Recap our mission statement – what we do for our stakeholders, drives our activities

**Our mission is to cultivate a culture of excellence in physical therapist clinical education through leadership, collaboration, service, innovation, and scholarship.**

**Proposed: Our mission is to lead and inspire a culture of excellence in physical therapist education**

Purposes:​

1. Optimize the administrative processes for physical therapy clinical education

2. Promote clinical faculty and clinical site development

3. Enhance communication between PT/PTA programs regarding clinical education

4. Reward outstanding performance of the clinical faculty

5. Promote quality physical therapy clinical education through collaboration with the components of the American Physical Therapy Association

6. Support ongoing development of clinical education groups

7. Provide mentorship among Directors for Clinical Education (DCEs)/Assistant Directors of Clinical Education (ADCEs) of PT programs.

Proposed Purpose statements:

Enhance student presence in the purposes - We serve students through finding quality sites - important but not direct link in the stakeholders

Patients are stakeholders indirectly that is why we are serving our students

Stakeholders

* Students
* Patients
* Administrators (health care/clinical partners)
* Clnicians/CIs
* SCCEs
* DCEs/ADCEs
* PD/Chairs
* Other core faculty members

Purposes and values

* Innovation - expansion
* Leadership
* Collaboration- adaptability, inclusion
* Service - mentorship, inclusion
* Scholarship - assessment

Stakeholder groups

Direct:

Indirect:

Come up with 5 purpose statements that combine stakeholders and P/Vs:

And our purpose:

1. Innovate and lead collaborative processes in PT Clinical Education that is inclusive of all stakeholders

Words for later: leadership, scholarship, service, inclusion, framework, mentorship, assessment

Strengths:CI support for ELC, CCIp training, Communication with stakeholders (monthly, quarterly calls), national leadership, strong and economical CEUs for CIs/SCCEs, clinical partnership engagement on many levels - scholarships, website as a resource, monthly/quarterly calls, mentorship of new A/DCEs, new email for website, virtual meetings with SCCEs

Opportunities:

Use of technology to leverage partnerships, collaborative approach with increasing geriatric care as that model is approaching, increased branding and communicating, collaboration with CCN, SCIPAI common tool, continue momentum to be a consortium that standardizes to make it easier on clinical education sites; making teaching students easier for sites; consortium business cards; regional representatives (4) who participate and have travel costs reimbursed;

Aspirations --

Exploring values and stakeholders, what are we passionate about?

Expansion: Making clinicians feel connected to us,

* **Getting more clinical partners** involved with the consortium or through the programs -- for education - CEUs. program
* How can we $support our clinicians for ELC better?
* Per program, we will pay for x CCIP courses to help pay the registration fee - to cover CIs who are
* Continual SCCE and partner feedback -- can we all do this on site visits? Make a script for us all to use on site visits and maybe use a quick survey as we visit? Somehow? -- Engagement often begets more engagement (as with our engagement on CCN)
* Being present in the clinics - clinics think of clinical education -- get branding of all or our schools and the program -- “here’s what the consortium thinks” - when we are dealing with clinical site for next year - efforts with assessment, CCN, research efforts such as
* Standardize/**streamline** -- uniform -- what makes sense by the stakeholders (eg, what each school sends and when)

Reflecting on strengths and opps, where should we go into the future?

After listing potential aspirations, what are the most compelling?

Breakout room notes: Aspirations:

Collective input: Exploring values and stakeholders, what are we passionate about?

* Mechanisms of support for CIs, students, self
* Increased #s for early clinicals - systematic approach
* Collaborative model, lower rate preepandemc
* Increase value on clinical education across partners
* Promote value of professional involvement (clinician impact) - help them appreciate the role they have
* Efficiency - quality in an efficient manner, teamwork to engage all
* Networking and mentorship
* Communication and branding to expand this
* Stakeholders - reciprocity with clinical partners as equal partners
* Horizontal clinic to clinic mentoring - how can we facilitate this
* Deeper/more meaningful clinician partner roles - with programs and the consortium
* Support clinicians in meaningful ways in CEUs
* Stakeholder input into data collection - individual programs vs. entire consortium vs on site visits
* Equity within the consortium between clinicians and academic programs
* Streamline/standardize some processes to ease onboarding if able/how we deliver information (eg, student introduction emails.letters)
* Collaborative programs to prevent burnout and stress, to develop resilience
* Lunch and learns

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**Proposed: Our mission is to lead and inspire a culture of excellence in physical therapist education**

And our purpose:

1. Innovate and lead collaborative processes in PT Clinical Education that is inclusive of all stakeholders

Aspirations distilled down to

1. Resources for support with all stakeholder
2. Increase/promote value of clinician engagement
3. Engage in forms of Scholarship - data collection…clinical education
4. Efficiency of processes

Innovation assumed for the 4

Sean Gallivan shared information on the clinician needs assessment

Standardization

Communication = mode sto match the level of urgency (text me if I need to talk to you today, email if i just need to read) - accessibility of stakeholders

Exceptional student support - how can you access the support -- policies from schools

Student readiness (cognitive and affect skills)

Theme: DCE and site collaboration

Aspirations distilled down to

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Results - how will we know that we are successful?

Resources:

* Increased early clinical education offers
* Increased resiliency of CIs and students
* Clin Ed Grand Rounds
* Identify mechanism to support resource management so that we can stay up to date in an efficient manner
	+ GA support
	+ More Consortium members
	+ Staff member supported financially
* Develop best practice summaries for hot topics in clin ed
	+ CI resources - how do we get the most succinct info
* Develop processes and multiple methods to promote website
	+ Can we add our website link to body of emails at our programs?
	+ QR codes
	+ LInk in EXXAT
* Defining expectations of student performance and CI performance at different levels of clinical education
* Early Warning system resource - ? infographic? For CIs to follow
* Reassess what information is out there and see where the gaps are? Is this the goal? How is this information getting disseminated?

KPI - Key Performance Indicator

* Increase and promote value of clinical engagement:
* Increasing branding of the consortial presence
* Increase clinician awareness of resources the Consortium can offer
* Accessibility of DCEs across programs in the Consortium
* Discuss inclusion of regional clinicians
* Brand and promote the consortium through site visits, business cards, tchotchke/swag to share
* Define levels of Consortium membership (Champion SCCE, etc. - could be regional.)
* Reorganizing/defining networks in the

Engaging forms of scholarship -

* CI to CI CEUs
* More clinicians to join our projects - research/scholarship

KPI

* CI Credentialing #s (trained by OKPTCE, etc)
* # of courses SCCEs/CI lead

Prioritize data driven decision making/engagement

KPI (data driven decision)

* CCN: able to determine the # of FCFS in consortium vs. individual programs, utilization through CCN vs in the CCN, etc.
* CI/SCCE needs assessment - could be clear actions taken - receptivity from response rates

Create strategies for efficient processes

Goals:

* Analyze data of Consortial and/or clinical education processes
* Placement process has started, next analyze data of pilot and assess what is needed to move on to next steps
* Identify other CE processes that are important to the stakeholders in our region to prioritize for innovation
* Internal: Consortial communications - email to a teams channel in new channel (Erin Thomas has ideas)

KPI