Bridging the Gap between Academic & Clinical Acute Care Educators
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Objectives

1. Compare internal and external influences on acute care clinical education
2. Evaluate the “readiness” of students for participation in acute care clinical education
3. Assess the capacity for acute care clinical education across the continuum of clinical education
4. Advocate to acute care practitioners and institutions to promote engagement in clinical education

“Current clinical education models are not sustainable, suboptimal, and not designed to produce practitioners required by the healthcare system of the future, nor will they help the profession achieve our vision.”

APTA’s Best Practice in Clinical Education Task Force, 2017
What Is the Current State of Acute Care Clinical Education?

• Demand for clinical spots exceeds supply:
  • NE, NY, NJ, DE
  • Midwest: IA, KS, MO, W, AR, OK
  • CA

• Capacity for placements is insufficient/limited in consortium region:
  • Acute care: 95%
  • Inpatient rehab: 100%
  • SNF/ECF: 50%

National Consortium of Clinical Education survey of Clinical Education Consortia, 2016

What Is the Current State of Acute Care?

Hospitals with challenges:
• Difficulty meeting the therapy needs of patients
• Shortage of staff
• Caregiver/compassion fatigue “burnout”
• Pressure to shorten patient length of stay and reduce re-admissions
• Fewer staff means less availability for perceived “extras”, e.g. coordinating students, labs, research, professional presentations, CEUs, etc.
• Many PTs working 2nd jobs (likely a result of student loan debt) = less likely to work overtime or do unpaid work at home
• Long (expensive) onboarding of new employees, high turnover

Factors Influencing Acute Care Clinical Education (Clinical)

• Staffing size and experience
• Patient primacy
• Cost-effectiveness of clinical education
• Length of clinical placements
• Other clinical teaching demands: residency/fellowship, observation hours, integrated clinical experiences
• Commitment to education by department and institution
• Pressure for throughput and avoiding bounce back
• Generating productivity
• Misperceptions by higher level administration
  • legal
  • regulatory
Factors Influencing Acute Care Clinical Education (Academic)

- Timing of rotations
- Length of rotations
- Increasing class sizes
- Timing of acute care content in curriculum
- Requests for payment for placements
- Competition for placements
- Accreditation demands
- Is acute care a required placement?

Audience Poll: What’s Your Challenge?

**Quality?**
- Students not well prepared?
- CIIs not ready?

**Capacity?**
- Not enough clinical slots?

What Else?

My Challenges & How Students Have Helped

**True stories:**
- Some staff are afraid of the ICU, or other areas
- Some staff are bored with the routine
- Some staff have too many patients
- Some staff are worried about their own safety mobilizing patients
- Some PTs realize they don’t like where they work
Quality of Clinical Teaching: the Feedback Loop

- Acute Care Knowledge and Skills
- Job Satisfaction and Engagement
- Quality CIs
- Teach future clinicians your style
- Provide more patient care

Create a Culture of Teaching in the Hospital

- Education as a Mission of the Institution
  - Job expectation?
  - Career ladder?

- Leadership sets the example
  - Mentor new staff
  - Create/teach the roles of CI
  - Support lab assisting or teaching at your local schools
  - Partner with local faculty to provide staff development/continuing education

Increase Capacity in the Clinic

<table>
<thead>
<tr>
<th>Physical Therapy students →</th>
<th>Different models: 4:1, 3:1, 2:1, 1:1 IDE, 1:1 PTA student</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT Assistant students →</td>
<td>PT or PTA as a CI; Collaborative model with PT/PTA student</td>
</tr>
<tr>
<td>Integrated Clinical Experiences→</td>
<td>New PTs or PT with an advanced student</td>
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<td>How to predict capacity? →</td>
<td>Think about number of clinicians, not specific names. Compare to last year</td>
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<tr>
<td>Take the burden off of CIs</td>
<td>Standardize the process</td>
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</table>
Schools Can Influence Clin Ed Site Capacity

Questions:
- Do faculty practice?

Possible solutions:
- Provide a mentor to the SCCE
- A Faculty member? Another SCCE who is doing it well?
- Find out what the clinical site (or SCCE) needs, and provide it!

Concept of a Learning Organization

Who is the "learner"?
- Not just the student
- Not just the CI
- Also the Organization (your institution, the Academy, the APTA)

What makes a good "learner"?
- Engaged in reflection
- Asks for feedback, and incorporates
- Integrates experiences and information and makes adaptations based on feedback

Academic and Clinical Role Models

Passion is Contagious!
Share your enthusiasm for Acute Care PT!
Creating a Culture of Acute Care in the Classroom

- It is not enough to teach acute care skills, we must teach the environment, the team, and the thought process.
- The first time a student sees a hospital room should not be an acute care clinical experience.
- Hospital beds and equipment in the classroom.
- Simulation labs.
- Acute care tours.
- Tutoring for the "environment" in unique situations.

