# Global Forum Educational Opportunities

November 13, 2018 Washington, DC







#### Surveys in 27 countries



#### **CARF** International

- Standards address workforce development and management – students a component of this
- What are organizations saying about students
- Survey sent to providers around the world
  - 1000 sent/239 opened (24%)
  - 78 responded (32.6%)

#### What is offered?

- Pre-Clinical experiences 53.25%
- Clinical internships 72.73%
- Clinical fellowships 16.88%
- Clinical affiliations 45.45%
- Residencies 16.88%
- Other 11.69% (CFY, new graduate program in Community Nursing)

#### Where Offered?

- Acute care Inpt. 40.26%
- Acute care Outpt. –9.09%
- Rehab Inpt. 58.44%
- Rehab Outpt. 64.94%
- Home/Community –14.29%
- Residential rehab 3.90%
- Vocational Svcs. 3.90%

- Rehab Amputee –19.48%
- Rehab –BI 35.06%
- Rehab Cancer 7.79%
- Rehab SCI 22.08%
- Rehab Pain- 11.69%
- Rehab Occ Rehab –16.88%

#### Ages?

- Adults Only 23.38%
- Pediatrics Only 20.78%
- Adults and Pediatrics 22.08%

#### Positive thought

 Working with students is an excellent way to keep our employees current, develop their mentoring/leadership skills, and has been one of the most successful recruitment strategies for new grads. Definitely worth the time invested!



Thoughts to consider....

#### If you did offer but now do not...

- Not enough staff who could be preceptors – 26.67%
- Interference with productivity requirements 6.67%
- Poor communication with university/college – 6.67%
- Students not adequately trained to work in real settings – 6.67%

#### "Other Reasons"

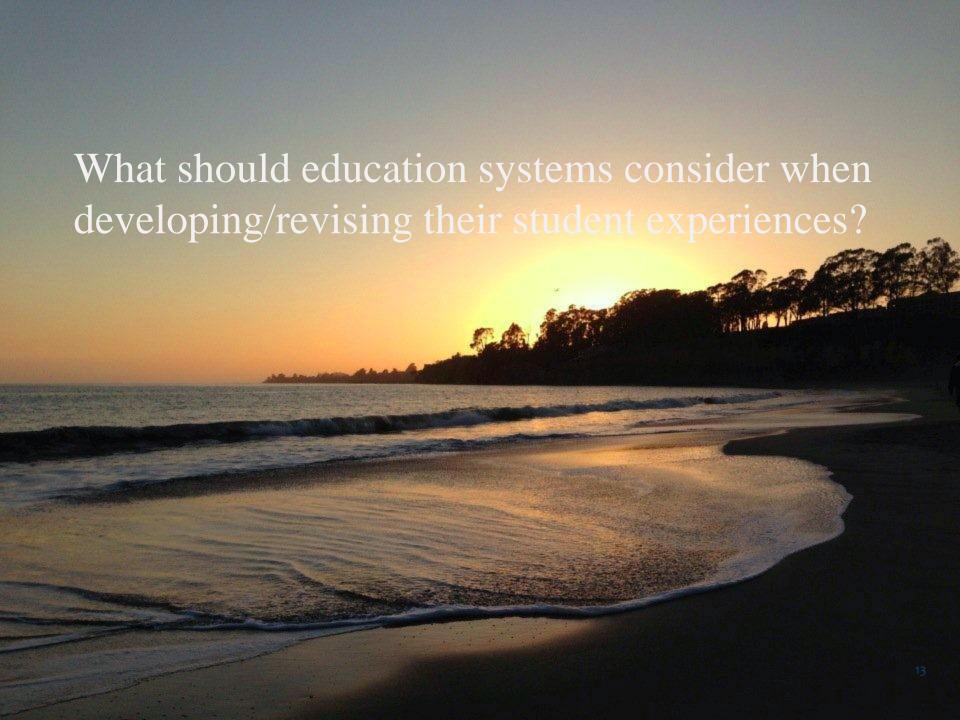
- Perceptions of Medicare rules regarding students has been a barrier for some sites
- Increasing productivity expectations
- Additional requirements from external agencies (states, JC, CARF) for therapy staffs
- Hospitals limiting number of students that the organization can take

#### "Other Reasons"

- We don't want our therapists to be too busy to take referrals
- Prioritize taking new therapists over taking students
- Increase in caseloads and increasing demands to see as many children as possible we do not have time.

#### If you never offered...

- Not enough staff who could be preceptors – 45.45%
- Poor communication with University/College - 9.09%
- Poor recruitment from students to staff
  - 9.09%



- Education to staff and managers about Medicare guidelines – how to offer effective experiences for students while staying compliant with Medicare rules
- Students understanding of supervision requirements in inpatient and outpatient settings so they have realistic expectations (e.g., not as much independence as we would like due to Part B billing requirements)

• Financial considerations. Currently, students pay the education programs tuition to participate in the clinic. Clinics do not receive any funding or incentive from the schools; however the clinic incurs great expenses in order to accommodate students. My fear is by placing the burden on the clinic sites, will substantially impact the number of clinical sites in the future.

- Students vary SO much however I usually find they are not prepared for the demands of the work environment (productivity, streamlining priorities, interacting with relevant population).
- Making sure preceptors have an understanding of their base of knowledge.

 Include lecturing by providers on the realities of healthcare, including current and projected trends and how these will impact the expectations of the students and new grads. We are seeing a large gap between what students and new grads are reporting they are being taught and what their expressed expectations of their role as a student and upon entering the workforce.

- Helpful to have some guidance on how to be a good clinical supervisor (giving feedback to student in a way which helps them learn).
- The students that score high in academics do not always do well in clinical settings. They seem to lack communication and social skills needed in the clinical setting.

 Willing to take students because we see it as a way of increasing the number of people interested in working in this area. There are many times we do not receive students. It is discouraging to hear when we do interviews for positions that students wanted a pediatric placement but were told none were available. Need better communication between university and placement site.

#### If you want to travel fast, you travel alone



If you want to go far, travel with others

- Provider presentations on current health and human service field prior to placement – 34.72%
- Education on productivity in today's health and human services – 62.50%
- Education on EHR and documentation –
  55.56%

- Review and modernize. If necessary, mechanisms to have communication between organization, student, and education institution that is timely, responsive, and meaningful – 69.44%
- Review of the education institution's program by the placement site – 47.22%

 Modifications or simplifications to the required grading documentation for the student would be helpful for the clinical site in order to be respectful of the productivity standards that facilities are following

- These should occur on a contractual basis with the provider and university to ensure successful student experiences:
  - Preparation
  - Requirements
  - Interviews
  - Placement
  - Communication

 Coursework on reasonable expectations for graduating students entering the workforce, including salary, benefits, and patient caseloads. Education institutions need to be careful to not overly embellish the strengths of their program that give students unreasonable expectations of their knowledge and salary expectations.

 PT,OT, and Speech education systems should have mandatory clinical affiliations in the acute care hospital setting. Schools are getting away from mandating that setting and doing a large disservice to their students. They are not as well prepared clinically as in years past due to the lack of meaningful clinical affiliations.

 Our frustration with students often relates to our HR department. They often do not come with their preplacement paperwork completed (criminal reference checks, proof of immunizations etc.). This is hard for us as they are not suppose to be on site without them, but if we refuse them, they will lack placement hours.

 Keep the contract numbers in your control so that managing does not become a burden. We are now doing 2 students with 2 Clinical Instructor with only one university. Very successful with the correct interns. We interview all interns before accepting.