Placement Methods for PT Clinical Educators:
Optimizing Your Placement Process for DPT Clinical Experiences in a Competitive Landscape
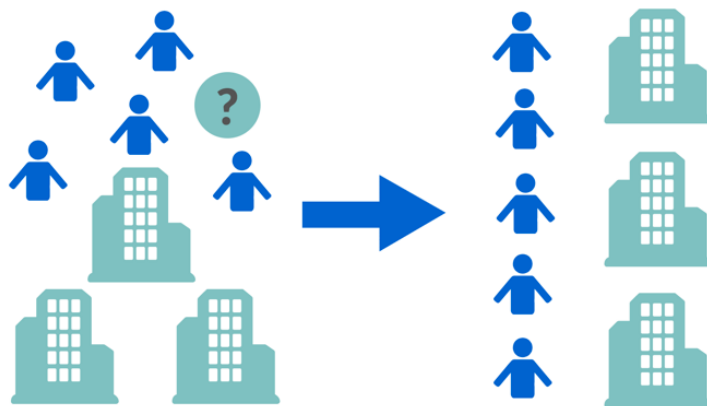
Clinical experience placements are vital to quality Physical Therapy education.

ABSTRACT: DPT programs across the US use various methods to match students with sites for clinical experiences. This paper discusses the role of the placement process in PT clinical education, describes the predominate methods currently in use, and outlines advantages, disadvantages, and best practices for each method.

Introduction

Physical Therapy education today prepares students to practice in an ever-changing health care landscape. Experience in clinical settings is critical to students achieving competence as a practitioner. Because students' clinical experiences are so important, clinical educators must make the most of every aspect of the student placement. Placement methods can facilitate quality placements and optimize resources.


Clinical educators face many challenges satisfying stakeholders in the clinical experience placement process. They must choose from various placement methods, each with advantages and disadvantages.

Stakeholders

Effective clinical education depends on schools, sites, and students working together.

Schools, students, and sites are the 3 stakeholders in PT clinical education. Effective clinical education depends on schools, sites, and students working together to achieve the shared goal of clinical competence for each student. To this end, each stakeholder must both provide and receive value.
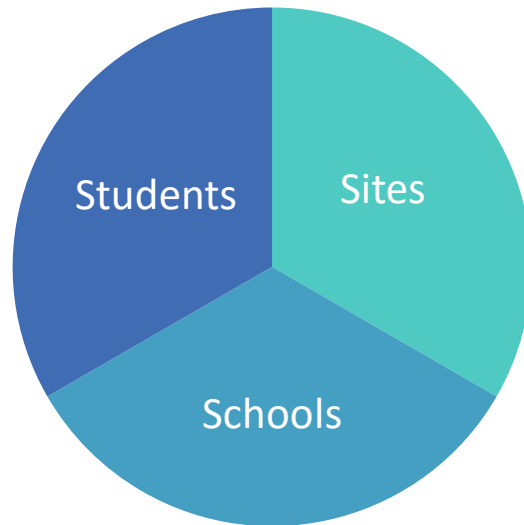
Schools

Schools must provide students with the didactic underpinnings that enable students to work with patients in the clinic. Then schools match students with a clinical placement that meets their diverse needs and preferences. These needs must be balanced with the need to maintain positive and ongoing relationships with clinics. Schools must also meet CAPTE requirements for placement methods and site capacity to ensure accreditation.

Sites

Sites provide an appropriate environment in which the student can achieve clinical competence. This requires resources on the part of the site. Good student matches can add value but a mismatched student can be a liability. Additionally, sites may count on receiving a student but then not receive a student, making planning difficult.

Students

Students must develop the appropriate knowledge during their didactic years to be able to make the most out of their clinical experiences. They then need a placement that suits their educational needs and that meets their needs as a learner and that fulfills their various required clinical settings for their program.

Finally, students must perform in the clinic in ways that add value to the clinic and develop their clinical competencies.

An effective placement process will balance the needs of sites, schools, and students in a mutually beneficial way.

Challenges Facing DCEs

The clinical education placement process is challenging no matter what placement method schools use. On a basic level, it is a logistically complex multi-step process.

