

Clinical Ladders/Opportunities for Professional Advancement

Site	Clinical Ladder Design	PTA/COTA in Supervisor Roles
A	<p>Happy to share ours, but it is in need of revisions (we just discussed that as a possible goal for next year). Historically, a move to 2 or 3 was a 3% increase for each one and they were on a different pay schedule, but we had to give that up several years ago. Now they just move up in their range faster so it is less of an incentive. We often have people get to level II, but rarely level III. We came up with one for our assistants a few years back.</p> <p>Attachments included</p>	
B	<p>We have our own home-grown model for therapist promotion/advancement: from Therapist I (new grads), to Therapist II (at least 2 years pediatric experience plus a variety of other successfully completed responsibilities) to Therapist III (clinical specialists with at least 5 years pediatric experience and a variety of other successfully completed responsibilities.) Base pay raises are given for each promotion. Staff have overall responded positively. We're in the process of some minor revision based on staff and manager feedback.</p>	<p>No, we do not currently hire PTAs at all.</p>
C	<p>Level II (after 5 years' experience) Level III (at least 5 years after achieving Level II) with specific criteria and a point system across several areas of professional development All have to submit updates every 2 years to maintain that level. Staff have responded well with about 1/3 working their way up (if they stay long enough to truly earn the advancement)</p>	<p>no</p>
D	<p>We have a 3 level program that is run by our clinical staff through a Shared Decision Making Model. It is a strong model and has a lot of buy in from the staff. They have to maintain it annually with a certain number of points. The staff have been involved in modifying it over the years and do agree with the model.</p>	<p>Yes, we have a PTA who is a therapy coordinator on our inpatient rehab unit that is over all therapies, not just PT. She does not supervise their clinical work, just there job duties.</p>
E	<p>XXX does not currently have a clinical ladder but are hoping to implement one</p>	

	soon.	
F	<p>We currently have 3 rungs on our ladder which only apply to OT/PT/SLP. I am very interested in an Audiology ladder but have not had the benchmark from other institutions thus far to justify this to my administration.</p> <p>Very basic overview for OT/PT/SLP:</p> <p>Staff Therapist (under 3 years pediatric experience, and/or doesn't meet continuing ed threshold)</p> <p>Pediatric Clinical Specialist (3+ years pediatric experience (here or elsewhere) <u>and</u> attains minimum of 80 points continuing education per year (varied opportunities-courses, conferences, in-service attendance/presentation, supervising students, university level course, research, community/hospital service, etc)</p> <p>Senior Therapist based on budget, and if there is an open position-typically 1 per discipline per site (max)</p>	
G	<p>We do not have a clinical ladder. We have a Clinical Professional Excellence Program, currently. Our nursing staff are just now considering clinical ladders, and so rehab has been asked to wait until that is fully implemented before considering the same. There are numerous criteria to meet every year, and a % increase is added to one's pay for a year, if they are awarded their clinical excellence. We also have clinical coordinators and program coordinators as other means of professional advancement; however those are specific roles that people are hired into.</p>	<p>We do not have PTAs in supervisory positions. However they do serve as clinical instructors for other PTA students.</p>
H	<p>We have a clinical supervisor who is under us. We also have senior therapists. Unfortunately it is not connected to a monetary reward, but it is a title enhancement at best. Therapists have to have 7 years of experience and 4 years at Shriners to qualify. Other requirements include taking students, mentoring new employees, giving an inservice, etc. Staff were happy to have something after years of no dichotomy</p>	<p>We do not currently employ any PTAs.</p>

	<p>between therapists who had been with us for years vs. therapists who had just started with much less experience.</p>	
I	<p>Attached is our guidelines for professional/clinical ladder as well as the requirements for achievement. We offer a Clinical Ladder II and III to therapists and assistants with a differentiation on the payout by discipline. We have retained all but 1 employee who completed the process since initiating in 2007 so have found it value added. The criteria is challenging enough to warrant the bonus amounts and also to deter individuals who aren't/don't want to put in the work.</p> <p>Attachment included</p>	<p>Our health system does not allow assistants to be supervisors because they don't want to have the conflict that can arise if they are supervising operationally but then being supervised on a professional side by a PT or OT.</p>
J	<p>We have OT, PT and SLPs in our acute care facility and also at our 5 outpatient clinics. I would like to institute a clinical/professional ladder in my organization and have made motions to create the program several times. However, we have so many other programs and needs requiring our attention that this has fallen to the back burner.</p>	<p>We do not have any PTAs in supervisory positions.</p>
K	<p>We have a partial clinical ladder in OT and PT. There are positions for Staff therapists and then senior therapists. The ability to move up is based on years at Children's and requires additional management responsibilities. I do think the staff appreciates it but only because they would top out at their salary range without it. We tried to get one for PTA's as well but could not get it past administration.</p>	<p>We do not have any PTA's in supervisory roles.</p>
L	<p>Our career ladder is attached. It has been very well received by the staff, and we've been implementing this program for several years.</p> <p>Attachment included</p>	<p>We do not have any assistants in supervisory roles.</p>
M	<p>We just re-did our career ladders. They are identical across PT, OT, and SLT. 4 rungs on the ladder for all. We did not get to finish the ladders for PTA, COTA staff yet, but we plan to have at least 2 rungs on their ladder.</p>	<p>We do not have any PTA, SLPA or COTA in a leadership/ supervisor positions.</p>

N	We do not have a Clinical Ladder and we do not currently employ PTAs. We would to change both.	
O	We use a portfolio based approach(when the candidate and her/his supervisor feel the portfolio meets all criteria then is it reviewed by a panel of therapies leadership and peer representatives) which focuses on clinical excellence and leadership. The program is open to all direct care therapists and therapist assistants. Advancement from level I to level II includes a pay increase, payment for a professional membership, and the advanced practice clinicians have additional leadership opportunities and responsibilities. Our level III advancement is a posted position and interview selection process. In addition to a different job description with protected time for these job responsibilities, CE's have additional continuing education support for department related exploration of topics and/ or speakers.	No