

## ACCE/DCE Dilemmas

*New/Experienced ACCE/DCE*  
2007 APTA Educational Leadership Conference  
Minneapolis, MN

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Director of Clinical Education  
Mayo Program in Physical Therapy



## A Dilemma

“An argument necessitating a choice between equally unfavorable or disagreeable alternatives”

“Any situation in which one must choose between equally pleasant or unpleasant alternatives”



## Today's Presenters/Facilitators

- Gwyn Straker, PT, MS  
Director of Clinical Education  
University of Wisconsin- La Crosse  
La Crosse, WI  
20 years
- April Newton, PT, MPT, MA  
Director of Clinical Education  
Des Moines University  
Des Moines, IA  
1 year
- Aaron Rindflesch, PT, PhD, NCS  
Director of Clinical Education  
Mayo Program in Physical Therapy  
Rochester, MN  
5 years



## Today's Objectives

Participant will:

- Recognize the various roles of the ACCE/DCE
- Recognize the dilemmas that exist
- Share methods used in fulfilling those roles
- Identify positive and negative aspects of the ACCE/DCE position
- Share experiences with other participants




**Divide tables**



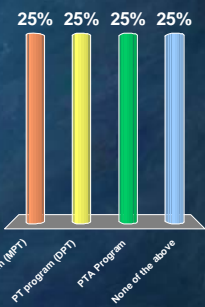
**Take an audience response keypad**

If there are not enough keypads for each person...




**I am ACCE/DCE for a:**

1. PT Program (MPT)
2. PT program (DPT)
3. PTA Program
4. None of the above



Category	Percentage
PT Program (MPT)	25%
PT program (DPT)	25%
PTA Program	25%
None of the above	25%



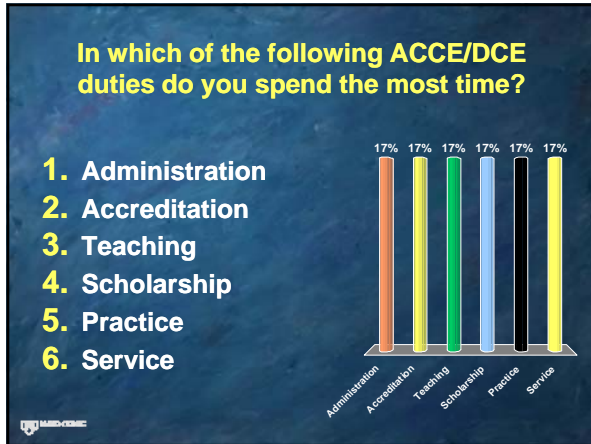
**How many years of experience do you have as ACCE/DCE?**

1. Less than one year
2. 1-3 years
3. 4-5 years
4. 6-7 years
5. 8-10 years
6. 11+ years



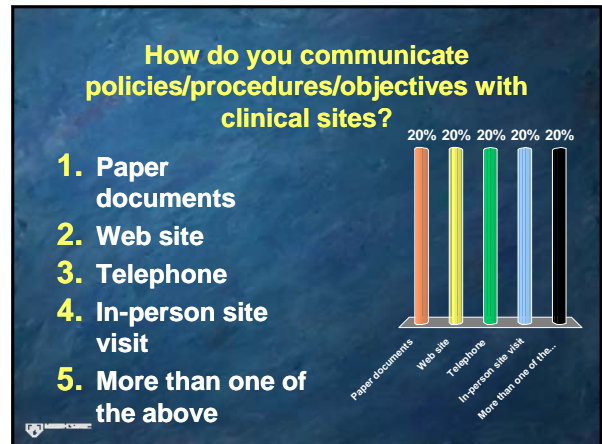
Experience Level	Percentage
Less than one year	17%
1-3 years	17%
4-5 years	17%
6-7 years	17%
8-10 years	17%
11+ years	17%

