Current Status: PT Education - Real Issues

- Too many schools, not too few
  - Medical education=\~100 programs
  - PT schools= 200+ programs

- Class enrollments
  - Medical Schools= >100
  - PT= 30-40

- Cost of programs has sky-rocketed

- Debt load has become unmanageable for students

- Market salaries cannot compensate
  - Graduates take higher paying subsidized or referral for profit jobs to pay bills
Clinical Sites: Related Issues

- Primarily an altruistic effort
- Lack of consistency among clinical faculty
- Lack of control of program
- Limitations of non-licensed students
  - Medicare
- Site availability
The Pieces:

Student

Academic Center

Practice
PT Student

Mandatory: Successful Participation
Academic Center

Mandatory: Successful Arrangements & Offerings
Mandatory: nothing

However, long-term survival depends on a successful process
Practice: Why participate in Clinical Education?

- Altruism
- Giving back
- Love of teaching
- “Free” labor
What Is The Practice’s Potential Costs & Risk?

- Cost
  - Time
  - Profits

- Risks
  - Reputation
  - Referral base
  - Patient loyalty
What Is The Practice’s Potential Benefit?

- Potential reduced SWB costs
- Increased revenue
- Potential new hire
  - “try before you buy”
- Contributing to the profession
- Professional staff enhancement
The Question:

Are the Alignments & Benefits Realistic, Right, & Sustainable?

What Is a Model That Is?
Texas Physical Therapy Specialist

Integrated Internship Model
Internship Objectives

- Integrate intern as staff
  - Interact with administrative, technicians, payor reps, and referring providers

- High-quality internship experience for Intern
  - Seasoned mentorship
  - Structured, high-quality learning experience

- Practice makes a reasonable return on investment
  - Length
  - Supervision ratio

- Intern able to fully assume physical therapist care provider role upon completion
Structure

- 12 months*
- Experienced clinician taken off schedule and assigned interns
- 1:2 – 1:4 Mentor/Intern ratio
- Interacts with every patient
- Graduated levels of supervision
- Proficiency with non-clinical practice requirements (billing, customer service, billing/scheduling/EMR/FOTO)
- Implementation of training elements
  - Programed instruction (Tuesday PM)
- Grand Rounds
- Chief Intern check - point and selection
- Interaction/mentorship with EIM orthopaedic residents & manual therapy fellows
- Progressive supervision & practice
- Supplemental elements
Programmed Instruction- TexPTS Internship Key Checkpoints

Acute/neurologic Experience (outside institution)

Completion of Orientation and Basic Skills Checklist

Hypothesis Driven Exam and Grand Rounds

Upper Quarter Screening Exam Competency

Lower Quarter Screening Exam Competency

Self directed learning experience (Intern initiated & TexPTS facilitated)

Chief Intern Challenge

Progressive Development & Practice

Acute/neurologic Experience (outside institution)
Clinical Reasoning - Transferable Across Practice Settings

How well does the Intern:

- Generate reasonable hypothesis list from body chart and patient interview?
- Select and perform appropriate tests/measures to confirm hypothesis with physical exam
- Rule out/in competing pathologies or regions
- Performing a test/retest assessment
- Choosing intervention correctly
- Classifying the patient according to best current evidence guidelines
- Making educated decisions on follow up care/interventions
Internship Deliverables

- Business case analysis
- Health promotion project
- Peer review of current staff (get exposure to process)
- Develop professional plan for 3 yrs
- Process improvement
- Primary care case study (publishable product using grand rounds format)
- Critically Appraised Topics (CAT)
Therapist Clinical Performance Expectations

- Average load (w/tech): 16 visits
- No-show/Cx rates: 10-12%
- Avg. CPT charged/visit: 3.5-4 units
- Avg. customer satisfaction rating: >90%
  - NPS
2009 – 2010 Intern Results: 3, 6, & 12 months

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<th>First 3 Months Only</th>
<th>evals</th>
<th>Total Visits</th>
<th>Units/Visit</th>
<th>Lost Visit %</th>
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<td>Intern Total Combined</td>
<td>84</td>
<td>775</td>
<td>4.58</td>
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<td>(3 interns = 1.48% by 3 months)</td>
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<th>First 6 Months Only</th>
<th>evals</th>
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<th>Units/Visit</th>
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<td>217</td>
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<td>4.46333</td>
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<td>(3 interns = 1.59% by 6 months)</td>
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<table>
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<tr>
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<th>evals</th>
<th>Total Visits</th>
<th>Units/Visit</th>
<th>Lost Visit %</th>
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<tr>
<td>Intern Total Combined</td>
<td>435</td>
<td>3949</td>
<td>4.469</td>
<td>9%</td>
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<td>(3 interns eventually = 1.74 average FTE)</td>
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Texas Physical Therapy Specialists

30 Seconds Please!!!

Please help us make your experience AmaZing!

