

ORG

Do your therapy/audiology staff have dedicated educational hours/days to use for professional development/continuing education? If so, how many hours/days are dedicated?

Do funds available to support professional development/continuing education? If so, how much is each staff member allocated?

A

We allow education days as part of our budgeted benefit hours. The hours are different by department (PT/OT/ST/Aud) and based on our internal history. We allow CE hours for the hours normally worked (if they normally have an afternoon or a day off, we won't pay education hours for those hours). We will pay education hours if normally worked and if the CE is approved by our committee made up of front line staff.

Yes, but we don't guarantee anything per FTE. It is a departmental budget that averages about 500 – 750 per FTE in the department – but we will spend it where needed based on clinical outcomes, difficult to staff, new service, etc.

B

Yes – we do this by FTE: Staff with .75 or higher FTE have 16 hours per year of paid CE time, protected from hitting productivity calculation. If course requires more days than that, staff use personal time.

Yes – Depends on program/org need and financial status against budget, where we are in fiscal year, etc. Not everyone goes to a national, more expensive course every year, and our organization offers a pretty robust clinical CE program by hosting conferences here, so that enables us to address a variety of CE needs for a larger # of clinicians and still have # in budget to send a number of people to national courses or PT CSM, etc,

C	no dedicated days or hours by staff member; department has time budgeted in annual budget	Yes; not by staff member, by department budget. I plan and budget for it annually. The organization also pays for a Medbridge subscription for all full time clinicians in rehab.
D	No we do not have dedicated hours/days. No we do not have dedicated hours/days.	
E	Generally 3 days per year for Professional development (additional days can be approved if presenting or have needed clinical relevance to the department) (\$1200 / year)	

F

Our staff are allotted 40 hours of education/training time/year. This is exclusive of hospital required training i.e., CPR, CBIS (rehab unit specific), CPI, etc.

- o We have a cost center and a dedicated small team of staff that serve to support professional development and continuing education for therapists across the system.
- o We utilize the majority of these funds to host, sponsor or co-sponsor continuing education courses throughout the year. Last year, as an example, we offered 70+ courses. The majority of these courses are 2 – 3 days and include weekend days. (Weekend hours are not calculated into the above referenced 40 hours of allotted education/training time). The bigger challenge is when we offer higher intensity courses (i.e., Adult NDT) where the course hours far exceed the allotted 40 hours. For these type of courses, we try our best to be creative, be that offering alternative scheduling, use of vacation time or educational leave without pay.
- o To a much lesser degree and by exception, we support staff who need additional education/training in a specific area for which we do not have a similar course scheduled nor staff with strong enough expertise to serve as a clinical mentor. As an additional consideration, travel is highly scrutinized and serves to further limit attendance at courses that are not offered locally.
- o We do not allocate dollars/staff. Some years a staff member may have the benefit of attending the Adult NDT course while another year, maybe no courses or one or two of far lesser monetary value.

G

We have 70% patient care and the other 30 % of the day can be used for online CEUs, or other non-billable things we do. We also give staff 2 paid days a year for CEUs. Our therapists get 400.00 per year for CEUs.

H	yes, 40 hours/FTE	\$500/employee
I	Yes, FT therapists get \$500 budget annually and 2 paid CEU days. Part-time therapists get \$200 budget and 1 paid CEU day annually.	See first question
J	We allow up to three days for a full-time employee.	Currently we offer up to \$500 for a full-time employee for course registration only; this money does not cover travel. There has been some discussion of enrolling all therapy staff (at multiple system hospitals) to an on-line CEU provider. I have not heard specifics yet and do not know what pediatric content is available or how this will change the current allocation of funds.
K	We do not have dedicated days or set amount of times that people can go. We do try to support conference attendance/continuing education whenever possible from a work hours standpoint. Team members are expected to meet their budgeted volumes in spite of conference attendance.	We allocate \$500 per employee, prorated for FTE. We also have a donor family that provides money that supports attendance at 10-15 conferences that involve travel each year. Team members are required to submit applications for those conferences.

L

No dedicated days/hours. Staff may request to attend a course, they are eligible to use "Trip" days instead of their own personal time (there is a max of these they can use in a year). They are eligible for these after an established period of time after hire date and every 2 years thereafter each use; they cannot accrue them.