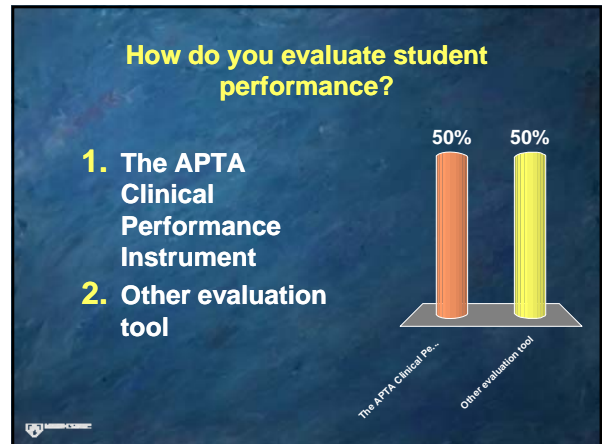
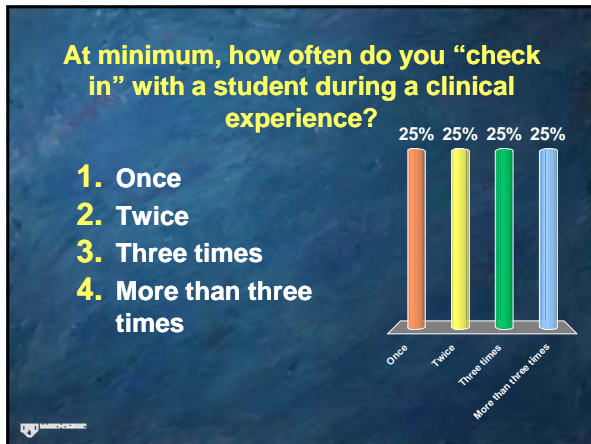
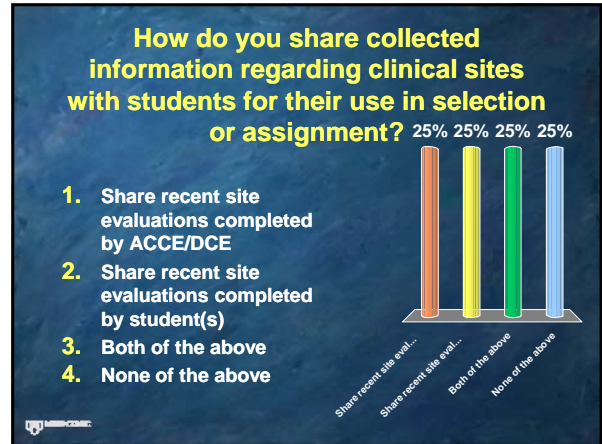


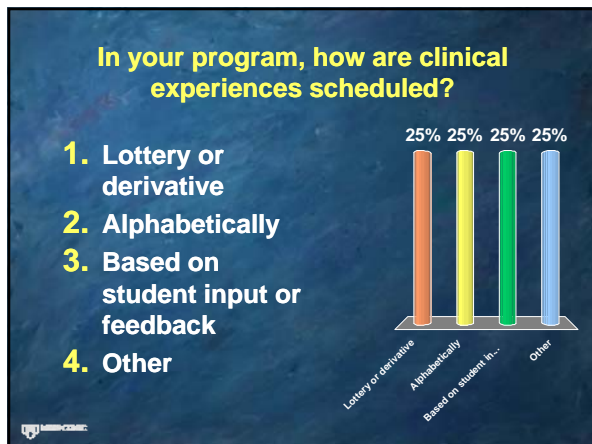


**APTA Model Position Description for the ACCE/DCE**

- Communication between Academic Institution and Clinical Sites**
- Objectives, site availability, changes
  - Program and clinical experience information
  - Monitoring student progress and performance
  - Placing and supervising students
  - Evaluation of site and clinical instruction







- ### Small Group Discussion-- Issues/Tensions
- How can I possibly communicate with 278 clinical sites on a regular basis and remember names?
  - Should I be involved in contract negotiations?
  - Should students see past evaluations?
  - How can/should I inform students about each clinical site?
  - How often do I need to “check-in” with students?
  - How should clinical experiences be scheduled?

