ELC 2022

17th Annual Physical Therapy Education Leadership Conference

October 28-30 | Milwaukee, WI

a collaborative effort by:

AMERICAN COUNCIL OF ACADEMIC PHYSICAL THERAPY

APTA Academy of Education

A Component of the American Physical Therapy Association

THANK YOU TO

MARQUETTE UNIVERSITY
College of Health Sciences
Physical Therapy

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for sponsoring ELC 2022 Educational and Platform presentations!

A New Model to Advance a Collaborative Clinical Education Placement Process: A Consortium Core Network

Tonya Apke | Jamie Bayliss | Cara Berg-Carramusa | Amy Both
Janice Howman | Mari Knettle | Alison Matson | Trisha Renner
Emily Reynolds | Kunal Vaishnav | Karen McIntyre

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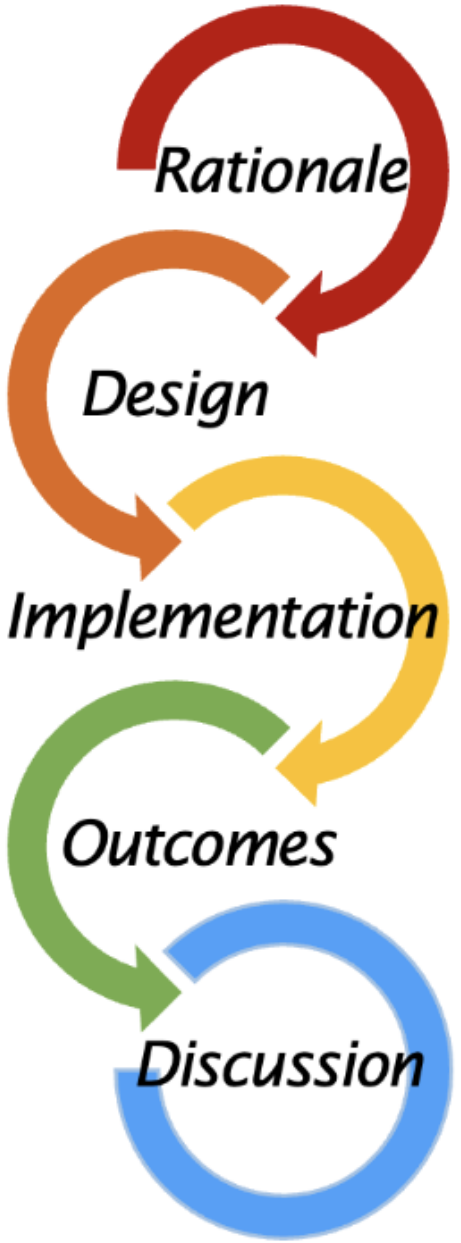
Course Objectives

- Describe the rationale for developing a centralized PT Clinical Education Placement Process (PT-CEPP) from a theoretical and evidence-based perspective.
- Explain the design of a centralized PT-CEPP.
- Assess implementation of a centralized PT-CEPP from the lens of academic and clinical partners.
- Describe our reporting system that can be used to collect clinical education (CE) capacity data.
- Interpret regional capacity data and stakeholder feedback from a centralized PT-CEPP pilot to determine relevance for use in one's own region.



Operational Definitions and Acronyms

Operational Definitions		Acronyms
(Academic) Program Capacity	Reallocation Phase	ACAPT
Central Office Manager	Request Phase	CAPTE
Clinical Education Site	Slots(s)	CE
Confirmation and Release Phase	Special Requests	CEE
Demand	Specific Offers	CESIG
First Come, First Served offers	Supply	CCN
Give Back Coordinator	Utilization	DCE
Offer Phase		DPT
Oversight Committee		GBC
Placement Phase		NCCE
Platform		OKCPTP
Participant		PPTF
Partnership		PTCEPP
		SCCE

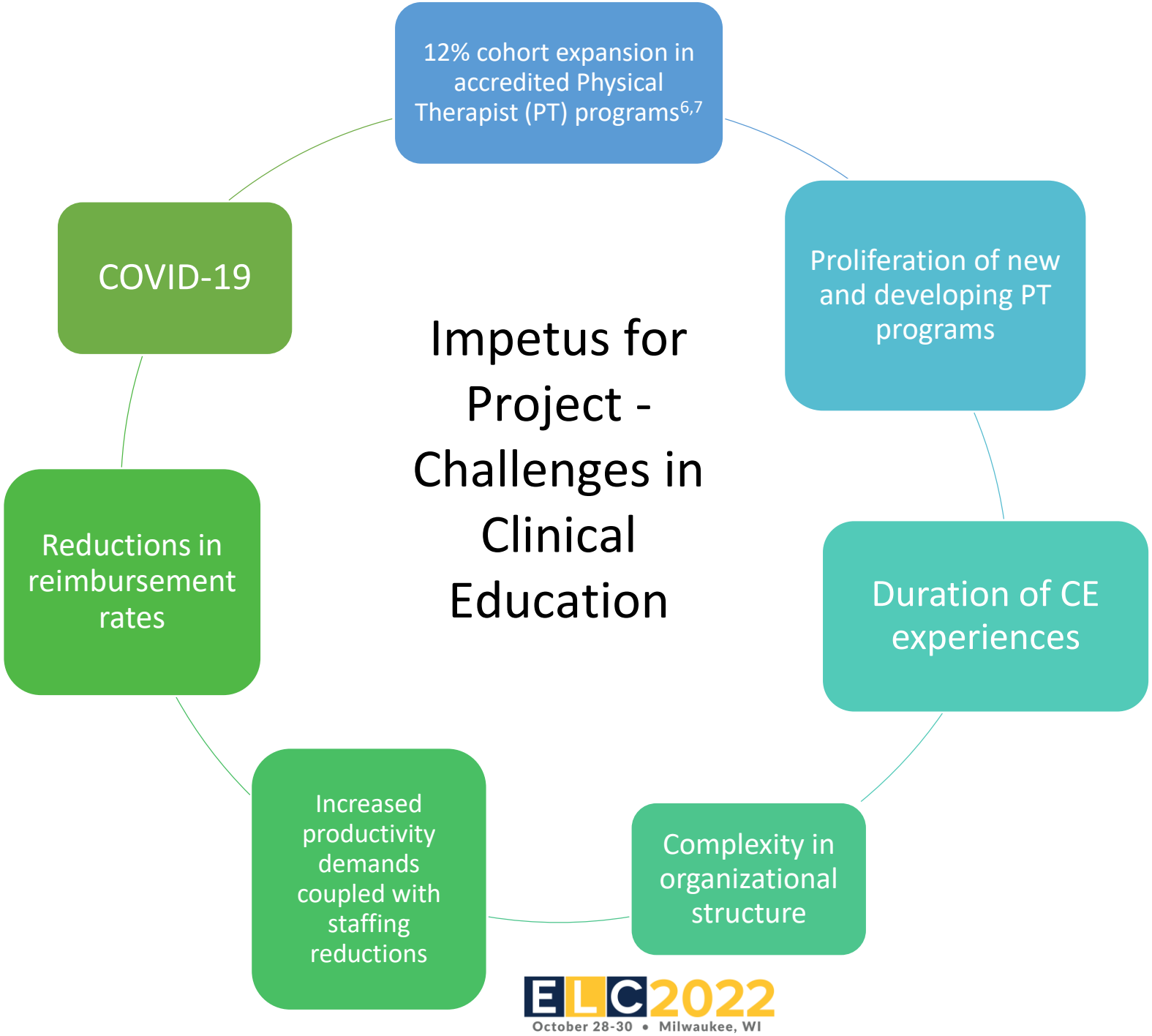
Rationale

BACKGROUND & PURPOSE

Cara A. Berg-Carramusa, PT, MSPT, EdD, DCE- *Board Certified Geriatric Clinical Specialist*

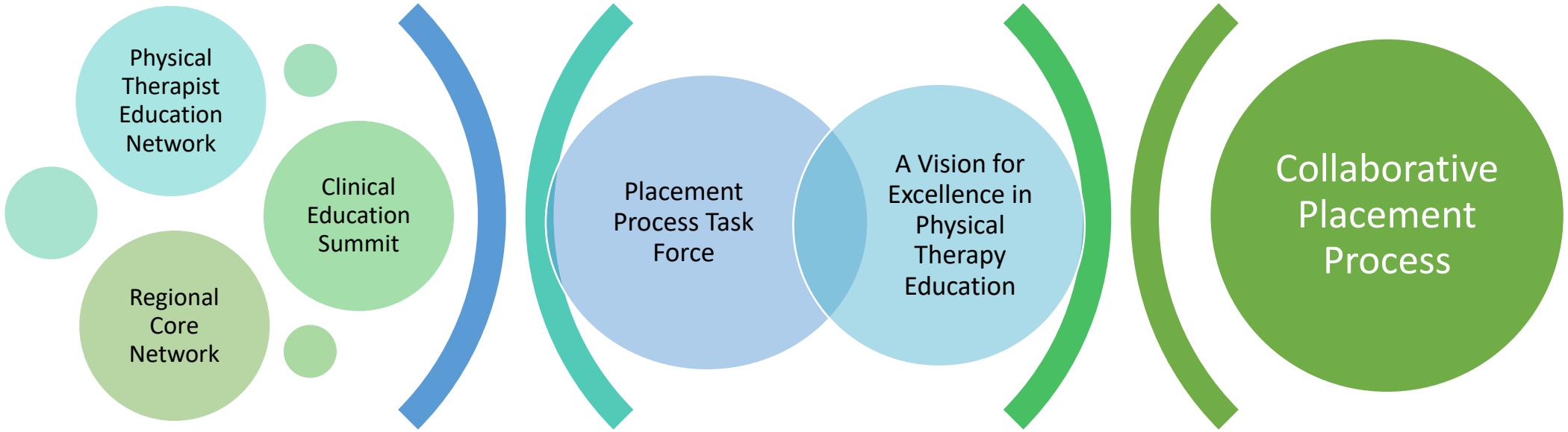
Emily Reynolds, PTA, SCCE

Impetus for Project - Challenges in Clinical Education



Rationale

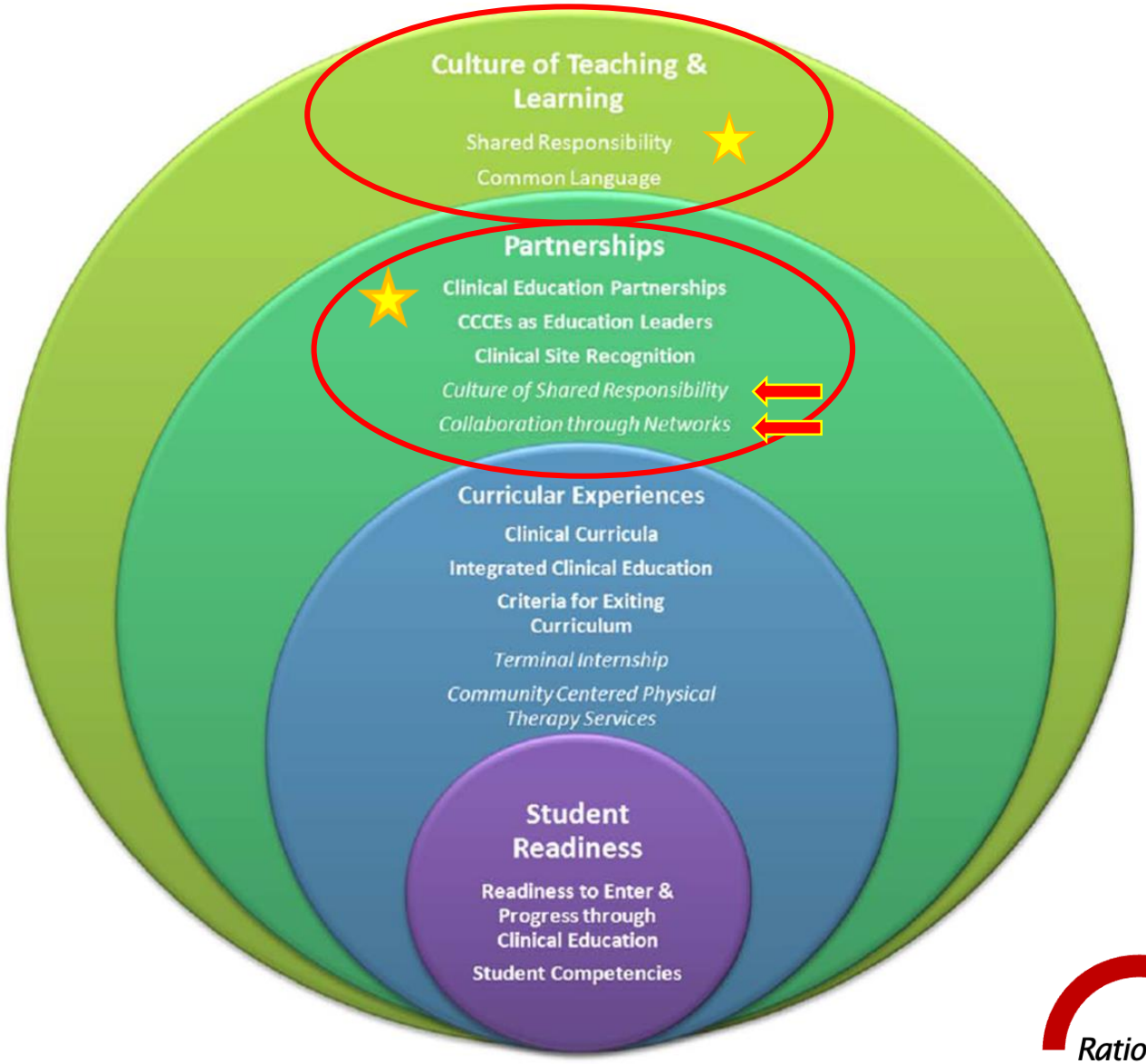
Advancing Toward Innovation



Rationale

Clinical Education Summit (2014)

Harmonization & **Innovation** *Recommendations*



APTA American Physical Therapy Association

APTA Academy of Education. A Component of the American Physical Therapy Association

AMERICAN COUNCIL OF ACADEMIC PHYSICAL THER

Rationale

JOPTE 2014
Volume 28 – Supplement 1

https://journals.lww.com/jopte/toc/2014/00001

POSITION PAPER

How Do We Improve Quality in Clinical Education? Examination of Structures, Processes, and Outcomes

Diane U. Jette, PT, DSc, FAPTA, Lee Nelson, PT, DPT, MS, CLT-LANA,
Mary Palaima, PT, EdD, and Ellen Wetherbee, PT, DPT, MEd, OCS

POSITION PAPER

Building Physical Therapist Education Networks

Donna Applebaum, PT, DPT, MS, Leslie G. Portney, PT, DPT, PhD, FAPTA, Laurie Kolosky, PT,
Olga McSorley, PT, DPT, MS, Diane Olimpio, PT, MS, Deborah Pelletier, PT, and Mary Zupkus, PT, MPA

POSITION PAPER

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

Christine A. McCallum, PT, PhD, Peter D. Mosher, PT, DPT, OCS,† Janice Howman, PT, DPT, MEd,
Chalee Engelhard, PT, EdD, MBA, GCS, Scott Euype, PT, DPT, MHS, OCS,
and Chad E. Cook PT, PhD, MBA, FAAOMPT

POSITION PAPER

A Shared Vision for Clinical Education: The Year-Long Internship

Mary Jane Rapport, PT, DPT, PhD, FAPTA, M. Kathleen Kelly, PT, PhD,
Tara Ridge Hankin, PT, MS, SCS, Jenny W. Rodriguez, PT, MHS, and Susan S. Tomlinson, PT, DPT

POSITION PAPER

Application of Educational Theory and Evidence in Support of an Integrated Model of Clinical Education

Ellen Wruble Hakim, PT, DScPT, MS, CWS, FACCWS,
Marilyn Moffat, PT, DPT, PhD, GCS, CSCS, CEEAA, FAPTA, Elaine Becker, PT, DPT, PCS,
Karla A. Bell, PT, DPT, OCS, GCS, Tara Jo Manal, PT, DPT, OCS, SCS,
Laura A. Schmitt, PT, DPT, OCS, SCS, ATC, and Cathy Ciolek, PT, DPT, GCS

POSITION PAPER

Essential Characteristics of Quality Clinical Education Experiences: Standards to Facilitate Student Learning

