

BACKGROUND

Clinical education is a vital portion of the development of physical therapy students and is crucial for the application of concepts and techniques necessary to demonstrate competency as an entry-level physical therapist. This historically difficult process was compounded by the impact of the COVID-19 pandemic this past year. By design, the Baylor University (BU) Doctor of Physical Therapy (DPT) Department, a hybrid program, has approximately 200 students (two cohorts @ 100 each) from more than 30 states enrolled each year, and all three clinical experiences occur in the final year of the program¹. The 2nd year students were on their first clinical rotation (January 20 - March 13, 2020) when the declaration of a national emergency in the US occurred^{2,4}, coincidentally just months after the implementation of changes in the Patient-Driven Payment Model³. As COVID cases began to rise in the US, students and facilities began reaching out as decisions were made to close their facilities to non-essential personnel, including students. The ability to quickly intervene in order to provide a positive, stable clinical environment became exponentially more crucial during the pandemic. For the 2020-2021 clinical rotations, many clinical sites decided to cancel slots or defer accepting students for the foreseeable future. New clinical education and placement strategies were developed and revised regularly as conditions necessitated⁵.

METHODS

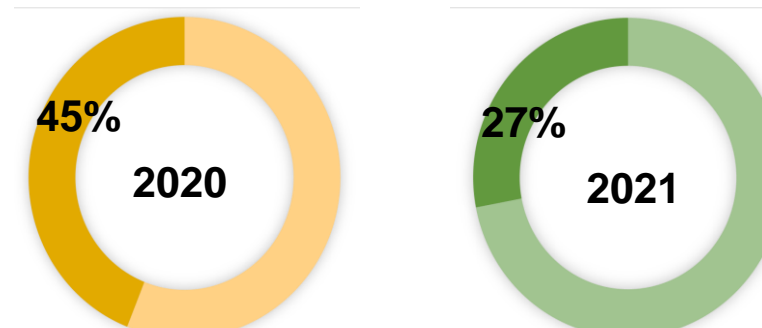
Early in the pandemic, the impact of site closure or clinical release was monitored and found to primarily impact students in the last week of clinical training. Following the first rotation, the DCE and core faculty collaborated to develop COVID guidelines, guided by CDC recommendations. The goal was to balance overall well-being with academic progression. Plans were made to accommodate deferment for students uncomfortable with clinical education during the height of the COVID pandemic and to quickly identify alternative placements when existing placement arrangements were cancelled by facilities. Several students reported personal or family health conditions or vulnerabilities and chose to defer clinical education. Twenty-two percent of placements were cancelled by facilities and alternative placements were acquired. We also needed to consider student preparation, as the decision was made to cancel the in-person lab experience in June 2020, just prior to the start of their terminal experiences. Their advanced interventions course was modified to deliver a higher volume of clinical reasoning and application of concepts from prior coursework and integration of intervention techniques learned previously in the curriculum, since there would be no lab experience to practice intervention skills.

OUTCOMES

As facilities began to cancel or defer students' placement, alternative sites were identified such that 100% of students who wished to continue their plan of study were placed in clinics. Our forward planning and guideline development prepared us for challenges of mask usage, cleaning procedures, and response protocols for COVID exposures or symptom development. Students were instructed to follow our guidelines unless specific guidance was provided by clinical sites. Missed clinical time was tracked, to be made up within the clinic or through alternative completion plans designed to account for missed time in clinical courses. These policies resulted in 92 students graduating on time in December 2020, and only 4 with a prolonged graduation date due to personal circumstances unrelated to curriculum or placement efforts.

Table. Clinical Education and Graduation Outcomes

	2020	2021
Students in Cohort	97	98
Cancellations	21	21
Total Placements	94	97
COVID-19 Exposures	21	5
Rated as prepared +	94%	TBD
% students graduated	95%	TBD



Graphs: Percentage of Students Impacted

CONCLUSIONS

Creative solutions, prompt action, and enhanced communication were crucial in the BU DPT Clinical Education Program response to these challenges and ability to proceed with our mission to advance societal health through innovative education, connection, inquiry, and leadership in physical therapy. In Summer of 2021, thank you letters and BU stickers were mailed to all clinicians that had accepted students to express gratitude for their willingness to mentor students despite the pandemic.



REFERENCES

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