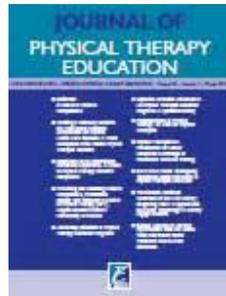




Clinical Education Special Interest Group (CESIG)
FALL 2017 Newsletter



Greetings from the Co-Chairs of the Clinical Education Special Interest Group

What a great turnout for the conference and at our CESIG open forum and meeting! It was wonderful to see so many members taking part. Thank you to those that attended!

The APTA BOD met in November to discuss and make recommendations from the Best Practice in Clinical Education Task Force. We are thankful for all that were involved in the task force and ad hoc committee and the work they did.

The Clinical Education SIG shall serve as a resource and forum for individuals who have professional concerns for the coordination, implementation, and evaluation of clinical education for physical therapists and physical therapist assistants. This includes academic and clinical faculty.

We are grateful to our membership as we continue to network for the benefit of clinical education at a national level. Together we can make a difference!

Have a joyous holiday season!

ELC 2017

OCTOBER 13-15 • COLUMBUS, OHIO

ELC Update

During the ELC meeting, we heard reports from the Education Section, PT-PAC, CAPTE, FSBPT, Liaison International, ELC 2017 report, Ad Hoc Committee for Best Practice in Clinical Education Task Force, chair of the PTA Education SIG, ELP work group. For details on these reports, please refer to the CESIG Minutes posted on the website.

CESIG leadership members

CE SIG leadership members:



Academic Co-Chair: Cindy Flom-Meland

Personal statement:

I am currently the Director of Clinical Education at the University of North Dakota. My clinical practice over the years has consisted of acute care, OP orthopedics, LTC, and predominantly, adult in-patient rehab; currently on a flextime basis. I have been in clinical practice for 26+ years.

Responsibilities (shared with Clinical Co-Chair) include:

- Develop the agenda and preside at all meetings, communicate with the Section for Education Executive Board, and oversee activities of the CESIG.
- Create and appoint all task forces and special advisory committees necessary to accomplish the functions of the CESIG.
- Submit an annual written report of the activities of the CESIG to the Section, and participate in Executive Board meetings for the section.
- Responsible for coordination of educational programming with the Section Programming chair.



Clinical Co-Chair: Jay Lamble

Personal statement:

I have been working as a PT for over 30 years in Acute Care, Outpatient and now Acute Rehab. In addition, I have almost 30 years' experience as a Clinical Instructor and over 10 years as a CCCE. I want to bring the clinician perspective to our discussions about our visions of the future of PT student preparation.

Responsibilities (shared with Academic Co-Chair) include:

- Develop the agenda and preside at all meetings, communicate with the Section for Education Executive Board, and oversee activities of the CESIG.
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- Responsible for coordination of educational programming with the Section Programming chair.



Membership Secretary: Tonya Apke

Personal statement:

I have been a PT for over 25 years and have worked in acute care, inpatient rehab and outpatient orthopedics. For the majority of my career, I have been involved in clinical education on the academic side as Director of Clinical Education (DCE). I have a passion for clinical education and the importance of mentoring in the profession as a whole.

Responsibilities include:

- Developing, coordinating and implementing a strategic plan for the recruitment of new CESIG members and for the retention of existing members. The strategic plan may include a budget associated with recruitment and retention activities.
- Maintaining a current CESIG Officer and membership roster.
- In consultation with the Co-Chairs, recommend the establishment or task forces to facilitate the accomplishment of goals set out in the strategic plan for recruitment of CESIG members.



Recording Secretary: Elsa Drevyn

Personal statement:

I am very happy to have joined the CE SIG executive committee. I have been a PT for 27 years and have worked in a variety of settings. I am the DCE at the University of Miami. I am also the chair of the Florida Consortium of Clinical Education and am a trainer for the Credentialing Clinical Instructor Program. I look forward to my role as the recording secretary for this SIG.

Responsibilities include:

- Taking minutes during CE SIG meetings to be shared with the CE SIG membership
- Creating the CE SIG newsletter



SIG Nominating Committee: Angel Holland

Personal statement:

I have been a PT for 18 years and am a geriatric clinical specialist. I transitioned to academia in 2014 as the Director of Clinical Education for the University of Arkansas for Medical Sciences. I am excited for the opportunity to serve our profession and specifically clinical education through the CESIG. I have enjoyed my time getting to know the other members of our team and working together to further the educational opportunities for our students.

Responsibilities include:

- Present a slate of qualified candidates for the appropriate offices annually at the CESIG business meeting.
- The senior member of the Committee shall serve as Chair.