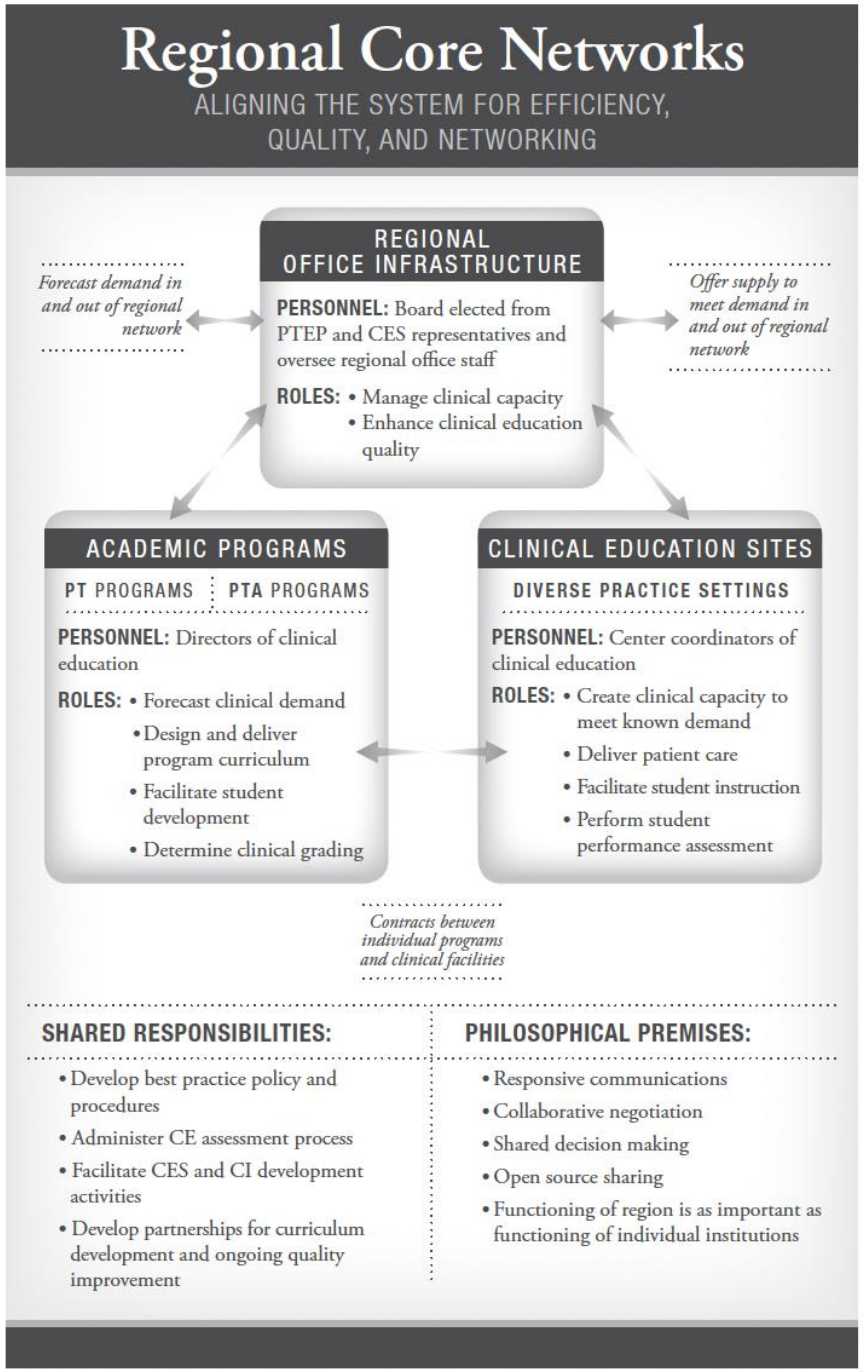
Carol Recker-Hughes, PT, PhD, Ellen Wetherbee, PT, DPT, MEd, OCS,
Kathleen M. Buccieri, PT, DPT, MS, PCS, Jean FitzpatrickTimmerberg, PT, PhD, MHS, OCS,
and Angela M. Stolfi, PT, DPT

POSITION PAPER

Meeting Contemporary Expectations for Physical Therapists: Imperatives, Challenges, and Proposed Solutions for Professional Education

Susan S. Deusinger, PT, PhD, FAPTA, Beth E. Crowner, PT, DPT, MPPA, NCS,
Tamara L. Burlis, PT, DPT, CCS, and Jennifer S. Stith, PT, PhD, LCSW

Rationale



Abbreviations: CE, clinical education; CES, clinical education site; CI, clinical instructor; PT, physical therapist; PTA, physical therapist assistant.

McCallum CA, Mosher PD, Howman J, Engelhard C, Euype S, and Cook CE. Development of Regional Core Networks for the Administration of Physical Therapist Clinical Education. *JOPTE*, 2014; 28(1): 39-47.

Vision: Development of RCNs that will ***facilitate systemic efficiency*** and ***quality core relationships*** to allow PT CE to keep pace with the needs for a future workforce

- RCNs *reduces competition* and *redundancies* between academic programs and core CE sites

- RCNs should:
  - Reduce duplication
  - Streamline processes
  - Enhance communication
  - Improve quality of CE product

(p. 41)

Rationale

Project Purpose

To develop a collaborative, consortium core network (CCN) through which CE sites and academic programs can collectively design, utilize, and assess a newly established physical therapist CE placement process (PT-CEPP) using a web-based platform accessible to all stakeholders.

Aims:

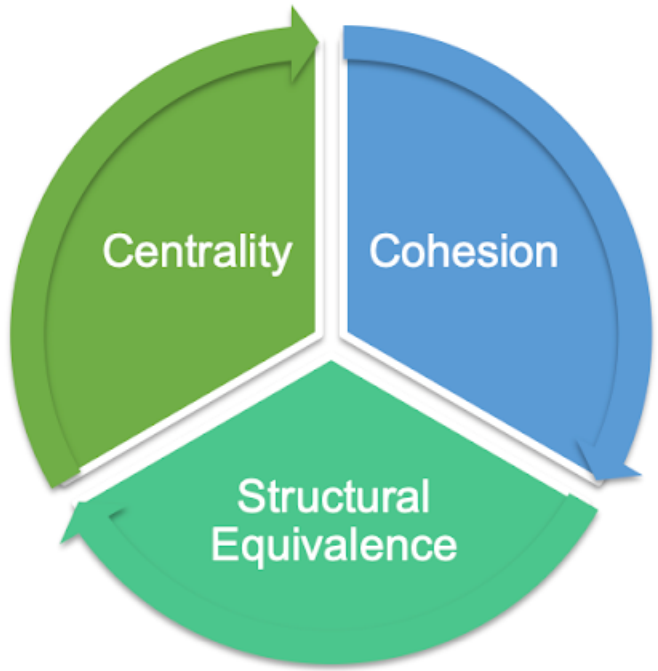
1. Create a CCN within the Ohio Kentucky Consortium of Physical Therapy Programs (OKCPTP).
2. Design and implement a centralized PT-CEPP during the 2022-23 CE placement cycle to improve efficiency and satisfaction of the placement process within the region.
3. Assess the effectiveness of the innovative CCN's PT-CEPP.

Conceptual/ Theoretical Framework

Social Network Theory (SNT)

Interactions between formal structures and informal relationships through some form of ***interdependence*** (Kezar, 2014)

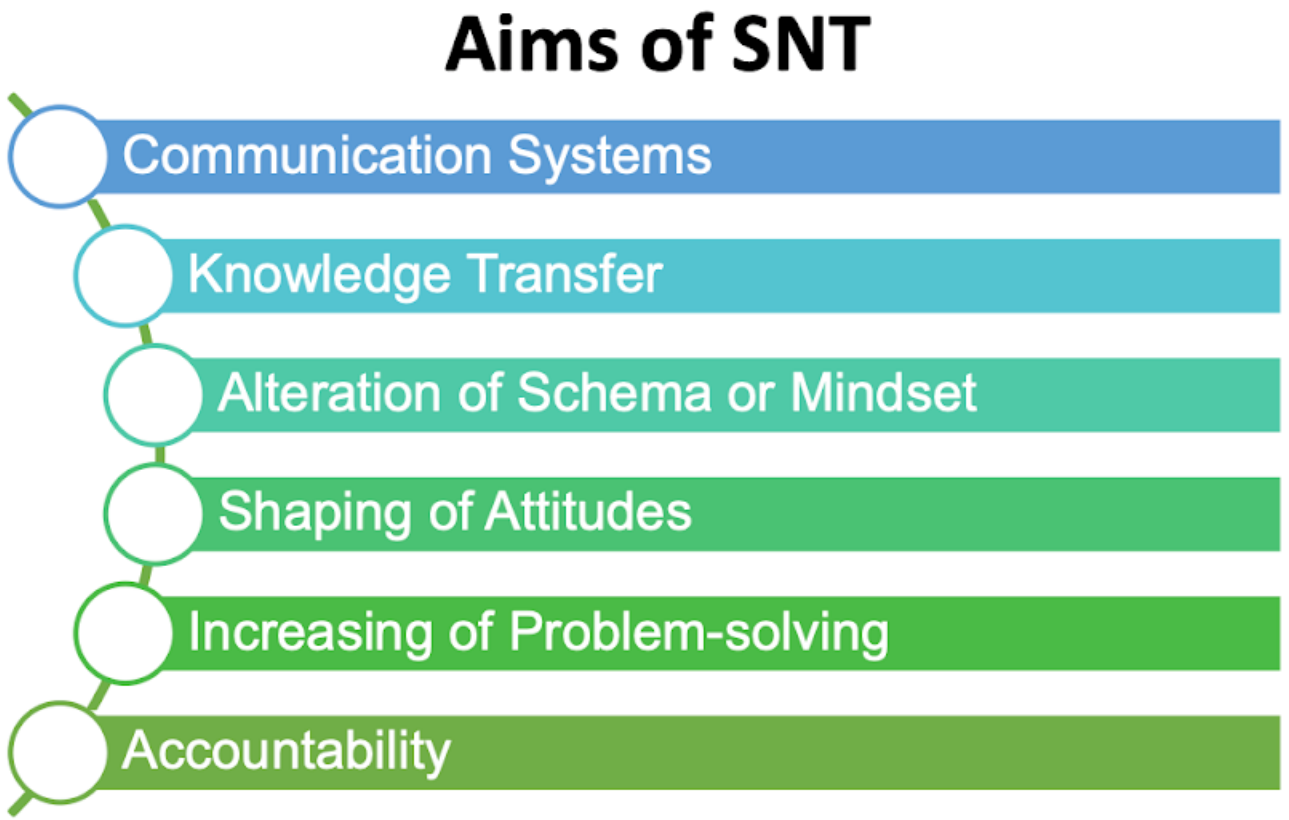
- Set of actors connected by a set of one or more relations



(Liu, Sidhu, Beasom, & Valente, 2017)

Conceptual/ Theoretical Framework

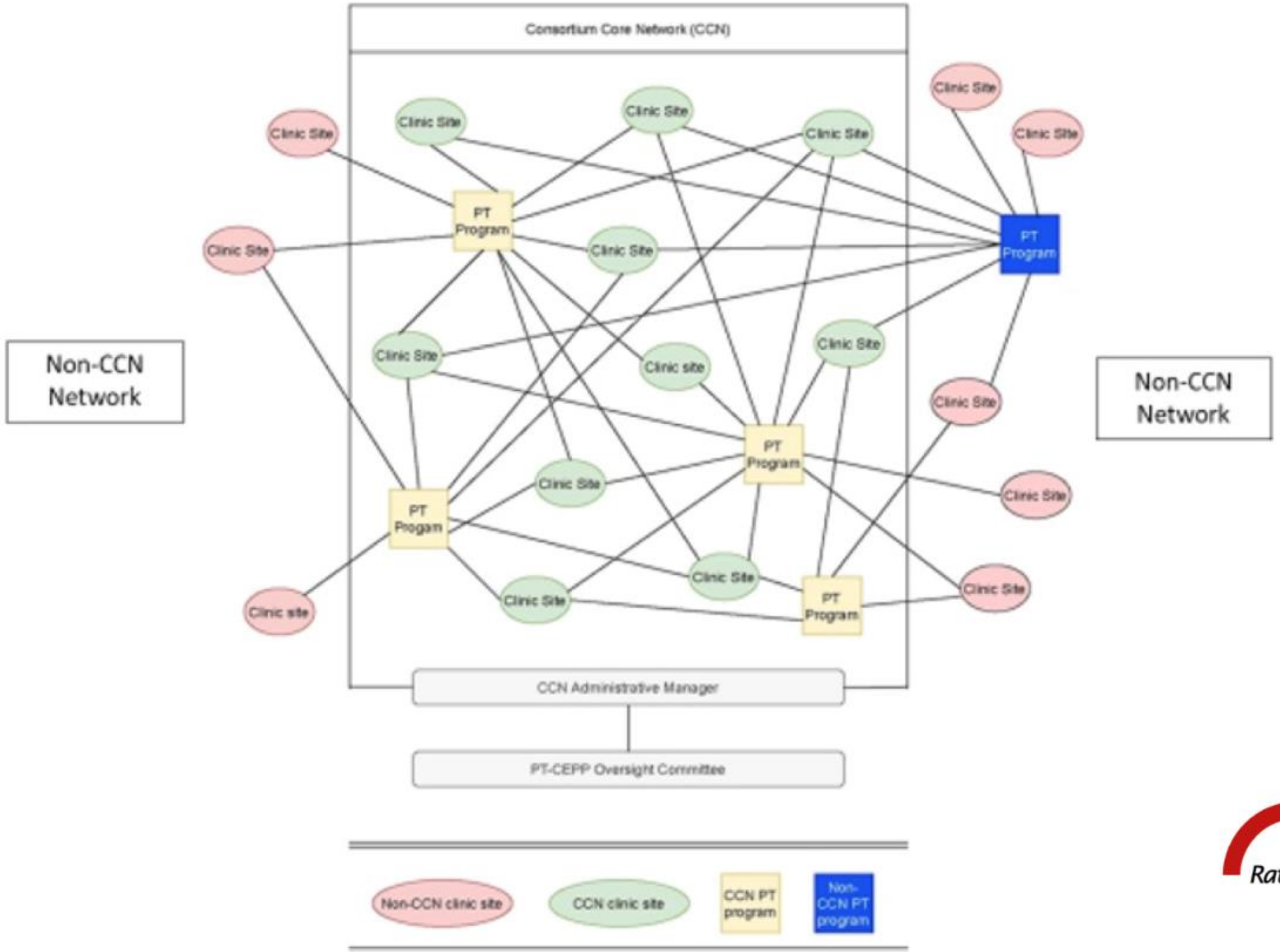
Social Network Theory (SNT)



(Kezar, 2014)

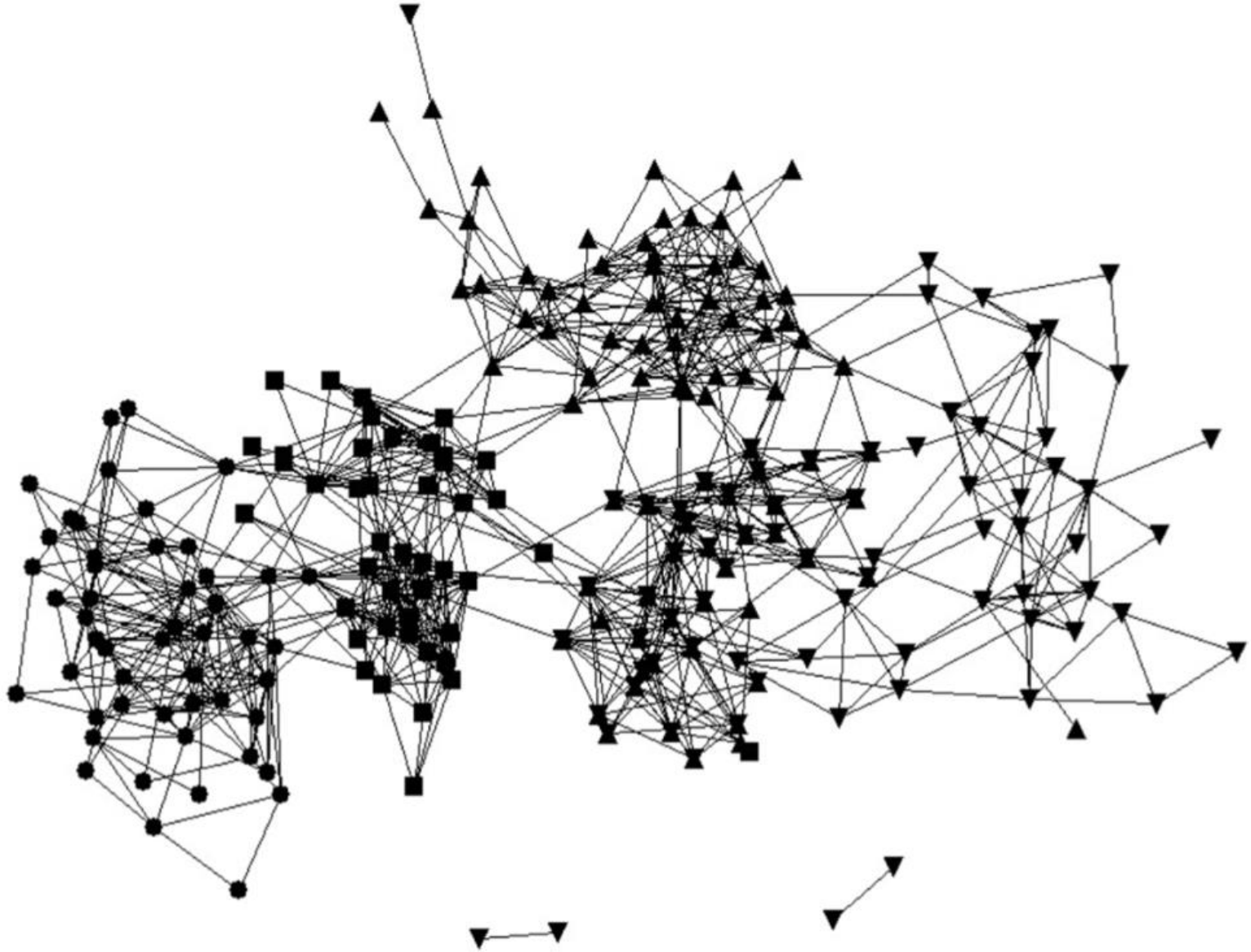
Rationale

The ***Clean*** & ***Organized*** Version of SNT of the CCN



Rationale

The ***Actuality*** of SNT of the CCN

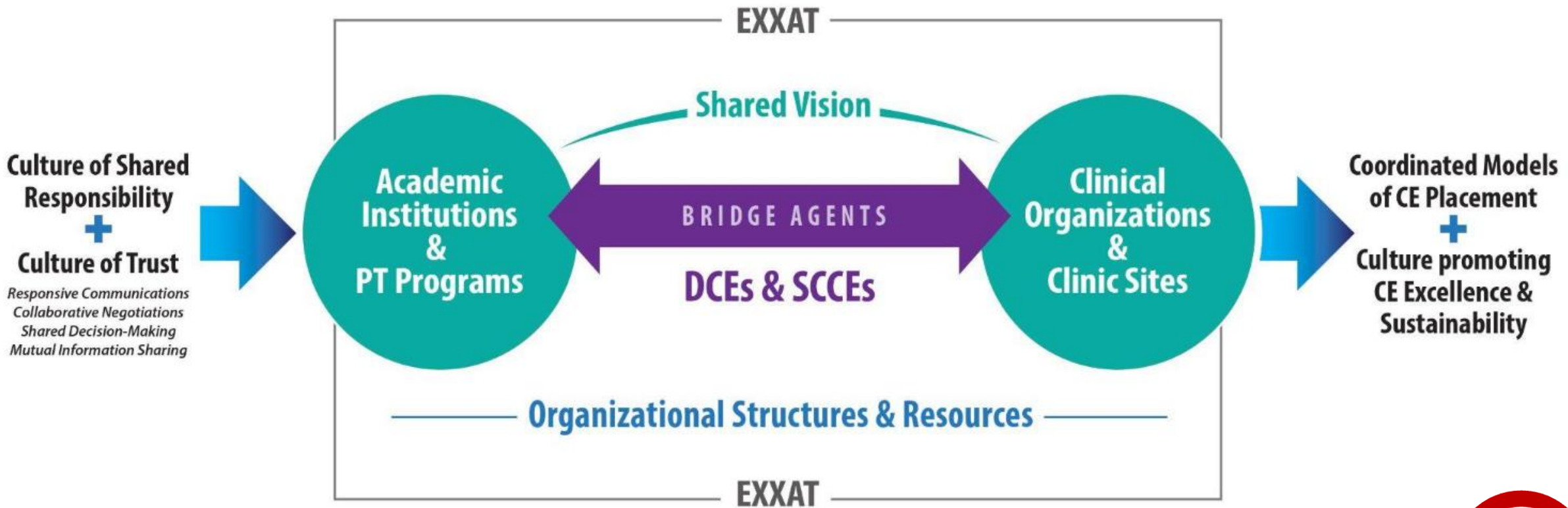


(Isba, 2017, p. 84)

