3 recommendations:
 - Academic and clinical faculty will develop, disseminate, use, and periodically review standard terminology and definitions for physical therapy education
 - All programs will offer goal oriented, diverse active learning experiences that are developed in collaboration with invested stakeholders and embedded within the didactic curriculum, prior to terminal experiences.
 - Develop a requisite core set of knowledge, skills, attitudes and professional behaviors to move into early, intermediate and final fulltime clinical experiences.

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Strategic Panel Development and Plan

- Panels appointed in December 2015
- Began work at CSM in 2016
- Coordinated effort with Chairs
- Stakeholder input (ELC, NSC, surveys, etc.)
- Final reports and motions due to ACAPT in 2017
- Stagger in next set of panels to address subsequent recommendations

Next Steps

- Coordinate work with other groups addressing related topics
- Considerations for next group of panels
- Continue to coordinate efforts, engage stakeholders, develop work products
- Recommendations to ACAPT Board of Directors then to ACAPT membership
- Adoption and implementation by education and clinical communities

Common Terminology Committee

Mia Erickson, PT, EdD, CHT, ATC Midwestern University Glendale, AZ

Committee Members

- Marisa Birkmeier, George Washington University
- Melissa Booth, University of Central Arkansas
- John Borstad, College of St. Scholastica
- Laurita Hack, Arcadia University
- Julie Hartman, Gannon University
- Debbie Ingram, University of Tennessee Chattanooga
- Janet Jackson-Coty, Thomas Jefferson University
- Vicki LaFay, Clarkson University
- Emma Wheeler, Virginia Commonwealth University

Charge to the Committee

- Develop common terminology related to physical therapist clinical education
- Develop templates or models to support clinical education
 - Request forms
 - Student information forms
- Investigate and identify all current sources of terminology related to clinical education by inviting collaboration with various groups, NCCE, Education Section, CAPTE

Charge to the Committee

- 4. Review all current support documents, ie, CAPTE, CPI, Guide to PT Practice
- Recommend items for consideration related to common terminology
- Develop guidelines for implementation of the proposed terminology

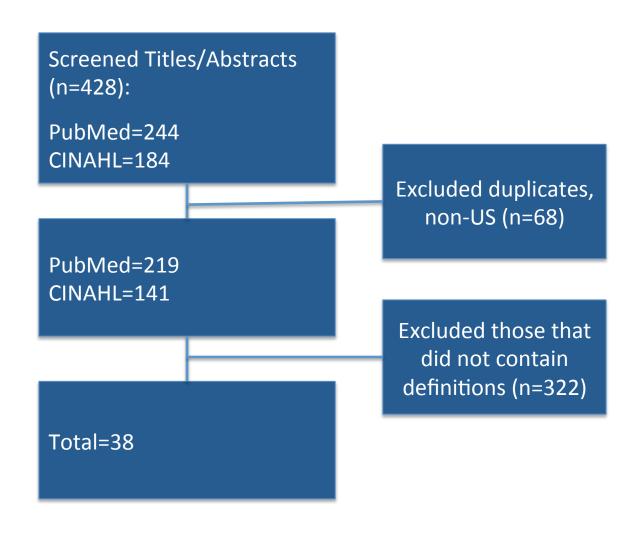
Procedures

- First face-to-face meeting at CSM 2016
- Planning meeting
 - Determined procedures
 - Gathering phase (Feb to April)
 - Relevant sources:
 - ACAPT, APTA, CAPTE, CESIG, Consortia, Evaluation tools, FSBPT, Normative Model, Residency and Fellowship, Summit, Experts in the field
 - Systematic search of literature
 - PubMed, CINAHL

Systematic Search

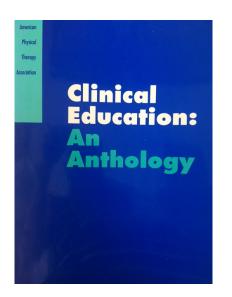
- MeSH and Keyword search
- "Physical therapy" AND
 - "Clinical education"
 - Internship
 - "Clinical instruct*"
 - Preceptor
 - Residency
 - Fellowship
 - Terminology

