

# FACT SHEET

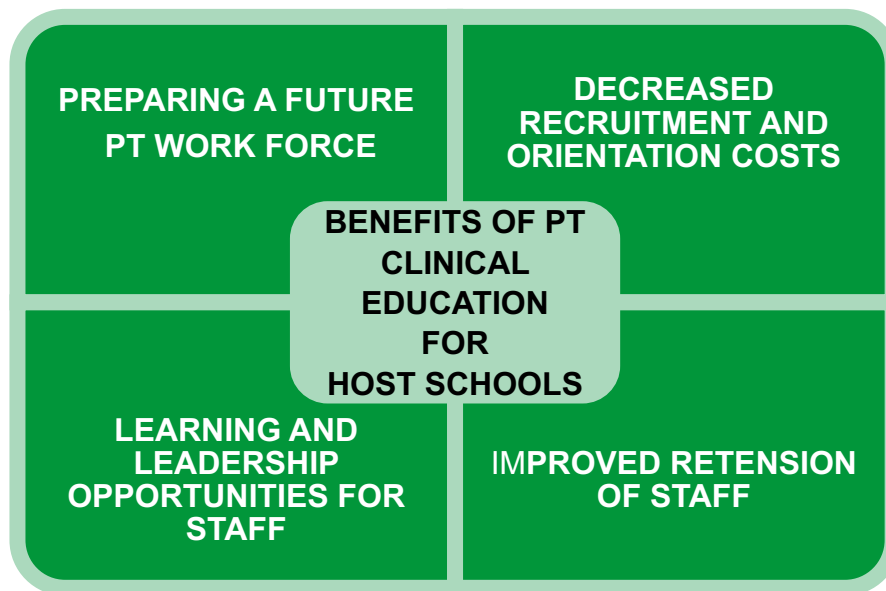
## How School Districts Benefit from School-Based Physical Therapy Clinical Education

### INTRODUCTION

School-based physical therapists (PTs) play a significant role in making school accessible and inclusive for children with motor disabilities. The Individuals with Disabilities in Education Act (IDEA) designates school-based physical therapy as an essential related service.<sup>1</sup> As such, it is important to train PTs to practice in the school setting. The purpose of this fact sheet is to describe how host school districts benefit from providing clinical experiences to student physical therapists (SPTs) or student physical therapy assistants (SPTAs). Financial gains are among these benefits.

The document underscores the need for school-based physical therapy clinical education by addressing common district related concerns. This fact sheet should be helpful to those contemplating the initiation of a school-based clinical education program. School-based PTs, sending institutions, and others can share the fact sheet with potential host school leadership.

**FIGURE 1: Benefits of PT Clinical Education for Host Schools**



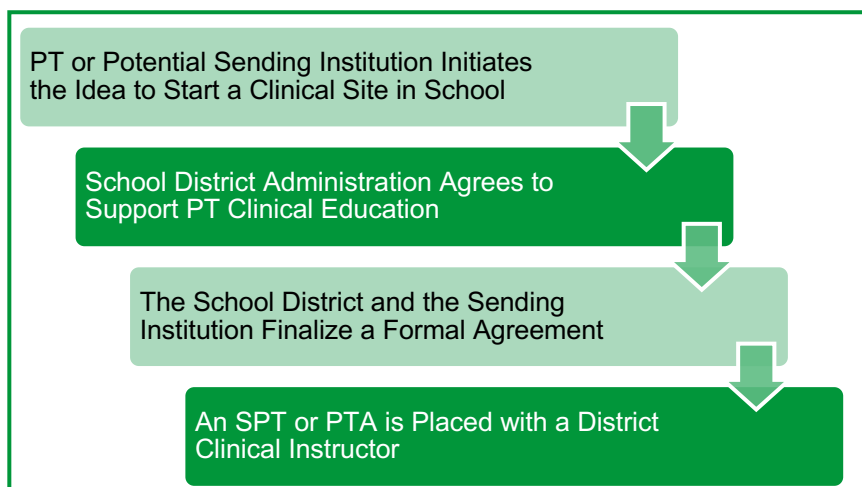
### THE NEED FOR CLINICAL EDUCATION IN SCHOOLS

