

**EDUCATIONAL LEADERSHIP  
SPANNING CLASSROOM AND  
CLINIC:  
SOLVING PROBLEMS,  
CREATING SOLUTIONS**

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[www.aptaeducation.org](http://www.aptaeducation.org)

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**Purpose**

Generate practical strategies that WORK for bridging the gap between academic education and clinical education, specifically:

- Different curricula and teaching structures
- Tools to enhance student performance
- Planning a concrete future direction

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## Hope

As a group we can generate many more strategies for building a stronger academic-clinical partnership

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## Plan

- Presentations of models that WORK!
- Linking clinical tools with academic topics
- Practical tools for common student issues
- Integrative group discussions
- Future directions

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## PLAN

- Present and Discuss clinical models that WORK
- Share and Discuss support strategies that promote TEAM
- Share and Discuss practical tools for linking academic and clinical worlds
- SHARE...DISCUSS...GENERATE PLANS

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*Opening Activity*

“PIE IN THE SKY” IDEAS



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A Model of Support for the  
Clinical Instructor – The CCCE?

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**Model of Support**

Developing the Clinical Education Student Manual

- Common across all clinical sites and disciplines (Ortho, Neuro, Peds, Sports; PT, OT, SLP, TR)
- Builds consensus on important topics
- Anecdotally – Increases student readiness to actively participate

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## Model of Support

Developing the Clinical Education Student Manual

Description of the Clinical Site(s):

- Town & local area
- Population and surrounding culture
- Patient population and cultural diversity
- Culture of the clinic: work week, hours, productivity expectations of the student, study groups, informal learning and how the therapists interact, etc

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## Model of Support

Developing the Clinical Education Student Manual

Build a Clinical Education Mission & Philosophy

- Reach consensus on how we approach clinical education
- Serves as a benchmark – are we doing what we say we do, or are we going where we want to go?

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## Model of Support

Developing the Clinical Education Student Manual

General student objectives / expectations:

- Generic to all sites, levels, and disciplines
- The student will:
  - Participate as an active learner and partner in the planning, preparation, implementation and evaluation of the clinical experience
  - Apply critical thinking and problem-solving processes in patient management, education, research, administration and consultation
  - Demonstrate an ongoing readiness to learn, openness to possibilities and recognize there may be more than one answer or solution to a problem
  - As a result of careful self-evaluation and reflection, identify areas of clinical practice where further emphasis is needed...
  - Demonstrate professionalism
  - Demonstrate consistent competence
  - Maintain ethical and legal practices...
  - Demonstrate appropriate generic abilities

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## Model of Support

Developing the Clinical Education Student Manual

### Roles and Responsibilities

- Who & where to go to for what
- What to do if you have a problem
- Process for handling student issues

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## Model of Support

Developing the Clinical Education Student Manual

### Policies

- Dress code
- Sick days, interviews, etc

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## Model of Support

### Student Orientation

- Meets 1<sup>st</sup> with the CCCE
- Review student manual with emphasis on:
  - Philosophy
  - General student objective and expectations
  - Roles and responsibilities
  - Policies
  - Their support system

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## Model of Support

### Monthly Meeting & Annual Retreat

- Discussed problems we were having with systems / structure
- Problem solve generic student issues
  - E.g., holding students accountable;
  - strategies for fostering integration from patient to patient.
  - Helping the student live in a world of grey
- Teaching Issues
  - E.g., What do we expect? "A student doesn't treat the patient the way you would, how do you feel?, how do you react?"
  - Creating integration across sites & settings

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## Model of Support

### Monthly Meeting & Annual Retreat

- Review of clinical education literature topics
- Interpretation of the CPI
  - Reach consensus regarding what each skill meant
  - Identify examples of how students demonstrate competency
  - Ideas of how to foster the skill – teaching strategies

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## Model of Support

### Generate Specific Site Teaching Curriculum

- Student inservice topics and schedule – what do students need to review or relearn once they hit the clinic?
- Structure for how the student takes on responsibility at that site
- How does the CI/student pull in the therapist with specific expertise and when is that appropriate?