### Section Summary

A summary of our experiences and your input regarding the communication responsibility of the ACCE/DCE

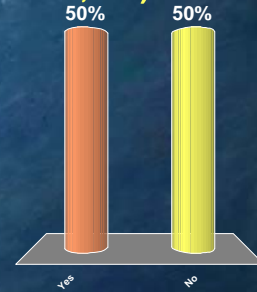
### Clinical Education Program Planning, Implementation, and Assessment

- Teaching clinical education courses and related content
- Monitoring student academic performance
- Providing input into curriculum design, review, and revision considering information gathered from clinical education
- Performing other faculty duties
- Maintaining clinical education records (i.e. clinical site database, utilization, contracts)
- Acquiring clinical sites and adhering to requirements of existing sites
- Accreditation preparation
- Budget for clinical education

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### Do you have faculty duties in addition to ACCE/DCE (i.e. teaching, research, accreditation, service, etc.)?

1. Yes
2. No



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### If you answered "yes" to the previous question, estimate the number of teaching contact hours you have per year in the curriculum.

1. 1-49
2. 50-99
3. 100-149
4. 150-199
5. 200-249
6. 250-299
7. 300+



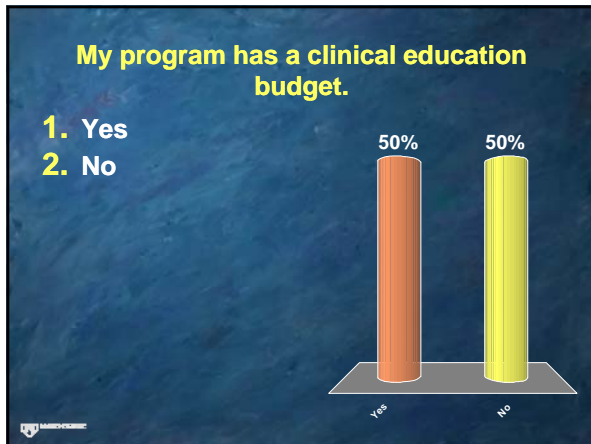
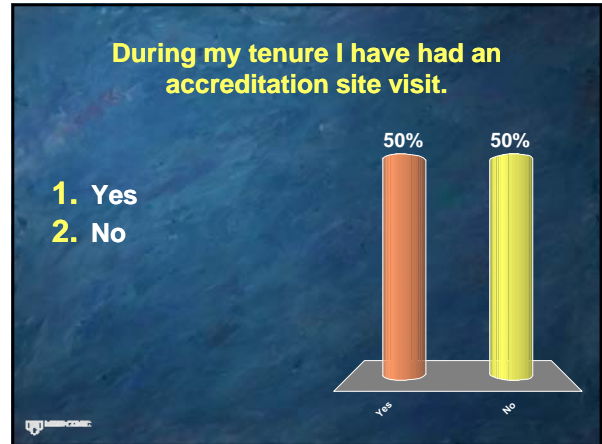
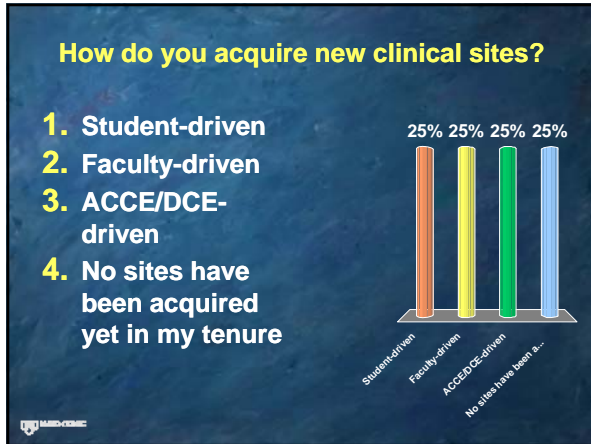
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### How do you maintain clinical site records (i.e. database of sites, current info re: sites, contracts, etc.)?

