2020

Clinical Education Placement Process Task Force

FINAL REPORT

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National Consortium of Clinical Educators
A consortium of the
American Council of Academic Physical Therapy
And
Clinical Education Special Interest Group
A special interest group of the
Academy of Physical Therapy Education

Final Report from the *Clinical Education Placement Process Task Force*

May 2020

EXECUTIVE SUMMARY

The Clinical Education Placement Process Task Force (PPTF) convened in 2018 after a national request to address issues associated with the March 1 mailing process. Over the course of 19 months, a 12-member Task Force conducted a broad scale investigation into issues related to placing students into clinical education experiences. The investigation included a literature review, distribution of surveys nationally to academic and clinical educators as well as physical therapist and physical therapist assistant students, a national focus group presentation at the 2019 Educational Leadership Conference (ELC), review of data collected by clinical educators during a second ELC presentation, review of professional documents and finally consensus decision making by the PPTF.

The outcome of the PPTF includes nine recommendations. The recommendations call for academic and clinical education communities in physical therapist and physical therapist assistant education, including academic programs and clinical education sites, to:

1. Adopt a common definition of the term “placement process” which is then added to the profession’s Common Terminology Glossary.
2. Adopt an annual clinical education placement timeline that guides initial placement requests, offer confirmations, notices of unused offers and secondary placement requests.
3. Provide professional training and development for Directors of Clinical Education and Site Coordinators of Clinical Education, especially for those new to these positions.
4. Leverage relationships between/among clinical and academic programs as well as regional and/or national structures to improve communications, coordination and access to quality clinical education experiences
5. Allocate appropriate resources to employ a team approach to administer the clinical education program led by the Director of Clinical Education and Site Coordinator of Clinical Education.
6. Recognize that only representatives employed by the academic program’s clinical education team are permitted to request clinical placement for physical therapist and physical therapist assistant students.
7. Expand clinical education research to include the topics of capacity, curricular models (i.e. timing, sequencing, and length), variety of requirements, and administrative issues such as workload.
8. Explore how a standardized model for terminal clinical education experiences may impact the placement process.
9. Investigate the use of a common technological platform to manage data related to clinical education experience placements.

TASK FORCE CHARGE AND SUMMARY OF WORK

Introduction

Clinical education has been a topic of discussion within the educational communities for decades, with an increased emphasis since the 2014 Clinical Education Summit.[1] The variability in delivery of clinical education is documented and has been identified as an area of focus for the profession seeking continuous quality improvement.[1-3] An ongoing discussion at national meetings has centered on the placement process of students into clinical education experiences. During ELC 2017 and Combined Sections Meeting (CSM) 2018 clinical educators, both academic and clinical, voiced strong concern about a lack of follow-through with the only agreed upon standardized process for physical therapist programs, the "March mailer".[4] Concerns also existed about clinical placement capacity because of program growth within existing programs and development of new physical therapist (PT) and physical therapist assistant (PTA) programs. These examples reflect the current state of disparate approaches to the delivery of clinical education in physical therapist and physical therapy assistant education.

During CSM 2018, representatives from the National Consortium of Clinical Educators (NCCE) Board of Directors (a consortium within the American Council of Academic Physical Therapy (ACAPT)) and the Clinical Education Special Interest Group (CE SIG) (a special interest group within the Academy of Physical Therapy Education (APTE)) met to discuss possibilities of a collaborative process to address the ongoing concerns about the placement process. A recommendation to develop a nationally-based task force focusing on the issues affecting the placement process within clinical education was agreed upon. As such, a "Task Force on the Clinical Education Placement Process" (referred to as PPTF or task force hereafter) was set to embark on a comprehensive investigation of current issues influencing the placement process and develop recommendations for the NCCE and CE SIG consideration. Efficiencies of partnerships and efficiencies of a placement process system emerged as central themes for the Task Force work. The premise to support the common good of physical therapy education, rather than the good of any one individual academic program or clinical education site was a central to decision making.

The PPTF was the NCCE and the CESIG collaborative Task Force. This final report is submitted to both the NCCE and CE SIG Board of Directors, with the hope the recommendations will be moved forward to the BOD of both ACAPT and APTE.