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## Model of Support

### Develop CI Resources

- Develop forms and tools all CIs can use and place in a central location, e.g.,
  - Weekly Planning Sheet
  - Tools for fostering evidence-based practice
  - Diagnosis worksheet
  - Plan of care worksheet
  - Case presentations and literature review assignment

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## Model of Support

### Be the Support System for the CI and Student

- Serve as a mediator
- Serve as another resource
- Check in often
  - Formal meetings at Midterm & Final
  - Round with students & CI Week 1 and every so often thereafter
- Meet individually with CIs monthly
- This is the most important work I do – YOU are the most important work I do!

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## Model of Support

### CI Development

- Requirement for all full time CIs to be Credentialed
- Goal to have all therapists to attend APTA CIECP
- Journal review
- Identify individually and as a group educational needs; e.g., training on how to hold those crucial conversations with students

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**Model of Support**  
CI Accountability and Evaluation

- The student evaluation of the CI
- CCCE interviews with the students
- Annual 360 review for full time CIs, OR
- Becomes a portion of the CIs performance review from supervisor with accountability back to the CCCE
- 90-day action plans reviewed monthly

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**Model of Support**  
CCCE Responsibilities

- Keep abreast:
  - of clinical education issues locally, regionally and nationally
  - of issues in the profession
  - of the education literature
- *BE THE GLUE!!!*

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A Model of Support for the  
CCCE/CI Team –  
The DCE/ACCE and Clinical  
Consortia?

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## Model of Support

What we know

- APTA Vision 2020
  - Doctors of Physical Therapy
  - Practitioners of Choice
  - Direct Access/Autonomy
- 2004 Biennial Accreditation Report
  - 43% of Total Contact Hours of PT Programs are Clinical Education Hours
  - Clinical Education Contact hours increased 25.3% when comparing DPT to MPT academic programs

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## Model of Support

What we know

- Proposed Definition from CPI Revision
  - ***Entry-Level Performance:*** *A physical therapist clinician performing at entry-level utilizes critical thinking to make independent decisions concerning patient needs and provides quality care with simple or complex patients in a variety of clinical environments. The physical therapist clinician at the professional level needs no guidance or supervision except when addressing new or complex problems.*

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## Model of Support

What we know

- Essential Skills for New DPT Graduates from ALL programs:
  - A set of essential skills were developed during a consensus conference on “Clinical Education in a Doctoring Profession”
    - –APTA August 2004
  - Skills were reviewed, sent to academic and clinical educators for vote, and will be refined based on consensus.....APTA
  - Will this mean new CAPTE standards?

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## Model of Support

Isn't it "crunch time" ?

- Now more than ever we **MUST** build a model that promotes seamless transfer of knowledge, skills, and behaviors from the didactic portion of education to the clinical portion of education
- Academic and Clinical Entities must work together to support clinical education and clinical faculty
- NOW builds the FUTURE

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## Model of Support

Developing Strong Communication

- Communication between DCE/ACCE and Clinical Faculty must be open, reciprocal, available
- Communication is not just on an "as needed" basis but rather on a "regular basis"
- Communication takes varied forms and promotes most effective and efficient forms

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## Model of Support

Developing Strong Community

- Supportive Environment for building skills (clinical skills AND teaching skills)
- Supportive Environment means "putting your money where your mouth is"
  - Clinical Skill Building
  - Development of "Teaching" as a Skill (CI Credentialing and MORE!)
  - Is skill building payment enough?

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## Model of Support

And where do we go from here?

- DCE/ACCE and CCCE are NOT alone
- Clinical Consortia are wonderfully supportive groups for all clinical faculty
- Clinical Consortia can TEAM to tackle the future
  - Build trust in one another
  - Start small
  - Share a philosophy for the future

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## Model of Support

The Iowa Clinical Education Consortium

- Consists of the DCE/ACCE's from the PT Programs in the State of Iowa
- Clarke College, Des Moines University, St. Ambrose University, University of Iowa
- Includes: Byron Bork, Lynn Frank, Sue Hartung, Ed Pisarski, Kelly Sass, Alecia Thiele
- Also input: Teri Stumbo, Ann York