SIG Chair of the Nominating Committee: Cynthia Utley

Personal statement:

I have been in academia for 8 years and am the DCE for the DPT program at Des Moines University. I am a APTA Credentialed Clinical Trainer for the CCIP. I have been a PT for 26 years, have worked in a variety of settings, and have been in management roles in the outpatient and acute care settings. I enjoy serving the CE SIG and being an active participant in moving clinical education into the future.

Responsibilities include:

- Present a slate of qualified candidates for the appropriate offices annually at the CESIG business meeting.
- The senior member of the Committee shall serve as Chair.

UPDATES

Several positions will become open in 2018 and we are looking for nominations – Cynthia Utley and Angel Holland

Report from Nomination Committee, Angel Holland and Cindy Utley (chair). Requests for nominations for CESIG available positions went out at ELC. Anyone interested has been asked to submit a consent form to Julia Rice at APTA. We hope to have at least three interested individuals for each position (Academic Co-chair, Membership Secretary, and Nominating Committee).

CE SIG Membership Secretary Report

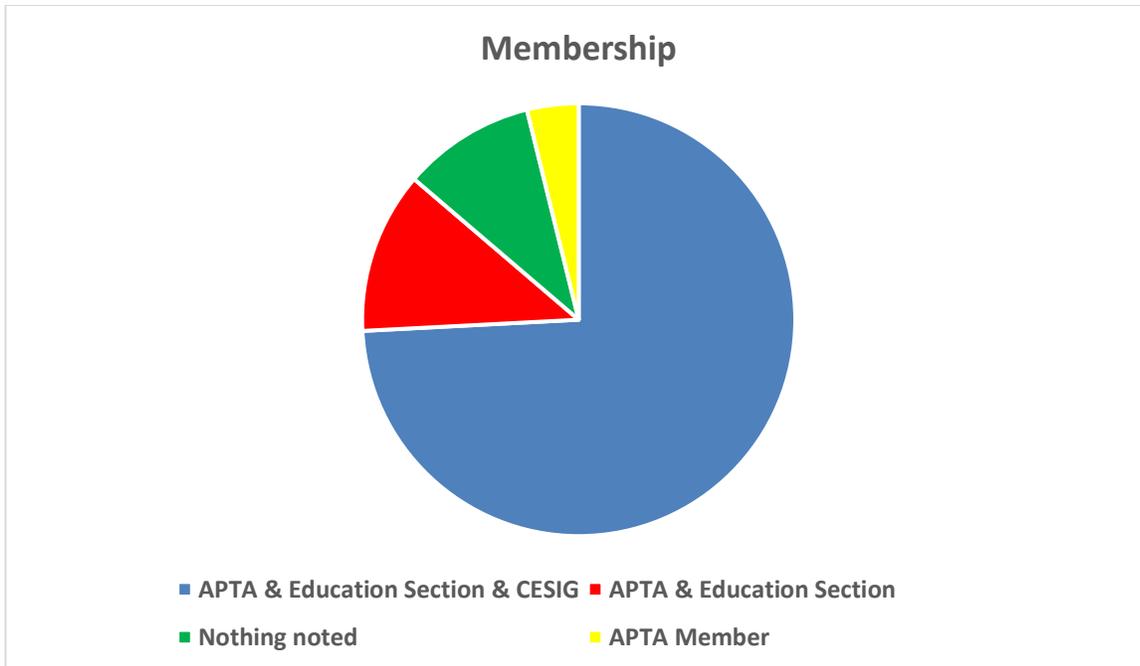
Thank-you to all who attended ELC this year and completed the online survey to help us learn a little about who was at the CE SIG meeting. Here is a little about our attendees.

Title	# attendees
Administrator	3
CCCE	29
CI	9
DCE/ACCE	134
Undefined	7
TOTAL	182

We had representatives from 37 states and the District of Columbia. The state with the highest representation was PA with 15 followed closely by NY and CA both at 14 each.

Of the 43 CIs and CCCEs who responded, 35 affiliate with both PT and PTA programs while 8 affiliate with only PT programs.

Of the 129 DCEs who answered the question, 117 are from PT Programs and 12 from PTA programs.



Rules of Order

The CESIG is in the process of updating our Rules of Order and the changes will be shared through the HUB and at our CESIG meeting at CSM 2018. (if you are not receiving messages from the HUB please contact Julia Rice at juliarice@apta.org to request access)

We are seeking volunteers to work on the CE handbook

We would like to have this completed by CSM. The intent of the handbook is to offer it to the CCCEs as a resource for their clinical education programs.

