The 2:1 Clinical Education Model in Acute Care: Tools for Success not Stress  
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The APTAs of DC, Delaware, and Maryland Fall Conference  
November 6, 2016

Disclosure

» No relevant conflicts of interest or financial relationships

Objectives

» Upon completion of this presentation, the audience will be able to:
  Justify the need for alternative methods of clinical education given the current healthcare climate
  Construct facility-specific, entry-level expectations of student performance
  Organize a facility-specific plan for student supervision using the 2:1 model
  Structure verbal and written feedback to optimize time and resources in the 2:1 model
Course Outline

- Background information
  - Current state of healthcare and clinical education
  - Collaborative practice (2:1) model
- Preplanning for the 2:1
- Defining entry-level practice
- Student supervision
- Student feedback
- Question and answer

Current State of Healthcare

- Mounting healthcare costs
- Aging population and increased survivorship
- Stagnant reimbursement for PT services
- Increased productivity demands
- Transition from volume to value

Triple Aim

- Improve patient experience
- Reduce cost
- Improve health outcomes
- Transition from volume to value
Increased number of PT programs

Expanded student cohorts

Fewer clinical sites

Increased difficulty solidifying clinical education internships

Academic Institution
- Increased internship opportunities for students

Student
- Individual and collaborative practice opportunities
- Increased clinical placement potential

Clinical Site
- Productivity gains
- Stable or increased student volumes with fewer clinicians

Collaborative Practice (2:1) Model

Understanding of and openness to collaborative practice models

Enhancement of communication skills

Heightened self-awareness and accurate reflection

Student Development
CI Development

- CIs report an interest in formal training related to clinical education.
- Currently, few CI training options available.
  - APTA credentialing is the most common method of training.
  - Many facilities sponsor their own in-house training.
- Training often falls short of preparing sites and CIs to utilize the 2:1 model.

Clinical Facility: Pre-Implementation Efforts

- Which University partners will you select?
  - Resource availability?
- How will appropriate students be selected?
  - Interview?
  - Assessment?
  - Analysis of academic/clinical preparation?
- How will participating clinicians be prepared?
- How will the program be designed?

EARLY EFFORTS

- Process-oriented
- Outcome-driven
- Intentional
- Transparent

One month prior

- Meet with experienced staff for mentorship, brainstorming, identification of potential barriers to success.
- Identify resources.
- Identify mentors.

2-4 weeks prior

- Establish internal/external benchmarks.
- Plan schedule.
- Share plan with mentor for feedback.

1 week prior

- Touch base with student, if able, to clarify expectations.
- Share information re: patient population, hospital regulations, documentation in resident orientation program.
UD Approach: Pre-Implementation Efforts

- Online CEU modules
- On-site observation within University-operated OP clinics
- Post-observation debriefing and brainstorming

Proactively address all questions that bubble up:

- How will it be determined that feedback is adequate?
- How can we ensure that feedback is effective?
- How do we prevent direct comparisons of performance?
- How and when will feedback be offered (individually and group)?
- How will the CI be appropriately supported and offloaded to adequately prepare?
- What is the plan to accommodate declines in census?
- How will vacation or sick days be handled mid-experience?
- What is the bail-out plan if the model fails to be successful?

Entry-Level Expectations

- Facility-dependent
- Consult available resources
  - Core Competencies of Entry-Level Practice
  - CPI
Entry-Level Caseload and the CPI
- May vary amongst clinical settings (OP, rehab, acute care)
- May vary within the same facility (ICU vs. med-surg floor)
- Scoring the CPI
  - Determine the percentage of entry-level caseload the student is currently carrying
  - % caseload must be reflected in each CPI section
  - Recognize the “capable of” clause

Group Discussion
- Define entry-level practice within your facility
  - Caseload
  - Patients
    - Simple
    - Complex
    - Above entry-level

Student Supervision
- Legal requirements
  - DE
  - DC
  - MD
  - PA
  - VA
Supervision – UMMC

Early
- CI is a directly-engaged, hands-on participant

Middle
- CI is a directly-engaged, transitional participant and observer

Late
- CI is a directly-engaged observer

Supervision in Action – UMMC

Early
- Orient in 1:1 model
- Co-treat as team, alternate “lead” student

Middle
- Students treat own caseload
- One student treats while other documents/chart reviews
- Co-treat as team with more difficult or complex patients

Late
- Students carry higher individual caseloads
- One student treats while other documents/chart reviews/completes room set-up, etc.
- Ensure student capacity to independently manage caseload via 1:1 observation

Feedback

Individual

- Areas of strength
- Areas for development
- Future planning
- Feedback for CI

Group

- Future planning
- Feedback for group
- Discussion beyond individual caseload
- Mechanics of the experience: collaborative and individual practice
Streamline Documentation

- Complete weekly summary forms
  - Utilize CPI categories and terminology
  - Specify areas of success
  - Specify areas of growth
  - Review patients/diagnoses seen (simple vs complex)
  - Specify percent of caseload carried
  - Determine goals for upcoming week
  - Incorporate student self-reflection

References