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## Model of Support

The Iowa Clinical Education Consortium

- Realized PT Clinical Education is Evolving
- In light of the realization:
  - Developed a Shared Purpose
    - “To determine the best model of physical therapy clinical education for the state of Iowa”
- Determined way to involve clinical faculty to determine the best model
- Convened Focus Groups Across State (one

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## Model of Support

The Iowa Clinical Education Consortium

- Asked participants to use the proposed revision of CPI entry level definition from the APTA Clinical Performance Instrument and consider what “entry-level performance” looks like in their setting with the questions below:
  - Without considering obstacles, what would **ideal** clinical education look like in order to achieve entry-level performance in your setting (Length of clinical experience, amount and type of supervision, patient load, student preparation, etc.)?
  - What are the obstacles to achieving #1?
  - How can the physical therapy programs in the Iowa Clinical Education Consortium support you in helping to overcome these obstacles?

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## Model of Support

The Iowa Clinical Education Consortium

- Focus Groups Still Convening
- Outcomes Being Compiled
- Goal is to TEAM together for the future of clinical education
- We will work together to empower the evolution
- This is what we’ve come up with.
- What are others doing?

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## Clinical Education Models

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**Multiple Student Model**  
  
Self Contained Faculty Driven Model  
Clarke College Model

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**Description**

- A unique model of an integrated curricular clinical education:
  - encourages immediate integration of physical therapy knowledge and skills in a clinical environment
  - academic faculty serve as clinical instructor mentors
  - students mentor students

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**Purpose**

- Integrate classroom and clinical learning experiences
- Promotes the capability for Academic Faculty to connect the theory they teach with the clinical environment as it exists **while they** serve as clinical instructors
- Provides the continuum of supervision from academic teacher to coach to facilitator to mentor that connects theory to complexities of practice
- Prepares students to transition to clinical education complexities
- Promotes learning while providing a pro-bono wellness service to the community
- Helps students develop skills as clinical instructors as the mentoring process evolves with sequential clinical learning experiences

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### Rationale

- “students and new practitioners often perceive an inconsistency between theory and practice”
  - Strohschein et al, Physical Therapy Journal February 2002
- What should OUR students “look like”???
- Then....“Hit the ground running”
- Now..... CPI evolution of “Entry level”
- CAPTE Criteria
  - **All** core PT faculty involved in the clinical education component of the program
  - All students instructed on how to become clinical educators

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### Rationale

- Prompt application of learned knowledge and skills provides for improvement of learning
- Faculty could observe the student’s ability to connect theory with practice and could identify strengths and challenges early
- Provision of community service learning could enhance the development of sensitivity to the need for pro-bono care
- Students who gain experience as clinical instructors may have less fear and be more prepared to become clinical instructors when they enter the profession

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### Challenges or Barriers?

- All core faculty had to be “on board” and “in the driver’s seat”
- All core faculty needed to be trained to be CI’s (All core faculty would be required to become “Credentialed Clinical Instructors”)
- Students needed to be trained to become Clinical Instructors PRIOR to their mentoring other students
- Class schedules needed to be revised
- Patients needed to be confirmed

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### Details

- 3 sequential semesters of health and wellness programming where students are primary providers of services
- Peer mentoring cycle (first year neophyte learner and concluding as second year mentor)
- Students set individual Goals (reviewed)
- Assessed by faculty and peers with CPI and Generic Abilities at midterm and final
- Evidence Based Practice papers of increasing complexity
- Must provide 5 elements of Patient Care as defined by the “Guide to PT Practice”

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### Outcomes

- Based on Student and Clinical Instructor Interviews and Surveys:
  - Better therapist-patient interpersonal relationships
  - Better patient handling and management skills (especially on first full-time clinical experience)
  - Improved clinical teaching and supervisory skills (faculty and students)

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### Conclusions

- Proven to be successful part of the PT curriculum at Clarke
- Students see it as a means to gain confidence, practice handling and communication techniques learned in class, and improve ability to document care
- Faculty see it as an opportunity to ensure that skills taught in the classroom are carried over into the clinical setting and as a means for feedback on class outcomes

