Since 2003, Evidence In Motion (EIM) has embraced the commitment to continually move the physical therapy industry forward by discovering and translating the best, latest evidence into physical therapy practice. Using cutting-edge technology and communication tools, such as EIM educational courses, mobile applications, blogs, and various books and CDs, EIM disseminates evidence-based knowledge to our audience quickly and efficiently.

As an educational institution, our primary function is to provide a wide range of top-notch postgraduate and continuing education programs for physical therapists. We use proven teaching models and our faculty is comprised of physical therapy experts dedicated to promoting an evidence-based, best practice culture within the physical therapy profession. While we are proud to continue in this role, we are also on a mission to elevate the physical therapy profession and the role of the physical therapist in the modern healthcare environment. To help achieve this goal, EIM proposes a progressive reformation of the current clinical education model.

In recent years, physical therapy education has been characterized by very positive reforms including the transition to a doctoral level education and the emergence of evidence-based practice as part of standard curricula. Interestingly, despite an attempt by the APTA to develop a uniform Credentialed Clinical Instructor program, the clinical education system has largely been unaffected by these changes and remains a very fragmented and ill-equipped system. Under the current model, educational performance and measurement standards are not in place to ensure quality and consistency of training. As a result, the current PT clinical education system undermines the profession's ability to realize the full intent of APTA's Vision 2020. With the adoption and implementation of a new DPT clinical internship model, as an industry, we will be able to close the standards gap that currently exists between post-graduate education and clinical education.
IMPORTANCE OF PARTNERSHIPS

Our solution is The Clinical Excellence Network (CEN). The CEN, modeled after medical internship programs, is an innovative, collaborative partnership between academic institutions, clinical practices, and private enterprises. At the intersection of this partnership is intern excellence. Success of the program is critical to the active participation of each partner and the design of the internship model. As an industry we need to take advantage of the opportunity before us.

Now is the time to position PTs as the first point of professional contact for movement disorders. The following brochure is detailed information about EIM, the advantages of the new CEN educational model and how the physical therapy industry will benefit from this progressive reform.

VISION 2020 FOR PHYSICAL THERAPY

By 2020, physical therapy will be provided by physical therapists who are doctors of physical therapy, recognized by consumers and other health care professionals as the practitioners of choice to whom consumers have direct access for the diagnosis of, interventions for, and prevention of impairments, activity limitations, participation restrictions, and environmental barriers related to movement, function, and health.
EIM is an educational institution committed to creating and promoting a culture of evidence-based practice (EBP) within the physical therapy profession. EIM seeks to develop long-term relationships with its partners, create collaborations, and assist practitioners with the integration of a comprehensive EBP approach to care.

**Mission**
EIM exists to elevate the physical therapy profession and the role of physical therapists in healthcare delivery.

**Vision**
EIM envisions a healthcare delivery system with exceptionally well-educated and skilled physical therapists positioned as the first point of professional contact in addressing the diagnosis of, interventions for, and prevention of impairments, limitations and disabilities related to movement disorders.

**Value Proposition**
EIM’s programs are designed to be integrated, meaning that they share curricula, and therefore, can be completed concurrently. This interrelation between programs also enables participants to transition from one program to another, creating a uniquely tailored and flexible learning experience.
WHO ARE EIM’S NETWORK PARTNERS?

EIM Network Partners are established private practice clinicians that operate more than 200 PT clinics throughout the United States and serve as regional hosts for EIM residency, fellowship, and continuing education training. Our Network Partners are truly best practice providers committed to evidence-based practice and subscribe and adhere to a common set of professional standards. EIM Network partners will play the pivotal role of on-the-job training centers for PT interns. Network Partners will also be responsible for ensuring that the high standards of the CEN model are consistent and sustained. The collaborative partnership between placement administrators (academic institutions) and intern training centers (Network Partner clinics) will serve to elevate the educational experience of future graduates and further the PT profession as a scientific discipline.

THE EIM NETWORK

NETWORK PARTNERS
A community of high-quality physical therapy providers and academic programs, like-minded in their commitment to evidence-based practice and elevating the physical therapy profession.

PROGRAM AFFILIATES
While not currently hosting EIM events, Program Affiliates are close collaborators and share in a common goal of advancing the physical therapy profession.

COLLABORATORS & FRIENDS
EIM collaborates with many physical therapy-related companies, all of which are striving to enhance to the PT profession in some way.

To learn more about our Network Partners visit:
www.evidenceinmotion.com/collaborators_friends.aspx
WHY CLINICAL EDUCATION REFORM?