Purpose

The purpose of the Task Force on the *Clinical Education Placement Process* was to explore the issue of the placement process for full-time clinical education experiences and formulate recommendations for the NCCE (ACAPT) and the CE SIG (APTE) consideration.

Objectives

The Task Force on the Clinical Education Placement Process sought to solicit input from a broad spectrum of clinical education stakeholders within diverse academic and clinical settings, to meet the following objectives:

a) Describe existing clinical placement models of clinical education.
b) Examine models/structures that are in place within other professions.
c) Identify academic, clinical site and student expectations about the placement process.
d) Explore ethical and legal implications of the placement process issues.
e) Incorporate physical therapy ethical standards of practice and core values.
f) Develop recommendations to maximize resources, efficiencies and outcomes.

Task Force Structure and Members

The Task Force on the Clinical Education Placement Process is composed of 12 members including an academic administrator and academic and clinical educators. The Task Force Members included:

Co-Chairs: Christine McCallum (NCCE), Cindy Flom-Meland (CE SIG)
Academic Clinical Educators: Lori Nolan Gusman, Kelly Prescher, Janette Scardillo, Aaron Rindflesch (also represents academic administrator)
PTA representatives: Christie Cohoon (academic), Emily Reynolds (clinical)
Clinical Educators: Terri Reed, Brittani Cookinham (moved to academic CE 2019), Kristel Maes, Brett Windsor (limited participation)

Applicants were considered based on a variety of factors including but not limited to: professional role, geographic location, type of practice setting, type of educational institution, and special skill sets.

Meeting History

The full PPTF met 20 times, including two onsite meetings (ELC 2018, CSM 2019) and conducted a national focus group meeting during ELC 2019. Concurrently, a multitude of small sub-group meetings, comprised of PPTF members were conducted along the way. In addition, two update presentations were held at CSM 2019 and 2020 during the annual CE SIG meeting with members. Multiple stakeholders were engaged during the 19-month process, including clinicians, faculty and students.

<u>*Methods*</u>

● *Review of the Literature:* The work of the PPTF began with a comprehensive search of published literature in the disciplines of physical therapy, occupational therapy, speech therapy, nursing, pharmacy, medicine, and athletic training. We reviewed peer-reviewed manuscripts, summarized themes that were common to the majority of disciplines and synthesized qualitative data to guide survey development.

● *Review of profession based documents*: The PPTF reviewed documents published by the American Physical Therapy Association, including, but not limited to Moore and Perry's 1976 Clinical Education in Physical Therapy: Present Status/Future Needs Report of the Project on Clinical Education in Physical Therapy[5] and the 2010 *Physical Therapist Clinical Education Principles: Conference and Regional Form Summaries.*[3] Review of placement processes utilized by occupational therapy, speech therapy and medicine also included review of professional association websites and interviews with selected individuals.

●*Brainstorming*: The PPTF used ongoing brainstorming and free-thinking as part of our overall process during full task force meetings. Data was also collected through brainstorming sessions offered during two educational sessions during ELC 2019 in Bellevue, WA. These sessions included:

1) The Clinical Placement Process Task Force: An update about our crucial conversations. Presenters: The Placement Process Task Force.
2) *March 1 madness: utility of the national slot request date from academic and clinical perspectives.* Presenters: Megan Renee Bureau, Marissa Birkmeier, Jacque Lynn Bradford, Emma Wheeler and Melissa Wolf-Burke.

The second educational presentation was developed and offered independent of the work for the PPTF, however the authors/presenters offered to share the data collected during this session to help guide the PPTF work.

● *Survey Research*: Two nationally distributed surveys were conducted in 2019. A 360° approach was used to survey those who arranged student placements as well as surveying the students who are placed. One survey was focused on those individuals who direct the placement of PT/PTA students and the other was sent to students currently enrolled in a PT/PTA program. The surveys were distributed to the directors/coordinators of academic programs, clinical sites and students via email distribution.