Literature Search (1980 to present)



Pre-1980

- Historical documents from the APTA
- Clinical Education Anthologies
 - Volume 1 published in 1992
 - Volume 2 published in 1996
- PubMed/CINAHL Search (up to 1980)
- 24 hits \rightarrow 4



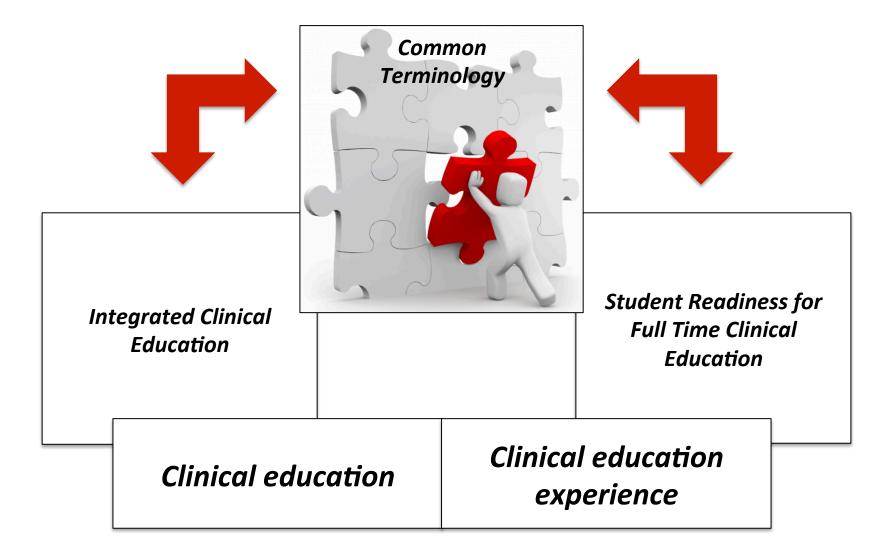
Data extraction phase

(May, 2016)

- Extracted relevant definitions related to clinical education from all sources
- Term, definition, and reference placed into a master spreadsheet
- 260 items
 - 6 definitions for clinical education
 - 12 definitions for ACCE
 - 15 definitions for clinical instructor

Prioritizing

(June, 2016)



Laying the foundation

Clinical education (DRAFT)

Clinical education is a formal type of experiential learning, focused on attaining patient-centered skills. It is designed so that students gain substantial, relevant experience and skills, become up-to-date with systems and norms of practice, and demonstrate competence before beginning unsupervised practice.

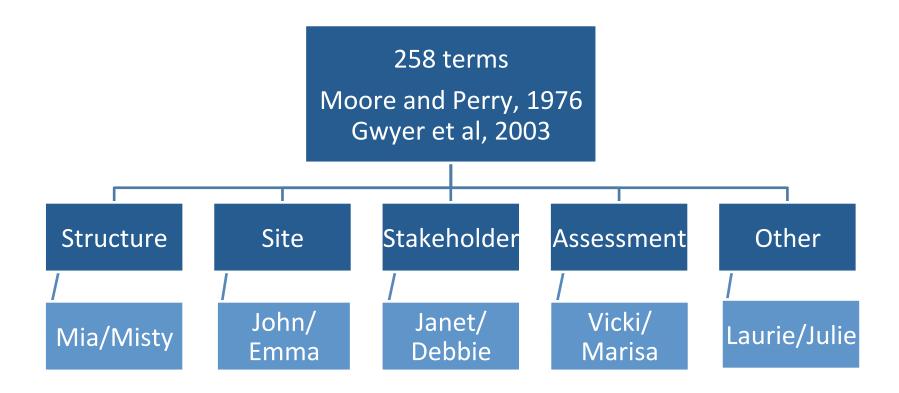
Laying the foundation

Clinical education experience (DRAFT)

Experiences that allow students to apply and attain professional knowledge, skills, and behaviors within physical therapy workplace environments. Experiences include those of short and long duration (eg, part-time, full-time), provide a variety of learning opportunities, and include care of patients/clients across the lifespan and practice settings. While the emphasis is on patient-care skills, experiences may also include non-patient care duties such as research, teaching, supervision, and administration. Clinical education experiences are a part of the professional curriculum and include formal student assessment.

