

| Location/Contact | Do any of you have clinical educators in your department and if so, what is their role | Does this person have clinical responsibilities outside of those related to supervision? | How many staff/students trained/supervised per year? | Discipline specific? | Site specific or multiple locations? | Other comments |
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| ORG A | We have 4 SLP levels, with four staff at Level IV. One of our Level IV staff in Speech and Audiology is responsible for education, students, minimum competencies and orientation. | Our Level IV staff have a 4 hour block each week to do their work. When we have a new-hire, we usually block another couple 4 hours to go through all the hospital's orientation requirements. | Our Level IV takes 1 student herself, but assigns up to 8 students to other SLPs. She also is the liaison but us and the universities. Usually 2 -3 new staff per year. | Yes | 7 locations | |
| ORG B | We have 3 clinical educators on staff. Their role is on boarding of new staff members, discipline specific mentorship, program development, providing continuing education opportunities (either bringing courses on site for staff or course recommendations), performing clinical staff evaluations and overseeing clinical competencies. | Yes. Each clinical educator has 20 hours/week devoted to their role as CE. Any remaining hours go towards clinical treatments. Therefore, a CE that works 40 hours a week devotes 20 hours to their CE role and 20 hours to treatment. | We on board an average of 10 staff members per year. However, the clinical educators provide mentorship to all staff within each of their disciplines | Yes, we have one each for OT, PT, and ST | They rotate throughout all of our OP locations | We have Clinical Educator staff positions here at Weisman and they have worked out very well |
| ORG C | My title is Education Specialist. I work with universities to ensure current contracts are in place as well as placement of students. There are also many requirements to be approved to come here as a student, so I work closely with each student to ensure they get all of their paperwork turned in and approved. On the students' first day, I spend 4 hours with them to welcome them to ORG C, get them badged and have them complete a few mandatory trainings. They will then leave my building and head out to meet with their supervisor at their location. | I do not directly supervise students due to other responsibilities within the division. I do have patient care responsibilities in addition to my educator tasks. | We host roughly 20-25 Developmental PT students, 25 ortho/sports PT students and 20-25 OT students. These are the long term affiliates (8 weeks or longer). | | We host students at all of our 12 satellite locations. | |

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| ORG D | Not at this time | Ours would have a clinical case load | Our role would be responsible for developing the orientation plan and clinical experiences. They would complete part of the training but we would also still need to utilize other clinicians to carry out the plan. We would utilize these roles to assist us with developing pathways with clinical outcomes measures. Completing chart audits and developing training; assisting with on-going staff development | We are proposing one for each of the following areas: PT, OT, Speech, Feeding & Dysphagia. I think it would be difficult to effectively cross disciplines with these roles. | I think they will support multiple sites at this time. | This is really timely for me as we are looking at a restructure and are also considering roles with these same responsibilities. Please see below for what we are considering (note we do not have approval to move this direction yet) |
| ORG E | We have a clinical specialist that covers these duties in addition to others for our department. There is enough work to split into two positions. However, we haven't had approval to do so. Our clinical specialist organizes hosting of CMEs, consistently works to revamp our templates for improved efficiency, trains and monitors staff with student rotations, supports orienting of new staff members, leads our developmental rounds and supports many department improvement projects. | Yes, her productivity target is 60%. | In 2018 we have 12 clinical rotations scheduled for our 40 therapist team. That excludes informal observation hours, etc. | Our clin spec covers all 3 disciplines. | Our clin spec is oriented to our outpatient department. However, she has worked with sister OUs in areas she's skilled in to support other departments/programs. | Outpatient Specialty Rehab We work with patients from Birth through Geriatrics with notable programs consisting of: AAC, Developmental Clinic, Wheelchair & Seating Clinic, Social Language Program, Lymphedema, Concussion, Stroke/Parkinsons Support Groups, and Vestibular Therapy. |
| ORG F | We have several of our clinicians as trained Cis (approximately half of our staff for OT and PT). We also have one of our managers who oversees the Contracting and scheduling of PT / PTA students. Her role includes some clinical care (30%) and other management roles. OT has a senior clinician who is fully clinical and oversees the OT | | We have between 12- 16 students per year trained... We train and hire approximately 12 new PT OT staff per year. Orientation is coordinated by Manager and Administrator. Location specific training is | No | No | |