The purpose of the survey for the Director of Clinical Education (DCE) and the Site Coordinator of Clinical Education (SCCE) was to determine the current pressing issues with the placement process (*see Note below). The purpose of the student survey was to determine current knowledge of their respective program's placement process, including awareness of the March 1 mailer, level of involvement in the placement process, the desired involvement in the process, important factors students consider when selecting a clinical placement and improvements student would recommend for consideration to the process. Key findings from the surveys are found in Appendix 1.

The primary points identified from the stakeholders surveyed were:

1) DCEs and SCCEs: Academic and clinical site stakeholders seek more uniformity and follow through with agreed upon processes by both academic programs and clinical education sites (issues to address include: onboarding, information sharing, clinical education calendar, and capacity).
2) Students: Students would like more input with selecting their clinical education placements (i.e. inform DCE of clinical site preferences, rank a wish list of available clinical sites). Most sought after by students are clinical sites that can offer the best clinical experience, although being placed closest to their geographical and housing resources are also important.

The survey research methodology was not scientific and generalizability of data is limited. Nonetheless, we believe the responses obtained still provided a picture of current concerns, barriers and opportunities about the clinical education placement process.

● *Data Analysis and Synthesis*: Quantitative and qualitative data gathered through our data collection processes were analyzed, synthesized and triangulated using a thematic approach to arrive at the recommendations offered to NCCE and CE SIG. The PPTF also developed a prospective-style manuscript that is being finalized for submission to the *Journal of Physical Therapy Education.* The manuscript prepared for peer reviewed publication highlights key findings of our literature review and survey results and offers an overview of the summary recommendations presented below.

<u>*Note:</u> The profession of physical therapy prefers the title Director of Clinical Education (DCE) to denote the individual who holds the clinical education position within an academic program[6-9] and Site Coordinator of Clinical Education (SCCE) for individuals within a clinical education site.[6,9,10] Therefore the term DCE and SCCE are used throughout this document. It is recognized that CAPTE references both these positions as clinical education coordinators for both PT and PTA education programs.[11,12] The title bestowed upon an individual in one of these positions is determined by the policies and procedures of their respective organizations, based upon overall roles and responsibilities required of the position.[7,13]

FINAL RECOMMENDATIONS

Nine recommendations are presented to the CE SIG and NCCE board of directors to consider for adoption. These recommendations are ordered based upon consensus vote of the PPT based upon feasibility of implementation.

The Placement Process Task Force recommends the academic and clinical education communities in physical therapist and physical therapist assistant education, including academic programs and clinical sites:

Recommendation 1
Adopt a common definition of the term "clinical education placement process" which is then added to the professions Common Terminology Glossary.[6]

> Proposed Definition: A series of actions taken by academic programs and clinical sites to request, offer and confirm full-time clinical education experiences. The process includes the placing of students, acquiring and/or maintaining clinical education agreements, onboarding of students and communication between academic programs and clinical sites regarding the acceptance or declination of full-time clinical education experience offers.

SS: The Task Force recommends adopting a common definition of the placement process. In reviewing the literature and through discussions with colleagues, the task force quickly found that the meaning of clinical education placement process was interpreted differently and included different components. A definition of the clinical placement process did not exist, in physical therapy literature or within other professions. Because of the lack of common language for this term, it was difficult initially to grasp all that the clinical education placement process entails. As such, a definition was developed based upon a literature review and agreement on the events which occur to place a student at a clinical education site for a clinical education experience.[6,14-17] The definition was vetted through the Task Force, then feedback was sought nationally through a survey and during a CE Placement Process Task Force presentation during ELC 2019. We believe providing a common language on the term *clinical education placement process* should help reduce variability and confusion moving forward.

Recommendation 2
*Adopt an annual clinical education placement timeline that guides initial placement requests, offer confirmations, notices of unused offers and secondary placement requests. * (Appendix 2)*

SS: The mailing of request forms and their return have been in discussion in the clinical education community for more than 20 years. The March 1 mailing date was initiated in 1999.[4] Since this time, three separate surveys (1998, 2009, 2015) were conducted by the APTE CE SIG on this topic. The results from each have demonstrated that there is continued support for the use of March 1 as the mailing date of request forms from academic programs to clinical sites in preparation for placing students in full-time experiences during the next calendar year.

