EDUCATION LEADERSHIP CONFERENCE 2018
3rd annual regional networking session:

Cruising the Communication Waterways of Clinical Education

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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

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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<tbody>
<tr>
<td>Number of regions/consortia represented</td>
<td>23</td>
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<tr>
<td>Total number of participants registered</td>
<td>123</td>
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<tr>
<td>DCEs/ACCEs/Assistant DCEs</td>
<td>83</td>
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<tr>
<td>Academic program directors/administrator</td>
<td>5</td>
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<td>Academic faculty members</td>
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<td>Other academic stakeholders</td>
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<td>SCCEs (CCCEs)</td>
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<td>CIs</td>
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<td>Clinic managers/administrators</td>
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<tr>
<td>Other clinic site stakeholders</td>
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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)

<table>
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<tr>
<th>YEAR</th>
<th>ATTENDANCE</th>
<th>CONSORTIA REGION</th>
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<tr>
<td>2018</td>
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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)
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

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)
WHAT WE KNOW

 STRUCTURES FOSTER COMMUNICATION

Is clinical education “Flat”?

Or “Flatter”?
A VIEW FROM THE HELM
(NATIONAL VIEW)

Bottom-up communication
- national
- regional
- individual

Top-down communication
- national
- regional
- individual

Upstream communication
- national
- regional
- individual

Downstream communication
- national
- regional
- individual

Lateral communication
- national
- regional
- individual
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

- Are you familiar with the Common Terminology Glossary for PT Clinical Education?
- Are you familiar with the Parameters of Integrated Clinical Education (ICE)?
- Are you familiar with the Student Readiness for the Full-time Clinical Experience
- Did you have an opportunity to have a voice in these initiatives?

<table>
<thead>
<tr>
<th></th>
<th>Clinical</th>
<th>Academic</th>
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<tbody>
<tr>
<td>YES</td>
<td>17</td>
<td>59</td>
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<tr>
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<td>10</td>
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<td>YES</td>
<td>8</td>
<td>22</td>
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<tr>
<td>NO</td>
<td>23</td>
<td>23</td>
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</table>

ACAPT
NATIONAL CONSORTIUM OF CLINICAL EDUCATORS
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

[Bar chart showing survey results for different aspects of clinical education communication]
ROUNDTABLE ACTIVITIES

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

ROUNDTABLE ACTIVITY #1:
Each region identify lines of communication that are:
1. Effective (GREEN)
2. Less reliable (YELLOW)
3. Don’t exist yet (RED)
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
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…..

<table>
<thead>
<tr>
<th>Communication Platform</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td>100%</td>
</tr>
<tr>
<td>Face-to-face meetings</td>
<td>70%</td>
</tr>
<tr>
<td>Phone/video conferencing</td>
<td>54%</td>
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<tr>
<td>Web-based databases such as CSIF, Acadaware, Exxat, etc.</td>
<td>50%</td>
</tr>
<tr>
<td>Academic program, clinic site, and/or consortium website</td>
<td>46%</td>
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<tr>
<td>Regional and/or national listserves</td>
<td>28%</td>
</tr>
<tr>
<td>Informal social gatherings</td>
<td>15%</td>
</tr>
<tr>
<td>Social media</td>
<td>9%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>2%</td>
</tr>
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</table>
ROUND TABLE 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.
ROUND TABLE 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:

What assessment tool(s) do you most frequently use to communicate information about student performance? (select all that apply)

- CPI web: 93%
- Academic program’s independently developed form/tool: 22%
- Exxat: 17%
- Acadaware: 7%
- Clinic site’s independently developed form/tool: 7%
- Other (please specify): 7%
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?”
CESIG approved the *Voluntary Uniform Mailing Date* of March 1st of the preceding year:
- 182 PT programs
- 179 PTA programs

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)

Yes: 100% Academic, 87% Clinical
No: 0% Academic, 13% Clinical
STUDENT PLACEMENT PROCESS AND PROCEDURES - ACADEMIC

What process does your program use to request clinical placements?