Categorized terms

(June, 2016)

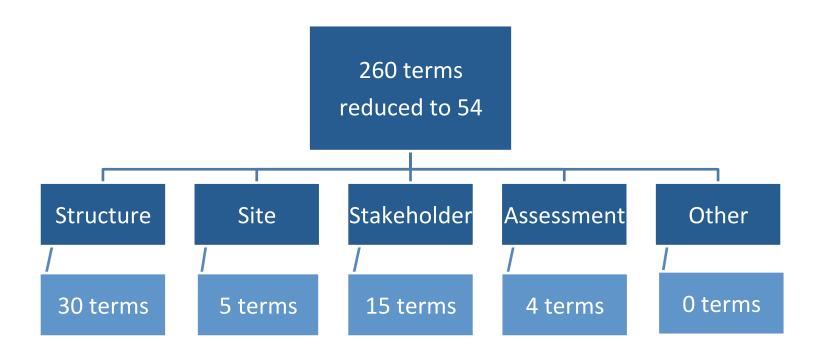


Subgroups-Consensus building

(Summer 2016)

- Reduced the number of terms due to redundancy
- Reached consensus on a definition for each term in their category
- Presented terms and definitions back to the larger group for discussion
- Further consensus building
- The terms that did not achieve consensus in our committee will be presented today for discussion

Results from Consensus



ELC 2016-Discussion topics

Areas for further discussion:

1. Label for CE experiences that occur AFTER the didactic education has been completed

2. Differentiate CE experiences that occur BETWEEN parts of the didactic education from those that occur AFTER the didactic education

3. Use of the term
"intern" vs "student"
to describe the
individual engaged in
a CE experience that
follows the didactic
education

ELC 2016-Discussion topics

Areas for further discussion:

4. Title for an individual who provides clinical teaching but is not the primary clinical instructor

5. Use of the terms DCE, ACCE and CCCE

6. Differentiate between use of the terms: site, setting, facility, and CE environment

All terms and definitions will be available during a comment period:

October 17 through October 31

https://www.surveymonkey.com/r/8PYWRFC

Future directions

- Analyze information from ELC discussions and comment period
- Develop a glossary for standard terms
- Clinical education forms and integrate terms
- Continue collaboration with other panels
- Final recommendations related to the charge at ELC 2017

Integrated Clinical Experience Panel

Christine McCallum, PT, PhD
Walsh University

Panel Members

- Christine McCallum, PT, PhD (Chair)
- Byron Russell, PT, PhD
- Debra Stern, PT, DPT, DBA
- Elaine Becker, PT, DPT, MA, PCS
- Ellen Wetherbee, PT, DPT, OCS
- Jamie Bayliss, PT, MPT
- Janna Kucharski-Howard, PT, DPT, MSM
- Kim Nixon-Cave, PT, PhD, PCS
- Valerie Strunk, PT
- Tara Legar, PT
- Yvonne Colgrove, PT, PhD
- Kimeran Evans, PT, DPT

Charge to the Panel

- Define 'integrated clinical education'
- Make recommendations for achieving consistent use of the term 'integrated clinical education' across ACAPT, APTA and CAPTE
- Discern and describe models of integrated clinical education that currently exist within physical therapist curricula
- Define baseline expectations and parameters for quality integrated clinical education in physical therapist education
- Develop guidelines for collaborative development and implementation of integrated clinical experiences

Process

- Met face-to-face at CSM 2016
- Developed sub-groups
 - Literature Review
 - Survey Design
- Conference calls from March-September
- Regular email communications
- Face-to-face at ELC

Current definitions of Integrated clinical education (ICE)

ACAPT

The following standardized language is used to describe these clinical education experiences:

Integrated Clinical Experience

an Integrated Clinical Experience (ICE) is a clinical education experience that occurs during an academic term in <u>a</u> <u>coordinated fashion concurrent</u> with didactic courses.

