

**Clinical Education: Where have we been, where are we, and where are we going?
(AKA: Clinical Swap Shop)**

Ann Michael, University of Tennessee
Christine Cecconi, Ithaca College

The Clinical Swap Shop offered the opportunity for clinic directors from across the country to have a forum to exchange ideas. Issues from the past and present that remain basic to clinical education were considered relative to challenges and Suggestions that confront us today, and will likely remain the focus of clinical education into the future. A summary of the round-table discussions offers insights from those who have successfully addressed the issues as well as continuing concerns that need to be addressed.

Topic: Student Education: The Role of Evidence Based Practice (EBP)

Challenges: Lack of strong available evidence for many treatment procedures

Suggestions:

- Case conference or clinical round formats where evidence is presented/reviewed/discussed
- Design single subject cases in clinic
- Grand rounds
- Supervisors establish library of articles relative to the population they serve
- Critique research findings as related to specific clients
- Have students design list of questions and seek answers from different sources plus design ways to answer questions relative to their clients by using
 - Single subject designs
 - Coordinate with academic faculty
 - Spend lots of time up-front in planning TX strategies using multiple baselines

Challenges: Disconnect between what is taught in classroom (theory) and use of EBP strategies in clinic; disparity between EBP practices discussed in curriculum and on-campus clinic vs. what practitioners are doing on internships; what to do about lack of EBP by both off-campus and on-campus supervisors

Suggestions:

- Train supervisors in EBP
- Have unified approach to EBP searches by all supervisors
- Review Kenn Apel article in SID 10
- Interns develop in a clinical question or treatment protocol where evidence is reviewed and presented – research results presented as a “gift” to off-campus supervisor
- Develop relationship with university librarian to introduce “How to Design PICO and Conduct EBP.”

- Core practicum experiences where evidence base is presented by supervisors as required readings
- Ensure students cite 1-2 references in clinic reports (Instructors make this web based)
- Expect students to provide rational section in lesson plans considering EBP (Requires that supervisors are prepared to evaluate student responses)

Topic: New Clinic Directors: Shared Wisdom from the Experienced

Concerns: Billing issues and how to establish fees and maintain funding streams.

Suggestions:

- Establish scholarships for clients unable to afford fees
- Look for donations
- Contract for services
- Reduce fees for areas in which students need clock hours

Concerns: Request for help in following areas: supervision of supervisors; evaluation tools for student-clinicians; concern about skills of off-campus supervisors; concern about clinic grades---subjective nature of grades

Topic: University Clinics: Changing Needs

Concerns: Budget concerns and funding; reimbursement issues; part-time vs. full time staff where salaries not competitive with other environments; academic calendars vs. client needs

Suggestions:

- Over breaks supervisors do clinic work
- Bill third party payers
- Hire a business manager for the clinic paid for with clinic fees
- Schedule with flexibility – Saturdays or evenings

Concerns: Adapting schedules to student needs and availability; lack of adequate client base

Suggestions:

- Adapt clinic schedules based on traffic patterns (of clients and students)
- Schedule student clinic assignments in blocks
- Develop a marketing committee with a budget and diverse membership to recruit clients
- Have a compliance officer who monitors wait list
- Utilize electronic documentation by students

Concerns: HIPAA/Privacy and security issues; use of technology; space needs; time needed to develop programs; how to mentor new supervisors; productivity issues; fiscal pressures and billing challenges; meeting the needs of the faculty, dean, chair, and community

Suggestions:

- Request sessions on productivity

Topic: Preparing students for Health Care Systems

Concerns: Best practices for preparing students for health care environments; limited practice in treatment in some facilities since they focus most on dysphasia

Suggestions:

- Have a Health Care Advisory Board consisting of off-campus supervisors who identify relative topics for students in health care system and they teach these skills/ competencies.
- Establish a local stroke club as part of University Clinic
- Implement aspects of coding, third-party reimbursement into University Clinic so students learn about this prior to leaving Un setting
- Functional aspect of classroom teaching includes billing, codes, etc.
- Clinic practicum devoted to Medicare issues, documentation, Medicaid
- Develop contracts with off-campus sites and hire your clinicians
- Consider school track and medical track
- Responses include tap into alumni base for new supervisors
- Offer independent study for credit through university for supervision
- Three levels of reward for off-campus supervisors include a title, library access, \$50 gift certificate from Barnes and Noble, a flash drive.

Topic: Bridging the Gap: From Academic to Clinical Faculty

Concerns: Clinical faculty in some programs are marginalized

Suggestions:

- Develop shared philosophy
- Need administration at department, school, university level that supports clinical faculty ranks, status, contribution through promotion lines, possible tenure and sabbatical leaves
- Establish ties between academic and clinic through shared syllabi, texts, expertise such as through guest lectures
- Establish joint research activities such as both academic and clinical faculty on research review committees or joint projects
- Regular meetings
- Shared readings

- Developing research projects (single subject designs)
- Working together on Grand Rounds
- Work together to develop a shared vocabulary: meaningful, measurable, mastering goals and justify at each level
- Clinic faculty meet with new academic to see what knowledge is important for students to learn for clinic
- Meet with academic faculty and review their syllabi together
- Attend academic classes
- Invite academic faculty to observe in clinic
- Let academic faculty know that research defines clinic practice
- Collaborate to develop clinic cases as case studies to be used in class
- Advocate for clinical faculty to have a promotion ladder or to be tenured
- Recruit clinicians-academicians
- Share projects relative to common areas of study
- Provide way to reward academic faculty for work in the clinic
- Hire faculty with CCCs

Topic: Preparing for CAA Site Visit

Concerns: Documentation; can be difficult documenting K & S contributed by off-campus supervisors; low incidence disorders

Suggestions:

- Using classes with skill component and use the externships as the site for documenting certain knowledge and skills
- Incorporate CF skills into KASA - Students continue to work and report back to the program during first months of CF as further documentation of KASA (unsure if this is legal)
- Virtual case studies

Concerns: Different approaches to documentation; questions about big 9, life span, knowledge and skills in all...how many? Answered 5 of 9.

Suggestions:

- Portfolios
- Web-based systems
- Master KASA form
- Answered 5 of 9 areas

Topic: You Name the Topic

Concerns: Managing students with language proficiency problems; managing marginal students; how to evaluate interpersonal skills; emotional difficulties; screening methods of incoming students; remediation strategies; how to network regionally/meetings/conferences

Suggestions:

- Interview candidates observing pragmatics
- Require writing samples utilizing grading rubric with criteria related to grammar, coherent narrative
- Preadmission observation requirement
- A quantified, universal scale for oral and written language skills