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

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

Article Authors: Deusinger SS, Crowner, BE, Burlis TL, Stith JS

Summarized by: Chalee Engelhard, PT, EdD, MBA, GCS

Proposed Clinical Education Position/Model

"Paper proposes changes in professional education to allow PTs to respond to the complexities of health and health care, and be full partners in what must become an integrated and interdisciplinary service industry." Has three primary focal points:

1. Call for interdisciplinary practice experiences and competencies in DPT academic and clinical training.
2. Due to the opportunities offered by the implementation of the Affordable Care Act (ACA), there is a call to create new approaches to clinical education. Recommend to expand breadth to include Accountable Care Organizations (ACOs) and Patient Centered Medical Homes (PCMHs), which insures the DPT students' exposure to preventative healthcare.
3. Recommend change to academic curriculum to drive secondary change in the clinic; therefore, redesigning academic curricula. As a part of these changes, the authors call for revised models of care that encompass highly prevalent and chronic diagnoses that address the full continuum of health and life. E.g. cancer, obesity, and low back pain.

Recommend new paradigms of clinical practice to include incorporating into education model the interdisciplinary approach that will meet contemporary needs. The authors suggest that PT students may have mentors that are not PTs and clinical education experiences should be based on #3 and not setting specific requirements.

Evidence/Rationale to Support Position/Model

Authors urge integrating interprofessional education (IPE) into current models. Authors provide extensive evidence in how IPE came about in the USA and how CAPTE has 10 accreditation criteria that focus on IPE as well as the need for other disciplines to incorporate IPE into their standards. With respect to professional education, the proposed changes include:

1. Early exposure to mentoring by other disciplines
2. Accountability for expected treatment outcomes as it relates to the ACA
3. Skill development in community health assessments, health promotion and prevention across the lifespan

The goals of IPE have support from the literature which would ultimately yield increased communication and teamwork, thus, increasing the likelihood of improving patient outcomes.

Variations/Flexibility of Position/Model

The proposed model allows flexibility of implementation but basic tenets need to be followed as outlined above.

Challenges to Implementation noted by authors

Currently there is little evidence to support that IPE yields evidence based care. The authors also suggest that finances (rising costs) at academic institutions as well as staffing patterns and vacancies in clinical settings may limit the ability to implement IPE as suggested. Discussed that if year-long model is incorporated and with over 50% of PTs practicing in outpatient settings that this could be a barrier to IPE.

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

No significant gaps noted. The authors openly discuss significant challenges that would lie ahead and provide insights to how they could be overcome.

Additional Insight/Background to the Position/Model

Important to note that IPE is imperative to implement into the clinical education model, the DPT student must have a supervising PT according to most (if not all) state practice acts. Thus, alternatively, the role of another discipline could be to serve as a mentor in the clinical practice setting but not necessarily as the clinical instructor.

Questions/Comments in Preparation for webinars/Summit

1. What is the authors' vision of how the interdisciplinary mentor would interact with the student? As a primary or secondary resource?
2. Are the authors suggesting that the standard clinical education requirements change from e.g. inpatient, outpatient, chronic care to prevalent disease processes? If so, what are the details of the implementation of their vision?
3. Will narrowing our professional curriculum around fewer, highly prevalent conditions limit student's exposure to the breadth of specialty areas and niche practices currently available? Will it, in the long term, have an impact on our profession's ability to grow into new, innovative areas in response to the changing healthcare system?