

## NEW AND USED CLINIC DIRECTORS: DWINDLING RESOURCES

Susan Bartlett, University of Connecticut

Kevin McNamara, Southern Connecticut State University

Ruth Peaper, University of New Hampshire

### **Clinic Director....**

An individual whose talents, wisdom, expertise, business acumen, organization skills, (always) cheery outlook, flexibility, vision, tenacity, perseverance, endurance, creativity, political astuteness, diplomacy, assertiveness, and \_\_\_\_\_ (*fill in the blank*) are bifurcated and continuously being diverted into separate, but equal, intersecting, and interdependent lines of responsibility.

### **Clinical Education Program Manager**

Responsibilities are driven by ***student needs***:

- To acquire and refine knowledge and skills for evaluating and treating communication disorders.
- To obtain experiences that provide appropriate exposure to age span, severity, range, and cultural differences.
- To become “CF ready” to meet requirements of the CFCC and CAA.

### **Responsibility for ensuring that:**

- Sufficient number and variety of clients in the university’s clinic to meet student needs for acquiring knowledge and skills
- Enough complementary experiences outside of the university clinic
- Transition between classroom and clinical application
- Record keeping and documentation are accurate and thorough (KASA)
- Indicators for supporting judgments of competence are valid
- Support for students who are not meeting clinical education expectations - plan for remediation

### **And also for ensuring that...**

- Students
  - Understand the program’s expectations for meeting standards

- Actively participate in the process of meeting the standards
- Take responsibility for their learning and clinical growth

### **Clinic Operations Manager**

- Responsibilities are influenced by *client service needs*:
  - Funding, reimbursement
  - Adequacy of materials/supplies/equipment
  - Range and variety of services available
  - Specialization (what distinguishes the Clinic from other clinics or agencies where services are provided)
  - Documentation is thorough, accurate, appropriate
  - Compliance with external standards/laws/mandates - state, local, federal
  - Professional society/organization (CFCC, CAA)

### **Intersecting and overlapping points:**

- Clinic operations
- Clinical education
- Personnel/workload issues

### **Recruitment and retention**

- Keeping clients (happy)
- Keeping support staff (happy)
- Keeping clinical educators (happy)
- Attracting students to the program, keeping them (happy), and enabling them to finish in a reasonable amount of time

### **Workloads**

- Student loads
- Supervisor loads

### **Other activities**

- Such as grant writing, tapping development funds, seeking external support, etc to:
  - support students (e.g., scholarships)
  - promote research interests
  - acquire equipment and materials
  - support professional/staff development

### **What is common to these points of intersection?**

- Clinical Education
- Clinic Operations

- Personnel Workload

**Each presents a similar set of challenges: Time, Money, Human Resources**

### **University of Connecticut**

- Flagship site is located in rural NE CT
- SLP Master's degree program (35 students)
- AuD program (12 students)
- Revenue from clinical activities supports the costs of clinical education and clinic operations
- Hearing aid dispensing program
- Support staff: hearing aid technician, patient services coordinator, secretary, non-teaching audiologist
- Full-time (7) dedicated clinical faculty who belong to AAUP

### **Challenge: Time**

- Inverse Relationship: More to do in less time!

### **Solution: Time**

- Spending money to make time
  - purchasing the TIMS scheduling system and adapting it to the SLP services
- Increasing use of group supervision activities (planning, evaluating, goal setting)

### **Challenge: Human Resources**

- ↑ Needs
  - for support staff (billing, secretary)
  - experienced clinical supervisors
  - staying current with knowledge and skills (leading edge)
  - "succession planning"
- ↓ Resources
  - pool of qualified applicants
  - university funding (and costs of filling positions)
  - not a line of people wanting to fill my position!