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### Share the Information

- Research:
- “Students Mentoring Students, A Unique Approach To A Clinical Practicum” Wumkes D, Noonan E. GeriNotes, Vol 11. No 5. 30-31.
- “Mentoring of first year Physical Therapy students by second year Physical Therapy students in a Wellness Setting” Elgelid S, O’Dell W, Salamon K, Mai J. Poster Presentation at CSM February 2005
- “Integrating A Health and Wellness Experience Into A Physical Therapy Curriculum” O’Dell, W, Salamon K, Priest A, Thiele A, Submitted for PT2006 and Manuscript *in Process*

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### Multiple Student Model

Multiple Students: 1 Clinical Instructor

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### Description

A unique model of multiple student learning (4 students: 1 CI) in acute care, outpatient orthopedics and inpatient rehabilitation settings

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### Staff Roles - CCCE

- Dedicated to the administrative aspects of the clinical education program for all disciplines (PT, OT, TR)
- Staff development in clinical education
- Staff development in clinical skills
- Directly supervises 5 Clinical Education Coordinators – full time clinical instructors
- Fulfills responsibilities of CCCE as outlined in the APTA Guidelines for Clinical Education

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### Staff Roles – Clinical Education Coordinators (CEC)

- Full time positions 100% dedicated to the clinical education and supervision of multiple students in their respective clinical sites
- 3-5 students in their final experiences prior to graduation
- No direct patient care responsibilities
- Manage the students’ daily schedules and participate in patient management
- Responsible for didactic curriculum
- Serves as a facilitator rather than a teacher

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### Staff Roles – Staff Therapists

- Key in providing support to the CECs
- Live a culture of support for the students
- Will work together on complicated patients
- Provide support for the “exceptional” student
- A sounding board for the CEC
- Specialization options – moving towards internship or residency models

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### Key Threads Across Settings

- CI as facilitator
- Simple → Complex patient care
- Gradual assumption of “own” patients
  - Treat patient with CEC
  - Treat patient with other staff members
  - Treat patient with another student
- Gradual decrease in direct supervision as student proves consistent competence

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### Key Threads Across Settings

- Decreased caseload compared to regular staff to allow for:
  - Dedicated education time
  - Processing / reflection
  - Time for individual CI:Student teaching
- Formal 1:1 meetings weekly
- Informal 1:1 daily as needed

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### Key Threads Across Settings

- Didactic education curriculum specific to each site, sessions held daily/weekly, e.g.:
  - Acute – surgical procedures, radiology, pharmacology, diagnostic tests, specialty practice areas, etc
  - Rehab – neurologic evaluation, standardized testing, diagnostic specific management, radiology, pharmacology, etc.
  - Outpatient – radiology, manual therapy, patient education, biofeedback, etc

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## Key Threads Across Settings

- Didactic education curriculum
  - Presentations by CEC, staff therapists, or students
  - Incorporation of students & staff from other disciplines
  - Group discussions, article reviews, etc
- Daily or BID Rounds discussing patient management:
  - Discuss each patient’s goals, progress, and plan of care
  - Plan for CI’s direct involvement

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## Logistics

- Plan, Plan, Plan...
- Identification of the “bar” – what is typical or expected behavior or action in any domain of learning – student comparison can be both + and -
- Organization – students understand the model up front, expectations are clear
- Space for each student, private meetings, inservices etc.
- Time to complete multiple summative and formative evaluations

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## Challenges

- Managing the exceptional student
- Working with a variety of learning styles and levels of students in one group
- CI time management
- Encouraging collaborative learning
- Difficult to control level of caseloads in terms of admits/discharges/complexities

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## Advantages

- Didactic curriculum and individualized learning
- Peer coaching, mentoring & feedback
- Peer social support
- Motivates students to accept greater responsibility for their education
  - Students learn to prioritize questions and information to CI
  - Facilitates independent problem solving and critical reasoning skills
  - Facilitates utilization of multiple resources

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## Advantages

- Enhances a higher level of clinical competence in professionalism and patient management
- Students appear to demonstrate higher levels of:
  - self-confidence,
  - problem-solving,
  - decision-making,
  - enhanced ability to communicate and work with colleagues and other health care providers
- Clinical instructors gain skill in mentoring and assessment of student learning and performance