Rationale

CCN MODEL of CE PARTNERSHIPS:

Academic & Clinical Network

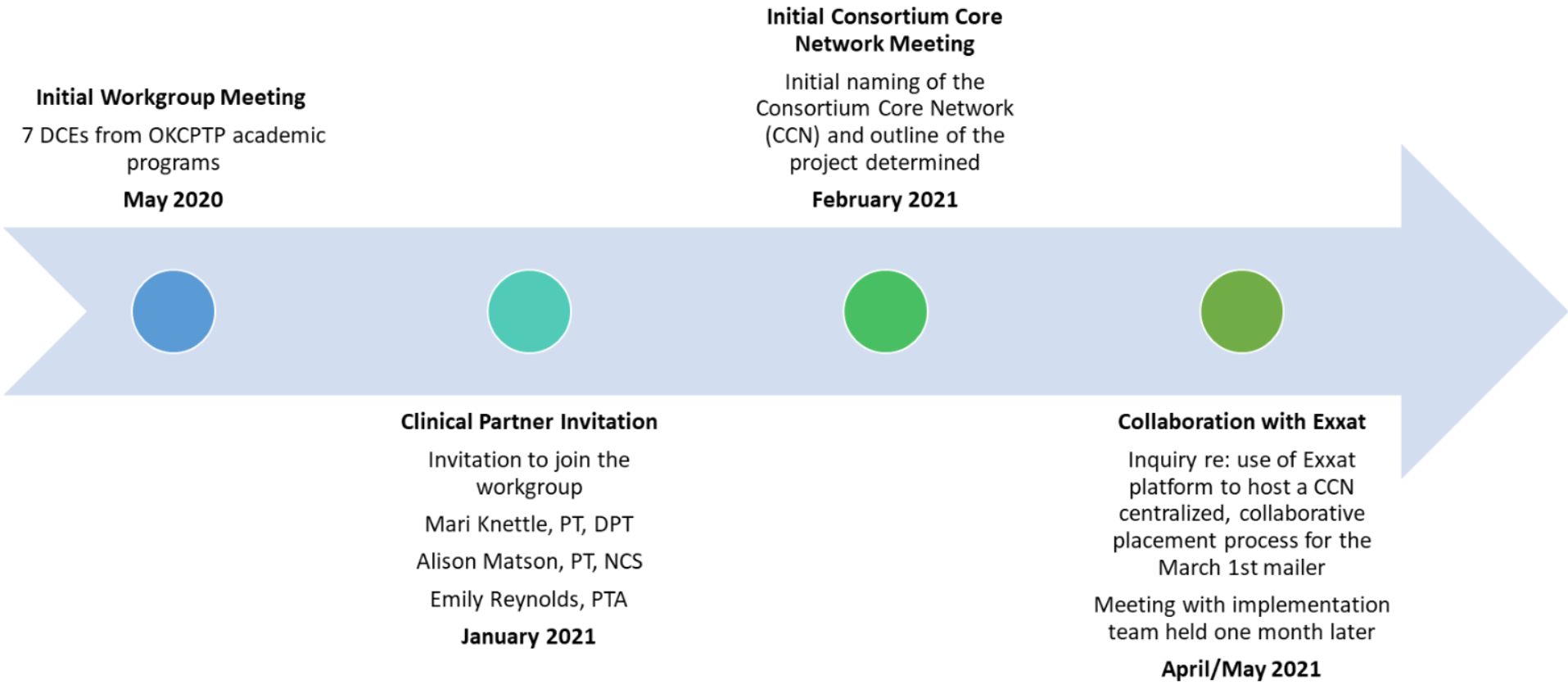


Rationale

Design

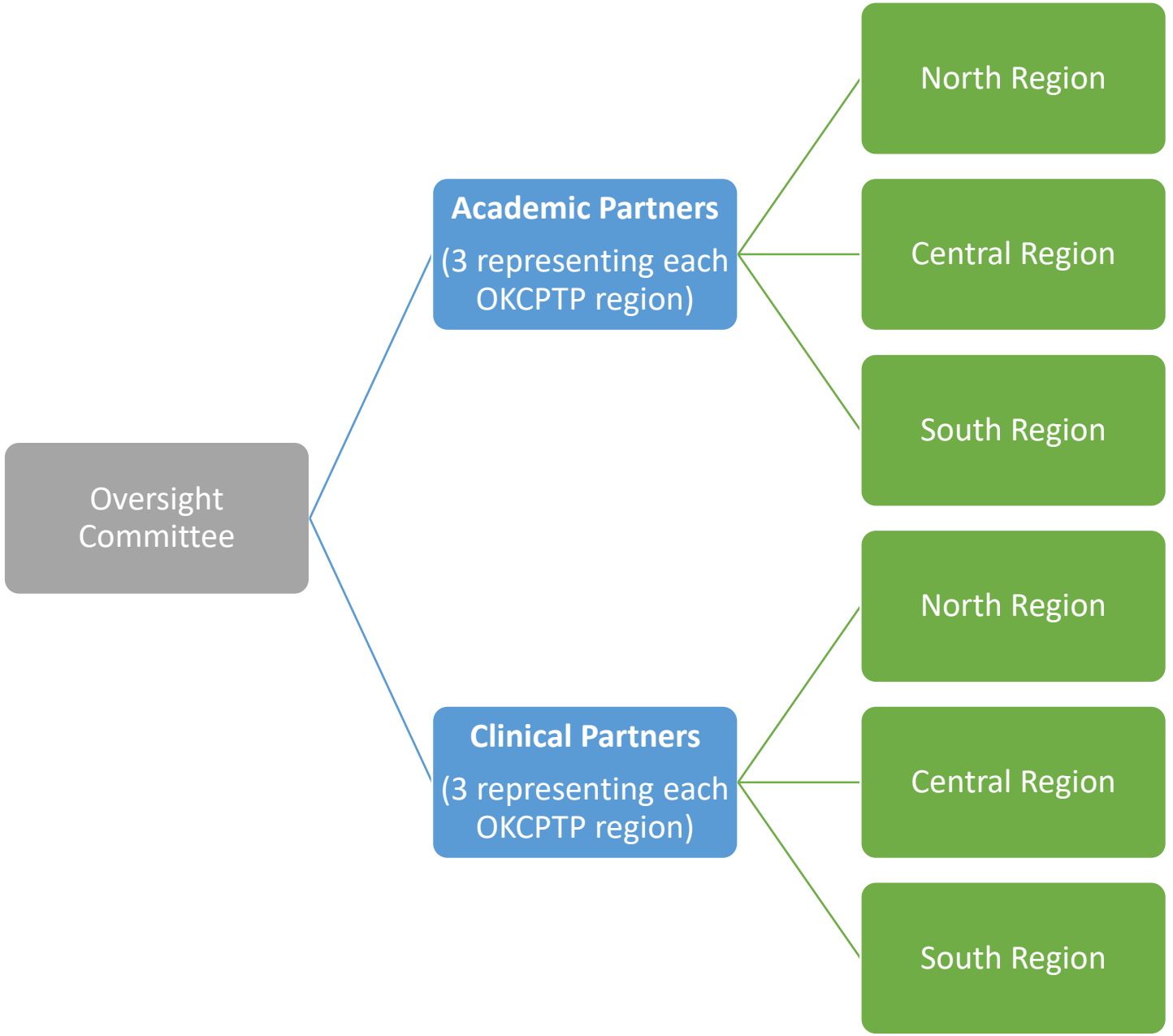
Tonya Apke, PT, DPT, DCE
Amy Both, PT, DPT, MHS, DCE

Inception of a Consortium Core Network



A Clinical Partner's Perspective

Design

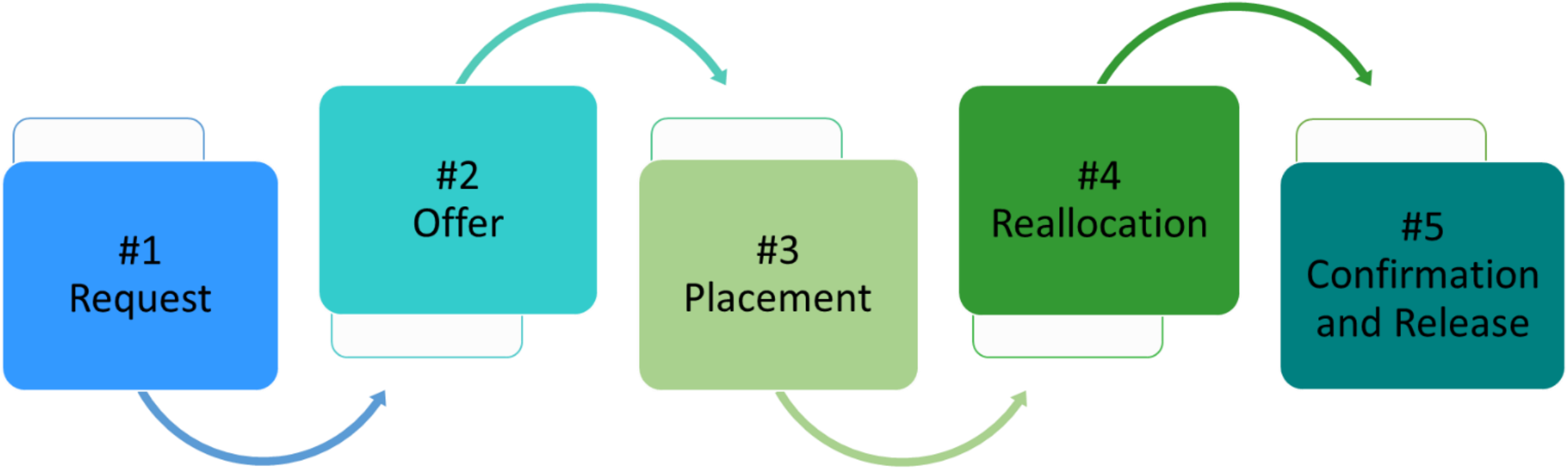

Oversight Committee
Academic Partners
(3 representing each OKCPTP region)
North Region
Central Region
South Region
Clinical Partners
(3 representing each OKCPTP region)
North Region
Central Region
South Region

Design

Process Overview

Phase	Round 1 *	Round 2**
Request	March 1 - 15	
Offer	March - April 30	
Placement	June/July	Sept/Oct
Re-Allocation	August	November
Confirmation and Release	Sept 15 – 30	Dec 1 - 15
***Round 1 = all CE experiences starting between January 1 and June 30; **Round 2 = all CE experiences starting between July 1 and December 31**		

Phases


#1
Request
#2
Offer
#3
Placement
#4
Reallocation
#5
Confirmation
and Release

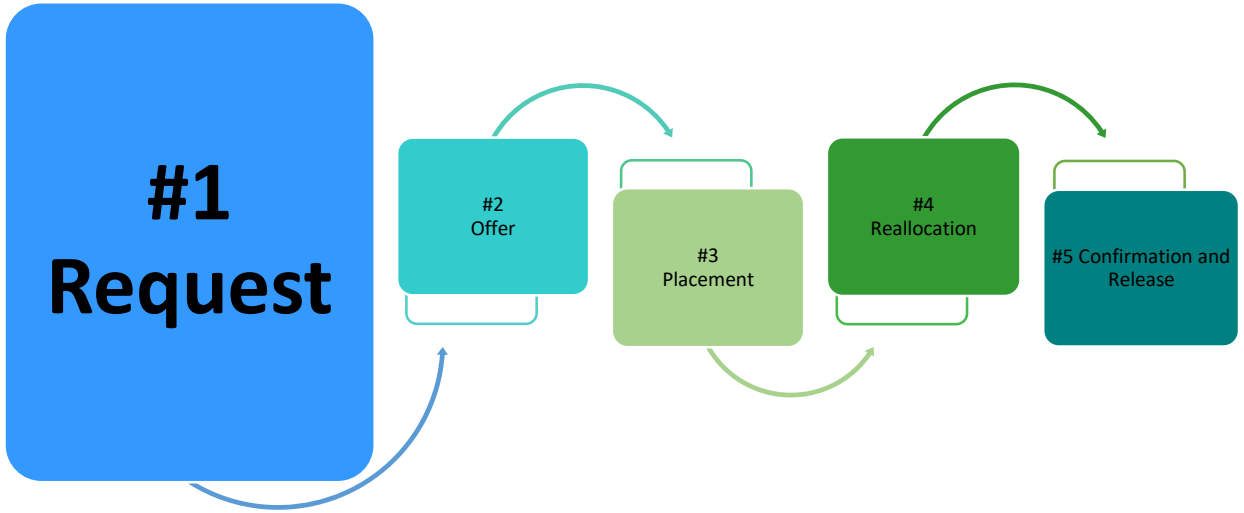
#1 Request Phase

Definition:

- Participating academic programs solicit CEE offers from clinical partners

Procedure:

- March 1st - 15th
- Two-Fold Process:
  - CCN Sites → Consortium Exxat Platform
  - Non-CCN Sites →Each academic program's traditional platform and processes
- Requests Returned: "April 30th"



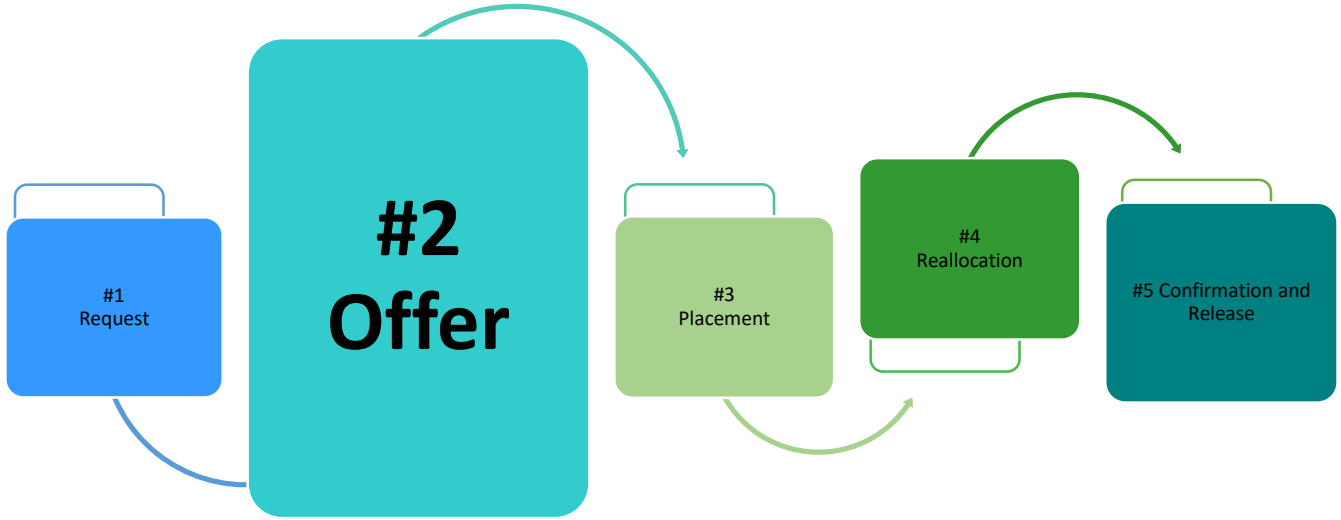
#2 Offer Phase

Definition:

- Participating clinical partners return CEE offers to the academic program(s) of their choice in the Exxat platform

Procedure:

- March 1st - April 30th
- Once all CCN program requests received, SCCE logs in to Consortium Exxat site:
- Site information designated:
  - Specific program and # of offers
  - Type of experience/setting
  - Notes for students
  - FCFS