The combination of a changing healthcare system, aging population, and increased formal education requirements makes physical therapy education ripe for an evolution to a clinical educational model that will meet the demands of our nation’s dynamic healthcare system. We believe there exists a critical need for academic institutions, clinical practices, and private enterprise to collaborate using an altogether new paradigm that has previously not existed in physical therapy education. This new standard is similar to the current internship model used by the medical profession.

A direct comparison of the three systems exposes the current PT system as fragmented, inefficient, and non-collaborative. The CEN model will address these issues by instituting and upholding high standards and increasing peer learning in the clinical education experience.

<table>
<thead>
<tr>
<th>CURRENT PT INTERNSHIPS</th>
<th>MEDICAL INTERNSHIPS</th>
<th>CEN PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty placing students in quality clinical education experiences</td>
<td>Standardized Internship Matching Program with huge hospital network</td>
<td>Vast ‘footprint’ of Network Partners makes it easy to ‘match’ interns</td>
</tr>
<tr>
<td>Inefficient, individual method of teaching &amp; learning — 1:1 student to instructor ratio</td>
<td>Collaborative, 1:2-4 clinical faculty to intern ratio facilitates increased retention rates and enhanced learning experience</td>
<td>Enhanced clinical productivity with 1:2-4 faculty to intern ratio</td>
</tr>
<tr>
<td>Short duration experiences mitigates potential for students to become productive/revenue generating</td>
<td>Length of internship allows residents to earn a modest salary and receive high-quality standardized training</td>
<td>9-12 month program in EIM Network Partner practice allows students to become productive staff members/increase productivity</td>
</tr>
<tr>
<td>Inconsistent or nonexistent curriculum</td>
<td>Standardized curriculum for each intern</td>
<td>Consistent standards: placement system, faculty training, curriculum, accreditation</td>
</tr>
<tr>
<td>Few incentives for instructors to provide high quality clinical training</td>
<td>Clinical faculty adhere to rigorous quality and accreditation standards</td>
<td>Experienced, world-class, “CEN” trained Faculty</td>
</tr>
</tbody>
</table>
There is an inherent inconsistency between the Commission on Accreditation in Physical Therapy Education’s (CAPTE) standards and the current clinical path taken by PT students. Contradictive of the CAPTE’s mission to apply high standards on quality and continuous improvement in PT education reflective of the progressive nature of industry practices, the maze of clinical education is “unhinged” from PT schools. This results in inconsistent treatments and outcomes at the expense of patients, clinics hiring recent graduates, and ultimately the profession. In contrast, the CEN assists in upholding high standards for the remainder of the PT student's education to ensure that clinical education remains “hinged” to the PT school by applying a consistent, evidence-based clinical framework. The result: highly skilled physical therapists using the latest evidence to treat patients with proven, consistent interventions that result in the positive patient outcomes expected of a scientific, doctoring profession.
WELCOME TO THE FUTURE OF CLINICAL EDUCATION

The CEN is a national network of clinical practices that offer clinical education experiences. The CEN will endorse an internship educational model similar to the highly standardized, and credible medical internship model.

**How the Program Works**

Physical therapy interns work with academic program counselors at their university to be matched with an EIM Network Partner practice. Once placed, PT interns will receive hands-on, standardized, collaborative training from ‘CEN trained’ world-class faculty. To ensure consistency, all clinical faculty members will be provided a standardized educational training package that will include:

- Standardized internship curriculum
- Blended learning model with online learning and traditional didactic instruction
- Standardized accreditation and quality standards

**EIM’s Responsibilities & Commitment to Excellence**

EIM’s primary role is to maintain a high quality, standardized curricula across the CEN. We will continually monitor the system to ensure intern progress and accomplishments across multiple domains are being achieved. EIM will also be responsible for securing Network Partner sites and coordinating with the academic program counselors to facilitate placement. EIM will establish the following:

- CEN Interns’ primary responsibility is direct patient care
- A curriculum designed around actual patient interactions, connecting the classroom and the clinic
- CEN course work presented in a series of modules to be completed in sequential order
- A “blended” educational model consisting of online learning management systems, current post-professional residency training, and team-based learning facilitated by credentialed CEN faculty
- Participation in a national outcomes database via Electronic Medical Records (EMR) training.
- A direct link to industry experts through evidence-based online journal clubs
- Strict monitoring systems to include:
  > Performance Development Plan to assess teamwork, behavior modeling, collaborative learning, clinical conversation, and patient service skills
  > Intern Exams
  > Clinical Faculty Credentialing
  > Outcomes monitoring using Focus on Therapeutic Outcome (FOTO)
There are a number of benefits that are associated with the adoption of the new CEN internship model. When you understand the benefits, then you can truly understand why clinical education reform is not a question of if it will happen; it is a question of when.

