

How Am I Going to Do This?

*Helpful hints for the new (or relatively new)
Academic Coordinator of Clinical Education*

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Objectives

Participant will:

- Recognize the various roles of the ACCE/DCE
- Recognize the tensions that exist
- Understand methods used in accomplishing those roles
- Identify positive and negative aspects of the ACCE/DCE position
- Share experience with another participant



Session Plan

- A look at the model position description
- Issues/tensions you are or will be facing
- Share my experiences thus far—helpful tips
- How I have managed (or mis-managed) issues
- A list of the stakeholders you are actually working for—and how they are sometimes at odds
- Your questions, comments, and advice



Potential Roles of the ACCE/DCE

1. Administration
2. Accreditation
3. Teaching
4. Scholarship
5. Practice
6. Service



APTA Model Position Description for the ACCE/DCE

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1. Administrative Tensions

- “The ACCE/DCE is responsible for coordinating and managing the efforts of the academic program and clinical education sites in the education and preparation of PT and PTA students by performing the following activities:”

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I. Communicates Between the Academic Institution and Affiliated Clinical Education Sites

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Issues/Tensions

- How can I possibly communicate with 278 clinical sites on a regular basis?
- How do I remember everyone's name and when I spoke with them?
- How can I inform students about each clinical site?
- Are clinicians actually interested in the philosophy of our program?

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My Experiences

- Database
 - Access
 - CSIFs
- Folders with archived emails
- Regular times in which I speak with clinical sites
- Newsletter
- Spontaneous calls/emails

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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

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II. Clinical Education Program Planning, Implementation, and Assessment

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Issues/Tensions

- How do I evaluate clinical experiences?
Where is the line for passing or failing?
- How do I ensure each student continues to develop?
- How do I provide appropriate remediation for students?
- How should our clinical experiences be structured within the curriculum?
- How should I schedule the clinical experiences?
- What about all of the legal aspects of clinical education? Contracts?

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My Experiences

- Use the CPI and constantly educate CIs on correct use
- Pass/fail clinical experiences
- Frequent site visits and check-ins with students, CIs
- Take time to identify remediation program ideas before you need them
- A summary of our clinical education curriculum
 - Get to the point when speaking with CIs

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My Experiences

- Scheduling
 - Each March in year prior
 - Much student input regarding interests (clin vs. geo)
 - Much education regarding our requirements
 - Holding students accountable for their choices
 - Matching preferences with availability

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My Experiences

- Legal aspects
 - Form contracts
 - Get good advice
 - Allow legal reps (if you have them) to negotiate—Monitor this process
 - No legal? Get educated!
 - Set a schedule for students to meet legal requirements
 - Immunizations, HIPAA, insurance, etc.
 - Document, document, document

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Least Attractive Features of the ACCE/DCE Position

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

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III. Clinical Site Development

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Issues/Tensions

- What kind of process should I use to select, use, and assess clinical sites?
- How can I ensure our program offers adequate clinical experiences?
- How can I help clinical sites develop when I am not an employee there?
How do I justify that to my employer?

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My Experiences

- Have an adequate number of sites
- Rotate the order in which you assign students to available clinical sites
- Check in with sites that don't often offer to take your students—why?
- Create a site evaluation form and/or use completed student forms
- Visit sites in person

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My Experiences

- Make sure your clinical education curriculum requires variety
- Look at length of experiences—is it adequate?
- Develop a relationship with CIs at your sites
- Offer continuing ed—CI Credentialing

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IV. Clinical Faculty Development

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Issues/Tensions

- How can I help CIs develop when we don't work for the same employer?
- How do I identify ways in which CIs can develop?

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My Experiences

- Be a role model—get involved
- Discuss professional issues during visits
- Coordinate with CCCE to explain CAPTE requirements and develop plan to meet them
- Be honest—if a site or CIs doesn't want to develop, don't send students
- Develop a short questionnaire and send with student packets

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3. Teaching

- Which courses should I teach?
- How many? What is the appropriate balance considering ACCE/DCE role?
- Am I considered part of the academic faculty?

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My Experiences

- I Teach
 - Professional Management I, II, and III
 - All Clinical Experience courses
 - Management of Neuromuscular Conditions I
 - Neuroscience II
 - Qualitative research, transfers, wheelchairs
- My course load is equal to or greater than other faculty in our program
- Consider your weekly schedule and plan appropriately

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4. Scholarship

- How can/should I contribute scholarship?
- Which areas are natural fits for research?

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My Experiences

- Education research (clinic and classroom)
- Neuro rehab research
- At any time, three studies in process:
 - Idea stage
 - Data collection stage
 - Writing stage
- Faculty-led student projects

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5. Practice

- How can I find time to see patients?
- Should I practice? If so, how much?

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My Experiences

- Practice keeps me grounded
- Practice lends me credibility with students, CIs, and faculty
- Practice makes it easier for me to teach in the classroom
- Practice allows me to contact new clinical sites

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6. Service

- How can I possibly have time left for service?

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My Experiences

- Creator and coordinator of the service learning requirement in our curriculum
 - Yearly service learning projects leading student groups
 - Educating local personal care attendants in transfers, ROM
 - Used wheelchair collection

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Other Tensions/Issues

- Which title should I use? ☺
- How can I ensure clinical education gets the respect of academic education?
- Who do I really answer to?

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Who Do I Really Answer To?

- Program director? Students? School administrator? Clinical Instructors/CCCEs? Faculty?
- Try to consider all in each decision you make. How is each affected?

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Your Questions, Comments, and Advice

Choose a partner, share your background, discuss experiences

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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

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Thank you and good luck!

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