

Blackburn, Thomas

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**From:** ST, PHYSICAL  
**Sent:** Tuesday, September 27, 2011 9:25 AM  
**To:** Blackburn, Thomas  
**Cc:** Howell, Sabina  
**Subject:** FW: Reference Number - 16A-6514 (Act 38 of 2008)  
**Attachments:** PA proposed rules - SCampbell personal response.pdf

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**From:** Sandra Campbell [<mailto:slcampbell@widener.edu>]  
**Sent:** Monday, September 26, 2011 1:45 PM  
**To:** ST, PHYSICAL  
**Subject:** Reference Number - 16A-6514 (Act 38 of 2008)

Dear Regulatory Unit Counsel,

Please accept the attached document as comments on the Proposed Rulemaking for the State Board of Physical Therapy. The reference number is 16A-6514 (Act 38 of 2008).

Thank you.

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September 26, 2011

Regulatory Unit Counsel  
Department of State  
PO Box 2649  
Harrisburg, PA 17105-2649

**Reference Number – 16A-6514 (Act 38 of 2008)**

To Whom it May Concern,

I am a physical therapist licensed in Pennsylvania. In reviewing the proposed rules by the State Board of Physical Therapy, I would like to ask the Board to consider additional language pertaining to the proposed section 40.68(c). This section highlights a variety of continuing competence activities that would qualify for continuing education units (CEUs). I applaud the variety of activities listed, specifically the mention of becoming a credentialed clinical instructor (CI) or trainer. Since this is a one-time activity, I would ask the board to add opportunities for clinicians who serve as CIs from year to year.

From personal experience, I can attest that being a clinical instructor provides multiple opportunities for continuing competency. I have spent 17 of my 22 year career involved with clinical education. I have been the direct CI for at least 10 physical therapy students. I have spent 4 years mentoring clinical instructors in a clinical environment. For the past 13 years I have managed the clinical education program at an academic program where I have facilitated the clinical education experience of approximately 375 graduates in addition to the 120 students currently enrolled. For the past 6 years, I have been an instructor for the APTA's Clinical Instructor Education and Credentialing Program. I have taught 19 courses to approximately 475 instructors. As such, I think most would agree that I am expert on the clinical education of physical therapy students.

Supervising a student requires a CI to remain current in a variety of skills. As clinical teachers, CIs facilitate clinical decision making, use evidence to support decisions, and are challenged to explore alternate theories proposed by students. Students frequently bring current concepts and literature into the clinical setting. This serves as discussion points and inservice topics between the student, the CI, and the staff. I can easily identify several concepts that I learned over my 22 year career that were first presented by students. Additionally I can identify the multitude of new concepts and topics that spark discussion between current students and CIs today. Many CIs cite this influx of new concepts as a reason why they enjoy having students in their clinics. Students also bring new perspectives that force CIs to examine why we do what we do in patient care. These are just a few of the examples of how supervising students meets the intent contained in the continuing competencies listed in section 40.68(c).

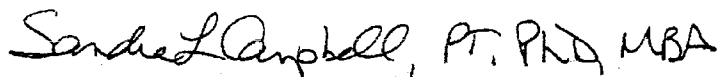
There are 16 physical therapy programs in Pennsylvania. According to the Commission on Physical Therapy Education (CAPTE), the mean for full-time clinical education is 35.9 weeks and the range is 24-60 weeks. This accounts for an average of 20.1% of the total education time of physical therapy students (CAPTE, 2010-2011 Fact Sheet Physical Therapist Education Programs). As such, the role of the clinical instructor is vital in the development of students.

Increasingly clinical instructors are being awarded CEUs from state licensing authorities for teaching students in the clinical setting. When comparing the CEU requirements in Pennsylvania to those in other states, there are at least 39 other states that require CEUs for licensure renewal. Of those 39, at least 19 offer CEUs for being a CI. The neighboring states of Delaware, New York, and Ohio all offer CEUs for clinical instructors. Additional states that offer CEUs for clinical instruction include Arkansas, California, Florida, Georgia, Illinois, Kentucky, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, Tennessee, Virginia, and Wisconsin. This is not a new concept as our neighboring state of Delaware has been offering continuing education credits to CIs for years.

There are a variety of guidelines governing the process. Most CEUs awarded are calculated based on the number of hours or weeks of clinical instruction. Some states have a limit of the number of credits that may be awarded per clinical instructor. A few states require the CI to be credentialed through the American Physical Therapy Association's Clinical Instructor Education and Credentialing Program thus further elevating the qualifications of the CI. As an academic, I have been asked to verify the instructional time given by CIs licensed in Delaware. I am certainly willing to do the same for CIs in Pennsylvania if given the opportunity.

I ask that the board consider adding language that would award CEUs to recognize the contribution and the professional development that is associated with being a CI.

Sincerely,



Sandra L Campbell, PT, PhD, MBA  
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