Request Slots → Solicit Student Preferences → Place Students → Notify Sites & Students

As departments seek to increase their enrollment numbers, clinical educators will have to work hard to ensure continued site and slot capacity.

In addition to logistical issues, DPT programs face many challenges balancing the needs of all stakeholders while placing students. These challenges include:

- Annual placement volume
- Site capacity in a competitive environment
- Meeting school, program, & APTA requirements
- Limited time and administrative resources to handle a high volume of data
- Staff & faculty turnover

Annual Placement Volume
The average DPT student spends 27.5% of their education in the clinic across 3 or more individual clinical experiences.[1] This results in a substantial need for placements. For example, a 3-year program with 60 students per cohort must assign 180 placements annually.

Site Capacity in a Competitive Environment
Currently, well over 200 DPT programs nationwide compete for slots. As departments increase enrollment numbers and sites tighten the numbers of offered slots, clinical educators must work hard to ensure continued slot capacity.

Meeting School, Program, & APTA Requirements
APTA requires students' clinical experiences satisfy the following criteria:

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[1] (October 20, 2015) *Physical Therapist (PT) Education Overview.* Retrieved from http://www.apta.org/PTEducation/Overview/

The physical therapist professional curriculum includes clinical education experiences for each student that encompass but are not limited to: [. . .] practice in settings representative of those in which physical therapy is commonly practiced.[2]

The choice of placement method is also a factor in accreditation. CAPTE requires a narrative to

"Describe the methods used to assign students to clinical education experiences [and] how the program works to ensure that the supervision and feedback provided to students is appropriate for each student in each clinical education experience, assuming that the student is progressing through the program in the expected manner."[3]

In addition to the evaluative criteria set forth by CAPTE, many programs also require students to complete clinical rotations in various settings, such as inpatient, outpatient, and neuro, and across a diversity of populations.

Limited Time & Resources to Handle a High Volume of Data

Almost all departments face time and resource challenges. Now more than ever, schools must do more with less. Some placements processes take weeks to complete, using up valuable time and resources. Schools must find a way to balance this critical process with available resources.

Staff & Faculty Turnover

When dealing with high volumes of data and the high stakes of the clinical placement process, institutional memory is critical. Unfortunately, clinical education programs face staff and faculty turnover. With the loss of personnel, programs often lose the very skills and information needed to place students.

Placement Methods

Most DPT programs use one of the following methods to place their students for clinical experiences: Lottery, Manual, Automated, or Hybrid.

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[2] March 4, 2016. *PT Standards and Required Elements*. Retrieved from http://www.capteonline.org/AccreditationHandbook/
[3] Ibid.

Lottery: A lottery process assigns students numbers and then allows each student to select their placement in order of their number.

Manual: A manual process consists of the clinical education team placing each student individually into a slot using a variety of criteria.

Automated: An automated placement process uses computer algorithms to perform over a million calculations and match students with slots.

Hybrid: A hybrid approach uses a combination of Manual and Automated placements to maximize outcomes.

Schools must consider their program's unique needs and challenges in selecting a method. Some key factors in the selection process include:

- Available time and resources
- Volume of students and slots
- Level of individualized attention you wish to provide
- School requirements

Lottery Method

Overview

A lottery placement method assigns students numbers and then allows each student to select their placement in order of their number.

Advantages

Lottery placements give students the impression of a high level of choice and freedom in their placements. This can increase student buy-in with the process. Students also tend to like the idea of a lottery system.

This process is typically very transparent and does not depend on favoritism. When each student makes their selection, they are fully aware of what the students before them have chosen.