AC-2-13: Terminology for Clinical Education Experiences Proposed by ACAPT. http://acapt.myriadmedia.com/docs/default-source/motions/2013-motions/ ac-2-13 terminology for clinical education passed_pdf?sfyrsn=2

CAPTE

Clinical education experiences that occur before the completion of the didactic component of the curriculum.

Options include but are not limited to:

- one day a week during a term,
- a short full-time experience at the end of a term,
- a longer full time experience between two regular terms.

Integrated experiences <u>cannot</u> be satisfied with patient simulations or the use of real patients in class; these types of experiences are too limited and do not provide the full range of experiences a student would encounter in an actual clinical setting.

Current definitions of Integrated clinical education (ICE)

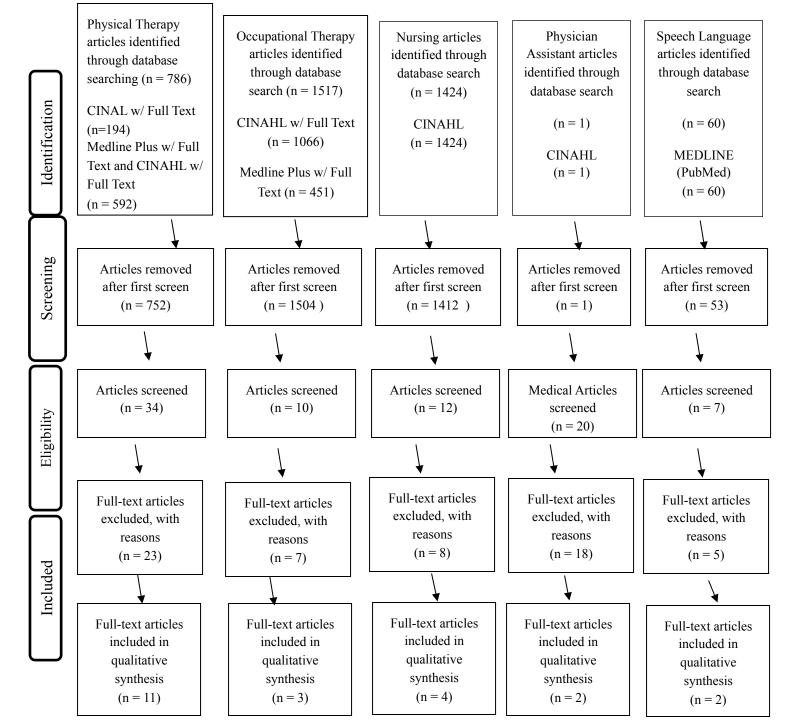
APTA: Early Integrated Clinical Experience provides: clinic-classroom-patient exposures

- Students practice <u>a definitive set of skills</u> to translate didactic into clinical practice,
- Reinforce knowledge from the classroom associated with minimum required skills of PT graduates across all systems, continuum of care, lifespan, and practice management (documentation/communication),
- Practice by doing, not just observing,
- <u>Clinical faculties</u> are integrated into academic program providing practice experiences and patient contact <u>as PART of didactic coursework.</u>
- Address <u>"foundation"</u> practice skills
- Academic faculty integrate into clinical practice by participating in supervision of students in the clinic (like a preceptor model).