There are expectations from both the academic and clinical sides that need to be respected and met. The return date of April 30th has been in existence since the original March 1st mailing date in 1999; however, response/confirmation of use and release dates have been clearly identified by academic programs and clinical sites as needed but thus far these steps have not been formalized nor have dates been established. These omissions have caused challenges for the clinical community to best manage the placements they have available for all of their academic partners. All of us have a

responsibility to work together, agree upon time frames, and utilize the dates that are established for communication.

The intent of this recommendation is to facilitate academic programs and clinical education sites to use the same timeline in an effort to reduce administrative burden for all stakeholders. This recommendation and timeline pertain *only to communication regarding scheduling*. Academic programs and clinical sites are encouraged to communicate about non-scheduling needs at any time of the year.

Because the March 1 mailing date is voluntary and not required, some clinical sites and academic programs do not follow the suggested dates. Additionally, in the current March 1 recommendation, there is not an established date for academic programs to accept or return placement offers, nor is there any guidance for academic programs or clinical education sites that cannot commit to placement offers in the spring of each year. In forming this recommendation, the PPTF used the existing dates that are part of the voluntary March 1 mailing date, then added a second step to guide programs and sites that are not able to fully complete the placement process in the spring. Acceptance of this recommendation will standardize the dates for every step of the placement process, simultaneously adding clarity and removing the voluntary aspect from the placement process.

Recommendation 3

Provide professional training and development for Directors of Clinical Education and Site Coordinators of Clinical Education, especially for those new to these positions.

SS: Directors of Clinical Education and Site Coordinators of Clinical Education are the two complementary positions that oversee administrative and teaching aspects of clinical training for academic programs and clinical practices, respectfully. Both of these roles have expanded in complexity, due to onboarding requirements, scheduling, staffing patterns and changing needs of students enrolling in PT and PTA education programs. It is widely recognized that preparation for the roles and responsibilities of these positions occurs mainly through on the job training.[7,9,10] In recent years, educational workshops have emerged for individuals in these roles, however they are limited in scope and offering. We recognize the need for intentional training opportunities for individuals assuming this role as they are resource positions both internal and external to their respective organizations.[17,8,18] A parallel document to the *"Reference Manual for Site Coordinators of Clinical Education*"[16] is recommended for DCEs. Creation of such a document would guide in the orientation of DCEs to expected roles and responsibilities, improve communications and enhance efficiencies for all parties as a common foundation would be available from which to build upon.

The PPTF also supports the 2014 CE Summit recommendation which indicated the role of SCCE should be enhanced and promoted as an educational leader within his or her respective organization (Harmonization recommendation IV).[1] Investigation into offering a clinical educator specialization[11] may be beneficial to address a shortage of qualified faculty and of academic leadership as identified in the Excellence and Innovation in Physical Therapist Education report-Action Item 1.[19]

Recommendation 4

Leverage relationships between/among clinical and academic programs as well as regional and/or national structures to improve communications, coordination and access to quality clinical education experiences.

SS: The concept of clinical-academic partnerships has gained traction since 2014 after the publication of the CE Summit Report[1] and the 2014 APTA Board of Directors "Best Practice in Physical Therapist CE" report.[2] Our investigation found continued support for this type of initiative. We recognize partnership development can occur in a variety of ways, including through the establishment of physical therapist education networks (PTENs)[20] or regional core clinical education networks (RCNs)[21] as examples. There are a variety of models that could be built or enhanced to build broader scale efficiencies for the placement processes for both physical therapist and physical therapist assistant education programs. Refer to Figures 1 and 2. The need exists to build upon networks or partnerships development to address supply of and demand for clinical education sites and/or clinical instructors required to train the future workforce.[21]

The Association of Schools Advancing Health Professions Clinical Education Task Force[22] conducted a study among allied health workers and found the number of clinical placements has not matched the demand for placement by academic programs. Medical and nursing education have also acknowledged a lack of placement opportunities to meet the needs of enrolled students.[23,24] Many health professions are concerned about adequacy of clinical sites for the future.[22-28] Partnership development may be an opportunity to build capacity, but it is also challenged when academic programs continue to add seats and new program development continues to enter the market.[21]