No special tools or infrastructure is required for a lottery process. Schools generally use a shared spreadsheet or have students come in to the office to select slots.
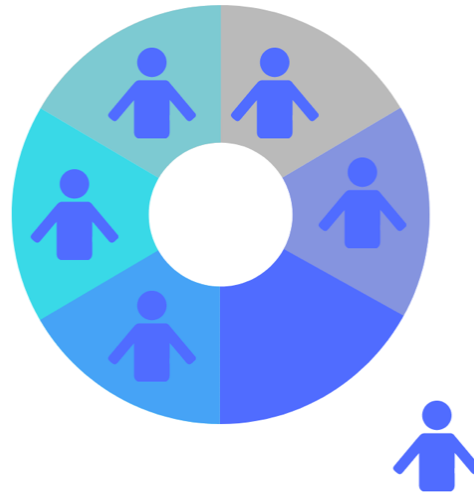
Disadvantages

That feeling of choice that students have is often an illusion. Lotteries by their very nature depend on luck, leaving placements to chance. Random distributions of numbers results in dissatisfaction among students with chronically high numbers. Taking steps to ensure that for at least one clinical experience, students have a low lottery number can improve results for students.

Unfortunately, even when schools take great care in assigning numbers, there is little guarantee that students will get low enough numbers to get their top choice of placements. So even though students are technically choosing their slots, they are choosing from a smaller selection of slots. This is particularly problematic when schools have a small slot capacity. If you have 60 slots for 60 students, those last students will be "choosing" from 1 slot. Lottery processes really need 150% of needed slots to ensure some level of choice.

Furthermore, not all clinical experiences are created equal. Students typically place a higher value on their terminal clinical experience. They see this experience as a place to build critical relationships that can assist them in finding their first job and establishing themselves in the profession. Students receiving placements they don't like for their terminal experience are usually very upset.

Lotteries by their very nature depend on luck, leaving placements to chance.

DCEs and the clinical education team have limited influence in a lottery system. Although ideally, students make placement decisions based on what is best for their education, in practice, they may place a premium on less-critical factors such as location and site reputation. Given this, schools should combine slot selection with student mentoring to ensure informed decisions and satisfactory outcomes.

Manual Method

Overview

A manual method consists of the clinical education team placing each student individually into a slot using a variety of criteria. Most schools consider the following factors when placing students:

- Site Rigor & Culture
- Site Population
- Site Relationship
- Student Learning Style
- Student Placement History
- Required Clinicals and Settings
- Location

Some schools also allow students to submit a wishlist of preferred slots that the clinical education team uses as a factor in placements.

A manual process allows the DCE and their team to take advantage of their knowledge of all stakeholders to find a perfect match.

Advantages

The hallmark of a manual process is a high level of DCE control and individualization. In a manual process, the clinical education faculty takes responsibility for meeting all the needs of the school, sites, and students. A manual process allows the DCE and their team to take advantage of their knowledge of all stakeholders to find a perfect match.

A manual process can accommodate a wide variety of special circumstances relating to both students and sites. For example, a student may require a specific type of learning environment or a site may require that it be filled by a high caliber

of student. The clinical education team can give each placement special treatment and increase the chances of a successful placement.

This process does not require any special infrastructure or tools. Rather, schools often rely on spreadsheets and team meetings to do placements. In this way, the initial capital required to get placements done is low. However, placing students manually without specialized tools for managing and filtering data is very challenging and risky.

Disadvantages

A typical manual process requires a vast amount of data and the potential for human error is very high. It's not uncommon for departments to use multiple spreadsheets, stacks of wishlists, word documents, and other improvised tools to track the mountain of data. A clinical education placement tool capable of filtering and managing date can help reduce errors.

Manual placement processes are time-consuming. Most schools take at least a week to place a class of students for one clinical experience; some take much longer. Although clinical education placement tools can significantly reduce time spent, this process remains difficult to scale because of its time-intensive nature.

A manual process also depends heavily on institutional memory. The individuals placing students require a deep knowledge of each site and each student. Much of this knowledge is not recorded anywhere and is easily lost through faculty and staff turnover. Newer DCEs often have difficulty making informed matches.

This process also lacks transparency for students. So much of it happens behind the scenes involving many judgements made by the clinical education team. It's common for students to perceive the system as unfair when they don't get their desired placement.

Allowing students to fill out a wishlist can mitigate some student dissatisfaction. However, adding a wishlist to a manual process adds more information for the clinical education team to consider and manage. For example, with a class of 60 students, a wishlist of 10 slots each adds 600 additional data points.