### **Solution: Human Resources**

- Create positions that have appeal – union benefits, classification, workload is challenging, opportunities for growth and contribution to the Clinic
- Share the workload in an effort to prepare a replacement (involve staff in the decision-making process regarding budgets, policies, procedures)
- Seek support and input from colleagues (New England group of clinic directors)

## **Challenge: Money**

- ↑ Expenses
  - salaries
  - overhead
  - materials/equipment
  - increasing fees
- ↓ Resources
  - reimbursements from 3<sup>rd</sup> parties
  - university support
  - clients' ability to pay full cost

## **Solution: Money**

- Contractual arrangements to provide services to schools, unions, others
- Participants in third party plans
- Collecting Medicare reimbursement
- Raising fees, yet remain competitive
- Writing small grants for equipment

## **Historical Perspective from one “used” Clinic Director**

- Clinic Director at:
  - University of Massachusetts (1978-1983)
  - University of Vermont (1984-1991)
- Relocated to Maine in August, 1991
  - SLP in Local Schools, some private practice and per diem work in SNF (1991-1996)
- Resumed Clinic Director role in 1997
  - University of New Hampshire (1997-present)

## **University of New Hampshire**

- M.S. Program in SLP
- 40-45 Full time graduate students
- Length: 2 years/2 summers
- Rural setting
- 6 FT academic faculty
- 3 Full time clinical faculty including clinic director and clinic coordinator
- 2 PT clinical faculty

## **“I used to be able to do this job...What happened???”**

- Clinical Education is my professional love
- Resuming Clinic Director Position felt like “coming home”

- Quickly learned that dramatic changes occurred during the five years I had been away from this position

### **Who Moved My Cheese?**

- Staffing changes
  - No dedicated clinic secretary
- Changes in ASHA certification/accreditation standards and documentation
- Fiscal realities in public universities
- Impact of technology
  - Voice mail
  - E-mail

### **Challenge: Time**

- Endless list of responsibilities and demands resulting in constant time drain
- Frequent spikes during the semester (orientation of new students, off-campus placement period, off-campus visits, end of the month billing) when responsibilities far exceed time available
- Unexpected crises
  - Putting out fires

### **Solution: Time**

- UNH divides work load into 2 positions:
  - Director of Clinical Programs
    - Clinic Administrator (billing, clinic reports)
    - Clinical Education Coordinator
      - Off-campus practicum
      - On-campus practicum seminar
  - Center Coordinator
    - Provides information to interested clients
    - Schedules on-campus clients/students
- Dedicated Clinic GA (20 hours/week)
  - Insurance forms, mailings, miscellaneous
- Insure new responsibilities (especially those resulting from new standards) are recognized in "workload"
  - Clinical faculty teaching new *Graduate Ethical/Professional Issues* and *Therapy Process* courses are supervising fewer clients
- Extended Program length by one summer

- Academic Courses only during first fall/spring semesters
- Students begin clinic with greater knowledge base thus requiring (theoretically) less supervisor time

### **Challenge: Money**

- UNH ranks last in amount of state funding committed to state university system
- Resource Centered Management (RCM) – each department unit expected to be self sustaining
- Insurance reimbursement more difficult (and time-consuming to obtain)
- Equipment and materials replacement costs escalating

### **Solution: Money**

- RCM actually helps us
  - Additional summer is generating more tuition
  - Clinical faculty teaching new graduate courses in Ethical/Professional Issues and Therapy process generating tuition revenues to off-set reduced center income
- Funding from University wide competitions (Parent Association and Faculty Development Grants)
  - Over \$30,000 obtained in past 7 years to support equipment purchase and faculty travel
- Department Workshops
  - Significant revenues possible (we've cleared up to \$7,000/conference) and funds are completely under department control. Funds used for equipment purchase, faculty travel, update tests and materials
- Support from State Association
  - Funded laptop for student/clinical use
- Gifts from NSLHA chapter and graduating classes
  - Digital cameras, new clinic materials, gift certificates to area book stores
  - Painting and decorating Center therapy rooms

### **Challenge: Human Resources**

- Difficult to ID as a challenge
- UNH is lucky to have a stable staff of 5 dedicated clinical educators (4 SLPs and 1 Audiologist) with no turnover since 1997

### **Human Resources**

- Management Strategies
  - Build on personal interests/expertise of clinical faculty
  - Make this position more interesting and appealing than others they might consider
  - Clinical faculty conduct and present research about various aspects of clinical education

and collaborate with other faculty in research about communication disorders and differences

- On-going communication and input into decisions and policy making
- Clinical faculty free to commit to 1 day/week consulting outside the university
- Ensure responsibilities are recognized and factored into workload, i.e., if teaching course, then supervision of clients/clinicians is reduced