It is believed clinical education networks/partnerships could be an impactful placement process option to enhance "coordinated models of placements, sharing of information and resources and aligning academic and clinical curricula." [21] Continued collaboration between the NCCE and CE SIG at the national level and enhancement of regional consortia activities that explore regional core networks[20,21,29] could assist ongoing partnership development. The ultimate goal would be to explore, develop, implement and assess clinical education opportunities that would improve efficiencies with placement processes for both physical therapist and physical therapist assistant student education.

Recommendation 5

Allocate appropriate resources to employ a team approach to administer the clinical education placement process led by the Director of Clinical Education and Site Coordinator of Clinical Education.

SS: It is recommended the clinical education placement process should be resourced according to a team model whereby the director of clinical education and site coordinator of clinical education collaborate not only with each other, but also with others within their respective organizations to deliver an efficient and effective clinical education program to students. A team approach is used by other health professions, including nursing and medicine and has improved efficiencies related to placement of students for clinical training.[30] Physical therapist programs that report access to multiple human resources to perform the roles and responsibilities associated with the placement process report improved efficiencies. It is proposed that delegation of routine tasks to non-faculty/clinical team members could maximize efficiencies and optimize task fit of the DCE and/or SCCE to his/her responsibilities related to placement of students, based upon needs of the program/site, and readiness of the individual holding the position.[17] The size and makeup of the clinical education team would be individualized to the organization, determined by factors such as: number of students served (cohort

size), clinical education curriculum weeks/days, the number and extent of both part-time and full time clinical experiences, university or clinical site policies and workload distribution, budget lines, and qualifications/skills of team members. A clinical education team and/or office can maximize efficiencies, allow for more effective education of students and clinicians, and enable DCEs and SCCEs to accept leadership roles within the PT program and clinical education community.[8,10,13,18-21]

Our investigation found that some academic and/or clinical education sites in physical therapy as well as other health professions, have moved to using a third-party system to manage some administrative tasks associated with the placement process.[17] Most prominent is the use of a third party system to manage onboarding documents required to begin a clinical education experience.[17] Assistance with management of onboarding requirements appears to increases some efficiencies, allowing DCEs/SCCEs time to perform higher level tasks. More recently third party vendors in some health professions are now being contracted to request and acquire clinical education experience offers for students because of difficulties locating clinical education sites in some regions of the country.[31,32] While the PPT does not know the number of vendors available for finding placements for students, we did receive verbal confirmation from a few DCEs that third-party vendors are assisting their programs in this capacity. The use of third-party vendors could be conceived as controversial, in part because of the expense associated with hiring the third party, as academic programs may pass along the expense to the students in the form of course fees or tuition expenses[17], and because third-party vendors may over promise students specific placement sites that may not meet specific program needs or requirements. In any regard, individual academic programs are required to maintain oversight of every components related to the placement process as directed by accreditation requirements should they choose to partner with a third party vendor to assist with placement process administrative tasks.[11,12] The PPT did not support nor negate the use of third party vendors, but thought it was an alternative method being used that is important to recognize as clinical education programs evolve.

Recommendation 6

Recognize that only representatives employed by the academic program's clinical education team are permitted to request clinical placement for physical therapist and physical therapist assistant students.

SS: In October 2016, the CE SIG representative body adopted the position statement that student physical therapists and student physical therapist assistants should not contact clinical education sites to request clinical education experience placement in the future. This position statement was published on the CE SIG website in March 2017 and is currently found in the *Reference Manual for Site Coordinators of Clinical Education.*[16] The PPTF endorses this position statement. Students who may have a particular interest in a clinical education opportunity should work through the team led by the director of clinical education to determine if a request for a clinical education experience is feasible. Clinical education policies and procedures at both academic program and the clinical education site should reflect this placement process recommendation.

