

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

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

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Proposed Clinical Education Position/Model

The authors propose a year-long internship as the terminal clinical education (CE) experience for PT education so that students can achieve performance beyond what is currently defined as “entry level”. Academic programs would develop closer partnerships with fewer sites to “...focus on a longer relationship with the student” (p 26). The academic and clinical faculty would share responsibility for developing, implementing and assessing the internship. The model would have pre- and post-graduation phases and a scheduled timeline for obtaining licensure. Students would receive pro-rated salary and benefits. It is recommended that this model be used in conjunction with earlier, integrated clinical experiences (ICE) to provide students with a breadth of diverse experiences and to assist students and their faculty in determining the practice setting for final internship. Within a few months, students can be expected to “skillfully manage” patients with the expectations increasing after this point in terms of caseload size and complexity, leadership skills and professionalism.

Evidence/Rationale to Support Position/Model

This model provides standardization in CE, a need clearly identified in many PT conferences and discussions in recent years. It is also more aligned with the educational preparation of other doctoring professions.

The authors acknowledge a lack of supporting evidence and explicitly state that “anecdotes” and “assumptions” indicate that increased time in CE will better prepare students for contemporary practice. An example from a program currently using this model described high employer satisfaction and reported that students who completed the year-long internship “...in many instances, function at the level of a therapist with 1 year of experience versus a new graduate” (p. 23). Evidence from a recent Institute of Medicine report supports the need for increased educational preparation of nurses to meet the demands of our current healthcare system.

Benefits to the student, academic program and clinic site are described to support the model including:

1. Student – structured professional development for first year of practice, reduced financial burden of education
2. Academic program – closer partnerships with fewer clinical affiliates
3. Clinic site - less student orientation/on-boarding, increased student productivity, staff retention (the rewards of student mentoring lead to positive work environment), enhanced recruitment for open staff positions and less mentoring burden when hiring new graduates

The capacity for increased patient volume and revenue generation provides incentive for clinical sites to participate in the CE process.

Variations/Flexibility of Position/Model

Students may graduate or obtain their PT license at varying points during or after the year-long internship but a longer post-licensure phase is recommended to ensure economical feasibility for the clinic. The academic program maintains involvement with the internship throughout the year but their level of involvement will vary based on the student’s licensure and graduation status. The placement process could occur through local or regional networks or a national matching process.

Challenges to Implementation noted by authors

While the potential for earning income during the year-long internship might help reduce the student's educational costs, the uncertainty of deferring loan repayment until after the internship may present a challenge.

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

While the rationale may be sound and still withstanding, some supporting arguments are based on outdated evidence or lack citation entirely:

1. The CE consequences (decreased internship offerings, increased cancellations from private practices) of the regulatory, reimbursement and management challenges associated with having students in the clinic (p 23)
2. In typical CE experiences CIs strive to provide ideal learning experiences and may shelter students from more difficult, real-life experiences leading to dissatisfaction in future employment (p 27)

The authors do not address the issues of clinical education resources/capacity or CI burnout which could be a limiting factor considering the intensity of resources needed for this model. They also do not discuss how this model would affect or fit in with the profession's current structure of post-professional residencies and fellowships.

Additional Insight/Background to the Position/Model

A taskforce within APTA's Private Practice section has developed an internship model, including sample economic models for clinics which can be used as a tool for decision-making about participation by determining "...the point at which the internship would be cost neutral, or have a slight cost savings, compared to hiring a new graduate..." (p. 23).

Questions/Comments in Preparation for webinars/Summit

1. What is the terminal expectation of entry-level clinical education? Entry-level clinician? Generalist clinician? Clinical specialist? Experienced clinician? What is the contemporary definition of "entry level"?
2. Is it the responsibility of the educational system to compensate for the clinical facility's deficiency in being able to provide appropriate orientation and mentoring for new graduates?
3. Is there adequate clinical education resources/capacity for every PT student in the country to complete a one-year internship and multiple earlier ICE experiences? How will CIs get breaks from clinical teaching if students are in the clinic year-round?
4. How does the year-long internship fit in with post-professional residency programs? If the expectations for "entry-level" increase does that change the expectations of residency programs or do they become obsolete?
5. How do academic programs determine passing/grading criterion for the year-long internship? When is the academic grade given to students to ensure graduation requirements are met?
6. What happens if a student has performance issues before graduation/licensure? After graduation/licensure? If needed, what mechanism is available for remediating or failing a student after they have graduated/obtained licensure?