- Unsure/not my job responsibility: 1%
- Individually request a clinical placement for a specific student (ie: only request the number of placements you need): 7%
- General request to clinic sites without specific student in mind (ie: ask for as many placements as possible): 19%
- Combination of the above choices (both individual request and general request): 72%

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

- Unsure/not my job responsibility: 1%
- Other (please specify): 5%
- Send link to electronic survey (ie: Survey Monkey or Cognito): 13%
- Mail forms to clinic sites/SCCEs: 19%
- Have clinic sites/SCCEs directly enter availability into web-based database: 22%
- Phone/video conference with clinic site/SCCE: 31%
- Email forms to clinic sites/SCCEs: 94%
What procedure does your program currently use to match students to clinical placements?

- Student application and interview with selection by clinical site: 0%
- Individual student confirmation of First Come First Served sites: 0%
- Unsure/not my job responsibility: 1%
- DCE assignment without student input: 2%
- Lottery: 6%
- Computer generated assignment: 8%
- DCE assignment with student input: 27%
- Combination of any of these listed (please comment below): 55%
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)

- 0% Unsure/not my job responsibility
- 8% Other (please specify)
- 19% CIs initiate request for student placement from any affiliating program
- 23% CIs initiate request for student placement from specific academic program(s)
- 31% SCCE determines number/type of available placements without input from CIs
- 38% Administration authorizes/holds placements for specific academic program(s)
- 85% SCCE determines number/type of available placements with input from CIs
STUDENT PLACEMENT PROCESS AND PROCEDURES – CLINICAL

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

- Unsure/not my job responsibility: 4%
- Other (please specify): 4%
- Provides available clinical placements to all affiliating academic programs on a first come-first served basis: 19%
- Provides site-specific process for requesting clinical placement to academic program (e.g., site-specific timeline, application process, interview requirements, etc.): 35%
- Provides/holds clinical placements for specific academic programs: 62%
- Responds to requests from academic program in whatever format received (e.g., mail, fax, email, electronic survey, etc.): 88%
On average, how far in advance do you receive notification that an offered clinical placement will be used? (n=23)

- 0 - 2 months: 4%
- 2 - 4 months: 9%
- 4 - 6 months: 26%
- 6 - 8 months: 22%
- 8 - 10 months: 3%
- 10 - 12 months: 4%
- More than a year in advance: 2%

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

- 0 - 2 months: 1%
- 2 - 4 months: 11%
- 4 - 6 months: 11%
- 6 - 8 months: 18%
- 8 - 10 months: 21%
- 10 - 12 months: 34%
- More than a year in advance: 4%
TIMELINES REPORTED
80% OF ACADEMIC RESPONDENTS REPORTED SENDING RELEASE LETTERS

On average, how many months prior to an offered clinical placement do you notify the site that the offered placement will NOT be used?

- 26% 0 - 2 months
- 42% 2 - 4 months
- 13% 4 - 6 months
- 14% 6 - 8 months
- 6% 8 - 10 months
- 0% 10 - 12 months
- 0% more than one year
On average, what percentage of your offered clinical placements get used every year?

- 0% of clinical placements get used every year.
- 4% of clinical placements get used every year.
- 77% of clinical placements get used every year.
- 15% of clinical placements get used every year.

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

- 96% of clinical placements are canceled by the academic program.
- 0% of clinical placements are canceled by the academic program.
- 4% of clinical placements are canceled by the academic program.
- 0% of clinical placements are canceled by the academic program.
- 0% of clinical placements are canceled by the academic program.

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

- 100% of clinical placements are canceled by the clinic.
- 0% of clinical placements are canceled by the clinic.
- 0% of clinical placements are canceled by the clinic.
- 0% of clinical placements are canceled by the clinic.
- 0% of clinical placements are canceled by the clinic.
OVERALL SATISFACTION WITH CURRENT CLINICAL PLACEMENT PROCESS

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

- Yes: 65% Clinical, 64% Academic
- No: 35% Clinical, 36% Academic
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