Design

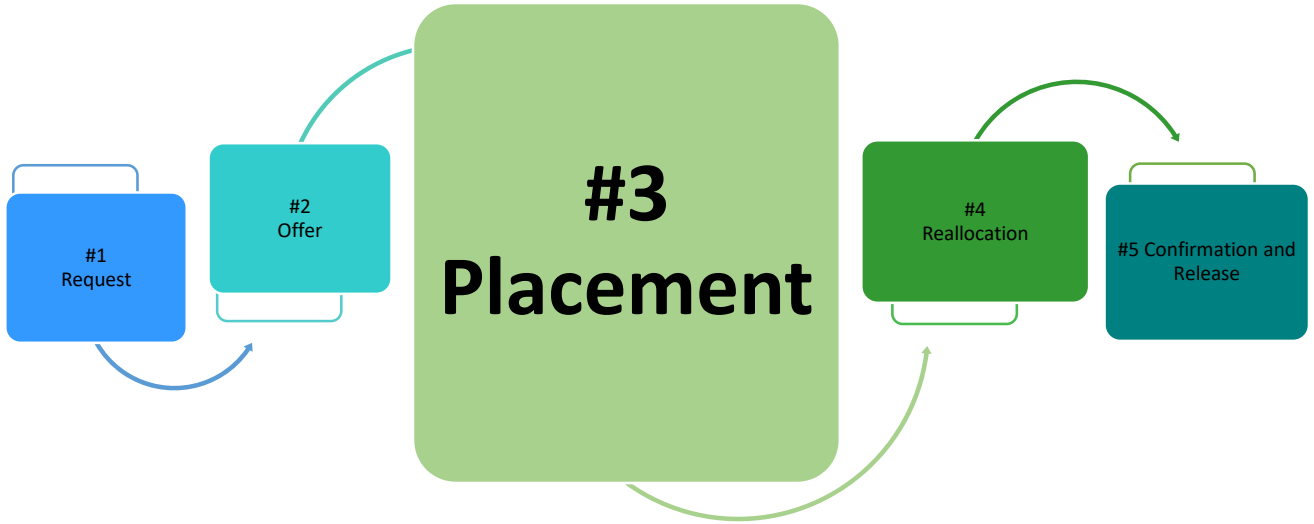
#3 Placement Phase

Definition:

- Academic programs employ their preferred method for assigning students to CEE offers

Procedure:

- Timeline:
  - Round 1: End of June/July
  - Round 2: End of September/ October
- DCEs shift in completion timeframes
- Prioritize use of CCN offers
- Also used site offers outside CCN



Design

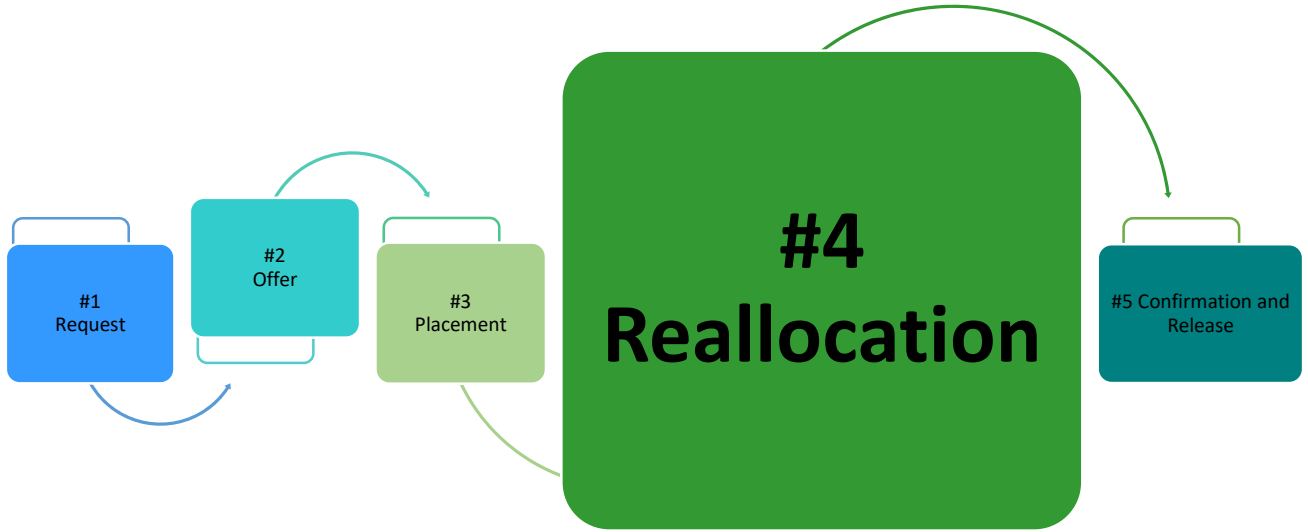
#4 Reallocation Phase

Definition:

- Unused CEE offers will be redistributed to academic programs based on parameters specified by the clinical partner

Procedure:

- Timeline:
  - Round 1: August
  - Round 2: November
- Reallocation ‘Give Back Coordinator’ (GBC)
- GBC will collect and manage the data for all CCN unused offers
- Establish reallocation rules
- Programs submit needs list to GBC



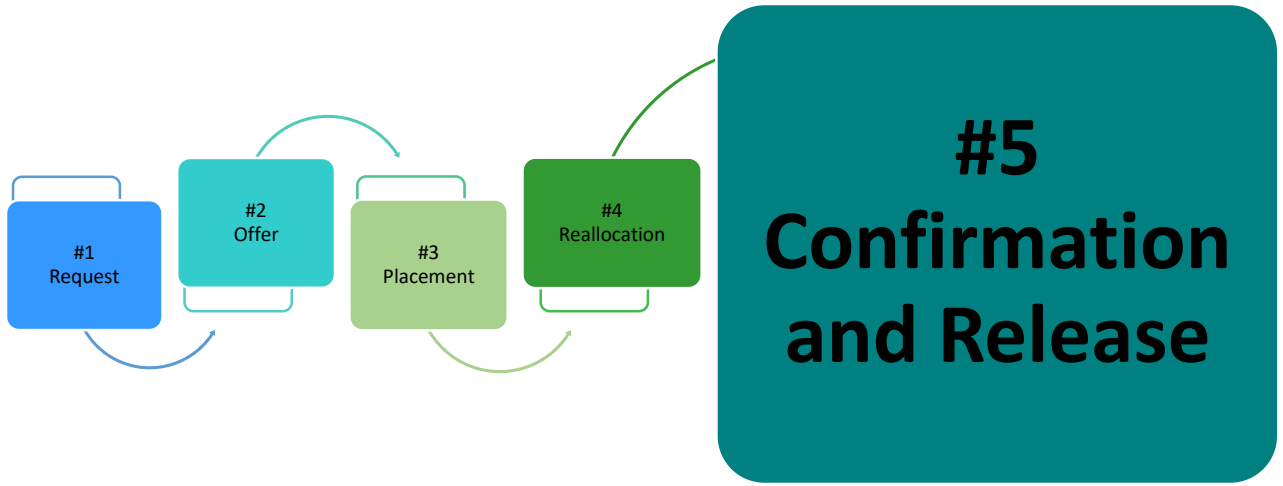
#5 Confirmation and Release Phase

Definition:

- Academic programs will notify clinical partners of CEE offers they intend to use (confirmation) and not use (release)

Procedure:

- Timeline:
  - Round 1: September 15th-30th
  - Round 2: December 1st-15th
- Send release letters to sites
- Use of release list for cancellations



Design

Implementation

Jamie Bayliss, PT, MPT, DHSc, DCE
Trisha Renner, PT, DPT, ADCE
Mari Knettle, PT, DPT, EdD
Alison Matson, PT, DPT, SCCE
Emily Reynolds, PTA, SCCE
Kunal Vaishnav

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Academic Program Solicitation

Ohio Kentucky Consortium of Physical Therapy Programs

Academic Program level of interest:

- My program is fully committed to participating in the CCN pilot.
- My program is seriously considering the option to participate in the CCN pilot but needs more time to make a decision or has questions.
- My program is considering the option to participate but has questions prior to making any type of commitment.
- My program does not have an interest in participating in the CCN pilot.