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## Small Group Activity

Discuss & groups present on:

- Strategies for CI support – what can that look like?
- Alternative education models

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Translation of Academic  
Concepts to the Clinic

Teaching in a Doctoring Profession

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Translation of Academic Concepts  
to the Clinic

- Professionalism
- Evidence-Based Practice
- Reflection / Self-Assessment
- Radiology
- Pharmacology
- Differential Diagnosis
- Autonomous Practice
- Wellness & Fitness
- Community Service

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Professionalism

- Review and identification of the Seven Core Professional Values as identified by the APTA
- Students list both positive and negative professional behaviors
- List is kept throughout each rotation as a point/counterpoint in discussions of the affective domain

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### Literature Review/Case Presentation

- Selection of relevant literature
- Analysis and relation of literature to a specific case
- Identification of further research in this area
- Presentation skills beyond the traditional case report
- Teaching and interacting

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### Hooked On Evidence

- Hooked On Evidence print-outs are supplied to the student
- Identify and locate the literature article
- Review and present the information in a clinically relevant manner to their peers
- Presentation mimics a quick presentation to a peer who has a question in a fast paced clinical setting

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### Sample Case Scenario

- Students identify a relevant case related to the specific clinical experience
- Students identify methods to retrieve information (internet, notes, texts, interview staff, observation, etc.)
- 20 minutes given to allow the students to resource the methods of information retrieval in a mock preparation for a new case

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## Specialized Student Experiences

- Stroke Camp
- Activity-based program for individuals with SCI
- TRAILS

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## Self Critiques of Examinations, Treatments Sessions, Family Education

- Allows for the student to be reflective in their assessment of their own performance
- Identification of key areas in need of improvement
- Emphasizes the positive in the work they have accomplished

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## Biweekly Self Assessment Forms

- Used to “catch” up with students who are doing very well or feeling very challenged
- Used as a structure to plan for each day/week
- Ownership of the student

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## Reflective Learning Research

- Identification of a Critical Incident
- Reflection on Blackboard with peers
- Reflective Teaching by CI
- Repeat the process above
- (Active research being done presently by Heidi Dunfee, PT)

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## Window Technique

- Students provide their insight into the “window” of time that they are meeting the patient and predict mood, anxiety, coping, family involvement etc.
- Challenges students to understand the diagnosis and how it relates to when you meet the patient and provide treatment

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## Radiography Connections

- Review of X-Rays, CT scans, MRI
- Connect to textual information
- Connect to case specific presentation

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## Pharmacology Connections

- Identification of key medication intervention
- Relation of medication to patient presentation
- Understanding of dosage, timing of doses and patient performance
- Team reporting with pharmacological issues or concerns

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## Diagnosis Worksheets

- Analyze and integrate multiple diagnoses
- Relate educational issues to each case
- Identify pharmacological influences on physical therapy treatment
- Discuss and identify radiographic images and patient presentation

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## Specialized Student Experiences

- Parkinson's Disease Wellness Group
- Multiple Sclerosis Wellness Group
- Stroke Wellness Group
- TRAILS

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## Beyond the Episode of Care

- Design a wellness / fitness program for a patient
  - What standardized T&M would the student use as a baseline?
  - What activities would the students design that goes beyond the HEP including intensity, frequency, etc.

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## Extending the Health Care Continuum

- Processing information past the limits of each clinical experience
  - Teaching in the community
  - Development of an inservice for staff
  - Prevention talks for high school – i.e. TBI
  - Wellness/Fitness
  - Emergency Department training

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## Small Group Activity

Discuss and groups present:

- Other strategies for translating academic issues to clinical education

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## Teaching Tools

How To Accomplish Effective  
Clinical Education

- Dealing with Multiple Diagnoses
- Critical Thinking & Problem-Solving
- Working in a Team Atmosphere
- Working with the Advanced Student
- Business Practices

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## Wednesday Folders

- Predictability in learning environment
- Expectations are set
- Assignments are due in the folder and returned the following day
- Feedback is expected to be read
- Learning is a two-way street

