**Strategies to increase the quantity and quality of clinical sites**

**I. Design Curriculum**—

1. Schools to complete a comprehensive competency for going out on clinicals
2. Communication between clinical sites and schools
	* One method does not fit all, communicate in ways that help the CI & CCCE
	* Does the school know what the facility expects?
	* Know the difference between PT and PTA programs—curriculum, scope of practice
	* Know the difference between the different PTA programs
	* Suggestion—have CI sign off that they have read the handbook and return to school via email, blackboard, etc.

**II. Minimizing Clinical Practice limitations to Clinical Education**

A.  State law reviews on supervision—different PT and PTA and different in each state

* + Differences per state are astounding. We need to be aware of what the guidelines are in different states

B. Encouraging PT/PTA, 2:1 clinical education models

C. Productivity requirements/lack of administrative support on clinic side

D. PTA Pro-bono clinic—can address professionalism, clinical skills and increase efficiency prior to clinicals

E. Documentation—More classroom exposure to EMR

* + No EPIC opportunity for sandbox/practice arena
	+ Rehab Optima is common – Free to academic programs
	+ Web PT is more OP focused - $99 per year for academic programs

F. Increase direct patient care time

* Example—faculty and students go to SNF to treat patients that does not count toward their MDS minutes of therapy or for patients who have been discharged from PT

G. Develop a Resource List or Bank of ideas for people

* Resource Bank—share ideas, inter-professional practice, health and wellness, idea of directed practice like COTA
* Presenting at conferences to have a bigger voice

**III. Promote and pilot the 2:1 model for clinical education**

 A. Educate the sites and CIs on the research and outcomes

 B. One member of the group heard of the Philly Clin Ed group developing a training module on the 2:1 module that was mentioned or presented at ELC. Investigate this module and if it is available to be shared with others.

 C. Reference the "2:1 module going live" presentation at ELC

 D. Promote PT/PTA collaboration CAPTE requirement via the 2:1 model

**IV. Simulation labs for partial Clin Ed credit**

 A. Promotion of the interdisciplinary relationships with nursing students and staff or with other allied health professionals

**V. Review the literature in other disciplines**

 A. Are other disciplines using other strategies that PT has not yet considered for clinical education experiences, and what can we learn from them?

**VI. Utilize ACCE midterm site visit**,

1. allow for additional time to observe the student treat to be able to provide additional feedback and assessment of student skills.
2. ACCE partner with CI when CI is making decisions on assessment with the CPI.

**VII. Collect and assess data**

 A. Student performance correlated between ACCE & CI

 B. CI response to additional time in the clinic from the ACCE

**VIII. Offer Clin Ed workshops** presenting data on productivity and patient satisfaction when using interns.

 A. Invite DORs, CIs and other members of the interdisciplinary team as well.

**IX. Elevate the involvement of the CI to true clinical faculty**

 A. Invite feedback on curriculum (within limitations) informally, via surveys, and via Advisory Board invitations

 B. Communicate with CIs more frequently regarding program curriculum

 C. Invite CIs to participate via lectures, lab assistants, practical assessments, etc.

**X. Focused CEU offerings to assist the CI**

 A. How to use the critical incident report

 B. Variety of Learning styles of students

 C. Recognizing and using teachable moments

 D. Ask CI at site visit how the ACCE can help them or support them

 E. Offer raffles for free courses on campus, etc.

**XI. Provide lunch and learns** on campus or in clinics for specific topics

 A. CI basics for the new CI

 B. Definition of entry level on the CPI

 C. CPI nuances, tricks, and tips to increase efficiency, etc

**XII. Host outside courses to increase** involvement in community

 A. CCIP course

Developed at ELC 2015 Strategic Planning Session