If you are interested in volunteering, please contact Cindy Flom-Meland.

Open Forum:

The reports at the ELC meeting were followed by an open forum discussion. The main topics of the discussion were:

- Interprofessional Collaboration (IPE) and what IPE is happening clinically. A number of attendees reported on what IPEs they are doing at their facilities, barriers and ideas to make it more feasible.
- Increasing incidence of students requesting time off to interview for residencies
 - A suggestion was made to put a statement forward as a SIG and present it to the Residency Board
- Below is the statement that was drafted to present to the Residency Board:

September 27, 2017

To the Leadership Team of the CESIG,

What follows is a position statement from the Northwest intermountain Consortium (NIC) to the Clinical Education Special Interest Group (CESIG) regarding the conflict of residency interviews occurring during the same time frame as when DPT students are completing their full-time clinical education experiences. It is our hope that our position will be presented to the CESIG membership body and also to the Residency and Fellowship Special Interest Group (RFESIG) membership body to foster open collaboration to address these concerns. Especially as the future vision of clinical education may involve more and more graduates pursuing residencies, we feel that resolving competition in our schedules is a timely discussion and warrants your attention.

We, the NIC, feel that the timing and scheduling of residency interviews is having a detrimental effect on DPT clinical education, and is creating what we would like to term a "professional dilemma". On one side of the dilemma is the desire to support any student's interest in pursuing a post-graduate education. On the other side of the dilemma is the desire to reinforce students' accountability to their academic commitments while in the DPT program. The timing and structure of residency interviews is often inflexible - many facilities only offer their interviews one day per year, and the interview often has to be live on-site. As a result, DPT students are often placed in a situation where they have to ask for time off during their full-time clinical education experiences in order to attend the residency interview. This time off is compounded by students pursuing more than one residency interview, as well as the need for travel time across the country. The following are concerns that DCEs and Associate DCEs in the NIC have noted, as related to DPT students asking for time off during their clinical education experiences.

Accountability: If DPT students are encouraged to abandon their current academic commitments in order to pursue residency interviews, this sends a message that the student's self-interests are more important than their responsibilities during the clinical education experience. Of particular concern is the message this sends about a DPT student's responsibility to their patients. The code of ethics states that physical therapists shall place the needs of their patients above their own self-interests. In the same way that a PT employee is not granted time off within the first few months of employment, so should a DPT student be expected to show dedication to the clinical internship schedule to which that they have committed.

Under appreciation: When the student takes time off during a clinical education experience, this sends a message that the current clinical site and the clinical instructor's time and generosity is undervalued. We need to remember that CIs donate their time and clinical sites often lose revenue when they take a DPT student on a clinical education experience, and they do so because they believe in making a difference in the future of our profession. We owe it to our CIs to create as predictable of a schedule as possible, and not be asking them to change schedules and arrange make-up time - a predictable schedule is a reflection of our appreciation for their generosity. We would rather see the clinical education experience and the residency experience as equally valued components along the continuum of professional development, instead of one causing interruption of the other.

Roadblocks: Some clinical instructors may not be able to grant time off for the student during the clinical education experience. Reasons may include the clinic schedule, productivity concerns, professionalism concerns, accountability to patients, planned learning activities, inability to make up the time, and wanting to avoid disruption of the clinical education experience. Students who are interested in pursuing residencies should receive opportunities to interview, even if circumstances prevent them from taking time off.

CI apprehension: Some clinical instructors may be willing to agree to time off for students to pursue residency interviews, but feel some discomfort about their decisions. For example, a CI may not want to be the "bad guy" and prevent the student from pursuing his/her professional goals. However, after having granted the time off, these CIs often contact the DCE to express their apprehension. The CI should not be expected to give permission for this time off. Instead, we feel that the student and DCE should work together to negotiate a plan with the clinical education facility and the residency facility.

Continuity and Risk: Time off from the clinical education experience leads to disruption of the learning experience. This disruption can place students at risk for unsuccessful completion of the clinical education experience.

Professional Image: Students who pursue residency interviews during their full-time clinical education experiences, and are pursuing residency in an area of expertise that contrasts with their current clinical education experience, risk offending their clinical sites and sending a message of disinterest in their current clinical setting. Even if this message is unintentional, it can compromise the relationship between the student, the clinical instructor, and the clinical site. Additionally, it can compromise the relationship between the clinical site and the academic program, thus affecting the potential for future internship experiences. In some situations, students may show blatant disinterest in their clinical education experience, and allowing time off to pursue a residency interview can magnify and even encourage a student's disinterest and appreciation for their current learning experience.