Providing experiential learning during entry level training is one of the best ways to prepare future school-based PTs.<sup>2-4</sup> District administrators should understand that entry-level PTs are prepared as generalists. The pediatric curriculum focuses on human development, age-appropriate patient/client management, family-centered care, health promotion, and safety, as well as legislation, policy, and health care systems.<sup>5,6</sup> While school-based physical therapy is only one component of the pediatric curriculum, 40% of pediatric PTs work in educational settings.<sup>7</sup> School-based physical therapy requires a unique set of competencies that can be taught through clinical practice.<sup>8</sup> Just as local education agencies are essential in preparing highly qualified teachers, they are critical to the preparation of school-based physical therapists.

## BECOMING A CLINICAL EDUCATION SITE

The process of hosting SPTs and SPTAs is similar to the placement of student teachers. A relationship is established with the university or college through a written agreement. This typically requires involvement of special education leadership, legal staff, /or other district personnel depending on their specific processes. Once the agreement is finalized, SPTs and SPTAs are assigned to a Clinical Instructor (CI). Figure 2 provides a summary of the process of establishing a clinical education site.

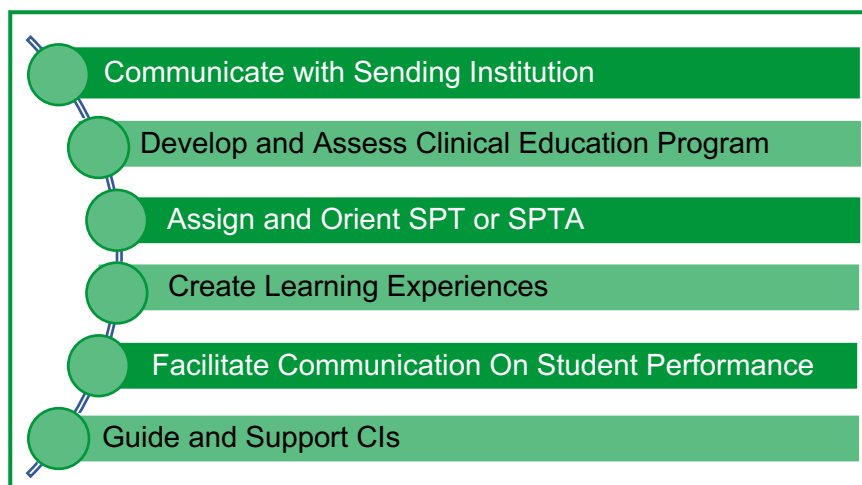
**FIGURE 2: Typical Process of Establishing a Clinical Education Site**



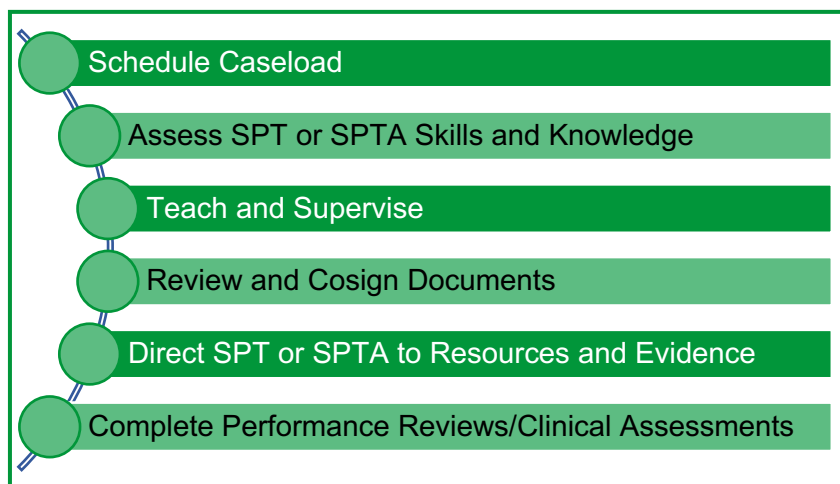
## CLINICAL EDUCATION RESPONSIBILITIES

The role of the school administrator in physical therapy clinical education is to facilitate the establishment of a relationship with the sending institution. Most other responsibilities may be delegated to PTs. In large districts where multiple PTs supervise SPTs or SPTAs, the school administrator can assign a staff PT to be a Site Coordinator of Clinical Education (SCCE). In small districts the CI can assume these responsibilities. Figures 3 lists examples of SCCE duties.<sup>9-12</sup> Figure 4 gives examples of duties that may be assigned to a CI.<sup>10,11</sup>