Literature Review group

- Searched the following disciplines:
 - Physical therapy
 - Medicine,
 - Law,
 - Nursing,
 - Occupational therapy
 - Physician assistant
 - Speech-language pathology

- Inclusion criteria
 - **-** 2000-2016
 - Full text articles
 - Academic journals
 - English language
 - Quantitative or qualitative design
 - Identified outcome measures



Literature subgroup

- 19 articles met inclusion criteria; reviewed and analyzed in full text
 - 11 Physical therapy
 - 1 Occupational therapy
 - 1 Speech therapy
 - 2 Medicine
 - 4 Nursing



Survey Group

- Developed 62 question survey
- Sent to the 12 work-group member programs
- Questions
 - 6 questions general info about program and ICE
 - 11 questions per specific ICE experience (asked for detailed info for up to 5 ICE experiences)
 - 1 open ended comment box

Results to date

- Items discussed in relation to definition of "integrated":
 - Full-time vs part time
 - Concurrent vs blocked
 - Suggested terminology



- Best practice guidelinescategories being developed
 - Settings
 - Type of activities
 - Faculty-student considerations
 - Time frame
 - Objectives
 - Assessments
 - Outcomes
 - Challenges

Next steps



Student Readiness Panel

Jean Fitzpatrick Timmerberg, PT, PHD, MHS, OCS
Columbia University
New York, NY

Panel Members

- Deborah Pelletier, PT, MS Springfield College
- Nicki Silberman, PT, PhD, DPT Hunter College
- Michael Simpson, PT, DPT, CCS Univ of Southern California
- Ralph Utzman, PT, PhD, MPH West Virginia University
- Divya Mathur, PT, MPA NYU Hospital for Joint Disease
- Angela Stolfi, PT, DPT, Cert. MDT -NYU Langone Med Center
- Amy H. Miller, PT, EdD, DPT Arcadia University
- Anne Thompson, PT, EdD, MS Armstrong State University
- Stephen L. Goffar, PT, PhD, OCS- Univ of the Incarnate Word
- Robin Dole, PT, DPT, EdD, PCS Widener University
- Leigh Murray, PT, PhD, MA Walsh University

Charge to the Panel

- 1. To collect broad-based, representative data on minimum competency expectations from the physical therapy practice community.
- 2. To identify and define a core set of competencies (knowledge, skills, attitudes and professional behaviors) that are to be demonstrated by students prior to entry into the first full-time clinical experience.

Charge to the Panel

- Investigate and describe models of competency assessment used across other health professions
- 4. Propose two format options for establishing competencies to the board membership
- 5. Develop guidelines for academic programs to implement these competency requirements within their curriculum.

PROCEDURES

Searched the literature on the various professions: Medicine, Pharmacy, Nursing, Speech, AT, OT What did they expect of students?
When and how did they assess them?

NURSING

MEDICINE (late 1990s)
defined 8 CORE
competencies,
Entrustable Professional
Activities (EPAs)

EPAs are defined as "tasks or responsibilities that trainees are entrusted to perform unsupervised once they have attained sufficient specific competence,"

"EPAs are observable and measurable and therefore can function as a quantifiable outcome that can aid in the assessment of a student"

PROCEDURES

PHYSICAL THERAPY

DELPHI STUDY

Recommendations
Motion
to ACAPT Board
August 2017

Presentation of
Results
Motion to
Membership
ELC 2017

PHYSICAL THERAPY

Entrance into DPT Program

First Fulltime Clinical Education Experience

Population Specific

Setting Specific into Clinical Practice

Residency & Fellowship

Perspectives of Academic Faculty and Clinical Instructors on Entry-Level DPT Preparation for Pediatric Physical Therapist Practice

- Identified the KSA required for pediatric PT practice at various points in the curriculum
- Defined levels of proficiency pertaining to knowledge as well as skills and abilities

Physical Therapy Residency and Fellowship Education: Reflections on the Past, Present, and Future.

 Proposed 7 domains of competence to theoretically ground residency and fellowship programs and facilitate a more consistent approach to curricular development and assessment.