**The Academic Institutions**
- Access to large, national network of credentialed clinical education sites
- High level quality assurance and outcomes monitoring
- Leverage benefits of the CEN to prospective students
- Access to EIM content synergistic with didactic curricula for academic efficiency
  - Evidence-Based Practice
  - Practice Management
  - Assignments designed around actual patient interactions
  - Virtual Grand Rounds
- CEN is funded by the Network Partners – no cost to academic institutions

**The Student**
- High quality clinical education
- A larger network of CEN clinics means more choices for students
- Students will begin the program with a CEN Orientation Course to include an Assigned-Mentor Program
- Gain a strong knowledge base and familiarity with the most current evidence
- Longer-term internships provide opportunity for students to become valued members of the clinical practice and increase the possibility of becoming a full-time employee
- Optimal collaborative and peer learning environment

**The Industry**
- Standardize and improve the quality of clinical education and productivity of PT interns
- Realize the full intent of a doctoring profession and APTA’s Vision 2020
- Attract the best potential applicants to the PT profession by increasing the feasibility of recovering educational costs
CONTACT US TO LEARN MORE ABOUT CEN

Thank you for taking the time to review the Clinical Excellence Network Brochure. We invite you to contact us if you have any questions or suggestions about the CEN model. We are excited about this new partnership and look forward to your feedback.

MANY THANKS FROM THE EIM FOUNDERS

GET IN TOUCH WITH EIM
Evelyn Jose
evelyn@eimpt.com
Office: 888-709-7069
Direct Line: 210-998-3843 ext. 306
Fax: 866-936-2759

Dr. Laurence N. Benz
DPT, MBA, ECS, OCS

Dr. John D. Childs
DPT, PhD, MBA, OCS, FAAOMPT

Dr. Tim W. Flynn
PT, PhD, OCS, FAAOMPT

Dr. Rob Wainner
PT, PhD, ECS, OCS, FAAOMPT
The curricula is delivered in a “blended” manner consisting of online learning management systems, current post-professional residency training, and team-based learning to deliver consistent education and clinical decision-making behaviors across all CEN locations and Interns around the country.

**Foundational**

**Module 1:** Introduction & Orientation
**Module 2:** Medical Interview – The 4 Habits Model/5 Question Follow Up
**Module 3:** Customer Service
**Module 4:** Lower Quarter Screening
**Module 5:** Upper Quarter Screening
**Module 6:** Clinical Reasoning & Decision-Making
**Module 7:** Outcome Monitoring Orientation (Within Session & Episode of Care) 6+
**Module 8:** Competency Assessment

**Upper Extremity**

**Module 1:** Shoulder Instabilities & Impingement Spectrum
**Module 2:** Elbow/Forearm Overuse injuries
**Module 3:** Common Peripheral Neuropathies (Median/Radial/Ulnar n.)
**Module 4:** Wrist/Hand
**Module 5:** Outcomes/Review

**Lower Extremity**

**Module 1:** Ligament Injuries – Non-operative & Post Operative Management/Surgical Considerations (Ankle Sprain, ACL, MCL, Meniscus, etc.)
**Module 2:** Hip/Knee Osteoarthritis

**Module 3:** Injury Prevention (Neuromuscular Training, Core Stabilization, etc.)
**Module 4:** Overuse Injuries – Ant Knee Pain, Achilles Tendonopathy, Plantar Foot Pain, etc.
**Module 5:** Outcomes/Review

**Lumbopelvic**

**Module 1:** Acute LBP
**Module 2:** Chronic LBP
**Module 3:** Radiculopathy
**Module 4:** Lumbar Spinal Stenosis
**Module 5:** Outcomes/Review

**Cervicothoracic**

**Module 1:** Mechanical Neck Pain
**Module 2:** Radiculopathy
**Module 3:** Whiplash Associated Disorders
**Module 4:** Cervicogenic Headaches
**Module 5:** Outcomes/Review

**Neuro**

**Module 1:** Balance & Fall
**Module 2:** Chronic Pain
**Module 3:** Chronic Pain
**Module 4:** Dizziness/BPPV

**Lifespan (Aging & Peds)**

**Module 1:** Developmental Disorders
**Module 2:** Exercise in Aging

**Health Promotion/Wellness & Performance**

**Module 1:** Chronic Disease
**Module 2:** Obesity
**Module 3:** Special Populations (Cancer, Developmental Disabilities)
**Module 4:** Industrial Services

**Women’s Health**

**Module 1:** Incontinence & Pelvic Pain
**Module 2:** Bone Loss

**Practice Management**

**Module 1:** Marketing
**Module 2:** Finance
**Module 3:** Human Resources

**Summary**

**Module 1:** Interview Skills, Personal Vision, 3-year Plan
**Module 2:** Leadership and Management