**FIGURE 3: SCCE Duties**



**FIGURE 4: CI Duties**



## **LIABILITY CONCERNS**

Host schools may be concerned about issues related to student performance and liability. The Commission on Accreditation in Physical Therapy Education (CAPTA) sets standards for sending institutions requiring demonstration of student learning in didactic material and psychomotor skills prior to placement in a clinical education experience.<sup>13</sup>

PTs, PTAs, SPTs, and SPTAs, and sending institutions must comply with *The APTA Code of Ethics*<sup>14,15</sup> (*PTA Code of Ethics*) and *Core Values*.<sup>16</sup> The Code of Ethics and Core Values describes expected behaviors, language, actions, and attitudes.

The sending institutions require documentation of immunization, cardiopulmonary resuscitation (CPR) certifications, background checks, and completed of Health Insurance Portability and Accountability Act (HIPAA) training.<sup>17</sup> The Directors of Clinical Education (DCE) from the sending institutions also provide oversight of SPTs or SPTAs through student assignments and assessments. DCEs are also available for any questions or concerns before or during a clinical experience.

Districts are not responsible for student liability insurance.<sup>18</sup> The sending institution or the student covers the costs of professional liability policies, and this information is available as part of the students' required documentation.

## **FINANCIAL BENEFITS OF PROVIDING PT CLINICAL EDUCATION**

Financial benefits to clinical education sites have been reported in the literature.<sup>19-21</sup>

- The costs associated with the direct supervision of students as staff time can be offset by the contributions students provide as they assist in department activities.<sup>20</sup> The first weeks of an affiliation may decrease a CI's productivity. But, during the final weeks of an affiliation, productivity rises, thus compensating for the initial loss in productivity.<sup>22</sup>
- Recruitment and retention costs are decreased when hiring a former student. The reduction in costs results from less marketing, expedited interviews, minimized training and orientation, and fewer hiring errors.<sup>21</sup>
- Therapists who serve as clinical educators report increased job satisfaction, resulting in improved staff retention.<sup>19</sup>
- Districts may be able to decrease professional education costs if CIs accrue continuing education for mentoring an SPT or SPTA, if sending institutions provide courses for CIs, or if SPTs provide in-services.<sup>19,23</sup>

## OTHER BENEFITS OF PROVIDING PT CLINICAL EDUCATION

Based on physical therapy literature, allied health sources, and student teaching research, the presence of an SPT or SPTA can benefit hosting facilities, CIs, district personnel, and pupils. These benefits are described in detail in the APTA Academy of Pediatric Fact Sheet: How School Based Physical Therapists Benefit from Mentoring SPTs and SPTAs.<sup>23</sup>

### CI and other staff benefits:

- CIs and school personnel have reported that an SPT or SPTA offers a fresh perspective. They bring updated knowledge, novel approaches, and technological expertise. SPTs and SPTAs also have more recent training in evidence.<sup>24</sup>
- Supporting and working with an SPT or SPTA boosts staff morale and offers leadership opportunities.<sup>24</sup> Staff improve their teaching skills and clinical reasoning.<sup>25</sup>
- Depending on state regulations, some states offer CIs professional education credits. Sending institutions may also offer CIs access to libraries and/or discounted professional education.

### District pupils' benefit:

- Research from other physical therapy specializations has demonstrated that patients benefit from the presence of SPTs.<sup>19</sup> It is expected that the same would be true for the pupils who work with SPTs or SPTAs.

## SUMMARY

In conclusion, providing physical therapy clinical education offers many benefits and involves low administrative burden. Hosting SPTs and SPTAs benefits districts financially, improves staff morale, updates professional knowledge, and contributes to the preparation of the future workforce.

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