The term "academic program representative" is suggested as an alternate term to use in the current CE SIG position statement to capture the team approach as endorsed in Recommendation 5. It is recognized that programs may have assistant directors/coordinators of clinical education or other non-faculty member personnel who collaborate in the placement process at the academic program level.

Recommendation 7

Expand clinical education research to include the topics of capacity, curricular models (i.e. timing, sequencing, and length)*, variety requirements, and administrative issues such as workload.*

SS: While education research has increased over the past decade, we believe a critical need exists to expand projects related to administrative and organizational management issues impacting clinical education. The inclusion of clinical education in a national research agenda has been recommended by many over the past decade,[2,17,19,34] however it may be time for the profession to highlight some pressing questions that need answered to guide the profession as a whole, rather than leave exploration up to individual investigators to identify the questions and search for answers.

Our task force searched for the best available evidence to guide our work. A significant challenge existed, however, as the data we were seeking was not readily obtainable or not available at all. Data pertaining to capacity issues, (i.e. supply and demand of clinical education experiences, types of experiences available, geographic variations with supply and demand), as well as availability of clinical instructors in the aggregate or by practice setting,[21] by region/ state and comparative workload[7] of academic and clinical education faculty were a few topics we searched for data without success in terms of scientific results. The time may be right to replicate and conduct a contemporary *Clinical Education in Physical Therapy: Present Status/Future Needs* study, modeled after the 1976 Moore and Perry study.[5] It is imperative sound decisions for the future are guided by best evidence, not only for student and clinically based outcomes, but also outcomes related to organizational and practice management issues related to clinical education.

Recommendation 8

Explore how a standardized model for terminal clinical education experiences may impact the placement process.

SS: Standardization of clinical education has been discussed for many years within the physical therapy profession.[2,3,19,33] However, Jensen et al, recently cautioned the profession against "expending resources to identify a narrow set of organizational structures or curricular models" to achieve excellence.[19 (p883)] A balance must be struck between designing processes for efficiencies and quality within a system, while at the same time promoting individualism at the program level. In 2010, the APTA published its summary of the conference and regional forums conducted on clinical education in 2007 through 2009.[3] One suggested element for the preferred infrastructure of clinical education was to provide a regional or national system for student final clinical education experiences (at the time referred to as internship placements).[3] Current literature offers compelling evidence to suggest that the context of physical therapy clinical education may be best appreciated and influenced at a regional level.[21] Investigation of the medical profession suggests that physical therapy professional level clinical experiences would compare to clinical clerkships that are offered during the initial clinical years of medical education training. Examination of clerkship infrastructures could be a guide for the physical therapy profession, however its infrastructure challenges also impact medical student training presently.[22-28]

It appears that while the clerkship experiences are standardized in terms of placement within a plan of study (i.e. the final two years of undergraduate medical education), the placement of medical students into these experiences is conducted in a similar manner to physical therapy students, and often medical schools face the same challenges as physical therapy programs in terms of limited capacity.[23-28] Capacity within medical clinical education networks are stretched due to expanding class sizes and an influx of students from international medical schools that pay for placement.[25-28] A national match system *only*

occurs for graduate medical education-better known as medical residencies, after the completion of undergraduate medical education, including clerkships.[35,36]

The majority of core clerkships for medical schools are scheduled through an academic program's affiliated network of clinical sites. Placements, led by a clerkship director in collaboration with other offices on campus, are made by assigning students to affiliated clinical sites through a variety of mechanisms, such as fishbowl selection[37] lottery system[3], or models that offers preference of type of experience that corresponds to timing in a calendar year.[37] The variability of processes used to assign medical students for clerkships among medical schools appears to mirror the variability within the physical therapy profession.

One significant difference between medical school and physical therapy school placement processes exists however, as medical students have the ability to apply for elective learning experiences. One opportunity is through a program called Visiting Student Learning Opportunities (VSLO).[36] Some medical schools, such as Mayo Clinic School of Medicine, also offer a visiting clerkship experience.[38] The VSLO, offered by the Association of American Medical Colleges and the Mayo Clinic model are an application service that provides medical students an opportunity to apply for short term elective medical training experiences at sites that are outside of their medical school's network.