> *A typical manual process requires a vast amount of data. The potential for human error is very high.*

Manual Method Summary

Advantages

1. High level of DCE control
2. Can handle many special requests
3. Does not require special tools or infrastructure

Disadvantages

1. Time-intensive & prone to human error
2. Depends on institutional memory
3. Not transparent

Automated Method

Overview

An automated placement method uses computer algorithms to perform over a million calculations and match students with slots. The large number of variables at play in the placement process make it difficult for humans to do effectively. Computers have no such limits; they can deal with the variables and complete needed calculations in minutes. That's why many schools are moving toward automation.

However, a random matching of students to slots is insufficient. Quality automated systems must consider the needs of individual students in relation to the entire group of students. The factors typically considered include student preference, location, and required clinical settings. Any automated placements system must be able to consider multiple variables and be able to accommodate the needs of the entire class of students.

Results [from Automated Placements] are typically available within hours.
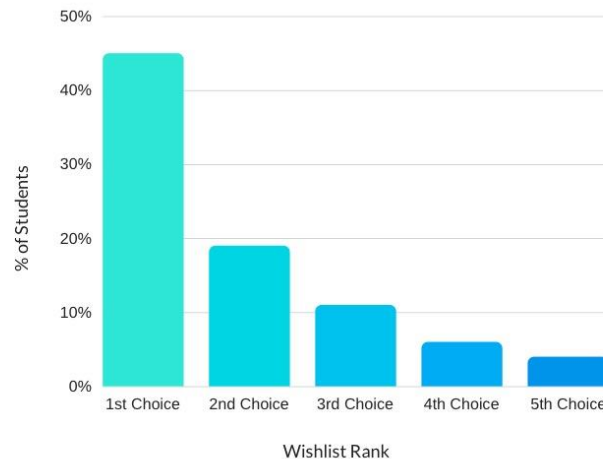
Advantages

Time-savings is a key benefit for automated placements. Results are typically available within hours or days rather than the days or weeks with other methods. Optimized automated placements produce the best results in the minimum amount of time.

Automated methods use data tracked and managed within a system, reducing the reliance on institutional memory and increasing the effectiveness of the placement process. This allows even a new DCE to easily produce quality placements. As with any such system, the quality of the results depends on the

quality of the data provided. Schools should ensure all data is up to date and all students are providing required wishlist information.

An optimized algorithm considers the needs of the entire class to create the best possible placements. This can require over a million calculations, certainly more than any DCE or clinical education team can do. Algorithms are also unbiased, treating each student the same. A widely-used algorithm placed 85% of students in 146 classes in their top wishlist choice.

Disadvantages

Some schools worry about the perceived loss of control associated with an automated process. For schools that have been placing students manually, it's a difficult transition to move toward allowing technology to make the placements. A quality automated placement system will allow human control and interventions alongside the advantages of automation.

Best practices with an automated placement method combines technology with human interventions and student mentoring. Schools can experience both the time-savings and optimized results of automated placements and the individualized approach of manual placements.

Because of the automated nature of this system, schools

Automated Method Summary
Advantages
1. Saves time, reduces human error, & decreases reliance on institutional memory
2. Fair & transparent
3. High level of student satisfaction

Disadvantages
1. Perceived loss of DCE control
2. Requires investment in technology
3. Depends on clean, correct data

must begin with clean accurate data. Without this, the quality of the results can be compromised.

A quality automated process requires and investment in technology to perform the placements. Only an optimized system that considers many variables and the entire class can truly provide satisfactory placements.

Hybrid Method

Overview

A hybrid placement method is a combination of manual and automated placement methods. It combines best features of other processes to achieve the best possible outcome. The substantial time-savings associated with an automated process is alluring to many schools. However, these schools also know the great value of human knowledge and judgement in making placement decisions. Schools who choose a hybrid process value both.

A hybrid process . . . combines the best features of other processes to achieve the best possible outcome.

