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

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

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Proposed Clinical Education Position/Model

Defines the baseline qualifications and essential characteristics of CIs and practice environments (clinical education sites) that profession should consider for CE. Makes recommendations for changes needed to promote high quality clinical education experiences (CEE). Monitoring of CEEs is needed in a standardized fashion.

Baseline characteristics of CIs (5 qualifications): 1) licensed, 2) competent, 3) practice legally and ethically, 4) desire to teach, 5) display evidence of teaching skills. Physical Therapy Education Programs (PTEPs) should work collaboratively through joint efforts to provide professional development programs to promote adherence to these guidelines.

Characteristics of effective CIs: interpersonal communication, professional behaviors, instructional teaching skills, provides performance evaluation

Recognition of CIs: profession needs to ID a mechanism to provide recognition for Clinical Education Specialist (ex: ABPTS certification)

Qualifications of Clinical Practice: establish an affiliation agreement with PTEP, promote staff involvement in CE, and appoint a CCCE that oversees all aspects of CE program

Responsibility of academic programs: design CCCE professional development activities, recognize this role formally, and provide opportunity for faculty appointments at affiliated academic programs

Evaluation of clinical learning environment: a uniform assessment tool developed that academic programs could use to evaluate each PTEP and CI.

Evidence/Rationale to Support Position/Model

Factors that contribute to variable student encounters during CEEs:
- CI competence and confidence
- Clinical practice motivation and ability to provide a positive teaching environment
- Academic support provided to practice environment for CE
- Fiscal and regulatory pressures
- CIs often are conflicted with role as employee and role as CI
- Value of CE not often realized at administrative level within a practice environment
- Challenges exist to secure and retain student placements in sufficient quantity and quality to meet demands of PTEP class size and increasing lengths of CE.

CIs teaching abilities
- Currently inconsistent use of effective teaching strategies
- Development as a CI is an evolving process (needs to be addressed and supported by PTEPs)
- Time and resources are needed to permit CIs to foster a culture of clinical teaciing to support student learning.

CCCE responsibilities
- Direct, evaluate, develop CE program at site level
- Expert in effective teaching
- Knowledgeable of objectives from each affiliated PTEP
- Must remain current in contemporary issues of clinical education at local, regional and national level
- Must be more than just a placement assigner

Characteristics of Clinical practice environments
- Purposeful activities are designed for CE-under direction of CCCE
- Administrative value CE and vest resources into success of program: time for personnel to teach and administer

Challenges to Implementation noted by authors

Challenges within health care delivery system to provide quality care, and maintain productivity requirements provide challenges when coupling requirement for student clinical education within that system. Proposed strategy to increase number of placements using multiple student to 1 CI model not widely embraced. Time and resources to transition to this model are needed. Insurance barriers for continued reimbursement is also an ongoing challenge.

Variations/Flexibility of Position/Model

The authors propose some standardized characteristics of CIs as well as the clinical practice facilities that will provide the hands on learning. The recommendations are broad, however meaningful because the inclusion of required teaching effectiveness and encouraging a culture of teaching and learning can shift the focus of clinical practice environments from stains of productivity towards one of collaborative learning. The authors state professional development activities are needed and the academic programs (assumed to be through the role of the DCE), would be the faculty to lead this initiative. The role of the CCCE should be recognized, not only at the site level, but also nationally, to enhance the recognition of responsibilities for this position. Collaboration within a consortium would help in the movement toward clinical site assessment and help guide training needs and initiatives. Resources and administrative support of DCE and CCCE should match roles and responsibilities. Clinical education sites, where students train from an academic program, should be considered extensions of the academic program, and not just external places where student complete some of their clinical training.

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

No significant gaps noted. The authors acknowledge the lack of research about clinical education especially present day relationships between productivity and time for student-CI teaching/learning process, as well as student learning outcomes.

Additional Insight/Background to the Position/Model

I appreciate the insight the authors provide that partnerships are needed for the purposes of developing a culture of clinical education for student learning.

The process to improve CI training and development can occur nationally, however grassroots efforts at the local and regional level are needed to help the transitional process.

Questions/Comments in Preparation for webinars/Summit

What suggestions can be provided to help sites gain administrative support for building a culture of clinical education at the site level?

The development of a strategic plan to implement recommendations can begin nationally, but then must be carried out regionally and locally. Any suggestions on how to implement this??