While our investigation into a match system was limited, we did not find much support for a national match system to address placement process issues. It is unknown if a national match system would improve the efficiencies of the placement process within both physical therapist and physical therapist assistant education because of the diversity of curriculum models. If a national process were to be considered, we recommend it should be coupled with exploration of standardization among terminal clinical education experiences to ensure models of education correspond with administrative needs for implementation. Further investigation into how a "match" process is defined and utilized within physical therapy education may be in order.

Recommendation 9

Investigate the use of a common technological platform to manage data related to clinical education experience placements.

SS: The use of technology for the management of clinical education placements is not new. Dating back to the 1980s, computer-based information systems have been available to matching students to clinical education sites.[41-44] Currently, a few common clinical education management systems are utilized at a cost by academic programs (i.e. Acadaware[45]; EXXAT[46]). On the other-hand, some academic programs continue to use internally-developed, program-specific databases. Anecdotally, most clinical education sites develop their own data management systems for clinical education purposes but may also have access to some components of an academic program's data management system. In theory, the use of one common technological platform by all academic programs may help with standardization and efficiencies of the system from the clinical education site viewpoint. Due to restraints of trade however, the practicality of such a requirement by academic programs is questionable. An investigation into the interoperability of data among common platforms may guide efficiencies of the system in the future.

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Appendix 1

Clinical Education Placement Process Task Force: Results of National Surveys

Director of Clinical Education/Site Coordinator of Clinical Education Results (5 item survey)

N=626 completed surveys; representing 48/50 states including the District of Columbia. The two states without representation were Wyoming and Hawaii.

Question: What issues do you have with the current placement process?

	n
Not enough clinical placement offers	381
Onboarding processes	316
First Come First Serve	294
Not enough diversity in the types of offers	280
March 1 mailing concerns	189
Interview/application requirements	112

Results from ELC Focus Groups (N=108)

Themes from discussion points:
- Standardize mailing date that all programs abide by
- Common confirmation/release date
- Dates possibly staggered throughout the year
- Focus on information sharing from academic program and clinical site
- Standardize onboarding process

Student Survey Results

N=2,255. Geographically these responses represented 44/50 states including the District of Columbia (Arkansas, Hawaii, Louisiana, New Hampshire, Oregon and West Virginia did not have any responses).

Type of Program	
PT	1711
PTA	561

Year of Student	
1st year	580
2nd year	1008
3rd year	667

Question: Which of the following best describes the role expected of students in your program regarding your placement in full-time clinical education experiences?

	n
Rank a wish list of available clinical sites	1393
Inform the DCE/ACCE of my clinical site preferences	871
Inform the DCE/ACCE of my preferences for types of clinical experiences	778
Contact clinical sites to request placement	132

Question: Which of the following best describes the role you would want if you had a choice?

Each program should follow the same process	706
Each program should use a web-based platform	609
The process should be centralized with the APTA or some other national organization	597
Each program should partner with a small but consistent number of clinical sites so that we have more connection with each site	542

Question: Choose all that apply, of the following factors that are most important to you regarding your full-time clinical education experiences?

Being placed at clinical sites that can offer me the best clinical experiences	1607
Being placed at clinical sites that are closest to my housing resources	1173
Being placed at clinical site that are closest to my geographical preference	1116
Being placed at clinical sites that are closest to my family	538

Appendix 2

Recommendation 2: Adopt an annual clinical education placement timeline that guides initial placement requests, offer confirmations, notices of unused offers and secondary placement requests.