Advantages

Time savings is still a key factor in choosing a hybrid method. With the hybrid process, schools manually place only a percentage of students. The remaining placements are done using the algorithm and with the associated time savings. Although a hybrid process takes more time than an automated method, schools still save time over a manual or lottery process.

A hybrid method can accommodate special cases while still benefitting from the optimized nature of automated placements. For example, schools often have key slots that require special attention. Other times, schools have arranged placements on behalf of specific students or have students have unique needs that require just the right slot.

In each of these cases and more, the clinical education team would manually complete the placement. Then the school would run the automated placements

with the remaining slots and students. After the automated placements have been run, schools would then evaluate the placements and make changes as needed.

Student satisfaction with hybrid methods, as with automated placements, remain high. Schools get the benefits of the optimized placements in conjunction with providing special attention where needed. The quality of placements here is reflected in student satisfaction levels.

Disadvantages

The time savings associated with the hybrid method are not quite as high as with the automated method. However, most schools feel that they this method allows them to put their time resources in key placements where they are most needed.

The automated portion of the results do depend on clean data. As with anything automated, your results will only be as good as the data you provide.

Because the hybrid process requires an automated algorithm, schools must invest in the automated placement technology.

Hybrid Method Summary

Advantages

1. Saves time
2. Accommodates special cases
3. High level of student satisfaction

Disadvantages

1. Requires investment in technology
2. Depends on clean, correct data
3. Time savings is not quite as high as automated placements

Placement Methods Summarized

Lottery, manual, automated, and hybrid methods all offer some advantages and disadvantages, even when used with best practices. It is useful for schools to compare methods and assess which advantages are most important to them, then select a method that maximizes advantages and minimizes disadvantages.

Many schools find that a combination of methods is most suitable to their needs. The challenge then becomes deciding how to implement their method while satisfying all stakeholders.

Summary Table of Placement Methods

	Lottery	Manual	Automated	Hybrid
Overview	Students select placement in order of a randomly assigned number.	The clinical education team places each student in a slot according to various criteria.	A computer algorithm matches students with slots using various criteria.	Combines manual and automated methods.
Advantages	Provides the illusion of student choice Does not require any special technology Transparent	High level of DCE control Can handle many special requests Does not require special tools or infrastructure	Saves time, reduces error, & decreases reliance on institutional memory Fair & transparent High level of student satisfaction	Saves time Accommodates special cases High levels of DCE control & student satisfaction
Disadvantages	Potential for repeated poor lottery numbers Minimal input from DCE Depends on chance	Time-intensive & prone to human error Depends on institutional memory Not transparent	Perceived loss of DCE control Requires investment in technology Depends on clean, correct data	Requires an investment in technology Depends on clean, correct data

Key Takeaways

1. There are pros and cons to all placement methods. Schools should asses the advantages and disadvantages to find a method that works for their student population and clinical partners.
2. With so much at stake in clinical education, PT educators must utilize a placement process that matches the needs and values of their program, provides quality placements for students, and optimizes available resources.
3. Lottery methods can be popular with students but have many disadvantages including a failure to deliver on the promise of choice.

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Placement Methods for PT Clinical Educators

4. Manual methods offer high levels of DCE control and can accommodate special cases but are time-consuming and prone to errors.
5. Automated methods are the most time-efficient, but schools must select a robust algorithm that can consider multiple factors.
6. Hybrid methods combine automated and manual methods, offering schools the advantages of both while limiting the disadvantages.

About Exxat

Exxat is an industry leader in the clinical education management space. Our solutions help educators in the Allied Health Sciences create efficiencies and increase effectiveness across all aspects of clinical education by providing a single platform to better manage data, compliance, placements, and more.

Exxat provides tools for manual, automated, and hybrid processes. For manual processes, we provide a comprehensive database, wishlist, and tools for managing and filtering data during the placement process. Our automated placements algorithm is one of the most sophisticated in the industry. It can consider a wide variety of factors and provide optimized placements quickly.

Our platform also supports a hybrid process, allowing schools to do key placements by hand, run the Autoplacements algorithm, and then make any needed changes to the placements.

If you are interested in our clinical education management platform or any of our Allied Health Science solutions, please contact info@exxat.com.