1. Paper copies and files
2. Electronic files/folders
3. Database software
4. More than one of the above



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- ### Small-group discussion— Issues/Tensions
- How much should I teach? What is reasonable?
  - How should I maintain educational records? Should I have an assistant?
  - How can I prepare for my upcoming accreditation site visit?
  - Should I have a budget for clinical education? If so, how much?

## Section Summary

A summary of our experiences and your responses regarding clinical education program planning, implementation, and assessment

## Clinical Site Development

- Develops criteria and procedures for site selection, utilization, and assessment
- Has an adequate number of sites
- Provides site development opportunities after evaluation and takes action

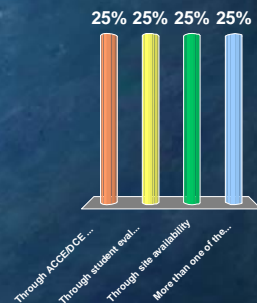
### How many clinical sites are affiliated with your program?

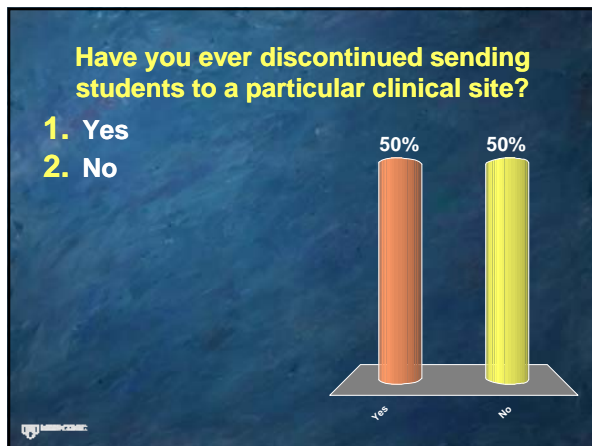
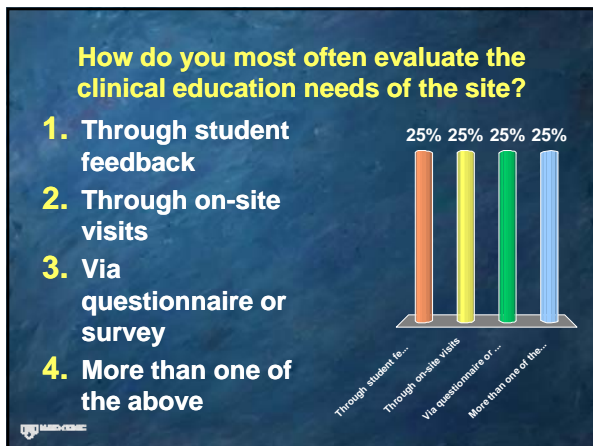
1. 1-49
2. 50-99
3. 100-149
4. 150-199
5. 200-249
6. 250-299
7. 300+



### How do you most often select clinical sites for utilization?

1. Through ACCE/DCE evaluation
2. Through student evaluation
3. Through site availability
4. More than one of the above





- Small-group discussion—  
Issues/Tensions**
- How many sites should I have?
  - How should I evaluate clinical sites?
  - How can/should I provide development opportunities for clinical sites?