Our commitment is to bring you clinical excellence and an AmaZing experience in our office. As part of our effort to keep us on track, we ask that you complete the indicated sections of this brief survey after your visit today. Your responses are totally confidential. Thanks for the value that you add to our practice by your participation. You are AmaZing!

Please answer these questions after FIRST VISIT ONLY: Y=Yes N=No

1. Are you a former TexPTS patient or a friend/family member of a former patient? Y N
    P=Poor F=Fair G=Good VG=Very Good EX=Excellent
    2. Convenience and date of your appointment
    3. Clear explanation of location, directions and parking
    4. Courtesy of the front office staff
    5. Courtesy and caring of the therapy team
    6. Enthusiasm of the therapy team
    7. Willingness of the therapist to listen to your questions
    8. Cleanliness of the treatment area

Please answer all remaining questions after LAST VISIT ONLY:

9. Have you completed your course of treatment (last visit) with us?
   Y=N
   10. Were you consistently treated by the same therapy team?
    11. Did you receive a Free Screen card on your last visit?
    12. Will you be recommending us to others?

Please rate the following:

P=Poor F=Fair G=Good VG=Very Good EX=Excellent

13. Convenience of your appointments
    14. Courtesy of the front office staff
    15. Courtesy and caring of the therapy team
    16. Enthusiasm of the therapy team
    17. Willingness of the therapist to listen to your questions

Please complete other side.

OFFICE USE ONLY—PLEASE DO NOT WRITE BELOW

Clinic Number

Therapist Number

Insurance Company Number

Referral Source Number

Date of Survey

9 – 10 Rating range: 96.8% – 100%

20. On a scale from 0 to 10, how likely is it that you will recommend us to family, a friend or a colleague? ... 

21. What is the primary reason for the score you gave us in Question 20? ... 

22. What is the most important improvement that we could make for you to rate us closer to ten (10)? 

23. What is the most memorable experience that took place during your therapy session?

[Select options for each question]
Critical Components

• Practice & academic center relationship
• Clinical mentor – NO patient schedule (interns are the schedule) – Qualified clinical and managerial skills
• Sufficient Intern number
• Integration into practice systems & culture – Time & labor intensive
• Blocking clinic for consolidated teaching & Rounds
• Adult & collaborative learning – Systematic approach – Dedicated time in schedule – Blended learning levels (staff, fellow, resident, intern)
• Accountability to challenges & expectations
• Measure both clinical skill & productivity
Impact of Supervision Models & Effects

1:1 Model
- PT -1 FTE
- Intern +.6 FTE
- Productivity .6 FTE

• Net Loss in productivity or unrealistic expectations for Intern workload
• Resentment
• Variability in CI qualifications

1:3 Model
- DSc -1 FTE
- Intern +.6 FTE
- Intern +.6 FTE
- Productivity 1.8 FTE
2009 – 2010 Academic Center Results
Times- They Are A Changin’: Where To From Here?
Real Solutions

- Graduate students after 2 years didactics
- Sit for licensure but with "minimum-skill designator." This solves Medicare supervision issue.
- Eases student financial burden.
- Alternates revenue opportunities for academic center.
- 1 year Internship.
- Once passed then designate as "entry-level.
- Establish Clinical Education Training Networks (CEN).
- Partnership between Academic Center and CEN for Intern placement.
Pursue an Integrated Professional Training Model

Academic Institutions

Clinical Education Network Internship

Residency Program

Clinical Partners

Fellowship Program
Clinical Education:

What is the Win-Win-Win?

- Clinic: meet educational goals for the intern, enhance customer care and clinic teaching, boost revenue, enhance clinic efficiencies

- Intern: supported in a structured learning environment, have the time to assimilate experience and achieve learning objectives and goals, have focused experienced clinical mentorship as well as peer learning, have depth and breadth of learning opportunities

- Academic Institution: Reliable availability of student positions, qualified and committed faculty, availability of depth and breadth of learning opportunities, maximum efficiency

AND THE WINNER IS...