Outcomes of Clinical Instructor (CI) Effort and Productivity With Implementation of the 2 Students:1 CI (2:1) Clinical Education Model in the Acute Care Setting

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Purpose: This abstract will outline the considerations required for implementation of a 2:1 model in an urban, tertiary hospital. Success of the experience was determined using the outcomes of CI productivity, CI effort, and quality of the student’s learning experience.

Description: Identification of the proper CI to pilot this model was a priority and was to be a therapist who demonstrated excellence in time management, productivity, patient (pt) care, and enthusiasm for student learning. A therapist with two years of experience at the facility and one prior CI experience was selected. A second CI was chosen to assist with the students’ orientation to facility processes during week one. The Surgical Intensive Care Unit (SICU) was selected given its size, increased length of stay, visibility of rooms, and high involvement of the interdisciplinary medical team. As the students’ efficiency increased, it was planned for the 2 students and CI to add the surgical step down unit to their caseload. Prior to the internship, an eight hour training session was provided for the CI and Center Coordinator of Clinical Education at a participating university familiar with the 2:1 model. After this session, the CI proactively prepared a weekly goals summary that included productivity targets and progression of students to an independent level. Students were recommended for the internship by their respective university and interviewed at the acute care hospital to ensure a high level of professionalism, confidence, and initiative. During the internship, weekly group and individual meetings with the students were scheduled to address barriers to productivity, ideas for increased efficiency, and proper progression of each student. Scheduled on-site visits from the Directors of Clinical Education (DCEs) promoted CI and student success.

Summary of Use: When comparing the 2:1 model with the 1:1 model, daily CI productivity increased 15% by number of patients seen, 55% by number of RVUs, and 56% by number of billed hours. On average, the CI spent an extra 30 minutes beyond scheduled work hours.
Anecdotally, clinicians in the SICU reported the value of increasing therapist visibility on the unit to support patient care and family education. The CI also noted a subjective decrease in the amount of time it took to receive referrals for patients to initiate therapy on this unit. At the conclusion of the internship, both students were able to independently manage an entry-level caseload. DCE analysis of student learning and progression identified no hindrances to the quality of the experience as measured by student questionnaires.

**Importance to Members:** The success of this pilot implementation supports the feasibility of a 2:1 model in acute care without compromising CI productivity or unreasonably elevating CI workload. The importance of preplanning by both the acute care site and academic institution, proper CI and student selection, and CI mentorship are most likely imperative to this model’s success.