CLINICAL EDUCATION in PHYSICAL THERAPY

The Evolution from Student to Clinical Instructor and Beyond

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Preface

Clinical education in physical therapy education has remained essentially unchanged for decades, although the healthcare environment in which physical therapy clinicians work is in a constant state of evolution. Incremental reform including reimbursement models for services, the Affordable Care Act (ACA) of 2010, subsequent controversy over the ACA, and reworking of employment models have all impacted the ability of physical therapist and physical therapist assistant programs to procure clinical education placements. Major reimbursement changes such as the Diagnostic Related Groupings (DRGs) were initiated in acute care settings in the early 1980s, and other prospective payment systems (PPS) including the Resource Utilization Groups (RUGS) into the 1990s, the Balance Budget Act in 1998, and healthcare market reform that started in the 1990s have impacted staffing and productivity demands across settings. While the environment has changed, the delivery of clinical education and the traditional clinical education models of 1 student to 1 clinical instructor (CI)—1:1—has remained the dominant model. With the increasing number of physical therapy programs (approximately 240 at the time of publication), in addition to the proliferation of physical therapist assistant programs (364 at the time of publication), it has become increasingly important for students who are on the path to clinical practice, as well as practicing clinicians on the journey to become CIs, to learn how to reconcile environmental challenges for effective and efficient clinical education. As clinical education is a significant component of professional entry-level education, all graduating physical therapists and physical therapist assistants should be on a journey to become clinical educators.

The primary target audience for this text is physical therapist students and physical therapist assistant students who must learn how to be CIs during their education and ultimately assume the role in practice. However, this text is also useful and practical for clinical practitioners who are in the process of making the decision to become a CI or who may be a novice CI. For practitioners who received their professional training in other countries, this text will be useful in providing an overview of the delivery of healthcare services in the United States.

Why a New Text?

Clinical education is a significant and complex component of physical therapy and physical therapy assistant curricula. This text was designed with the goal of collecting information that may be available in a variety of sources into a single resource, as well as presenting information and content that is unique to this text in a writing style that is easy to read. On transitioning into becoming a CI or a site coordinator.
of clinical education (SCCE), because some of the information is fragmented in
the literature, this text is unique in that it includes content specific to the process and
references where additional information may be found. The legal section addresses
material that is not available in any resource identified by the authors.

As of 2015, the Commission on Accreditation of Physical Therapy Education's
(CAPTE) Standards and Required Elements for Accreditation of Physical Therapist
Education Programs has required academic programs to ensure that they are training
students on how to ultimately be CIs. This is implied in standards 7D12 and
7D15, which touch upon effectively educating others and identifying lifelong learn-
ing opportunities, including clinical education. Likewise, CAPTE includes a similar
call to action for physical therapist assistants in standard 7D14.

As of the publication of this text, there is no reference available that includes
the most relevant information for meeting this standard. Thus, one of the benefits
of this text is that it has been written to address the CAPTE requirements by taking
a reader from the responsibilities of a student learner through completion of clinical
education as a student, entering the world as a practitioner, and ultimately facili-
tating the decision-making process and transition to being a CI and potentially an
SCCE. Completion of clinical education as a student is a start, but it is challenging
when the learning mode is to become proficient in precepting simultaneously. A stu-
dent's experience, however, may provide a framework for his or her future decisions
regarding becoming a clinical instructor.

Trends in the current healthcare marketplace are also highlighted in this text,
addressing changes in employment and staffing arrangements that directly impact
practice and clinical education. Despite the changes being experienced, the traditio-