Participating Academic Programs

Bellarmine University

Cleveland State University

Mount St. Joseph University

Mount Union University

The Ohio State University

Ohio University

University of Cincinnati

University of Dayton

The University of Findlay

University of Kentucky

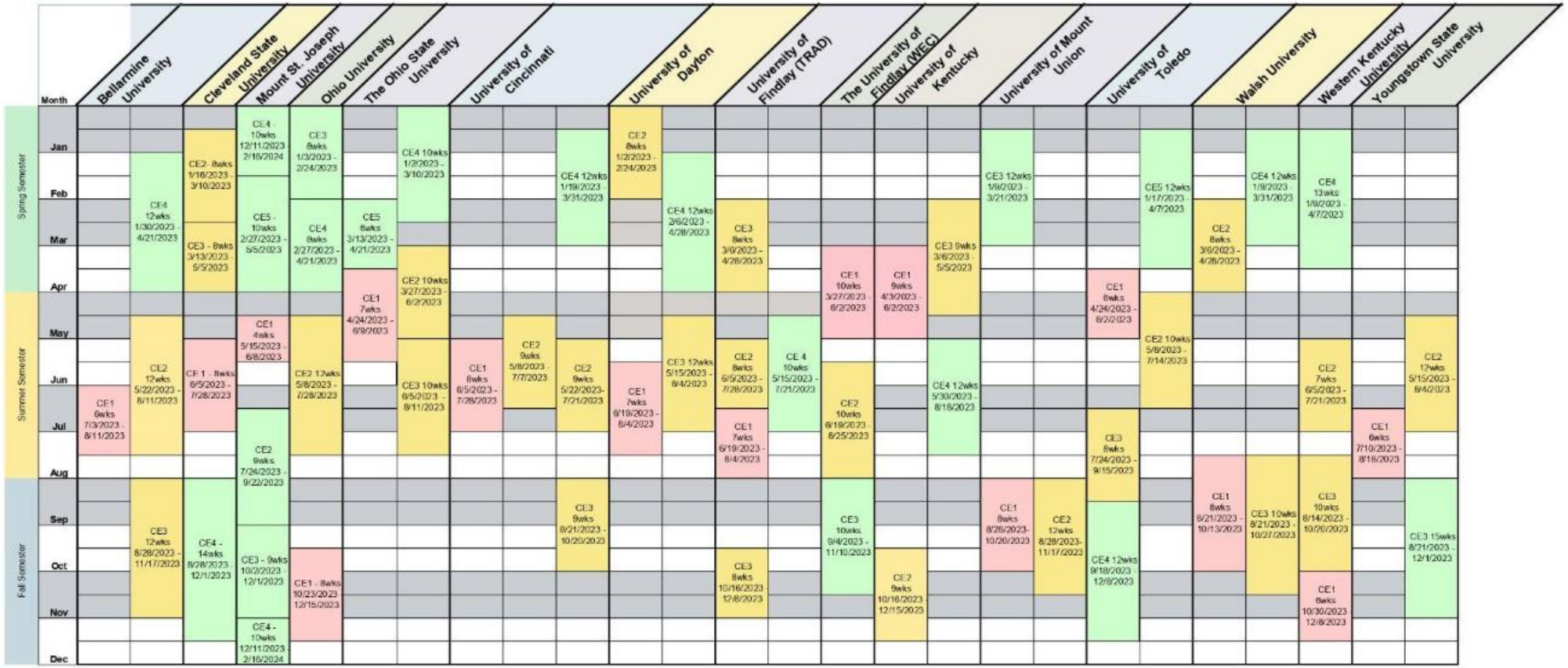
The University of Toledo

Walsh University

Western Kentucky University

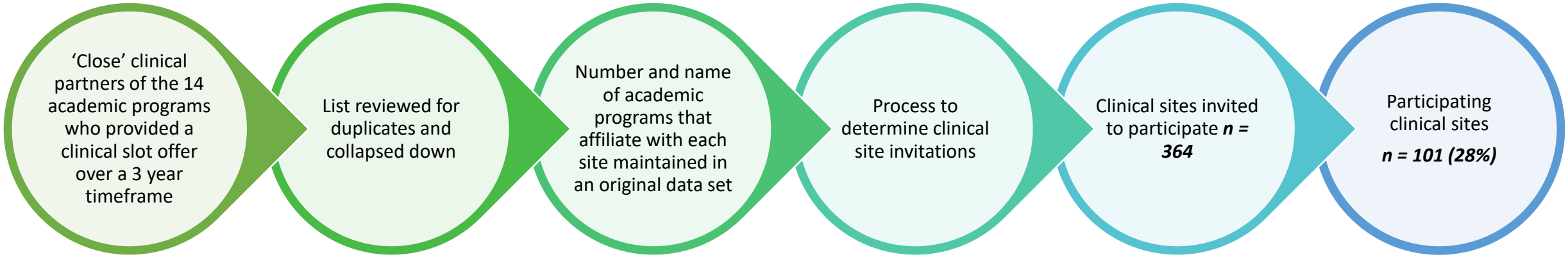
Youngstown State University

Academic Calendar of Clinical Experiences

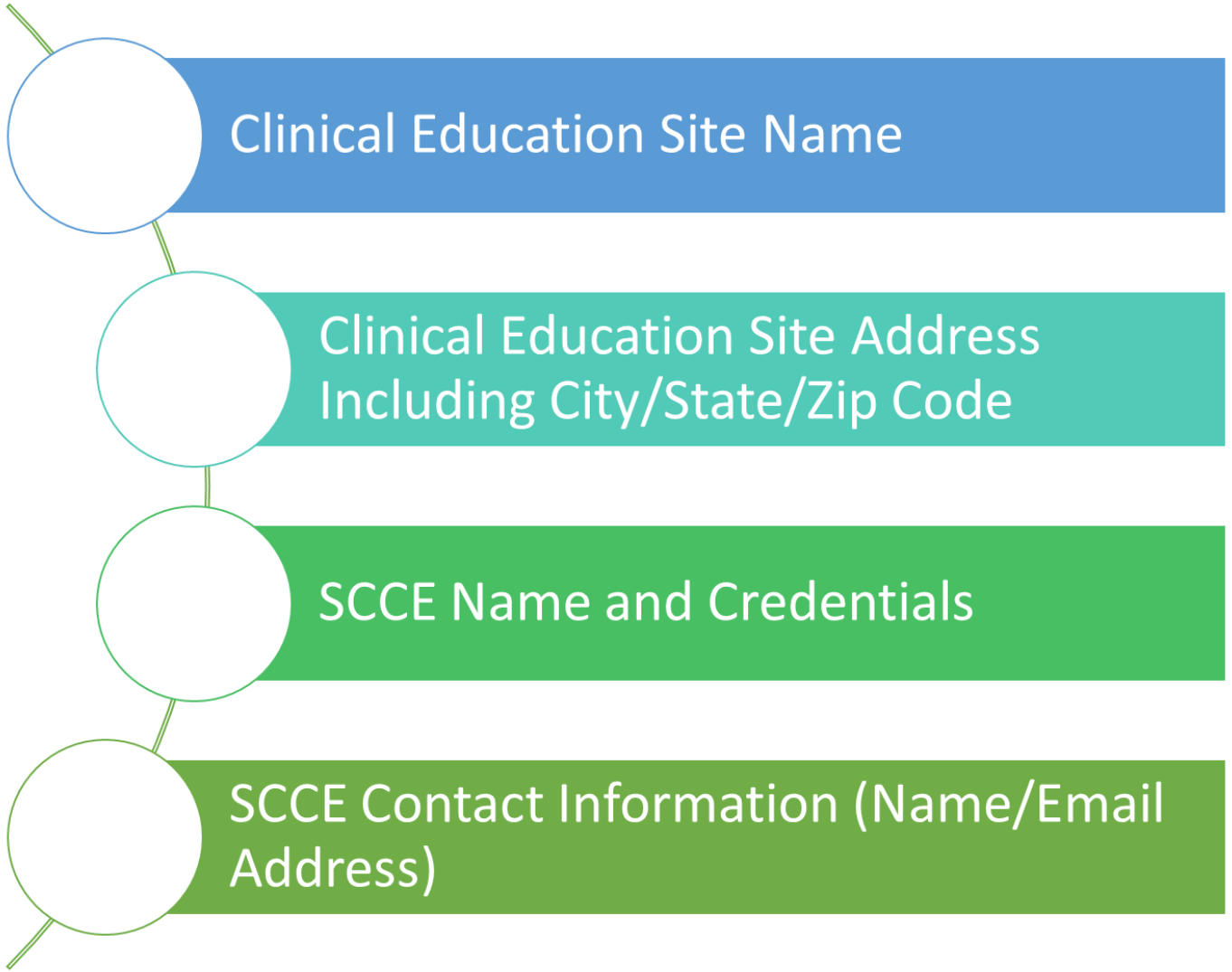


Implementation

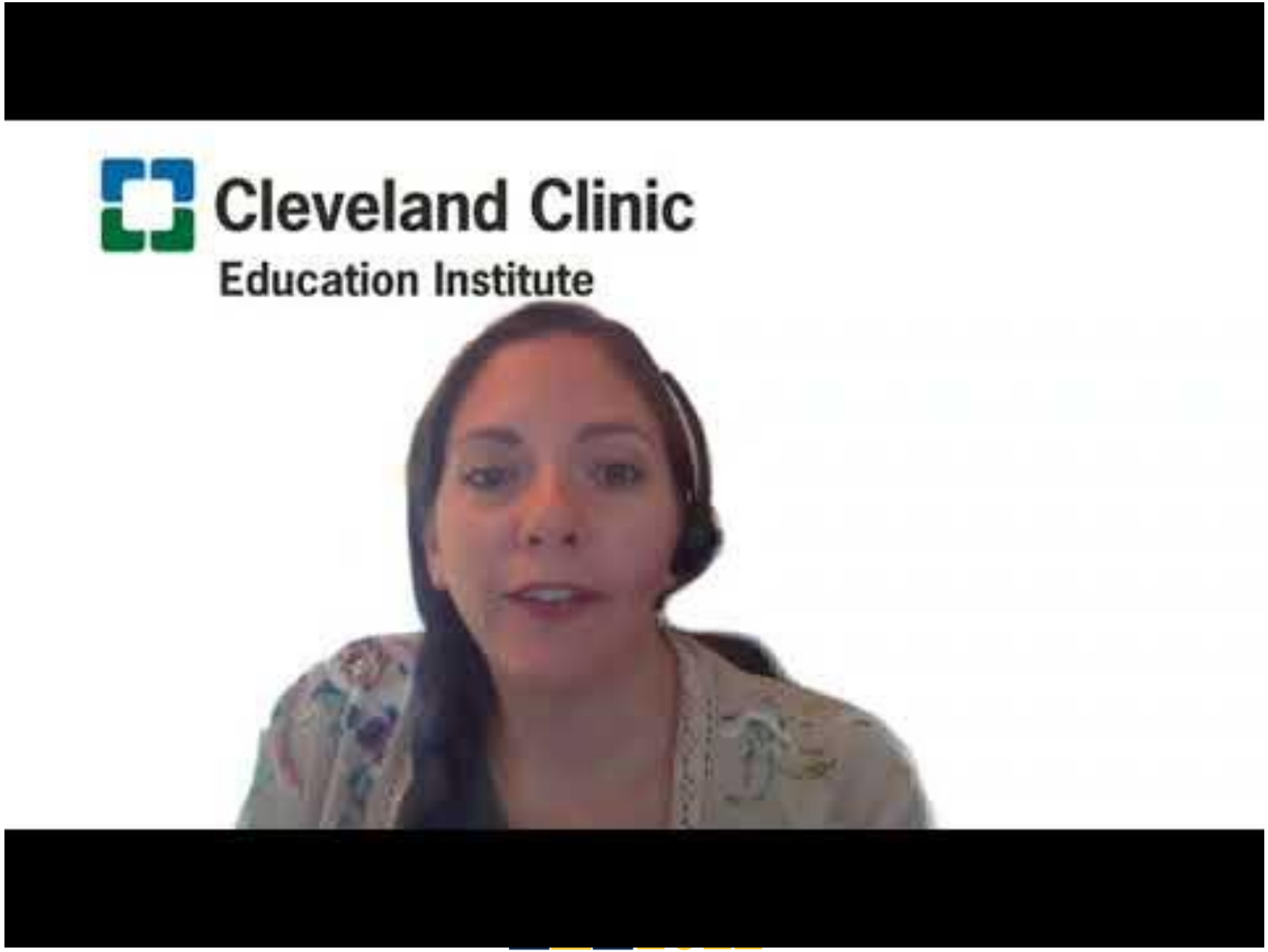
Clinical Site Solicitation



Clinical Site/SCCE Data for CCN Invites

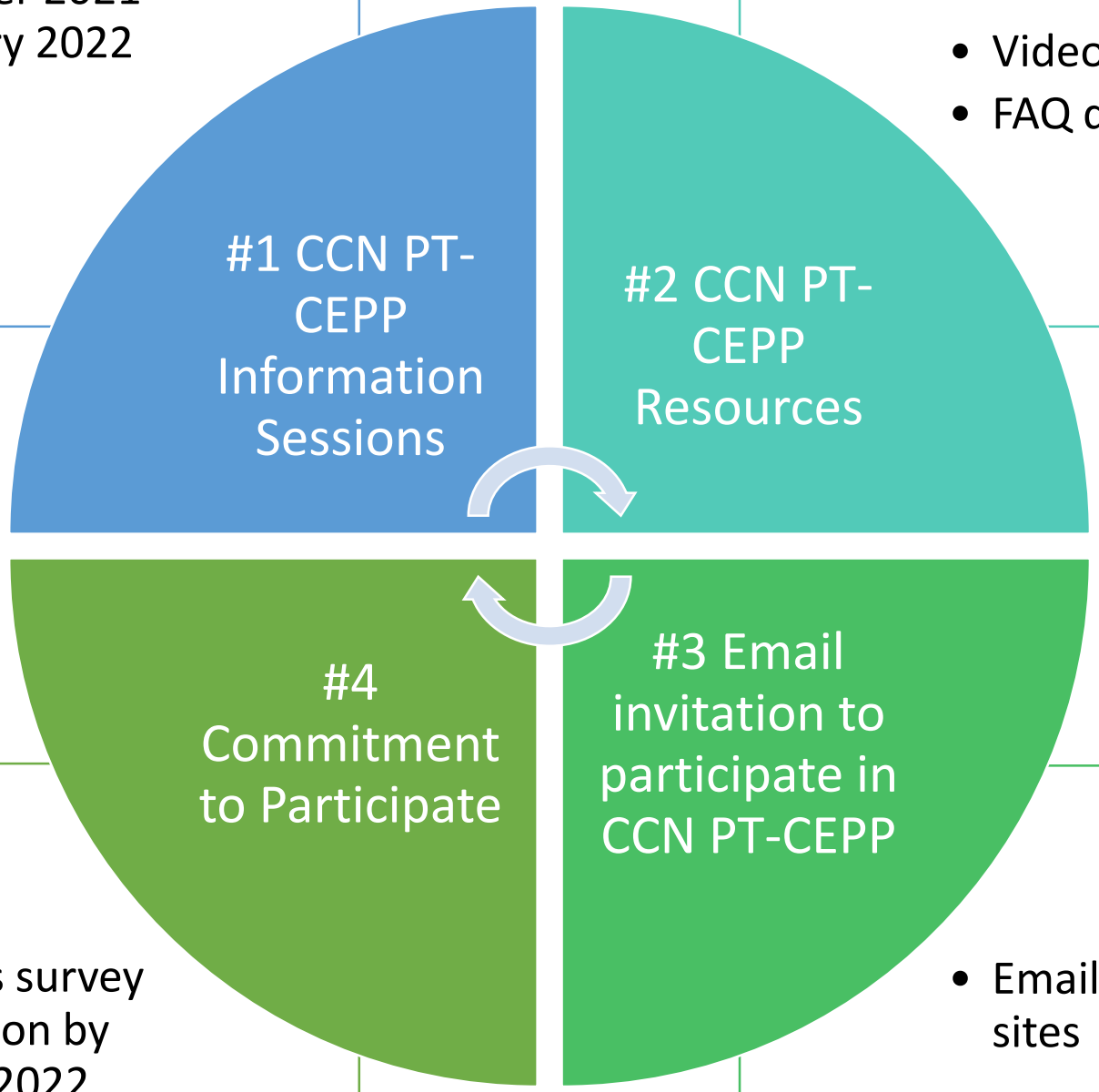


A Clinical Partner's Initial Concerns About the PT-CEPP



- December 2021 & January 2022

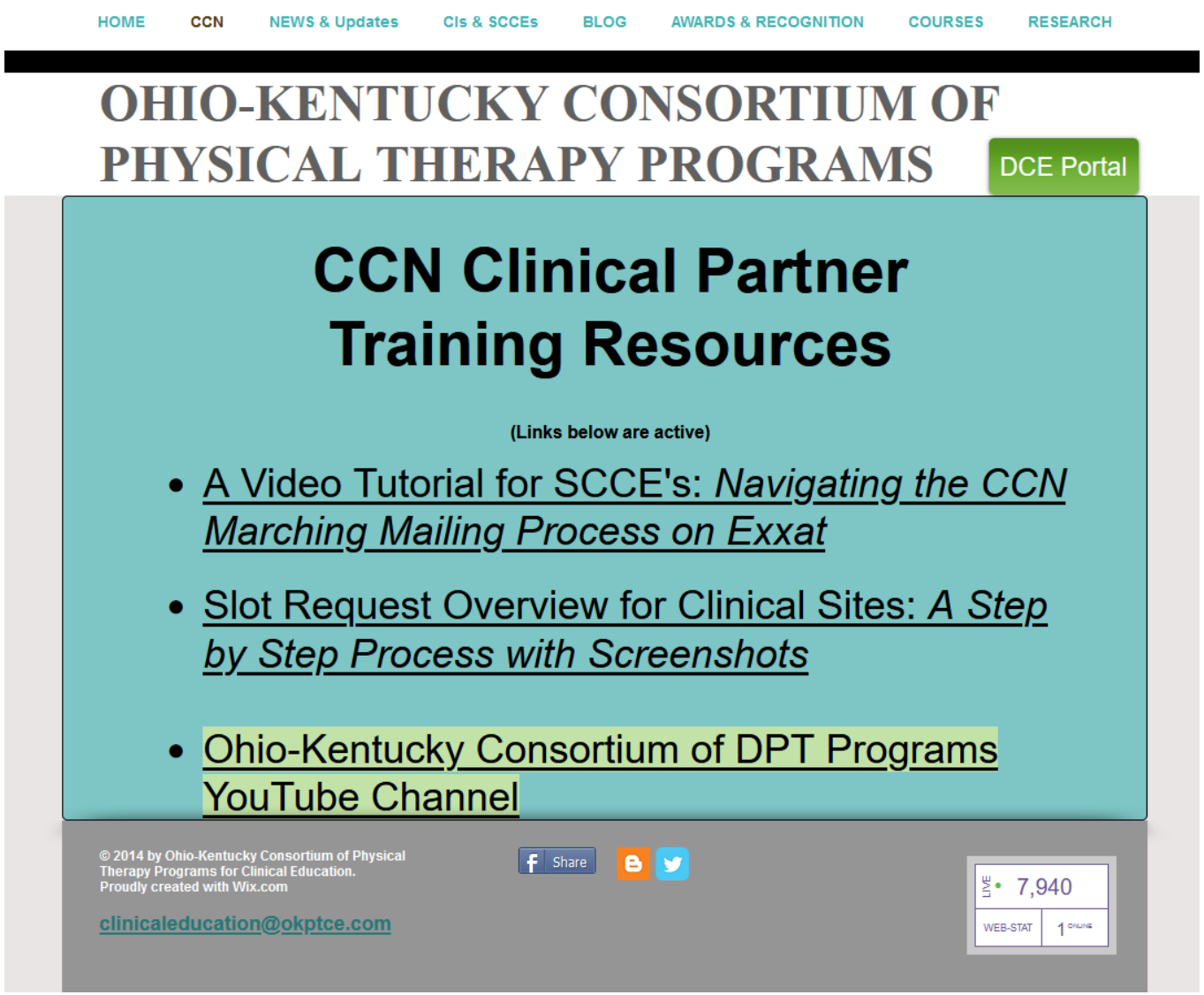
- Video webinar
- FAQ document



- Qualtrics survey completion by January 2022

- Emailed to 364 sites

Educational Resources to Inform Clinical Sites



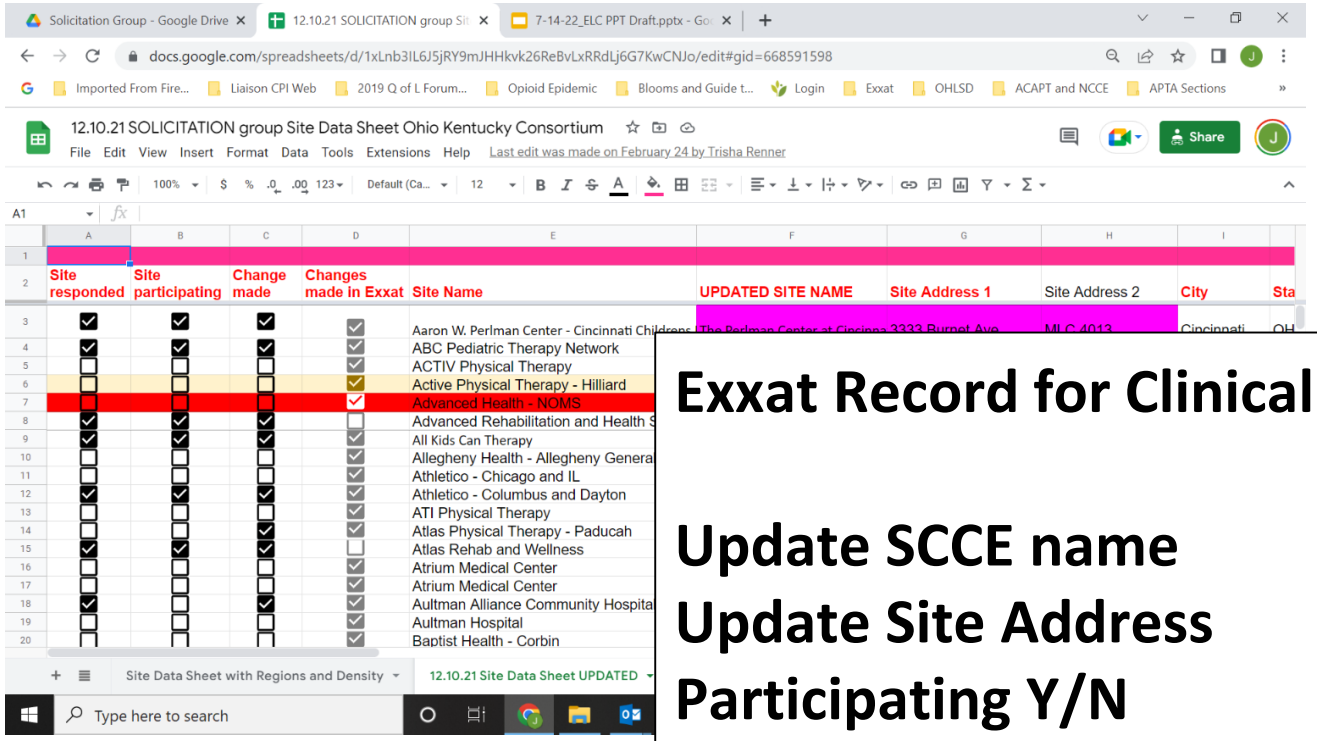
Implementation

Clinical Partner Solicitation

After reviewing the educational resources explaining the Ohio-Kentucky Consortium's CCN centralized placement process, our clinical education site:

- Would like to participate in the CCN centralized placement process for calendar year 2022
- Is not interested in participating in the CCN centralized placement process for calendar year 2022
- Needs more information - please contact me

Clinical Partner Participation: CCN Administrative Duties



Exxat Record for Clinical Sites:

Update SCCE name
Update Site Address
Participating Y/N
Include in March Mailer Y/N

Implementation

Ohio Kentucky Consortium of Physical Therapy Programs for Clinical Education

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Exxat

Exxat Provides the Tools to Bring it All Together

Kunal Vaishnav
Chief Operations Officer, Exxat
Kunal.Vaishnav@exxat.com

Consortium-level slot requests through Exxat

- Pioneered by IACCC in 2017
  - 19 PT and PTA programs in Southern California
  - 4400+ slots in 5 years
  - 400+ member sites
- Allows member sites to respond to 1 request
  - Offer availability for a specific program
  - Provide an “Open Slot”

875 slots per year, on average

Implementation

Building on IACCC with OH/KY

Ohio Kentucky Consortium of Physical Therapy Programs for Clinical Education

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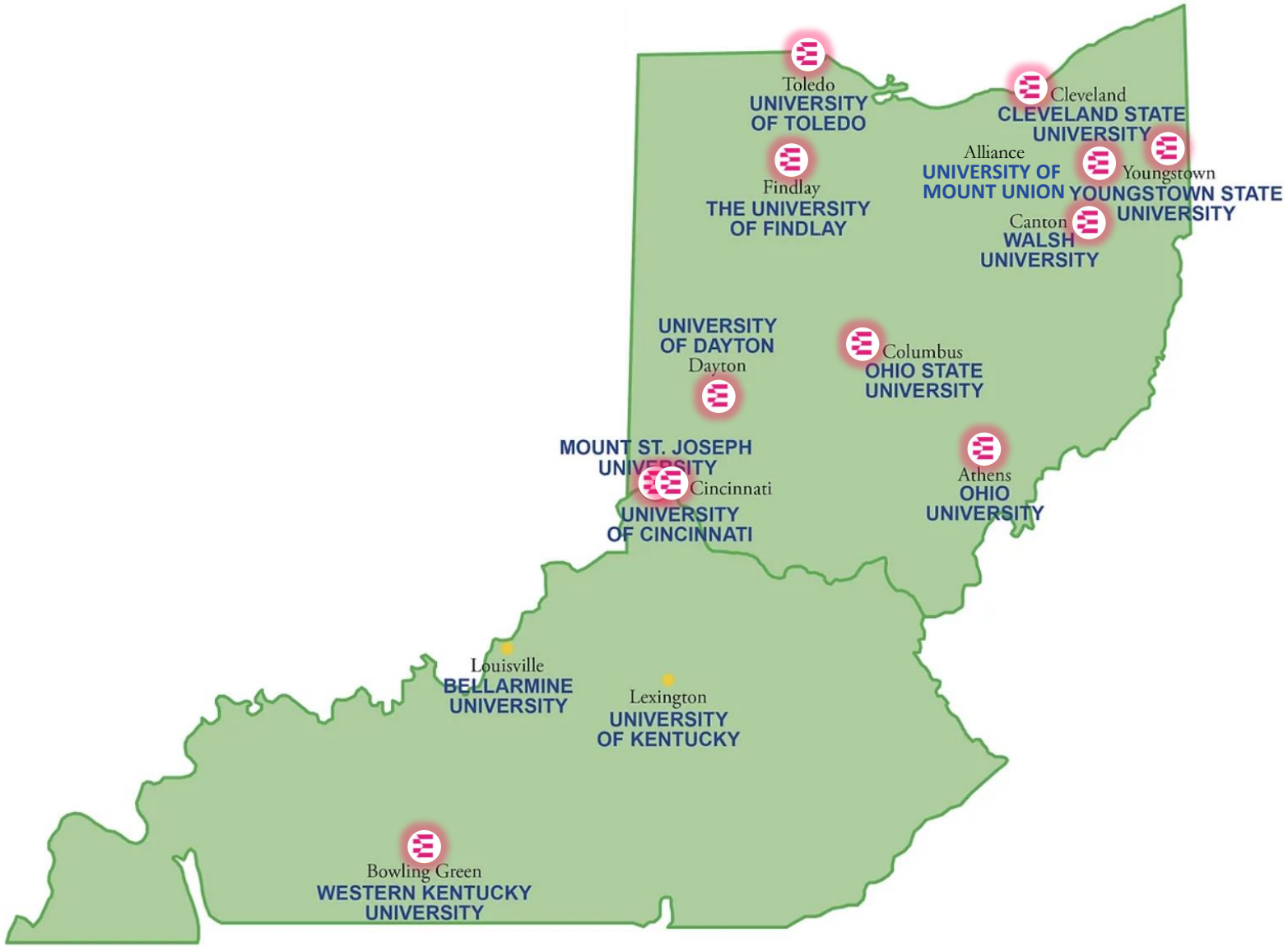
Exxat



Implementation

Setting Things Up

Ohio Kentucky Consortium of Physical Therapy Programs for Clinical Education

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Exxat

Data Provided

- List of clinical sites
- Calendar of Clinical Experiences for all programs
- List of Participating Programs