### **Another View: Southern Connecticut State University**

- M.A. program in SLP
- 125 FT/PT graduate students
- Length: 2 years/2 summers to 3+ years
- Urban setting
- 10 FT academic faculty
- 1 FT clinic director
- 4 PT clinical supervisors
- 15 + adjunct faculty supervisors

### **Center for Communication Disorders**

- Campus-based; urban setting
- Diverse client base
- 120+ clients/wk for Tx (1-4 hrs/wk)
- 15+ clients/wk for audiological evaluation/hearing aid fitting
- 7+ communication evaluations/week
- Reduced fee schedule for all but HA sales

### **Clinic Director**

- Early history: Clinic Director responsibilities assumed by academic faculty
- 12 month non-faculty Clinic Director position created in 1998
- Initial job focus on management of the campus-based clinic
- Non-spoken evolution from "Clinic Director" to "*Clinical* Director"

### **The Paradoxes ...**

- The more successful you are in managing workload responsibilities, the more the workload will grow.
- The more competent you are in your role, the more stringent your personal standards of competency will become.

### **Time – Where Does It Go?**

- Scheduling (air traffic controlling)
- Negotiating for clinic space
- Developing/cultivating non client-based instruction

- Mentoring a large number of clinical supervisors
- Data management/billing
- Supporting marginally performing students
- Research, professional development and participation in professional activities

**Solution: Time**

- Establish limits to your personal flexibility when scheduling (you can not be everyone's friend)
- Design existing clinic space for flexible use
- Assume the lead in discussing infusion of alternative clinical practice activities into academic coursework
- Capture frequent incidental opportunities to mentor clinical staff – be out and about!
- Develop/employ software for management of billing and service statistics
- Facilitate ongoing discussion with faculty and admissions committee regarding admissions standards, quotas, and critical capacity of program based on resources.
- Say "YES!" once in a while to something that you want to do for your own development, but don't have to do.
- Say "NO!" once in a while (we're really too valuable to be fired for doing so 😊 )

**Challenge: Human Resources**

- Too many clinical supervisors overall; not enough permanent supervisors
- Inadequate clerical staff (no clinic secretary!)
- Cultivating/maintaining adult/medical-based extern sites.
- Faculty supervisors being pulled for other responsibilities

**Solution: Human Resources**

- Constantly (relentlessly) advocate for more permanent clinical staff positions
- Cultivate a stable group of adjunct supervisors
- Seek supervisors with diverse clinical interests/experiences (balanced staff)
- Train/use graduate assistants for specific clinic support tasks (scheduling, billing, data entry)
- Cultivate alternative models for academic faculty to have a clinical presence (i.e., mentoring

other supervisors in their areas of expertise)

- Adult externship coordinators (adjunct faculty) with personal links/contacts with the medical/rehab and school communities

### **Challenge: Money**

- Diminishing financial support from University for labor and materials
- Growing costs for labor, materials and equipment
- Competitive vs. subsidized fee structure
- University governance of fee structure
- Growing need for alternative revenue sources.

### **Solution: Money**

- Educate the University administration as to your mission, services and \$ need
- Define and systematize workload and productivity expectations
- Shop well! – Take advantage of the discounts and services offered to clinical education programs
- Complete a cost/benefit analysis of operational fee structure models
- Develop alternative, self-supporting service contracts with community partners

### **The Bigger Picture**

- Gain a national perspective on these issues that encompasses many program models
- Look for trends in how we, as a collective body of Clinic Directors, view our responsibilities and spend our time
- “Mine” the collective wisdom of a larger body of experts for strategies to manage these issues

### **Survey of University-Based Clinic Directors**

- E-mail survey sent to university-based audiology and speech-language pathology clinic directors identified through the CAPCSD to examine factors influencing the activities of directors of university-based clinics.
- 44 responses

### **Question 1**

- To what extent do the following factors affect your ability to provide quality clinical education in your program? (1 = little/no effect; 5 = extensive effect)

## **Question 2**

- As Clinic Director, how much time and effort do you personally spend addressing these issues? (1 = little/no time/effort; 5 = Extensive time/effort)

## **Issues**

Eight issues in each of these three groups:

