ACAPT Shared Vision for Clinical Education Initiative
JOPTE Special Edition Article Summary

Article Title: Development of Regional Core Networks for the Administration of Physical Therapist Clinical Education

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Proposed Clinical Education Position/Model

Develop a regional core network (RCN) of academic programs and clinical sites in order to enhance efficiency, maximize collaboration, and reduce competition among the stakeholders. Primary goals would balance quality and efficiency between the sites and programs and create a regional office to accomplish this. This RCN would develop or enhance processes to maximize clinical placements, improve communication, promote the use of technology, develop research, and improve the quality of clinical education.

Evidence/Rationale to Support Position/Model

* Over the past 10+ years, the number of PT and PTA students has dramatically increased as has the number of weeks in clinical education leading to a significant strain on clinical educators. This coupled with limited reimbursement, changes in healthcare regulation and productivity demands make the effort to provide quality clinical experiences in a variety of settings very challenging.
* PT education has relied on volunteerism and intrinsic motivating factors to exist but this is challenged by health care ethicists who caution that this model is problematic and the authors suggest it is unsustainable.
* There is evidence to suggest that CE is best managed on a regional level.
* Academic programs that are in close geographical proximity are better able to address local and regional issues.
* The size of the RCN should be based on efficiency, demand, existing relationships among programs and with programs and clinical sites, and ability to maintain quality and could range from 5-20 programs (PT and PTA) and contain upwards of 370 CE sites.
* Examples of successful regional network exist in nursing, pharmacy and within PT in Canada and Australia, and one network in the US.
* The RCN model is proposed to significantly improve the placement process and determine the demand/capacity for clinical education placements.
* Data from the Ohio-Kentucky Consortium indicate that ~75% of placements occurred in the Ohio and Kentucky region.

Variations/Flexibility of Position/Model

* Could involve PT and/or PTA programs with clinical partnerships.
* The size and location of the RCN could vary depending on region and need
* The design of each individual network is left open for the partners to determine.

Challenges to Implementation noted by authors

* Funding for the RCN, including technology needs.
* The need for some control being relinquished from the institutions for the common good.
* Changing roles of primary stakeholders and individuals.
* Time needed to establish this model, develop it fully, implement and then assess its effectiveness.

Gaps in Presentation and/or Challenges to Implementation noted during summarization

* No information/recommendation for standardization of clinical education experiences in terms of number of weeks, schedule throughout the year, number of experiences total.
* No recommendation regarding placement of clinical experiences within the DPT curriculum.
* No recommendation of how to create a clinical education curriculum within the RCN model.

Additional Insight/Background to the Position/Model

* RCNs could be indirectly involved in decisions to expand programs in order to determine clinical education resources for the increased demand.
* The RCN would be the central place to manage ongoing development of regional clinical capacity, placements, maintain efficiencies, guide policy, and be the "incubator for innovation."
* The regional office would house the infrastructure at a determined location and consist of a board who is elected from the members of the RCN and staff to implement processes and assure quality.
* The RCN should be able to forecast clinical education needs to include minimum and maximum placements needed rather than requesting sites that are not used, as is the current practice.
* The role of the DCE would need to evolve to include mentorship and development of both students and clinical educators as well as increase involvement in clinical education research.
* The role of the CCCE would also need to evolve to include more partnership with the DCE in clinical faculty development and build a culture of teaching within their institutions.

Questions/Comments in Preparation for webinars/Summit

* How will it be determined where the RCN office is located? Will this be within a university, clinical site or separate location?
* Why should the right to maintain, establish or cancel an affiliation agreement be in the clinical site only? Shouldn't this be a collaborative effort, as everything is in this model?
* How does this impact the need to standardize across the PT professional programs?