The University of Pittsburgh

- Public research university located in western Pennsylvania
  (Carnegie Classification = Research University/Very High [RV/VH])
- FTE for enrollment ~ 30,000
- 16 schools
University Structure

University of Pittsburgh

Schools of the Health Sciences

Health & Rehabilitation Sciences

Physical Therapy

Medicine

Dentistry

Public Health

Nursing

Pharmacy
Physical Therapy at Pitt...

• Established academic program since 1970
  – DT Watson Certificate program mid-1930’s-1969

• One of 8 Departments in the School of Health & Rehabilitation Sciences (SHRS)
  – One of 11 professional programs in SHRS

• 3-year full time post baccalaureate DPT program with an average of 55 students per class
Department of Physical Therapy

Education/Training

Doctor of Physical Therapy

M.S. Program
- Musculoskeletal
- Neuromuscular

Clinical Residency programs
- Sports PT
- Orthopedic & Manual Therapy
- Women’s Health PT
- Neurologic PT

Ph.D. Rehabilitation Sciences
Clinical partnerships with UPMC Health System

Faculty Leadership within UPMC Rehab Network

Collaboration with UPMC Health Plan & PT Providers

Clinical partnerships
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Ph.D. Rehabilitation Sciences

Innovative Clinical Education program
Mid-1990’s: Recognized need for change

• Articulated a new vision for clinical education;
• Created a plan that would work for the academic and clinical programs;
• Established a partnership in clinical education, clinical practice, management, research, education, and professional development.
The Partnership

UPMC

The Partnership

Pitt DPT Program

Local Clinical Network

CRS
An Integrated HC System

UPMC

Hospital Division
- 2 Tertiary Care Level I Trauma Center – multiple campuses
- 7 Community Hospitals
- 1 Children’s Hospital
- 1 Women’s Hospital
- Several subacute (SNF) units

Centers for Rehab Services
- 50 outpatient clinics
- 8 hospital contracts
- 5 LTC contracts
- 4 specialty programs
- 3 APTA credentialed residency programs

Senior Living Communities
- 5 SNFs
- Continuum of care retirement communities

UPMC Rehab Network and Institute for Rehabilitation & Research
- 1 Inpatient Rehab Hospital
- Several hospital based rehab units
- Dept. of PM&R
- University of Pittsburgh

Home Health Agency

UPMC Health Plan
Non-UPMC Affiliates

- Pediatric facilities
  - Inpatient Rehab and Day Schools
  - Community based centers

- VAMC Regional Centers
  - Hospitals
  - SNF
  - Outpatient Services

- Select local community hospitals & SNFs
Our Vision

To develop a clinical education model within UPMC-affiliated physical therapy entities in which entry-level physical therapy graduates will be able to function in an optimal, cost-effective manner in today’s health care environment - - from Day 1.
Entry-level Performance Defined

- Student requires no guidance/supervision managing patients with simple or complex conditions
- Consults with others and resolves unfamiliar or ambiguous situations
- Consistently proficient and skilled in simple and complex tasks for examinations, interventions, and clinical reasoning
- Capable of maintaining 100% of a full-time PT’s caseload in a cost effective manner
The Partnership: Collaboration in Action

- CRS Management Team includes Pitt faculty serving dual roles:
  - Vice President, Research & Education
  - Vice President, Compliance & Quality
  - Clinical Education Liaison

- Clinical Education Team
- Clinical Faculty
The Partnership: Continuum of Care

- Full continuum of care included in self-contained clinical education partnership
  - Tertiary and primary care acute care hospitals
  - Long term acute care hospitals
  - Skilled Nursing Facilities and subacute units
  - Inpatient rehab facilities
  - Network of free-standing outpatient clinics and specialty programs
  - Home Health Agency
# Doctor of Physical Therapy Plan of Study

<table>
<thead>
<tr>
<th>Summer</th>
<th>Course #</th>
<th>Fall</th>
<th>Course #</th>
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<tr>
<td>Elective/Independent Study</td>
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<td><strong>TOTAL:</strong></td>
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**Clinical Internship and Clinical Education non-graded credits

***This Plan of Study is subject to change***
## Clinical Education Timetable

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<tr>
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**12 hrs/week**

**7 weeks Full-time**
One-Year Full Time

Scholarship (paid monthly) by clinical partner

- Approximately 1/3 Salary Entry Level Clinician
- Offset tuition cost for the final two terms
Positive Aspects of the Model

• Opportunity for direct and indirect control over quality

• Breadth vs Depth
  – Year 1, 2
  – Year 3

• Improved productivity: get a ‘return on the investment’
  – Time
  – Education/knowledge
  – Ability of student to get to a higher level of training
Positive Aspects of the Model (cont.)

- Gaining a “competent clinician” benefits:
  - Patient
  - Clinician
  - Student

- Self Assessment/Performance Improvement project (Year 3)

- Clinical Faculty involved with ongoing quality improvement
Challenges...

- **Communication**
  - Program and facility
  - Clinical Instructor and student

- **Accountability**
  - Program and facility
  - Clinical Instructor and student
Challenges...

- Limited exposure to targeted populations
  - Medicare, Part B  (Older adults)
  - Payers that follow Medicare (e.g. in PA– Auto Insurance carriers follow Medicare guidelines)

- Challenge: explore alternative models of clinical education – i.e. Entry-level residency; Pre-Post licensure
Cost of doing business...

ACADEMIC PROGRAM:

– Monetary costs for paid clinical faculty to assist with ongoing program improvement

CLINICAL PARTNERS:

– Monetary costs for scholarship to DPT interns during Year 3
  
  • Offsets cost of tuition for DPT students in Year 3!

– Resource costs for training ~ a return on the investment
Student Self-assessment/QI Project

• All students required to complete QI project
• Part of EBP sequence (7 courses) and Leadership and Professional Development Sequence (3 courses)
• Course coordinators are full-time faculty and VPs in clinical service (CRS)
<table>
<thead>
<tr>
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<tr>
<td>Formulate the Clinical Database</td>
<td>EBP Principles</td>
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<tr>
<td>Collect data over a period of time</td>
<td>Comprehensive</td>
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<tr>
<td>Evaluate Compliance Adherence Outcomes</td>
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<tr>
<td>Structure an Improvement Plan</td>
<td>Professional Development</td>
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</table>
**Formulate the Clinical Database**
Use EBP Principles for tests, measures, interventions and outcome assessment to be collected within a clinical environment.
Develop clinical decision rules prospectively whereby interventions match history, tests and measures (e.g., classifications) and outcomes achieve some benchmark.

**Collect data over a period of time**
Data collection should be comprehensive.
Data should be collated and accessible (e.g., relational database).

**Evaluate Clinical Performance**
*Compliance:* is there a dataset for every eligible patient?
*Adherence:* do interventions match prospectively determined clinical decision rules?
*Outcomes:* are outcomes achieving prospectively determined benchmarks?

**Structure an Improvement Plan**
HR solutions: how can low *compliance* or *adherence* be addressed through performance expectations?
Professional Development solutions: are shortfalls in *adherence* due to knowledge and skill deficits?
Student performance

- 100% employment for all students on/before graduation
- >95% first time licensure pass rates for DPT students since 2006
- 100% licensure pass rates for all DPT students since inception of this model in 2003
Perceptions & Reactions

- Other Health Care professionals
- Students: Focus groups
- CIs: Focus groups
- Clinical faculty
- Employers
A Partnership that Works!
THANK YOU!