System Configured

- Clinical sites added
- Clinical experiences created
- March 1 Mailer set up

Members of Consortium Checked for Accuracy

- Accuracy confirmed

Exxat Sent March 1st Mailer by email

Slots entered by site using link in email

Implementation

The Power of Collaboration

Ohio Kentucky Consortium of Physical Therapy Programs for Clinical Education

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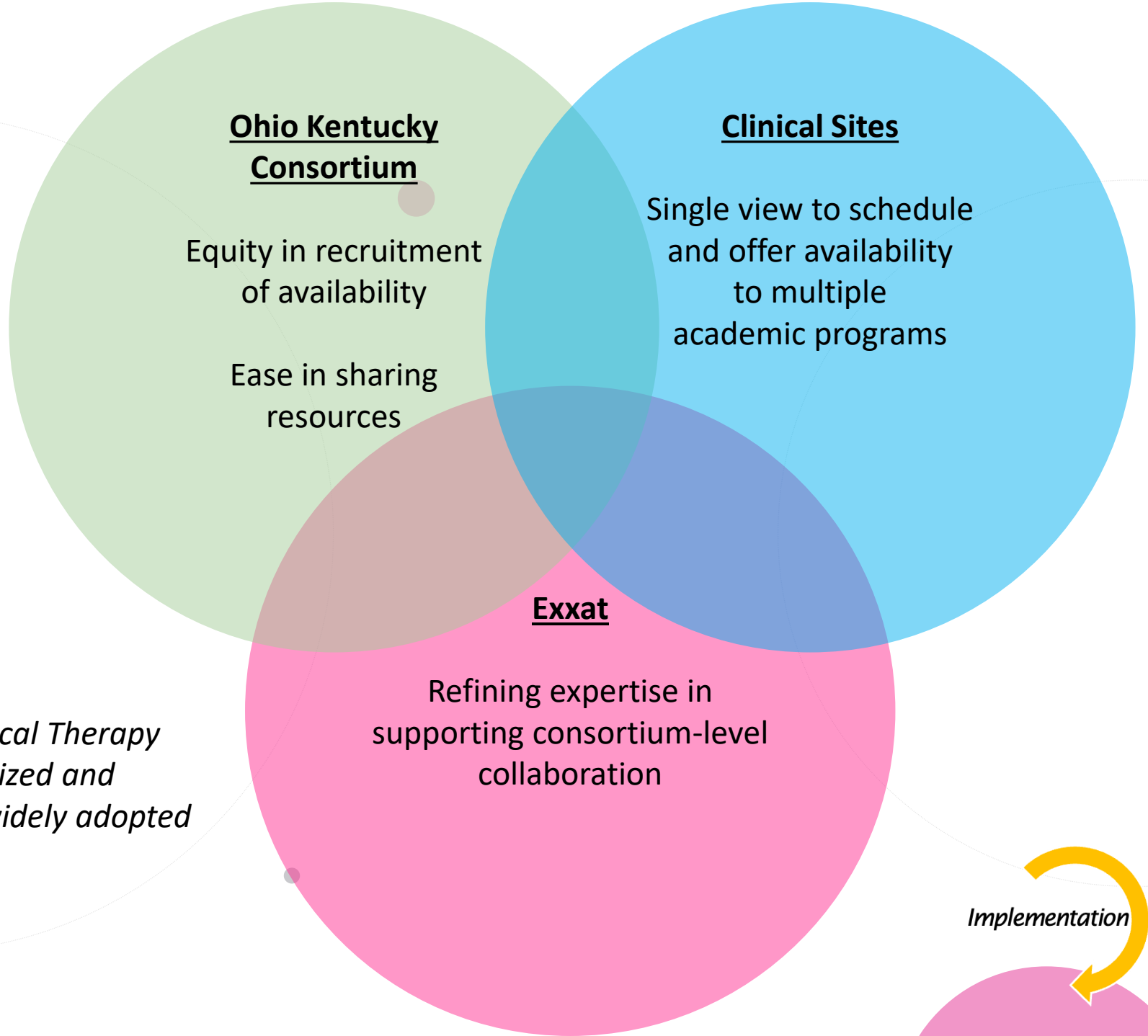
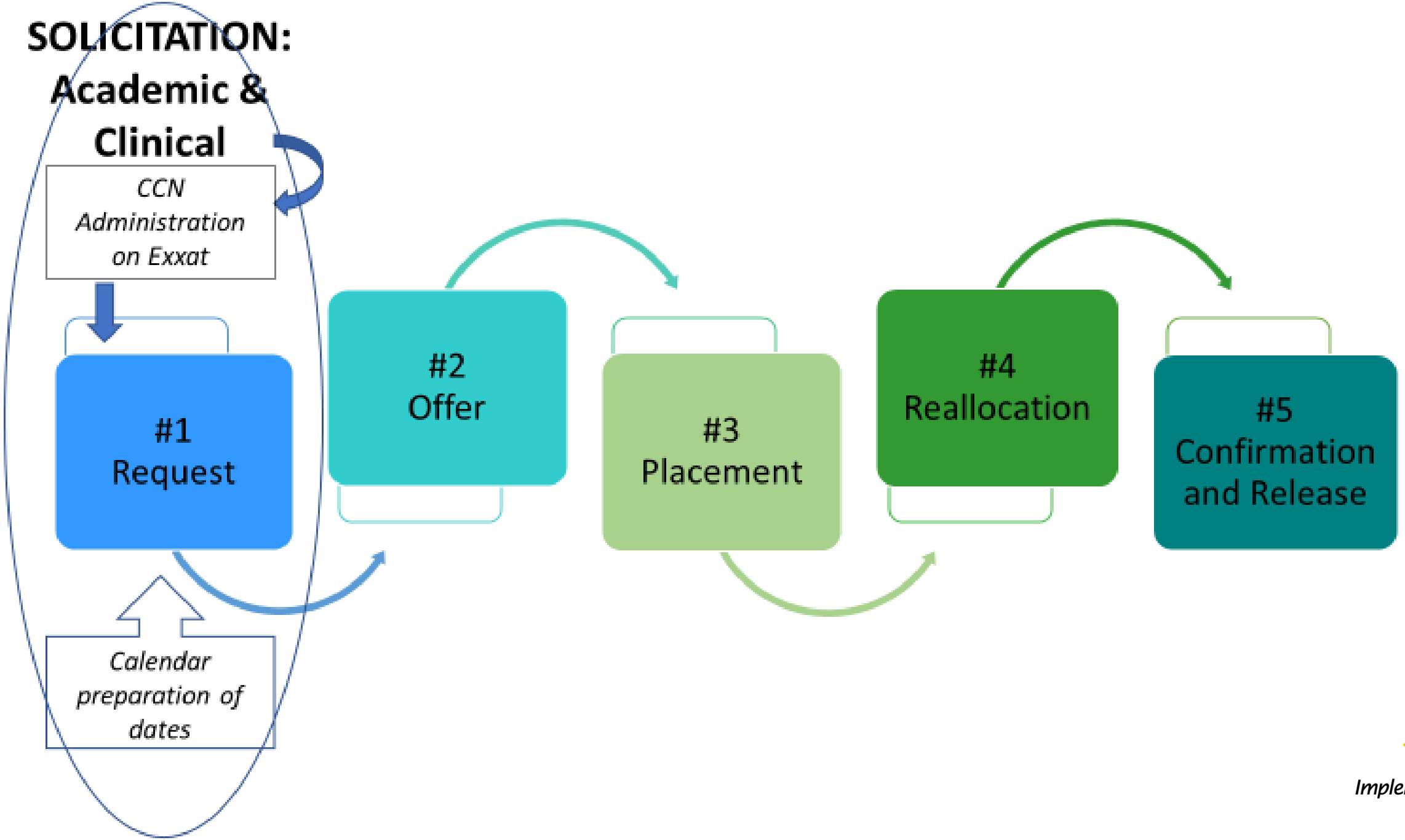
Exxat

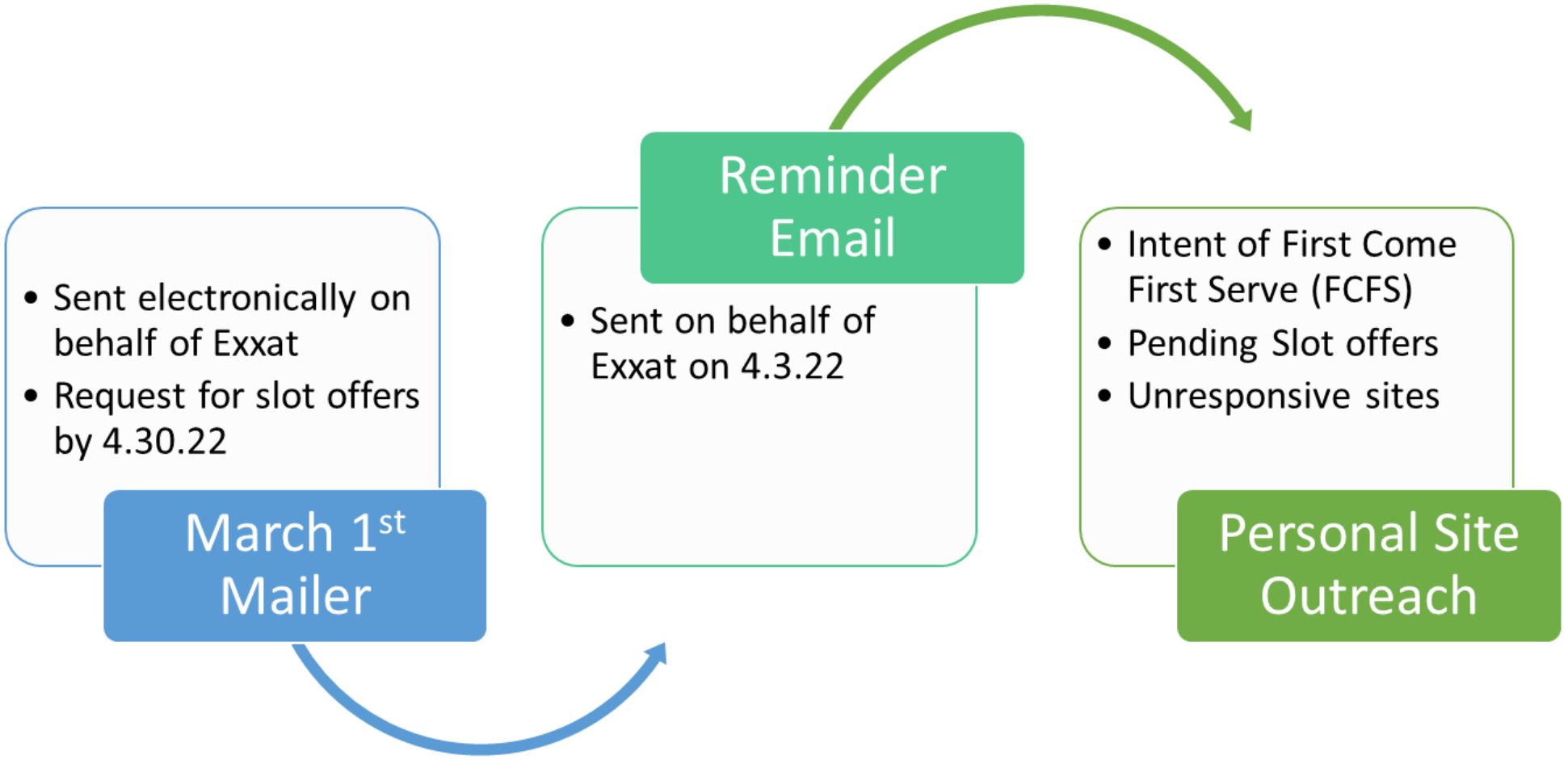
PT PHYSICAL THERAPY

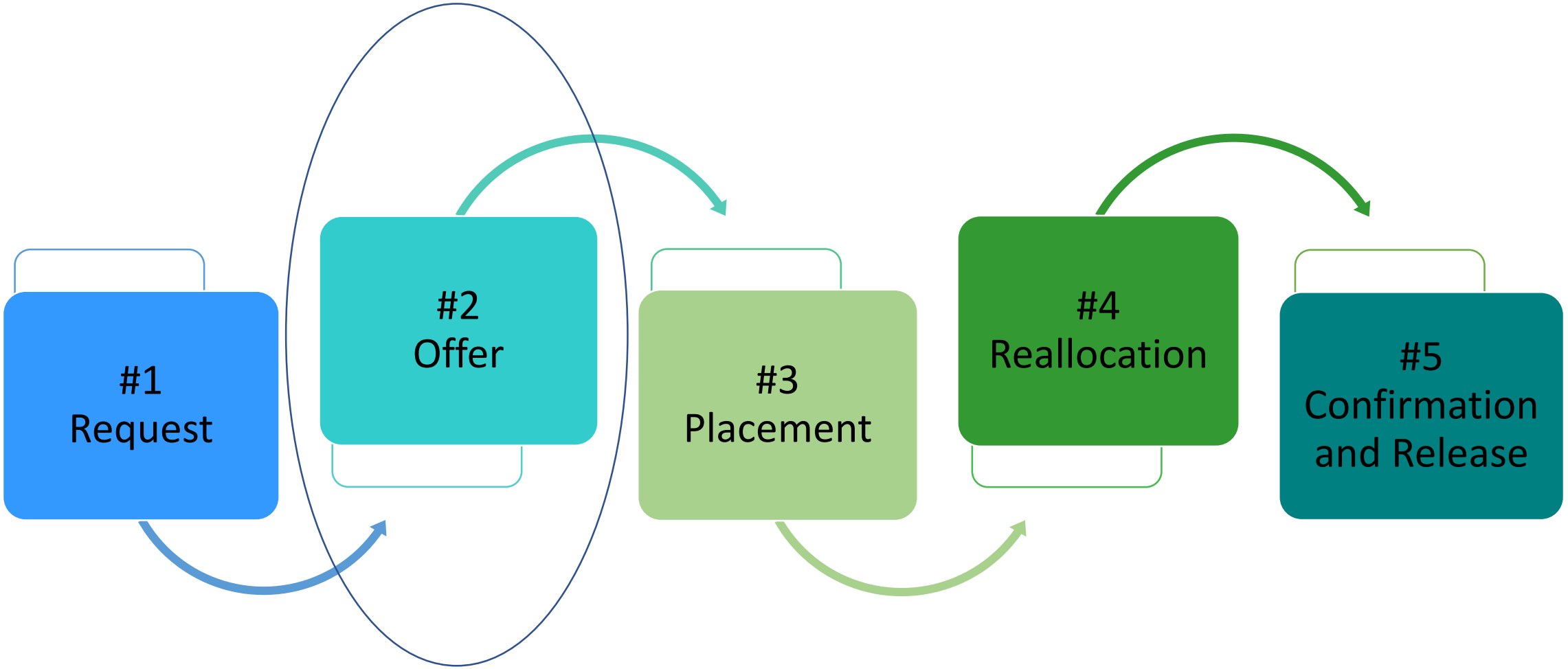
Empowers the profession of Physical Therapy with the potential for standardized and streamlined process which can be widely adopted




SOLICITATION:
Academic &
Clinical
CCN
Administration
on Exxat
#1
Request
#2
Offer
#3
Placement
#4
Reallocation
#5
Confirmation
and Release
Calendar
preparation of
dates
Implementation

Request Phase





Implementation

Educational Resources for Academic and Clinical Partners - March Mailing Process (March/April 2022)

Academic

- Zoom meetings
- March mailing process
- Accessing/ downloading offers from Exxat

Clinical

- Slot Request Overview document
- Webinars recorded by CCN SCCE

#1
Request
#2
Offer
#3
Placement
#4
Reallocation
#5
Confirmation
and Release
Implementation

Placement Phase

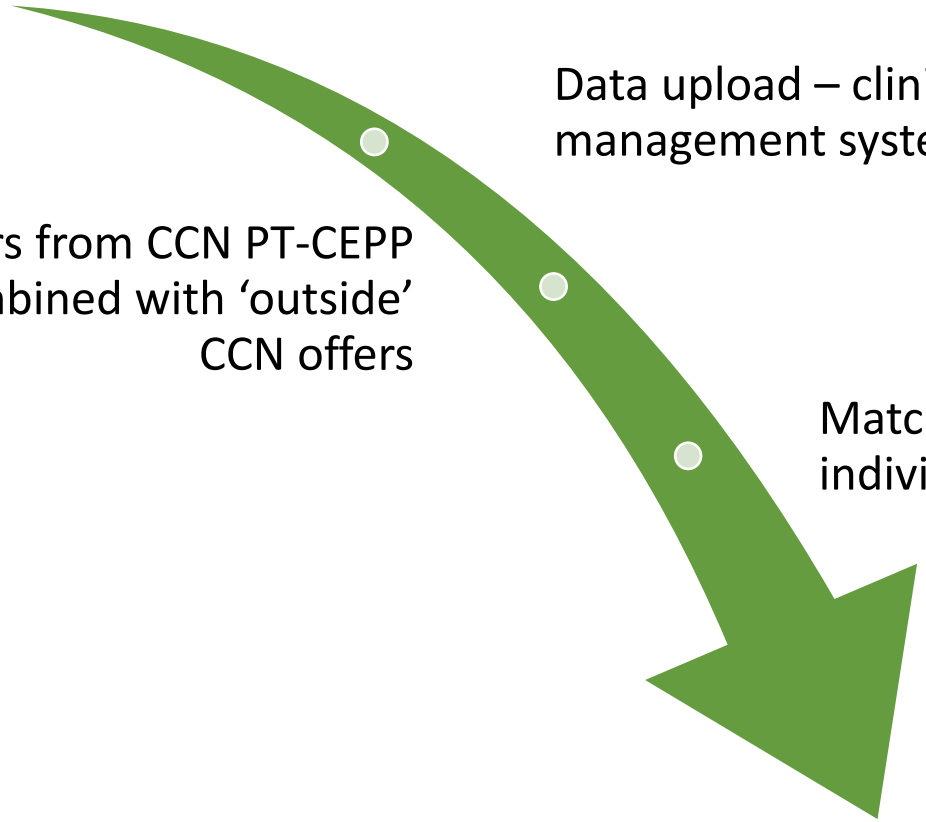
Academic programs – data extraction from CCN Exxat