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## Diagnosis Worksheets

- Analyze and integrate multiple diagnoses
- Relate educational issues to each case
- Identify pharmacological influences on physical therapy treatment
- Discuss and identify radiographic images and patient presentation

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### Plan of Care Worksheet

- Works through the flow of goal setting, interventional selections, patient reactions, goal advancements and the “to-do” list
- In review, allows the student to identify changes in patient programs, goals and future planning
- Allows for a place for the student to “vent” without recourse

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### Quick Response Activity (column lists)

- Use of a column check list, yes/no list in relation to patient diagnosis, prognosis, equipment, educational needs, family involvement or any topic
- CI asks questions quickly looking for a student to begin to have some automatic processing of answers or to identify areas that are completely new to the student and need further teaching

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### Interactive Case Dissections

- Student responsibility to identify their new, challenging or interesting cases
- Dissection of the case in a flow diagram, Venn diagram, verbal, demonstration etc.
- Interactive teaching technique between student(s) and CI.

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### Peer Critiques

- Encouraged to be honest and provide constructive feedback
- Learning that feedback enhances performance
- Preparation for each individual presentation

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### Patient Demonstrations

- Student's responsibility to select and schedule a patient to perform a demonstration on in front of staff &/or peers
- Students learn to actively teach while treating
- Respect for the patient
- Respect for the learner level

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### Observation of Disciplines

- Integration of staff goals
- Team building
- Allows for other perspectives to be observed
- More well-rounded approach – out of the PT Box
- Round with physicians

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### Interdisciplinary Student Co-Treat and Case Presentation

- How do the students integrate their goals, plan, interventions and discharge planning over the course of a typical therapy day and also over the course of the patient's stay?
- How did they decide on an appropriate intensity of therapy for the patient
- How did they plan the patient's collective therapy day's interventions

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### 1:1 Clinical Instruction with Experienced Staff

- Identification of student goals
- Organized learning experience
- Specialized instruction for the student who is meeting all criteria and looks for advancement of skills or seeks special learning opportunities

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### Advanced Students Mentoring New Students

- Assignment of observation students, first year interns to senior physical therapy students
- Review of "how to teach"
- What do you take for granted that can be shared
- Other "teachable" moments

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## Billing and Coding Identification

- Identification of CPT coding manuals
- Use of ICD-9 coding manuals
- Insurance review for reimbursement
- Sharing of cases/experiences

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## Administrative Assignments

- Program evaluation data
- Policies & procedures development or review
- Department manager projects

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## Generational Topics



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## Small Group Activity

Discuss and groups present:

- Additional strategies or tools for clinical teaching

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## Sunday's Round Table Topics

- How to foster better communication / partnering between academic programs and clinical facilities
- Teaching in a doctoring profession – planning, developing, implementing and assessing a clinical curriculum
- Generational aspects in clinical education
- Working with students of varying needs (physical disabilities, learning disabilities)
- Developing communication and social skills in our students

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## Focus Group 1

- Discuss and generate clinical education models (curricula and/or supervision/teaching structures) that bridge the gap
  - How do we as ACCE's/
  - DCE's/CCCE's/CI's work together to plan, develop, implement and assess clinical curriculum while teaching in a doctoring profession?

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## Focus Group 2

- Discuss and generate support models (support models for the clinical players..CI's, CCCE) that provide strategies to bring all the players together as a team
  - How do we foster better communication/partnering between academic and clinical facilities?

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## Focus Group 3

- Discuss and generate tools that link academic topics with clinical tools to provide a translation of academic concepts to the clinic (clinical teaching tools)
  - How do we develop communication and social skills in our students “professionally socializing” our students to the clinic environment as autonomous practitioners?

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## Focus Group 4

- How do we deal with generational aspects in clinical education?

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## Focus Group 5

- How do we work with students of varying needs (physical disabilities, learning disabilities, exceptional student issues)

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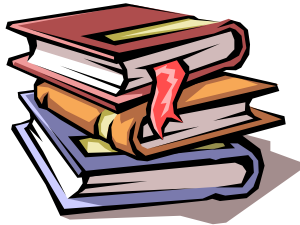
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## Compendium Development

- Could we develop a compendium of clinical teaching tools?