PROCEDURES

PHYSICAL THERAPY

DELPHI STUDY Recommendations
Motion
to ACAPT Board
August 2017

Presentation of
Results
Motion to
Membership
ELC 2017

Expectations for a First Full-time Physical Therapy Student: A Delphi Study

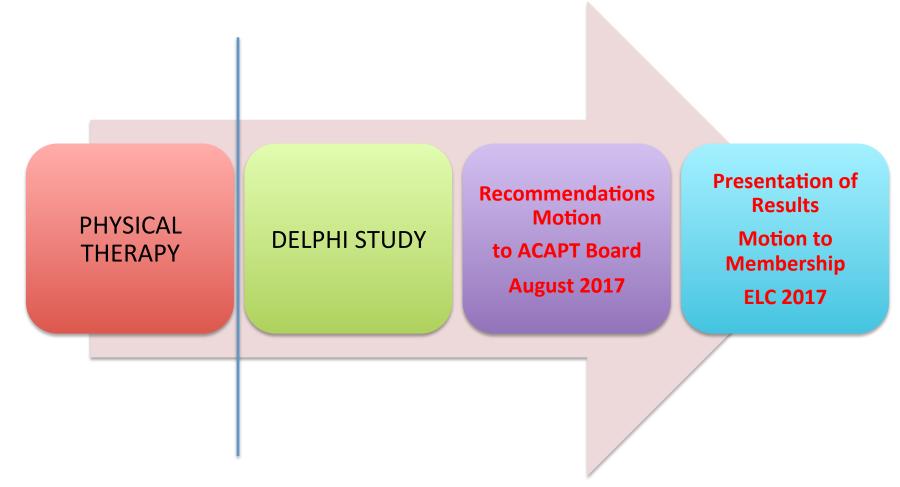
- Participants: ACAPT member institutions will be contacted to nominate: (Nov 2016)
 - 1. An Academic faculty member (5 years of experience as a Core Faculty member)
 - 2. Directors of Clinical Education or ACCE (5 years of experience as a DCE/ACCE)
 - 3. Recent Graduate (6 months, successful on licensure exam)
 - 4. Ask the DCE/ACCE to nominate a Clinician who serves (or who has served) as clinical instructor for DPT students (first full-time)

Expectations for a First Full-time Physical Therapy Student: A Delphi Study

Timeline:

- Subject List Finalized (End of November 2016)
- First Round (December, 2016):
 - Describe the student who is "ready" and how did you know or make that determination?,
- Second Round (January, 2017):
 - Participants will be asked to modify/clarify items identified in the first round,
- Third (February 2017) and Fourth Round if necessary (March 2017):
 - Participants will indicate:
 - Level of agreement,
 - Proper location under the various themes or categories,
 - Is it measureable?,
 - Rate the level of proficiency for each item (that achieved consensus) that DPT students should demonstrate.

FUTURE DIRECTIONS



Continued communication with other groups looking at clinical education (APTA- TF on Excellence in Clinical Education, NECCE)

ELC 2016 Round table discussion topics

- 1. What are you hoping to see come out of the student readiness strategic panel?
- 2. How does your program assess student readiness prior to the first full-time clinical education experience?
- 3. Do you believe that if there were a minimal set of skills that all students would be competent in for their 1st full-time clinical experience that your facility would be willing to take students (or take more) for a first clinical experience?

MOVING FORWARD

Entrance into DPT Program

First Full-time Clinical Education Experience Prior to
Subsequent
Clinical
Education
Experiences
and/or the
Final Clinical
Experience?

Population Specific? Setting Specific? Prior to
Entrance into
Clinical
Practice?

Residency & Fellowship

ROUNDTABLE DISCUSSION TOPICS

Small Group Discussions

- All groups will have the chance to discuss all panel questions
- Facilitators will guide discussion for 10 minutes on the first topic
- Option to continue for another 2 minutes based on straw poll
- Repeat through all 3 topics
- Time remaining at end come back to unanswered questions
- Participant with laptop record responses
 - Email to <u>sesoper@vcu.edu</u>

CONCLUSION