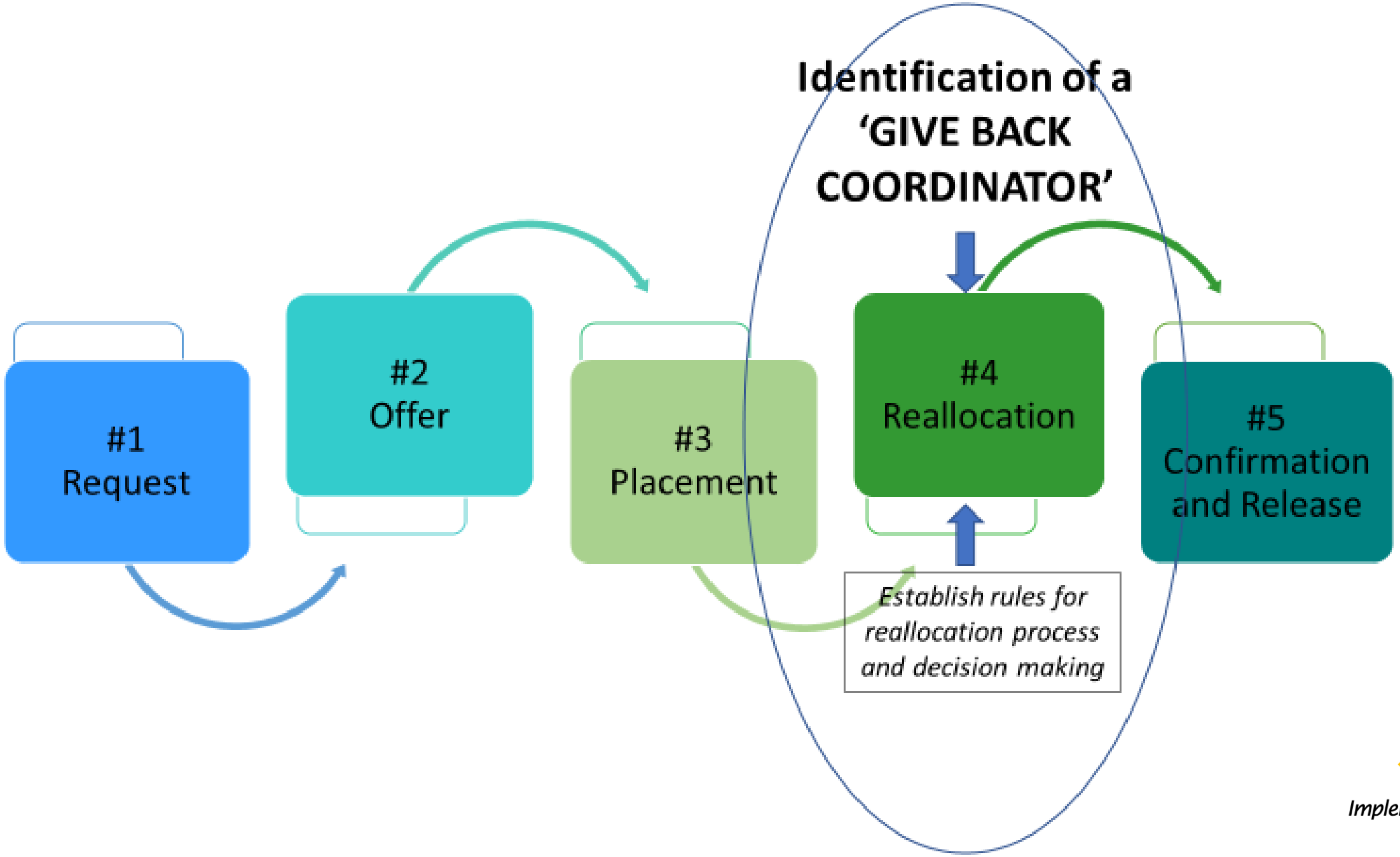
Data upload – clinical education management system

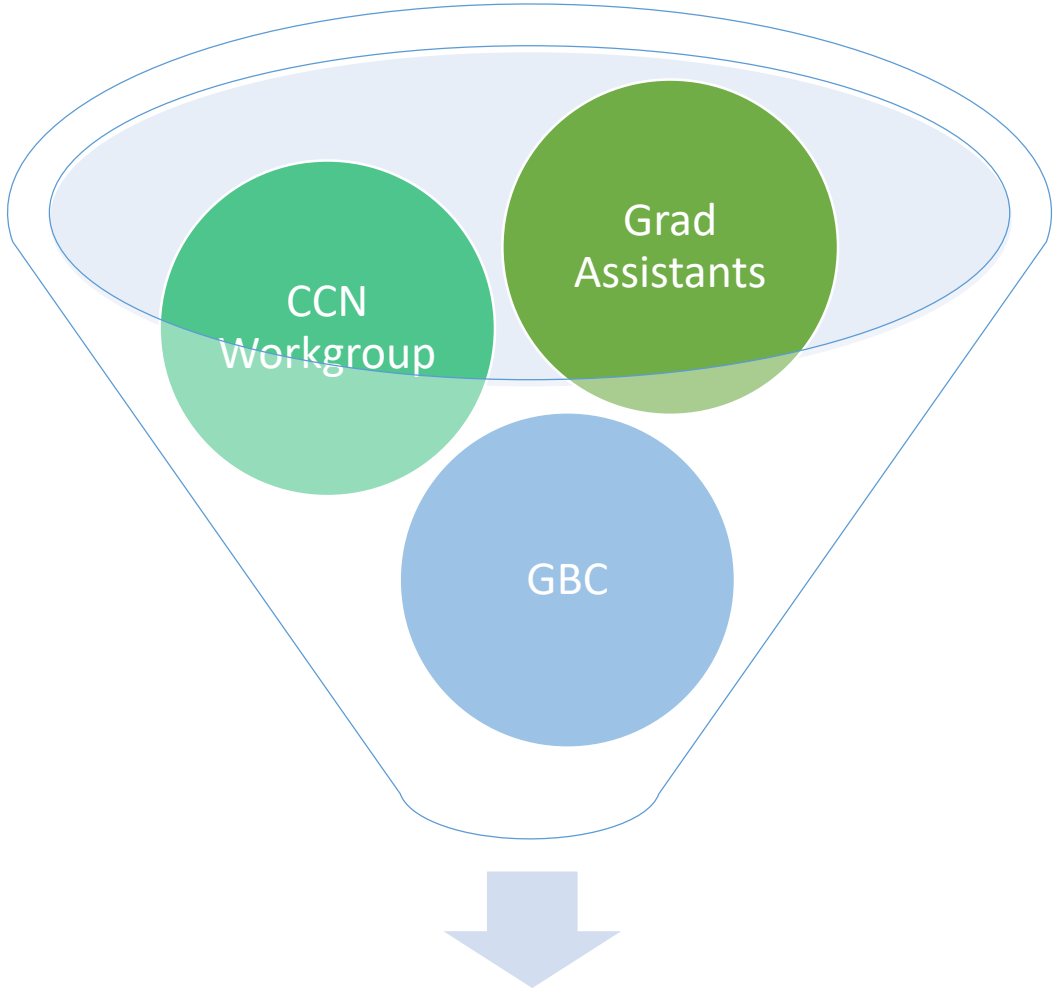
Offers from CCN PT-CEPP combined with 'outside' CCN offers

Matching/Placement – individual process

Data collection – used/unused slots by each program




Identification of a 'GIVE BACK COORDINATOR'
#1 Request
#2 Offer
#3 Placement
#4 Reallocation
#5 Confirmation and Release
Establish rules for reallocation process and decision making
Implementation



Administrative Duties

Implementation

Set Up

- Give Back Coordinator identified
- Survey sent to clinical partners
- Academic program and clinical partner update

Implementation

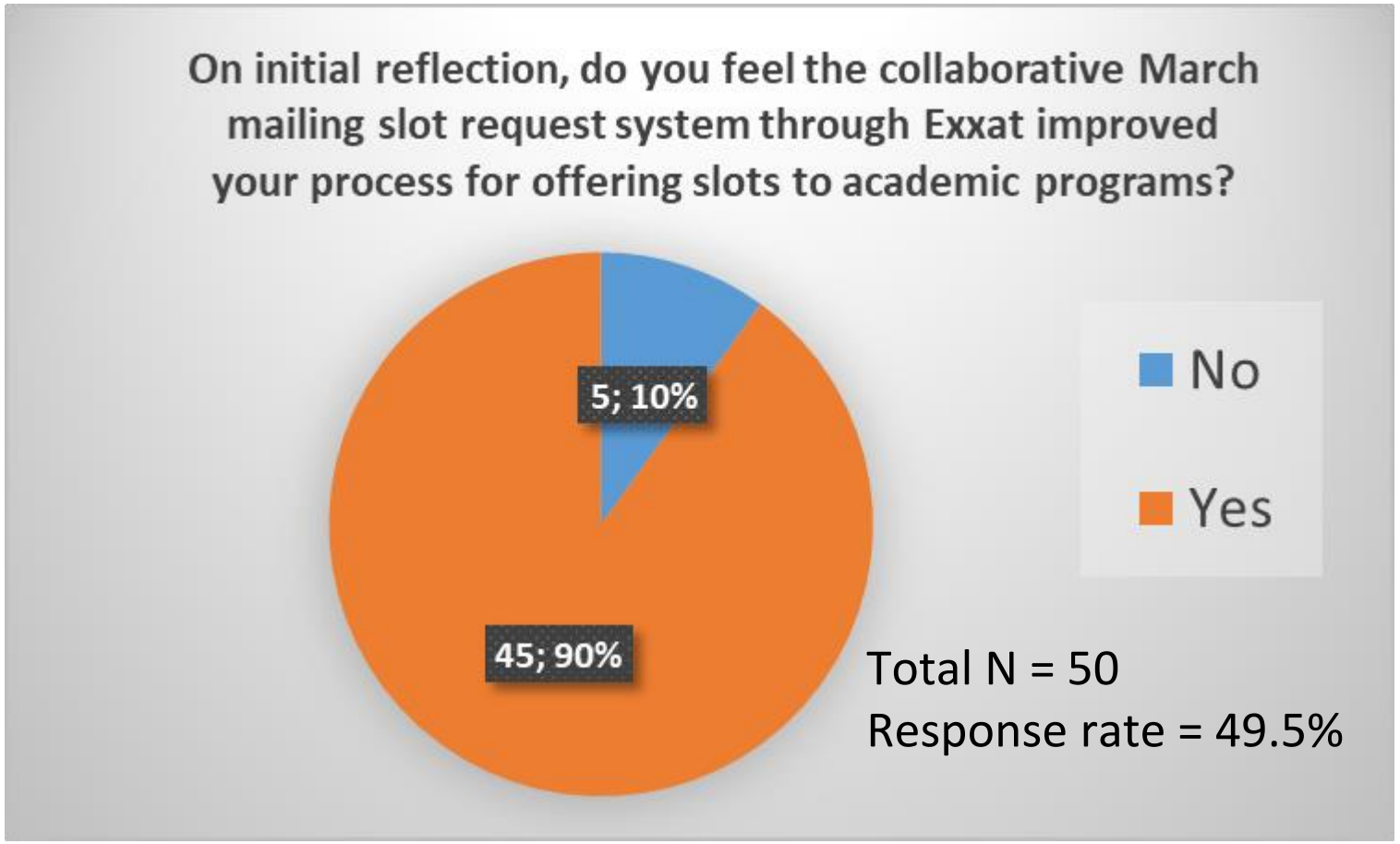
- Data collection from academic programs
- Data management
- Communication to SCCEs re: Unused Slot Offers
- Reallocation of Unused Slots

Outcomes

Janice Howman, PT, DPT, MEd, DCE

Karen Vitak McIntyre, PT, DPT, DCE

Outcomes: Initial Feedback on SCCE Satisfaction



"Yes" Respondents noted:

- all in one place/streamlined
- saved time/more efficient
- expanded access

"No" Respondents noted:

- technology challenges
- site process issues

Outcomes: Definitions*

Term	Definition	In other words…
Capacity	The ability to meet/sustain/support the clinical education needs of our regional academic programs	Maximum amount our CE system “can hold”
Demand	# of CEEs needed by academic programs	What academic programs NEED
Supply	# of CEEs offered (aka “slots” in Exxat) by clinical sites	What clinical sites OFFER
Utilization	# of offered CEEs that were confirmed by academic programs	USED slots
Unused slots	# of offered CEEs that were released by academic programs	UNUSED slots

*All definitions are relative to **our regional** PT-CEPP for calendar year 2023

Outcomes: Supply vs. Demand for Calendar Year 2023 for OKCPTP Region

Demand = 2353 CEEs

- Average academic program demand = 168 CEEs (range = 90 – 289 CEEs)

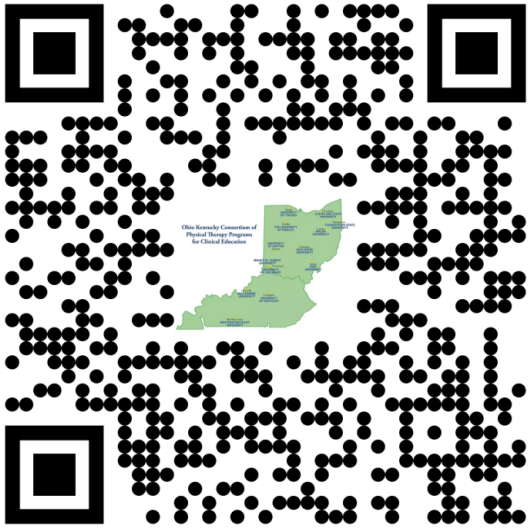
Supply from March mailing = 3779 CEEs

- 1029 CEEs offered within the CCN (27% of total OKCPTP offers)
  - All programs received CEE offers
  - Average 73.5 CEE offers per program (range =33-133)
- 2750 CEEs offered outside the CCN (73% of total OKCPTP offers)
  - data from 11/14 participating academic programs

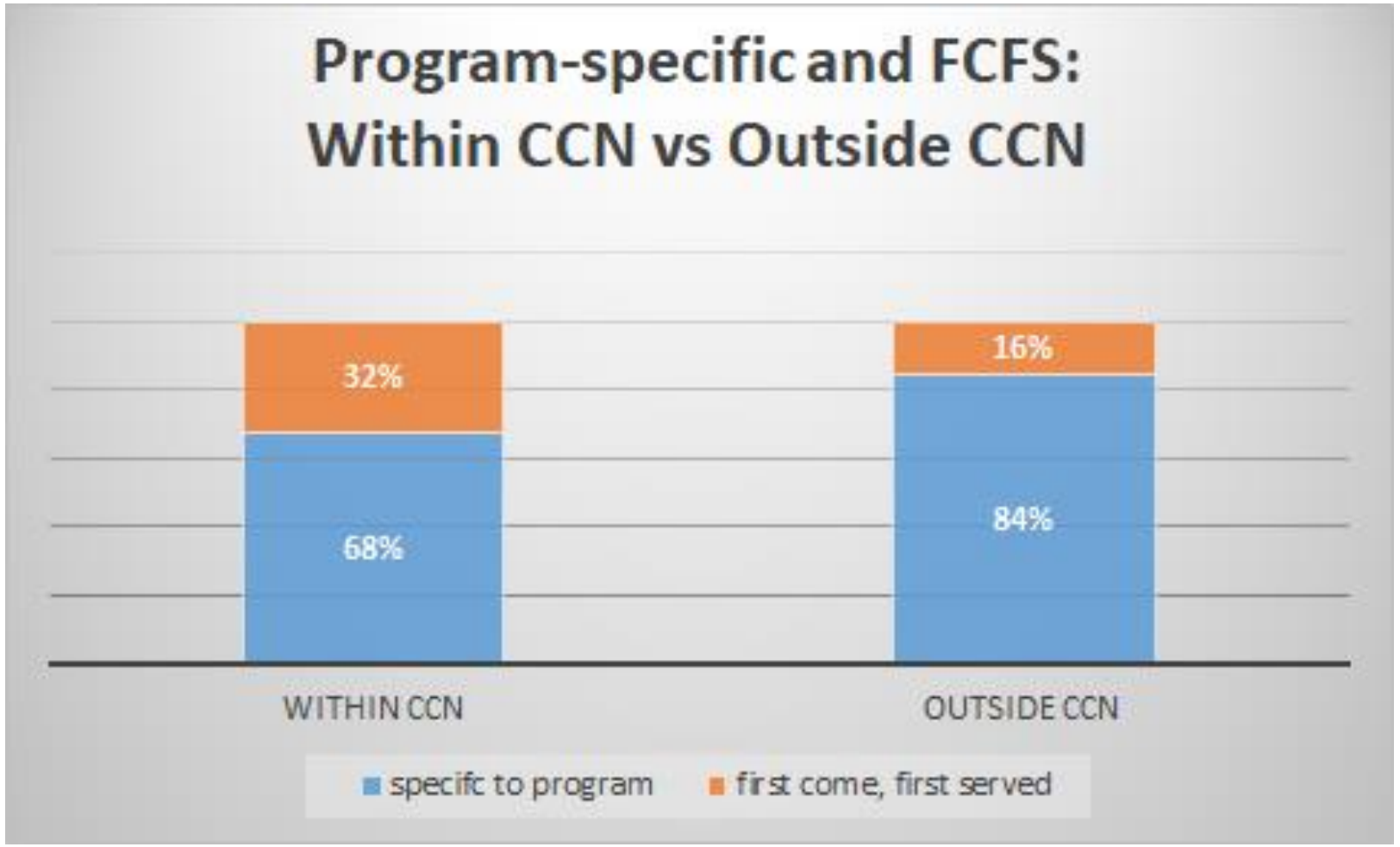
Supply appears to exceed demand… But, does it really?!