Yes, it is department wide, not necessarily per staff person.

ORG2

What are the expectations of staff who attend professional development/continuing education (using departmental funds or education time)? For example, provide an in-service, etc.

Does your facility send staff for specialty training and, if so, how are the trainings and particular staff members prioritized/identified?

A	Provide noon hour lunch and learn.	Yes, based on departmental needs as listed above. We do have a CE committee as part of our shared governance structure. That committee is charged with reviewing and approving external CE based on funds available and departmental needs. They are also responsible for determining the internal courses that we offer (we try to offer a course a quarter).
B	Staff are expected to bring learning back and share/present to other staff upon return. May be on small scale or may be learn over lunch for a larger group or hospital grand rounds, depending on the topic.	Yes. Directors and team leaders identify and prioritize – always must meet either a program development need or organization need as well as support clinician’s general professional development.

C	Must provide inservice for staff upon return; in some areas of our organization some staff members have been required to stay on for a certain period if it was a large/expensive course through an agreement prior to attending.	Yes, if department or hospital driven the staff member is identified by the manager; if staff member driven they must write up a business case for the attendance of the course. If the course is approved then the entire cost of travel, course and lodging/food is covered. All courses or specialty training paid for must meet the business need of the department and hospital. Manager and Administration approve all courses. The big perk for staff is that there is no dollar cap to the course/training they can put in for. So they could apply for NDT or other large certification – and if the business case meets our dept/hospital needs then it could be covered. However- there is also no guarantee that all staff members go to continuing education or training every year.
D	There are no expectations. If they present, a copy of the presentation must be provided to our departmental shared site.	Occasionally. We have specialty audiologists who may be sent for specific trainings should an appropriate opportunity arise but this is at the discretion of the director.
E	Expected to disseminate information to the department once back. Some have developed tools or implemented strategies if leadership / managerial	We do send for training (ie. Schroth) and we identify a PT per location where the treatment is typically needed. This is usually a part of the \$1200 but occasionally a therapist is identified after using this training so it is also department funded.

F Staff who have attended professional development/continuing education courses are required to provide in-services to their colleagues within a defined period. Additionally, when they attend a course that we have provided, (host, sponsor or co-sponsor) they are assigned responsibilities such as room set-up, participant check-in, clean-up at the end of the course, etc. Yes, we do send staff for specialty training as necessary. This is based upon the need(s) and priorities of the organization and area of specialty. At least 50% of a staff's clinical time/patient caseload must benefit from attending specialty training.

G For example, provide an in-service, etc., yes staff in-service of the highlights 15 minutes and then mentoring others as needed Yes, we do send staff to specialized when we want to start a new service line, such as pelvic floor...

H	Provide an in-service or some type of training for the rest of the staff	If we have a need for specialty training we ask who is interested and if staff are meeting basic job expectations they will be supported to attend. If needed we will assign someone to attend training we need.
I	Staff are expected to complete a short form requesting the use of their CEU budget up front and to provide an in-service to all therapists upon their return. This allows the manager to have a conversation with the team member prior to their use of funds and share information with all team members.	We have sent therapists for specialized training (lymphedema) but have been burned in the past when they do not end up staying with that specialty population. The needs of the department prioritize what training is supported and which therapists would be chosen fall in line with the specialty fields of interest.
J	Staff must provide an in-service. If the course was more specialized, there may be some one-on-one training as well.	On occasion we will send a therapist to a specialty training (advanced feeding is one example). When we determine that a specialty training is needed within the department, we then get permission to pay for travel/hotel and registration.
K	We have not been good about this in the past, but we are beefing up our processes this year since the \$500 per employee is new. Each team member will be required to complete a course summary/evaluation that will be filed within our shared folder when they return. We have also developed professional practice groups, and they will be required to do a brief presentation for their professional practice group.	This gets absorbed within the donor money. I also have the opportunity to identify the areas of greatest need or to identify a conference that I would like for someone to attend. We will fund up to one large conference per employee per year. Relevance to clinical practice, impact on the care that we provide, date of last conference attendance, and if the individual is submitting to present are all considered.

L

Re-teach or present findings via lecture or bring interesting research in a journal club format or demonstrate skill they learned to the appropriate/applicable colleagues/staff; length and content of presentation is dependent on the length and content of the course/conference they attended.

Depends on need.