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| | scheduling (a few hours set aside for scheduling & uses manager as a resource for contracting,etc.) | | by clinicians during normal work time. We assign ONE supervisor per new hire who spends 1 hour per week supervising x 3 months and then goes to 1x per month. | | | |
| ORG G | Yes. I am the Education Coordinator for the Division. My primary responsibilities include onboarding, student programming, and development of competencies. We additionally have Clinical Coordinators for several of our departments within our division (PT, OT, Speech, Audiology), which serve a clinical educator role. They work as mentors for new hires, and coordinate the overall clinical quality for their own department. | I do maintain clinical responsibilities, as do the Clinical Coordinators. Each maintains about a 50% caseload. I maintain a caseload about ½-1 day/week. | We have been averaging 30-40 new employees for the past 2 years. We are growing! This includes all staff, so each Clinical Coordinator within their discipline, may welcome 5-10 new employees. | Yes, the Clinical Coordinators maintain licensure within their own discipline. I am a Speech Pathologist, but my role is not discipline-specific; I can maintain a licensure within any discipline of Rehab. | Multiple locations. | |
| ORG H | We are a relatively small but growing agency. There is a nurse educator specific to the clinical dept and there is also an educator role (who happens to have a nursing background) within our HR dept for agency-wide topics and general orientation. Therapy does not have an educator but it is on our list of considerations - below is a very rough list we are thinking about but some of the roles are included based on the resources we have. Clinical Education Supervisor: o Staff education, staff development, orientation, competency o IP and OP referral consultation, difficult case coord, clinical resource for staff and families | - We would likely have them run about 30% patient care which is our current model for supervisors. | The therapy department is currently 60 including IP and OP PT, OT, ST, RA's, several admin positions and PRN. We will be growing as we have increased our beds and plan to grow our OP program. - Student coordination is handled within each discipline and the therapists rotate as instructors. Roughly 10 students per year - Shadow requests go through the HR educator (to ensure consistent | | We only have one location | |

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| | <ul style="list-style-type: none"> o RA/PT Tech supervision, development? o Help identify therapists as super-users for certain equipment, treatment techniques and support them in educating others and optimizing use o Coordinate staff to share in-services after attending a conference/course | | safety/HR measures are taken) and are then scheduled by a discipline specific contact in therapy | | | |
| ORG I | At ORG I, the Manger orients new staff to general information; the Sr. Therapist in each discipline oversees completion of the competencies; the Manager schedules in services and tracks individual mandatory training individual therapists work with students- we only allow one student/discipline at a time; Manger also sees staffs one of the clinics weekly and assists with patient care as needed. | | | | | |
| ORG J | We do not have a clinical educator as described. We have student coordinators for each area of practice within our division (speech, OT/PT, audiology, inpatient therapies, Sports and Ortho). Otherwise we use supervisors and peer mentors for onboarding and competency training for new and existing staff. | | | | | |
| ORG K | We do not have a clinical educator. We do have a lot of students and therapists work in teams to provide supervision. One therapist has time to provide one hour didactic education for the students and one has one hour hands on training time with the students each week. | | | | | |
| ORG L | We do not have one at ORG L. We do have a Quality Manager who ensures we are coordinating education. | | | | | |
| ORG M | <ul style="list-style-type: none"> · We have a student coordinator that does all the work with the contracts, setting students up with CIs, interviewing prospective students etc. she does for both PT and OT · We also have 3 clinical leads for 3 of our regional off site clinics who manage day to day operational concerns and supervise that clinic's staff. They also carry a full caseload (their request) but, we often block time for meetings etc. · New staff are trained either by the lead or by another person in that specific clinic. This is discipline specific · We have 5-6 students each year at our regional sites and 2-4 additional at our main hospital. We hire anywhere from 0-5 new staff each year. · Competencies are established by the clinic leads and the rest of the team. The clinic lead is responsible for checking everyone off and maintaining the documents | | | | | |
| ORG N | We have six clinical educators in our department of about 100 therapists, 2 in each discipline. In each discipline, 1 has .5FTE for CE time and the other has .3 FTE. The remainder of their FTE is used for clinical time. Four of our CEs are primarily at the hospital location, the other two are at other sites, but each uses some of their CE time to visit the other sites on a regular basis. Our CEs assist with orientation, especially with regards to competencies, they update competencies, they lead our clinical practice guideline development groups, arrange for internal education and facilitate one-on-one mentoring. We also have a student lead who is responsible for coordinating with schools and coordinating students in each discipline at each site. She has .1 FTE set aside for that work, and is otherwise clinical. | | | | | |
| ORG O | Thanks for the question. We have had a similar experience here of tremendous growth and lack of adequate roles to accomplish the education/competency piece. We have been requesting a similar role for several years but have not been successful in achieving this. We will be very interested to hear how others may have navigated the approval process for such a position and how it is working. | | | | | |