nal model of 1:1 in clinical education remains the most common. It is possible
that the overwhelming bias for the 1:1 model, despite the current literature support-
ing collaborative models (addressed in chapter 3), is based on the way most practic-
ing PT professionals were themselves supervised in their clinical education. There is,
however, a slow move toward acceptance of collaborative clinical education models
(CCEM), in which two or more students are supervised by a single practitioner, in a
2:1 model, for example. The Florida Consortium of Clinical Educators (FCCE) has
an informational video available on its website, and there is an increasing number
of presentations at professional conferences addressing the benefits and challenges
of implementation. In a market in which full-time benefited staffing is diminish-
ing and productivity demands are increasing, exploring collaborative models and man-
aging 1:1 models with efficiency and effectiveness is becoming paramount to pres-
ervation of the future of physical therapy practice. Other trends in clinical education
are included, along with international experiences; legal issues involved in clinical
education and establishing affiliation agreements that provide critical training for
students, CIs, and SCCEs regarding what is required contractually; interprofessional
education; and the transition from the classroom to a student learner in the clinic
and ultimately independent practice.

Experts and highly experienced physical therapy educators, along with experts
in interprofessional education and law, were engaged in the writing and develop-
ment of the content.

As each educational program is required to include content on how to be a clin-
ical educator for accreditation purposes, the content included here meets a unique
need and requirement. While reimbursement, staffing patterns, and the healthcare environment may change, the basic tenets of how to be a CI have remained necessary and relatively consistent over time.

Organization of this Text

The conceptual approach to the development of this text was based on program need. In the pursuit of materials to comply with the CAPTE standards, academic faculty searched for resources that could be used to demonstrate compliance. CAPTE neither describes how this should be done nor where materials should be sourced. Although there were resources identified by the faculty, they were found in a variety of sources, and no single document addressed the comprehensive information to educate a student on the development of effective behaviors to become a CI or SCCE. Communication with colleagues led to the same conclusion: A comprehensive resource would benefit any program.

The text is in an easy-to-read, consistent format and is presented in chapters. Based on the table of contents, readers can identify specific chapters and content by title. Each chapter is then arranged in a similar format:

- Chapter Outline
- Learning Objectives
- Key Terms
- Key Points
- Introduction
- Subtitled sections, some of which include case studies
- Discussion Questions
- Summary
- Conclusion
- References

Additionally, the Glossary, which is located at the end of the text, provides brief definitions for terms used throughout the text for easy reference, in alphabetical order. Slides in PowerPoint format are also available to aid instructors in teaching the content of their course.
Acknowledgments

Both Debbie and Becky wish to thank Jones & Bartlett Learning for their support of this project. It has been a long process in which they stood by the team of contributors and the need for a resource on becoming a clinical instructor.

Additional thanks go out to our husbands, Allan and Joey, for tolerating the many hours of research and writing that took us away from our “family time,” as well as for their skills in proofreading.

We also wish to thank our children and grandchildren for “lending” us to this project. You are wished much love.

And special thanks to our colleagues and friends, who also believed in this project, and as experts in their content areas, made active contributions to its publication.
Debra Feingold Stern, PT, DPT, DBA, is the Director of Clinical Education (DCE) in the Physical Therapy Department at Nova Southeastern University (NSU), Ft. Lauderdale, Florida.

After completing her entry-level physical therapy degree at the State University of New York at Buffalo, now the University of Buffalo, Dr. Stern pursued additional degrees, earning a Master of Science in Management from Rollins College in Winter Park, Florida; a Doctor of Business Administration with a specialty in Health Services Administration at Nova Southeastern University, Ft. Lauderdale, Florida; and a Doctor of Physical Therapy at A.T. Still University in Mesa, Arizona. She also holds a variety of professional certifications and maintains active membership in the APTA, FPTA, and Florida Consortium of Clinical Educators and participates in the American Council of Academic Physical Therapy (ACAPT) and the Florida Physical Therapy Association (FPTA).

Over the course of her professional career, Dr. Stern has actively engaged in direct and indirect patient care in a variety of settings as a staff physical therapist as well as a PT supervisor, rehabilitation manager, private-practice owner, and consultant. Prior to entering academia, she participated in clinical education as a clinical instructor (CI) and center coordinator of clinical education (CCCE) (now SCCE) for both physical therapy and physical therapist assistant students.