Determining student “readiness” for acute care?

- Course grades.
- Multiple choice examination grades.
- Oral/practical examinations.
- Evidence of performance on prior exposure experience such as ICE.
- Clinical Education meetings, audit forms.
- Faculty feedback on student performance.
- Professional performance evaluation.
Best methods to enhance understanding of student’s individual performance

Grading rubrics:
- Skill checks with guarantee of safety for passing
- Proficiency on case based assignments that include medical record review
- Participation in team based assignments that ensure students are “ready” to be part of a team as no one works in silo in acute care
- Professionalism
- Communication, patient interview

Strategies for Clinical Sites

- Communicate with schools:
  - Minimum expected academic preparation (highlight what you value most from the core competencies; this can be a communication tool)
  - Suggest curriculum changes
  - Offer to teach content or provide materials
- Require student preparation prior to arrival
  - Email materials ahead of time (Use what you already have: staff competencies?)
- Orient students like a new employee
  - Condense and provide in a half day, or day of orientation
  - Take orientation burden off of your CIs
- Keep modifying to improve the process (be selfish, make it better for you!)

Strategies for Academic Institutions

- Value input from acute care clinical education partners
  - Solicit input from partners on sequence and content of curriculum
- Provide accurate expectations for acute care clinical education experiences: entry-level? advanced intermediate?
- Ensure students meet a minimum level of competency prior to acute care clinical rotations
  - Offer to assist in development of clinical teachers
  - Resources
  - Access to library and other resources
  - Funding for CI credentialing and other CI development
Academic-Clinical Partnerships

Best Practices: Partnerships

That a framework for formal partnerships between academic programs and clinical sites that includes infrastructure and capacity building, and defines responsibility and accountability for each (e.g., economic models, standardization, sustainable models), be developed. Infrastructure and capacity must be developed across all stages of clinical education...

Recommendations for Enhancing PT Education: Academic, Clinical & Residency?

- Partnership & collaboration across curriculum
  - Shared values
  - Drive for Excellence
  - Integrate academic and clinical worlds
  - Integrate professional and post-professional learners (students, residents, fellows, practitioners) for high quality role modeling
  - Foster self-assessment skills through ongoing reflection
  - Support development of excellent clinical teachers
  - Model patient-centered practice and professionalism
Opportunities to Partner

- Resource for academicians, didactic learning
- Expert advice
- Real-life cases and scenarios
- Complexities of EHR
- Lab assistant
- Standardized patient
- Virtual or asynchronous interaction
- PT/PTA partnership opportunities?
- Interprofessional opportunities?

Advocate for a strong partnership

- Create a culture conducive to clinical education
- Communicate: What would make students more appealing?
  - Venues for feedback both ways
  - Mutuality
- Explain institutional policies for supervision
  - educate managers and CIs
- Share resources

Good Clinical Education Elevates Practice!

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<tr>
<th>CLINIC WINS</th>
<th>ACADEMIC WINS</th>
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<tr>
<td>Professional staff</td>
<td>Better prepared students</td>
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<tr>
<td>Respect from patients and team</td>
<td>Application of curricular content</td>
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<tr>
<td>Teaching opportunities at schools</td>
<td>Interprofessional communication</td>
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EBP:
- School can find articles: search for answers to clinical questions
- Access to statisticians, pathway to publish
- CEU inservices on site

EBP:
- Collaboration for research questions
- Access to patients for research
- Students as research hands

More patients receive services
- Staff available to support program in adjunct and guest lecture role

Recruitment and Retention
- Positive relationships = more clinical spots

Projects get done
Skills...What Are the “Must Haves” Prior to Acute Care Clinical Rotation?

- Basic Clinical Skills: MMT, ROM
- Functional Skills: Bed mobility, transfers, gait with and without assistive devices, guarding
- Vital signs: taking and interpreting
- Academic content in cardiopulmonary systems and managing medically complex patients (lab values, pathophysiology, medical terminology)
- Communication skills with patient/family and other disciplines
- Pharmacology
- Openness to new experiences & willing to embrace a helping profession
- Clinical decision making for the acute care environment

How Do We Secure Enough Clinical Placements?

Should every student have an acute care clinical experience?

Factors that influence obtaining clinical placements?
- Quality of students
- Quality of relationships
- Emphasis on true mutual benefit (do you really understand the needs and what each can provide?)

Acute Care Physical Therapy Practice?
Residencies and Fellowships

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<th>Residencies</th>
<th>Fellowships</th>
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<tr>
<td>Acute Care</td>
<td>Critical</td>
</tr>
<tr>
<td>4 accredited</td>
<td>3 accredited</td>
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<td>2 candidate</td>
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<td>1 developing</td>
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<td>others considering...</td>
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Data from ABPTRFE, April 15, 2018

Residencies & Fellowships – the Next Steps...

References & Acknowledgements