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CREATIVE  
IDEAS

## Brainstorming

CONCEPTS  
TO  
INTRODUCE  
TO NEW CI'S

QUALITY  
CARE,  
QUALITY  
EDUCATION



STAFF  
"BUY IN"

CLINICAL  
TIME  
MGMT

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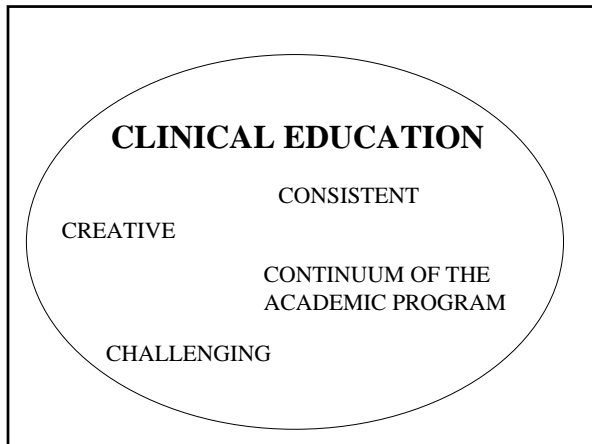
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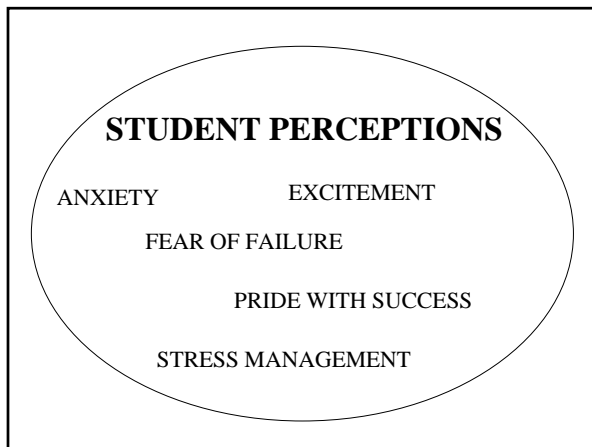
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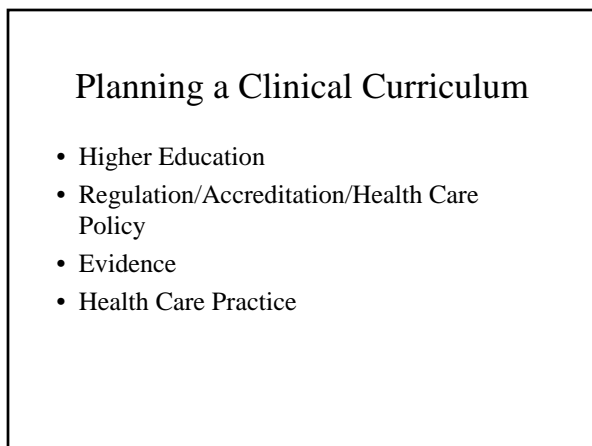
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## Clinical Models of the Future

- 12 month internships
- Year long residencies
- Fellowships
- Tradition clinical models
- Collaborative models
- Use of technology
- Distance learning models



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## Quality Chasm Report/Institute of Medicine 2001

- “All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches and informatics.”

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## Proposed set of core competencies to meet the needs of 21<sup>st</sup>-century health care

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

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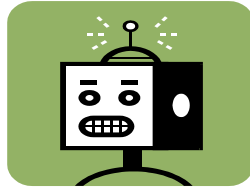
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## Technology

- Distance learning
- Computerized discussion boards
- Email assignments
- Collaborative faculty
- Teleconferencing staff treatment demonstrations



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## Other Trends

- The Competency Movement
  - Add to health care professional education curricula the message that periodic demonstration of continuing competence will be required throughout their careers
  - Introduce and enact state laws requiring all health care practitioners to periodically demonstrate their continuing competence

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## Health Care Clinical Education

- Need to keep pace and be more responsive to the shifting patient demographics and desires
- Need to change health system expectations, evolving practice requirements, and staffing arrangements
- Adapt to new information, improving quality and working within new technological systems

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