Outcomes: Definitions

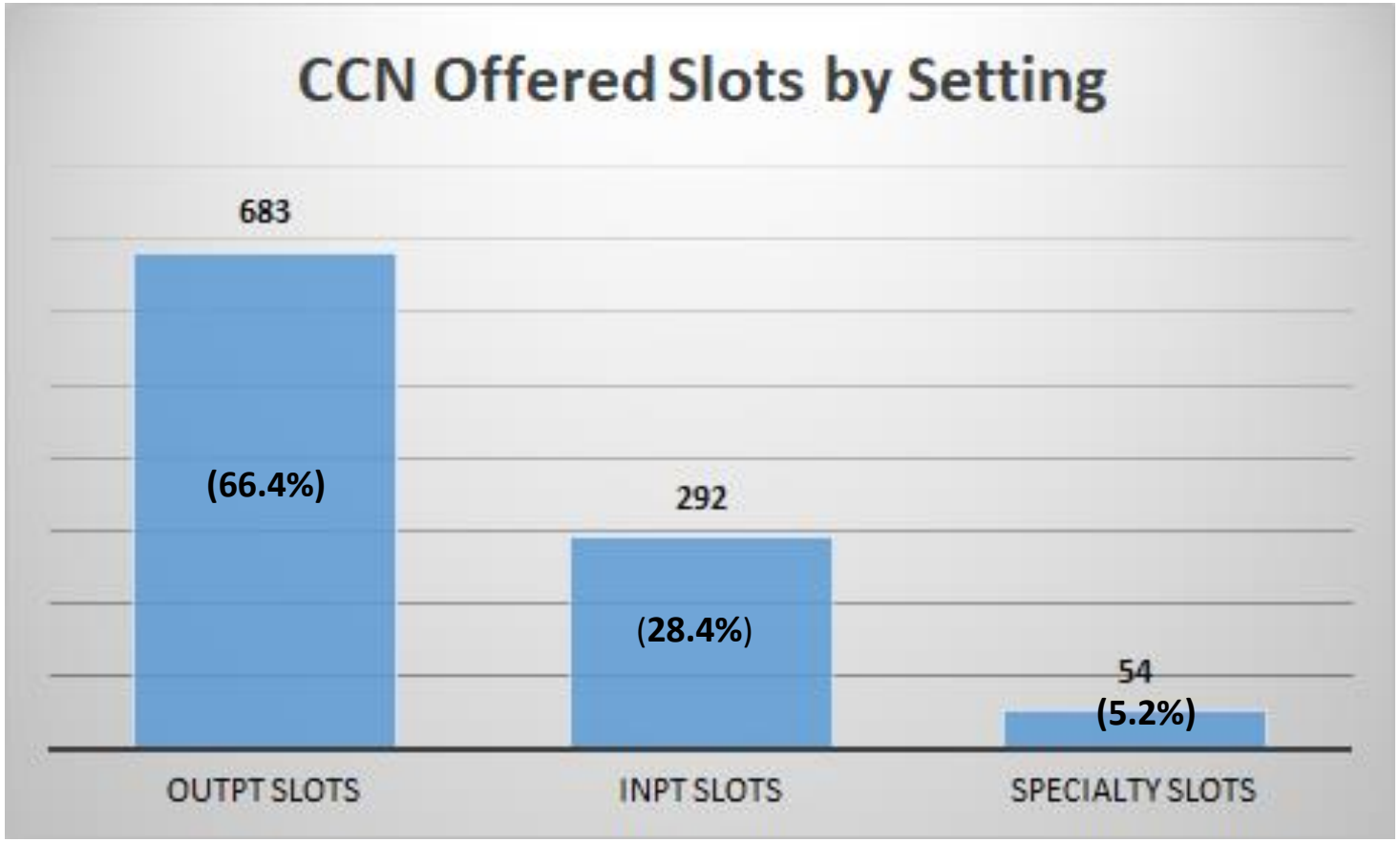
Term	Definition	In other words…
Specific Offers	Offered CEEs designated to individual academic programs	“ear-marked” slots
First Come, First Served (FCFS) Offers	Offered CEEs NOT dedicated to an academic program	
Follow-up Requests	Requests for specific CEEs(aka: slots) made by academic programs to individual clinical education sites after the offer phase to meet individual program and/or student needs	



Supply Consideration: First Come, First Served



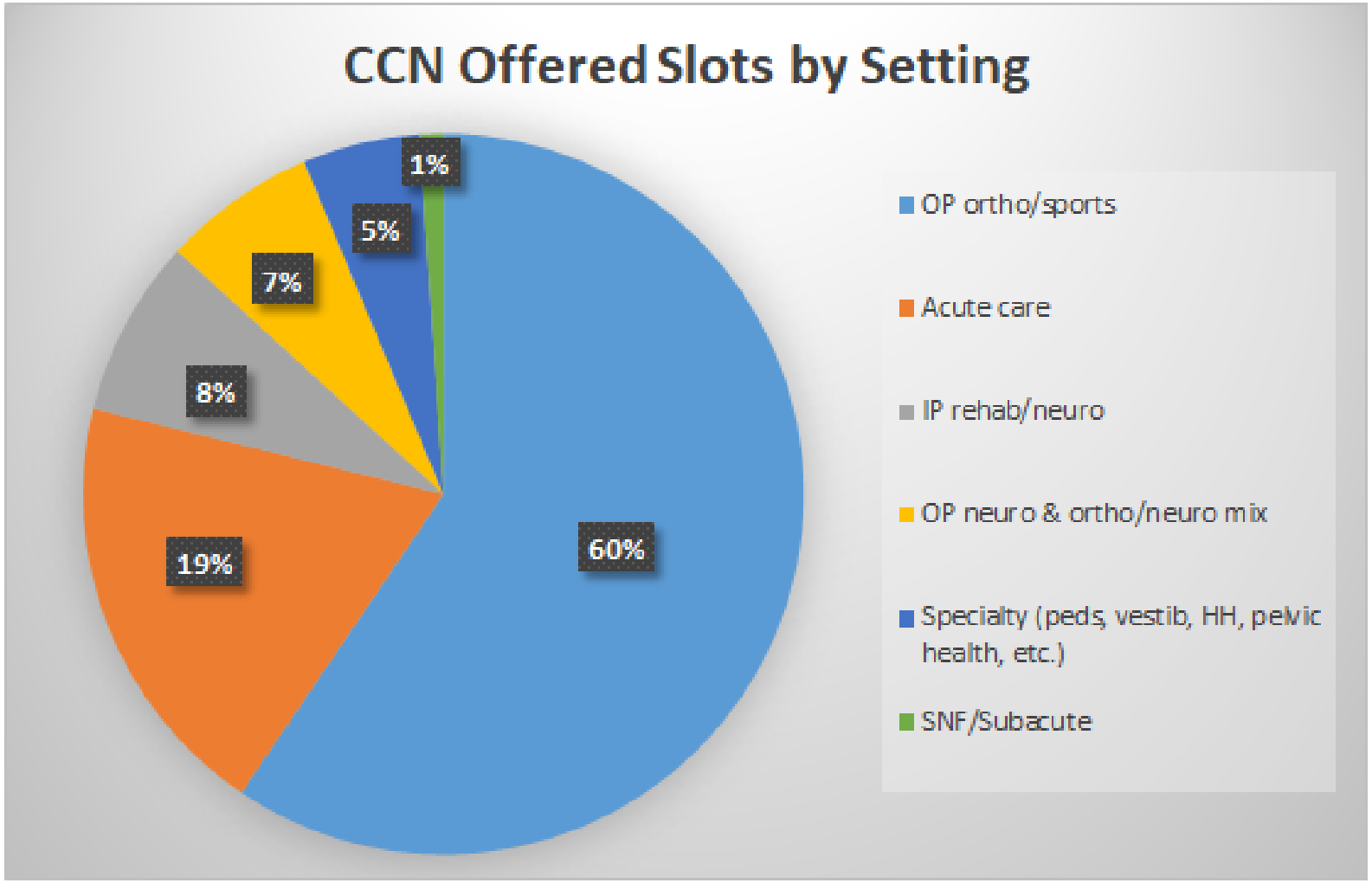
Supply Consideration: Settings



*data only from w/in CCN (N=1029)
*data includes program-specific offers and FCFS

Supply Consideration: Settings

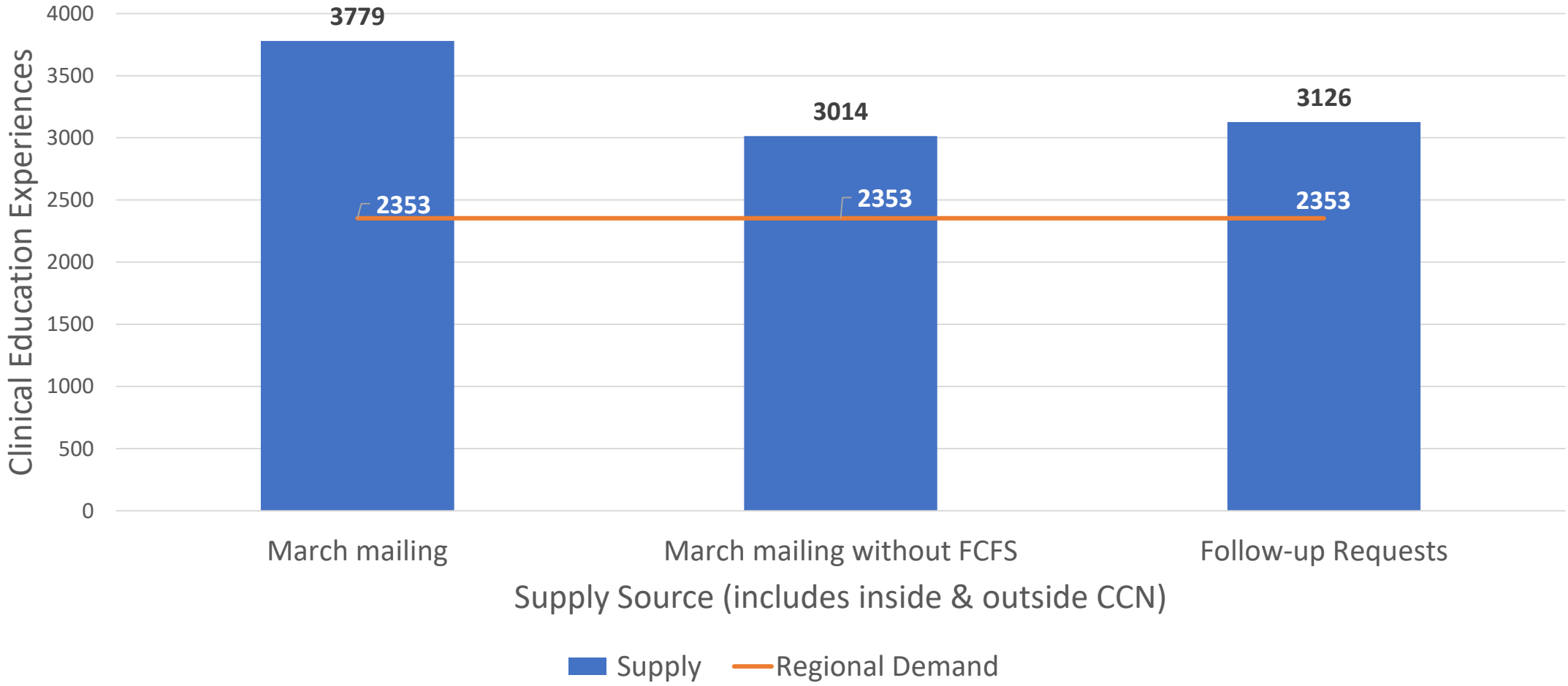
*closer look at settings offered



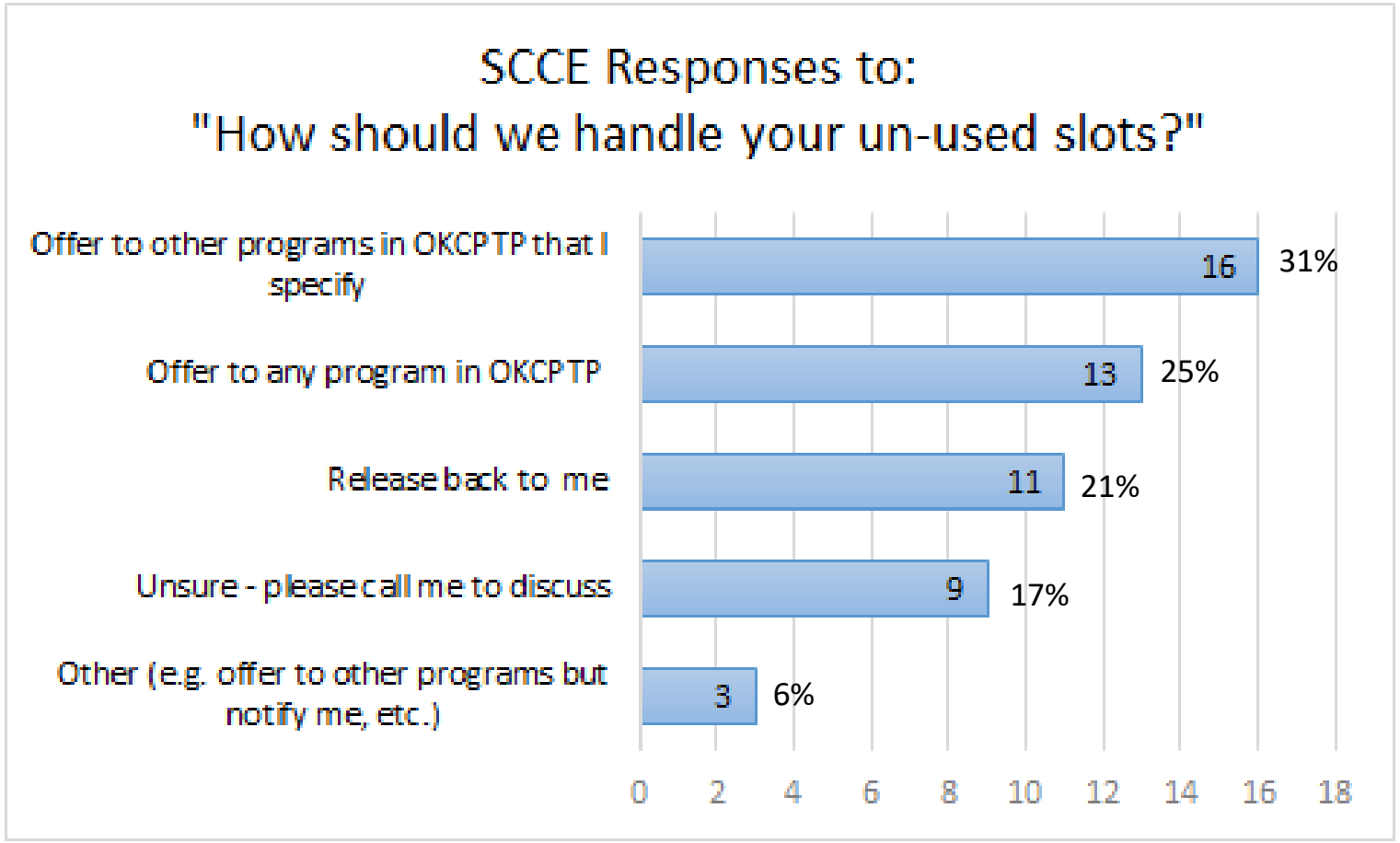
Supply Consideration: Settings (program specific and FCFS)

	INPATIENT SLOTS			OUTPATIENT SLOTS		SPECIALTY SLOTS
	Acute care	IP rehab & neuro	SNF & Subacute	OP ortho & sports	OP neuro & ortho/neuro mix	Peds, vestib, HH, pelvic health, etc.
Total offered	199	82	11	612	71	54
Average per program	14.2	5.9	0.8	43.7	5.1	3.9
Minimum	3	1	0	22	1	0
Maximum	45	17	4	65	13	8
# FCFS offers	4	18	0	284	14	11
% FCFS offers	2.00%	22.0%	0%	46.41%	19.72%	20.37%

Supply Consideration: AP Follow-up Requests



Outcomes: Survey Regarding Reallocation



Total N = 52

Response rate = 51.5%

REALLOCATION OF UNUSED SLOTS

**Preliminary Report: Through Round 1 Only*

Number of unused slots	178 (10 programs reporting) ➢ Average unused slots/program = 17.8 (6-39)
Number of unused slots available for reallocation	92 slots (27 clinical education sites) ➢ Average reallocated slots/site = 3.4 (1-20)
Number of unused slots successfully reallocated	4 academic programs submitted 1-2 top choices All 4 programs received #1 choice in reallocation ➢ All re-allocated slots were inpatient settings

Discussion

Lessons Learned

PANEL

Questions/ Comments

Lessons Learned: Essentials for Academic and Clinical Partners

Proactive and ongoing communication

Collegiality and respect

- Patience
- Openness to different perspectives

Workload

- Time to develop and implement
- "Divide and conquer" along with strong collaboration

Discussion

Lessons Learned: Clinical Partners

- Fostered understanding of the process and academic program needs
- Identified how to be of assistance to academic programs
- Streamlined placement process will allow SCCEs to shift focus to clinical education program development
- Need for champions to assist the SCCE in meeting the academic partners needs

- Broke down silos and saw how academic and clinical programs could work collaboratively and respect each others needs
- Streamlined process with reduced emails and improvements in efficiency of administrative duties
- Provided opportunities for SCCEs to network about needs, processes, and education.

Lessons Learned: Academic Partners

- Commitment from majority of academic programs in the consortium was essential!
- Timeline changes presented DCE workload challenges, but solutions were found!
  - Leadership and shared responsibility for planning steps in between phases
  - Responsiveness
- Still unknown whether we have a supply or distribution problem
- Reallocation holds promise for improving capacity and meeting demand

Lessons Learned: Academic Partners

- Collaboration met clinical partners needs
- Need existed to explore individual academic program CE philosophies and procedures in relationship to their impact on demand
  - Setting
  - Geographical location
  - Policy on travel
  - Rural vs. urban
  - Mixed placement types
  - Level of experience
  - Integrated CEE v. terminal CEE
- Collaboration was not only a SUCCESS, but furthered recommendations identified in the CE Summit and the literature.

Discussion

ANY QUESTIONS

Discussion

OKCPTP Website

OKCPTP Email

OKCPTP YouTube

Clinicaleducation@okptce.com

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