- 1) Clinical Education Responsibilities
- 2) Clinic Operations Responsibilities
- 3) Personnel / Workload Issues

## **Clinical Education Factors**

- Question 1 (Impact on Quality Clinical Education)

- Range of scores: 3.20-3.83
- Group mean: 3.51
- Group SD: 1.18

- Question 2 (Time Spent)

- Range of scores: 3.24-3.89
- Group mean: 3.43
- Group SD: 1.10

## **Clinical Education Factors**

- Question 1: All issues ranked within +/- 1 SD of group mean: equal effect on quality clinical education

- Question 2: All issues ranked within +/- 1SD of group mean: given equal time and effort

- Time devoted to these issues was consistent with the value assigned to each.

## **Clinic Operations**

- Question 1 (Impact on Quality Clinical Education)

- Range of scores: 2.80-3.68
- Group mean: 3.33
- Group SD: 1.39

- Question 2 (Time Spent)

- Range of scores: 2.51-3.44
- Group mean: 2.61
- Group SD: 1.20

### **Clinic Operations**

- Question 1: All issues ranked within +/- 1 SD of group mean: equal effect on quality clinical education
  - Greatest effect: Administrative /university support and staff supervision
  - Lowest effect: marketing
- Question 2: All issues ranked within +/- 1SD of group mean: given equal time and effort
  - Most time: maintenance of records; staff supervision
- Time devoted to these issues was consistent with the values assigned

### **Personnel/Workload Issues**

- Question 1 (Impact on Quality Clinical Education)

- Range of scores: 2.97-4.00
- Group mean: 3.54
- Group SD: 1.35

- Question 2 (Time Spent)

- Range of scores: 2.18-4.23
- Group mean: 2.68
- Group SD: 1.37

### **Personnel/Workload Issues**

- Question 1: All issues ranked within +/- 1 SD of group mean (equal effect on quality clinical education)

- Greatest effect: Increasing/diversifying workload for Clinic Director

- Question 2: 6 of 7 issues ranked within +/- 1SD of group mean (given equal time and effort)

- Most time: Increasing/diversifying workload for Clinic Director

So the only thing we can say with certainty is...We are all getting busier!

### **Comments: Factors Impacting Your Role as Clinic Director**

- Departmental responsibilities:
  - Committees; advising; theses; teaching, special projects

- Supervision responsibilities
  - Clinical supervisory caseload size
  - Number of staff to supervise
- Clerical staff
  - Essential to the operations of a clinic – often inadequate or non-existent
- Administrative duties
  - Annual reports, develop/revise clinic/policy manuals; HIPAA compliance, off-site affiliation agreements
- Funding
  - Setting fee schedules, billing/collections; third party reimbursement

### **Comments: Strategies**

- Prioritizing tasks/determining workload
- “Learning what to let go”
- Delegate to others / invest co-players in the process
- “Hire really good staff”
- Use graduate assistants
- Split workload into separate positions (clinic coordinator; field placement manager)
- “Say no”
- Document your responsibilities / workload, then negotiate!
- Group supervision/orientation

### **Suggestions from Audience**

#### *Money:*

Job fair with public school emphasis; charged \$1000 per table with proceeds going toward student scholarships. Provided visibility regarding the program. Also indirectly impacts referrals as well as relationship for supervision.

“NSSLHA Cares” - Fundraising effort to support clinical services at a reduced or no fee for designated clients.

Lab fees (\$50.00 per registration per student) for 8 courses used to replenish spendable resources.

Fundraising – contact sororities and fraternities on campus to use their fundraising initiatives to support clinical scholarships, especially Delta Zeta whose charity is speech and hearing.

*Web-based and e-mail solutions:*

Room scheduling software. Grads and faculty can reserve on-line and additionally sign-out for equipment.

SpectraSoft scheduling software recommended.

I've created a separate e-mail account for clinical education; my assistant can look through the e-mail and triage for me.

*Human Resources:*

Part-time clinical supervisor with part-time independent contractor is a good combination for providing satisfied employment.

Diversity of on-site and off-site clinical assignments helps to prevent burn-out.

Created GA manual to train new Gas.

GAs update own manual.

Create a transition between the new and departing GA so that the new GA gets training.