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

Article Title: How do we improve quality in clinical education? Examination of structures, processes, and outcomes

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Proposed Clinical Education Position/Model

The purpose of the paper was to review the current state of clinical education and its variability in structure and processes. The paper calls for attaining best practices related to structure, processes, and outcomes. These best practice recommendations are:

1. Establishing regional/national matching process
2. Greater standardization across multiple areas including: evaluation and communication tools such as legal contracts to decrease administrative costs and student evaluation tools. Across PT programs, call for standardization through: reduction in number of full-time Clinical Education Experiences (CEEs); number and duration of full-time CEEs; duration for post graduate internship, and essential types of settings and establish core competencies for each required CEE setting
3. Reduction in number of required clinical experiences during academic course work. The authors recommend no more than two CEEs during academic course work.
4. Include internships after completion of academic work
5. Authors call for outcomes measures for stakeholder satisfaction, cost of providing clinical experiences, and benefits to clinical education faculty

Evidence/Rationale to Support Position/Model

Evidence was presented from other disciplines in how they approach the above stated issues. There is an underlying implication that the PT clinical education model should become more similar to the medical model.

Of interest is the evidence from the medical model which reported successful supervision by a mentor without:

1. the mentor being physically present or
2. being immediately available

Another point of interest was the authors cited evidence that supports the importance of fit between students and clinical sites and clinical education faculty.

Variations/Flexibility of Position/Model

The proposed changes are flexible as they are presented in a manner where several viewpoints are offered for consideration with the caveat that there isn't strong evidence to support one firm path.

Challenges to Implementation noted by authors

1. Standardized contract template would be difficult due to varying legal requirements
2. Standardization across several of the above mentioned tools would be challenging due to variability of program (university) and CAPTE requirements. Change will need to come from these higher levels to assist with the overall standardization process.
3. A potential issue of shortage of CEEs was presented by the authors. They also noted that other disciplines are not immune to this issue.

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

The PT profession must be willing to make changes without strong evidence to support these changes. The process in which the changes are made must be systematic with firm objectives and measures in place.

Additional Insight/Background to the Position/Model

Suggestion to review systematic review by McCallum et al. Reference #4

On page 7, the authors refer to the medical model using integrated clinical experiences in the first two years of medical school. What are the outcome measures for the medical model? They have recently gone through revisions and have these revisions been researched for evidence of improved outcomes as well as what was happening with the previous model that necessitated change? The third column 1st full paragraph, state that, "This timing and sequence of CEEs and academic courses leaves little doubt that medical students have adequate academic background and some basic competencies for patient care." It would be interesting to find out what the evidence is to support this statement.

An additional thought, as a profession we need to make sure that we are asking the question about "balance" between too much diversity and too much prescription. Becoming too prescriptive can limit innovation.

Questions/Comments in Preparation for webinars/Summit

1. Do the authors have a template to assess the "breakeven point" for when a student's work in the clinic changes from being a financial "burden" to a financial "benefit"?
2. Did the authors take into consideration how CEE tuition fees may assist with breakeven points for PT programs?
3. With respect to the recommendation for settings centering around outpatient settings, acute care and SNF/inpt rehab based on employment setting data (p. 8) – will that limit students opportunities for exposure to specialty practice areas?