Students at Risk: Some students struggle during their clinical education experiences yet would make fine candidates for a residency. In situations where students are struggling to meet clinical expectations, have already missed time for illnesses, are undergoing remediation, or are working on improving on professional behaviors concerns, these students should not be taking time off for residency interviews. They should be focusing on successful completion of the DPT program. However, we want to treat all students fairly and feel that even students who are struggling deserve to pursue a residency if that is their desire. It would be unwise to allow time off to a student in this situation, yet would be an unfair penalty to require them to defer their residency pursuits for an entire year.

In light of the above-mentioned concerns, the NIC asks the RFSIG to consider the following suggestions, and welcomes their suggestions as well:

- 1) Begin your searches for residents via Skype or telephone interviews.

- 2) Narrow down your search to the few applicants to whom you will offer a live interview. This can be based on number of available residency openings. For example, if you only have 1 residency opening, narrow down to 3 live interviews.
- 3) Schedule your live interviews on a weekend to minimize disruption of most clinical education experiences. If this is not possible, schedule live interviews on a Monday or a Friday, to minimize disruption of the clinical education experience.
- 4) Consider where your applicants are traveling from, and try to modify your interview schedule to allow minimal loss of clinical internship time. For example, if an applicant has to travel 6 hours for your residency interview, consider allowing them to start the interview at 12:00. This will allow them to travel the previous evening, after their clinical education experience hours are complete.
- 5) Have the option of more than one interview date from which to choose.

Our hope is that DPT students will be able to pursue residency interviews without having to miss any days of clinical internship time. However, given that our students often travel outside of our region to pursue residencies, we understand that one missed day may occasionally be required. We would not like our students to miss more than one day of their clinical education experiences for residency interviews. There is also still the challenge of students pursuing more than one residency interview, so it would be ideal for residency directors to have the ability to negotiate dates and times with the student and with the DCE to prevent interruption of the clinical education experience.

The following are two examples of how our consortium is working with residency directors to minimize disruption of the clinical education experience:

At the University of Washington (UW) in Seattle, we have a residency programs in collaboration with our medical center. Residency interviews are conducted live on-site. Even UW students interested in a residency encounter the above-listed conflicts, especially when participating in a clinical education experience out-of-state. As a result, our DPT program is actively working with the UW residency program directors to develop alternatives that decrease the interruption of the clinical education experience. We have proposed conducting interviews by Skype or other electronic media. If the directors determine that electronic media options are not acceptable, we have requested that interviews be conducted on weekends.

At A.T. Still University, our residency interviews are conducted via Zoom or Skype and typically take only an hour of time. Applicants have been able to schedule their clinical education experience around this interview schedule with minimal issues.

We understand that a live interview can be viewed as incredibly important when determining who to accept into a residency, and that phone and Skype interviews can often reveal different traits in applicants. However, we also understand that there is limited evidence that live interviews can predict the quality of the applicants that are admitted. We hope that the RFSIG and residency directors

understand how valuable the full-time clinical education experiences are, and understand our concerns about students asking for time off. We encourage a culture shift that embraces today's technology in the best benefit to all stakeholders in our profession. We are all working toward the same missions and goals - of DPT graduate development and professionalism. We hope that we can work together to address the concerns presented above.

We invite perspectives from other DPT schools and residency programs that have worked together to create solutions that address these concerns and prevent interruption of the clinical education experience.

Sincerely,

The Northwest Intermountain Consortium

A.T. Still University, Mesa, AZ
Eastern Washington University,
Spokane, WA Franklin Pierce University,
Goodyear, AZ George Fox University,
Newberg, OR
Idaho State University, Pocatello, ID
Midwestern University, Glendale, AZ
Northern Arizona University,
Flagstaff, AZ Pacific University,
Hillsboro, OR
Regis University, Denver, CO
Rocky Mountain University of Health Professions,
Provo, UT University of Colorado, Aurora, CO
University of Montana, Missoula, MT
University of Nevada, Las Vegas, NV
University of New Mexico,
Albuquerque, NM University of Puget
Sound, Tacoma, WA University of
Utah, Salt Lake City, UT University of
Washington, Seattle, WA

NOTE: If you are not a member of the CE SIG, but are a member of the Education Section, and you would like to join the CE SIG, feel free to email Tonya Apke and she will help you with that process. Apke.5@osu.edu. See you at CSM!

Next Meeting:

Combined Sections Meeting in New Orleans on **February 23, 2018, 8:00-10:00 am**

We look forward to seeing everyone at CSM in New Orleans in February!!!

