Best Practice in Clinical Education Task Force

BACKGROUND

The 2014 House of Delegates adopted the following motions:

RC 12-14 PROMOTING EXCELLENCE IN PHYSICAL THERAPIST PROFESSIONAL EDUCATION

To sustain present and promote future excellence in physical therapist education, APTA recommends adoption and implementation of the following practices:

1. That physical therapists with an interest in teaching in physical therapist entry-level programs seek a terminal academic degree or clinical doctorate degree and other credentials and experiences that qualify them to become faculty members.

2. That people qualified to serve as program directors do so only when the program has adequate resources and a commitment to innovation and excellence.

3. That people qualified to serve as faculty members do so only when the program has adequate resources and a commitment to innovation and excellence.

4. That clinical sites be innovative in how they provide clinical education experiences and commit to providing resources for clinical education experiences only when the academic program commits to excellence in education and ongoing improvement and when the program’s students meet the standards for clinical performance.

5. That the Commission on Accreditation in Physical Therapy Education (CAPTE) make the criteria for existing programs, expansion of existing programs, and candidate for accreditation status for new programs more stringent to reflect the needs for qualified faculty and program directors, access to sufficient clinical education sites, and adequate infrastructure (e.g., physical, fiscal, and personnel); and the current and emerging needs of society. AND

RC 13-14 BEST PRACTICE FOR PHYSICAL THERAPIST CLINICAL EDUCATION

That the American Physical Therapy Association, in collaboration with relevant stakeholders, identify best practice for physical therapist clinical education, from professional level through postgraduate clinical training, and propose potential courses of action for a doctoring profession to move toward practice that best meets the evolving needs of society with a report to the 2017 House of Delegates.

This effort shall include, but not be limited to, the examination of:
- Current models of physical therapist clinical education from professional level through postgraduate clinical training
In November 2014, the Board appointed the Excellence in Physical Therapist Education Task Force to provide strategic advice, counsel, and options to the Board of Directors regarding current and emerging issues impacting the ability of physical therapist education to produce practitioners to meet the needs of the current and evolving health care system.

For the period January 1, 2015 to December 31, 2015, the Board of Directors’ determined charge for the Excellence in Physical Therapist Education Task Force was to:

- Identify and review relevant background information, data, and knowledge
- Define the scope of the problem under consideration
- Develop a list of potential strategies to address the defined problem
- Consider and describe the feasibility, pros, and cons of identified strategies
- Consider strategies and provide a recommendation(s) to the Board of Directors for responding to RC-13-14 Best Practice for Physical Therapist Clinical Education by the 2017 House of Delegates.
- Provide options to the Board of Directors along with a recommendation for action.

In July 2015, the Board passed the following motion:

That a Best Practice in Clinical Education Task Force be established to consider strategies and provide a recommendation(s) to the Board of Directors for responding to RC 13-14 Best Practice for Physical Therapist Clinical Education by the 2017 House of Delegates.

SS: The Excellence in Educations Task Force (EETF) has been including clinical education discussions in its work. A more specialized task force is needed to address RC 13-14 due to the extensive work with experts and specific stakeholders in the clinical education needed to meet the charge specific to RC 13-14 (best practice for and recommended model for clinical education). While the EETF is concerned of the traditional didactic-clinical split, its focus is on education in the broader perspective and only one person is currently working in clinical education. The reporting and time frame for RC13-14 requires a report to the House by 2017, which will require work through 2016, which is longer than the expected EETF time frame of 2015.

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