Dr. Stern’s experiences as a documentation, reimbursement, and risk management consultant were some of the driving forces for transitioning into full-time physical therapy education, while maintaining patient/client interaction whenever possible. From her earliest days in education, she actively engaged in pursuing innovative ways to fulfill the accreditation requirements for clinical education through integrating creative approaches to align with a constantly changing healthcare system. As a result of Dr. Stern’s vision and active support from the faculty and administrative team at NSU for more than 20 years, the program has been engaging in and promoting service learning for reinforcing classroom-learned skills in service to the community, self-contained collaborative integrated clinical education (ICE) experiences as a curricular component, and ICE experiences.

In the early 2000s, Dr. Stern, along with Dr. Shari Rone-Adams, was awarded a grant from the APTA to explore an alternative 4:1 collaborative clinical education model for final senior-level clinical education experiences in outpatient and inpatient. Results indicated no difference between traditional 1:1 models of clinical education and 4:1 models. Dr. Stern has engaged in research related to physical therapy education since that time.

In recent years, the Commission of Accreditation on Physical Therapy Education (CAPTE) has placed increased emphasis on clinical education and expanded the standards for review. CAPTE now requires that programs prepare students to
become clinical instructors prior to graduation. This aligns with the American Physical Therapy Association Standards of Practice. While information on CI and SCCE competence and development may be found in a variety of resources, Dr. Stern and the collaborators in this text are committed to presenting a practical overview, with inclusion of some materials that are not found elsewhere.

Rebecca S. Rosenthal, PT, DPT, JD, is Associate Counsel of the Health Professions Division of Nova Southeastern and former DCE in the Physical Therapy Department at Nova Southeastern University (NSU), Ft. Lauderdale, Florida. She also continues as an active physical therapy faculty member. During her time as DCE, she and Dr. Debra Stern worked as the physical therapy clinical education faculty team.

After completing her entry-level physical therapy degree at Boston University, Boston, Massachusetts, Dr. Rosenthal pursued additional degrees, earning a Master of Science in Education at the University of Michigan, Ann Arbor, Juris Doctor (JD) at Nova Southeastern University, Ft. Lauderdale, Florida, and a Doctor of Physical Therapy at A.T. Still University in Mesa, Arizona. She also holds a variety of professional certifications, maintains active membership in the APTA and FPTA, and is licensed by the Florida Bar Association.

Over the course of her professional career, Dr. Rosenthal has actively engaged in patient care, specializing in pediatrics, consulting, and solo law practice. During her tenure at Nova Southeastern, she has specialized in contract law related to clinical education in all health professions represented at the university while remaining active in teaching.

Dr. Rosenthal has also engaged in research and presentations related to pediatrics and clinical education as well as legal issues related to healthcare. Her experience with health professionals from multiple professions reinforced for her the lack of understanding by clinicians and faculty of the contract process(es) related to clinical education in all types of facilities and at all levels. Both faculty representing the universities and colleges with PT and PTA programs and the clinical instructors or preceptors in the community are obligated to abide by the contractual affiliation agreements among organizations. Yet, most are not educated in the process or content. As one of only a small number of professionals who hold PT and JD degrees, Dr. Rosenthal has a unique perspective on facilitating knowledge for PTs and PTAAs in these areas. These are critical elements of healthcare education of which university and college clinical education teams and community SCCEs and CIs should be knowledgeable.

In recent years, CAPTE has placed increased emphasis on clinical education and expanded the accreditation standards for review. CAPTE now requires that programs prepare students to become clinical instructors prior to graduation. This aligns with the American Physical Therapy Association Standards of Practice. Little published information is available on the legal aspects of clinical education, especially in the area of contracts and affiliation agreements. Dr. Rosenthal is committed to providing an appropriate educational resource to fill this void and has done so in this text.
Contributors

Debra Stern and Rebecca Rosenthal thank the following contributors for their dedication and sharing of knowledge for this text. As the first of its kind, it is a major step in sharing the process of a student becoming a clinical instructor (CI) or a practicing therapist or assistant becoming a CI. We thank our families as well for supporting this project, which has been a long time coming to fruition.

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