Suggested Timeline:

- Adopt March 1 of Year X as the first date for academic programs to request initial clinical education placement offers for full-time clinical education experiences that begin in the next calendar year (Year X+1). This date follows the current recommendation from the Clinical Education Special Interest Group (CESIG) of the Academy of Physical Therapy Education.
- Adopt April 30 of Year X as the end date for clinical sites to respond to initial placement requests for full-time clinical education experiences that begin in the next calendar year (Year X+1). This date also follows the current recommendation from the CESIG.
- Adopt June 30 of Year X as the end date for academic programs to confirm acceptance of the initial placement offers for the next calendar year (Year X+1) or release them. There is currently no suggested date for this part of the process.
- Adopt October 1 of Year X as the first date for academic programs to make a secondary request for placement offers for full-time clinical education experiences that begin in the next calendar year (Year X+1). This is a new process suggestion that does not currently exist.
- Adopt November 30 as the end date for clinical sites to respond to secondary placement requests for full-time clinical education experiences that begin in the next calendar year (Year X+1). This is a new process suggestion that does not currently exist.
- Adopt December 31 of Year X as the end date for academic programs to confirm acceptance of the secondary placement offers for the next calendar year (Year X+1) or release them. This is a new process suggestion that does not currently exist.

Figure 1

RCN and PTEN Models

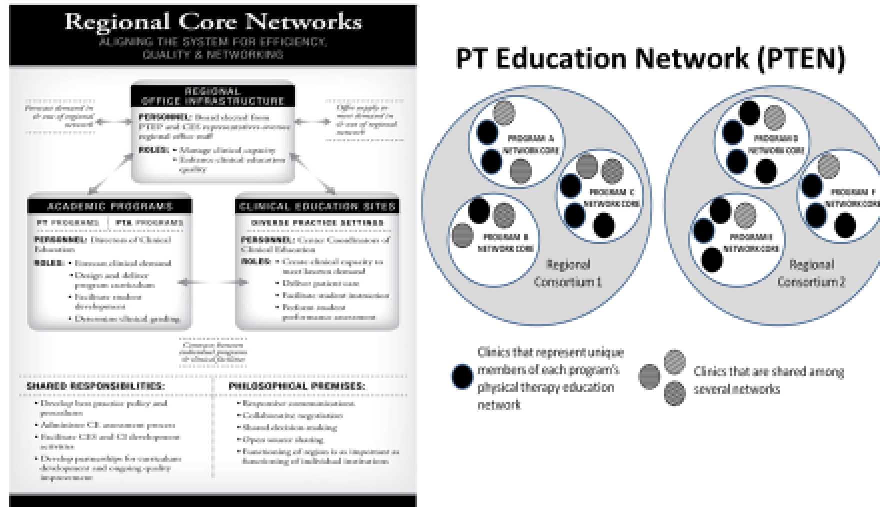

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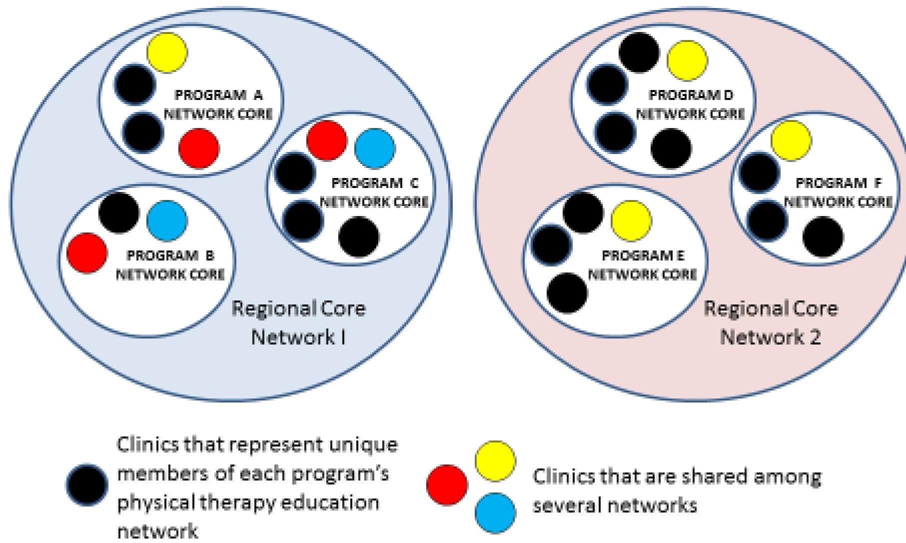
Figure 2



Reference: Figure created by Applebaum, D (2014) as part of webinar sessions provded by the CE Summitt Tasksforce.