**Section Summary**

A summary of our experiences and your responses regarding clinical site development

### Clinical Faculty Development

- Collaboration with clinical faculty to promote development and provide development opportunities
- Encouraging participation in forums
- Mentoring academic faculty about role and responsibility to clinical education




### I have provided at least one clinical faculty development opportunity.

1. Yes
2. No

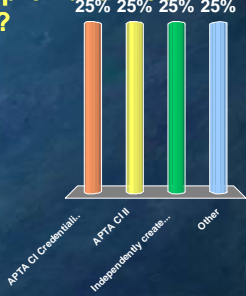


Response	Percentage
Yes	50%
No	50%




### If your answer to the previous questions was "yes," what is the opportunity you've provided most often?

1. APTA CI Credentialing Course
2. APTA CI II
3. Independently created course or inservice
4. Other

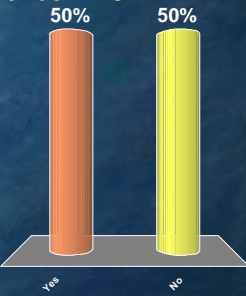


Opportunity	Percentage
APTA CI Credentialing Course	25%
APTA CI II	25%
Independently created course or inservice	25%
Other	25%




### In my program, other academic faculty are involved in clinical site visits and/or student "check-ins."

1. Yes
2. No




Response	Percentage
Yes	50%
No	50%




### Small-group discussion— Issues/Tensions

- How can/should I provide development opportunities for clinical faculty?
- How can/should I involve other academic faculty in clinical education?



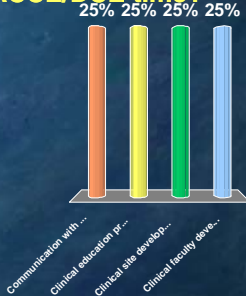
### Section Summary

A summary of our experiences and your responses regarding clinical faculty development




### Of the specific ACCE/DCE responsibilities described in the Model Position Description, in which do you spend most of your ACCE/DCE time?

1. Communication with clinical sites
2. Clinical education program planning, implementation, and assessment
3. Clinical site development
4. Clinical faculty development

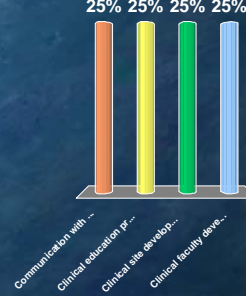


Responsibility	Percentage
Communication with clinical sites	25%
Clinical education program planning, implementation, and assessment	25%
Clinical site development	25%
Clinical faculty development	25%




### Which do you have the most difficulty fulfilling?

1. Communication with clinical sites
2. Clinical education program planning, implementation, and assessment
3. Clinical site development
4. Clinical faculty development



Responsibility	Percentage
Communication with clinical sites	25%
Clinical education program planning, implementation, and assessment	25%
Clinical site development	25%
Clinical faculty development	25%



### Most Attractive Features of the ACCE/DCE Position

- Working with CIs in variety of clinics
- Working with students and seeing growth
- Variety of activities and flexibility of schedule
- Autonomy in decision making

Clouten N. The academic coordinator of clinical education: Career issues. *Journal of Physical Therapy Education*. 1994;8:32-38

### Which is most attractive to you?

1. Working with CIs in variety of clinics
2. Working with students and seeing growth
3. Variety of activities and flexibility of schedule
4. Autonomy in decision making

Feature	Percentage
Working with CIs in variety of clinics	25%
Working with students and seeing growth	25%
Variety of activities and flexibility of schedule	25%
Autonomy in decision making	25%

### Least Attractive Features of the ACCE/DCE Position

- Paperwork
  - "Massive, overwhelming, constant, voluminous"
- Scheduling
- Contract negotiation
- Phone time
- Salary

Clouten N. The academic coordinator of clinical education: Career issues. *Journal of Physical Therapy Education*. 1994;8:32-38

### Which is least attractive to you?

1. Paperwork
2. Scheduling
3. Contract negotiation
4. Phone time
5. Salary

Feature	Percentage
Paperwork	20%
Scheduling	20%
Contract negotiation	20%
Phone time	20%
Salary	20%

### Why Do ACCE/DCEs Leave?

- “The work is never done”
- Transition to another role
- Frustration with academics and politics
- Family responsibilities
- High stress, burnout, lack of vacation

Clouten N. The academic coordinator of clinical education:  
Career issues. *Journal of Physical Therapy Education*.  
1994;8:32-38



Thank you and good luck!

