The Academic Coordinator of Clinical Education in Physical Therapist Educational Programs

Norene Clouten
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In physical therapist educational programs the faculty member responsible for the clinical education portion of the curriculum is the Academic Coordinator of Clinical Education (ACCE). The factors that attract individuals to the career of ACCE and that influence them either to leave or remain in the position are of interest and concern to those planning for the future of the profession. The purpose of this study is to gather information about the career of the ACCE. The study was designed to determine the: (a) Personal characteristics and occupational status of ACCEs, (b) preparations made for the career of ACCE, (c) major attractions to become ACCE, (d) most and least attractive features of the ACCE position, (e) effect of age and family responsibilities, (f) future career plans of ACCEs, and (g) influences to leave the ACCE position and occupations after leaving.

The study population consisted of the current ACCEs from all American Physical Therapy Association (APTA) accredited programs offering entry-level education for physical therapists, and of former ACCEs who held the
position during the past 10 years. Data were collected through two investigator-developed questionnaires and interviews. One hundred and seven (91%) ACCE Questionnaires, and 63 (73%) Former ACCE Questionnaires were returned. Interviews and conversations were held with current ACCEs, former ACCEs, and with many other individuals involved in physical therapy education.

Quantitative and narrative responses were coded and entered into the computer for descriptive analysis. Findings included that current ACCEs held appointments at the instructor or assistant professor level, and only 16% were tenured. Sixty-two percent of the ACCEs first considered the position when it was offered, or when they wanted a job change.

The finding that half of the ACCEs are either very new, or are planning to leave is a cause of concern to the profession and reflects the instability of the ACCEs and potentially of the programs. Major issues that must be addressed are the availability of good secretarial and administrative support, the socialization of physical therapy faculty to academia, and the opportunity for the ACCE to be a respected full member of the academic community. A model of career development for the ACCE was proposed.
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The Academic Coordinator of Clinical Education in physical therapist educational programs

Clouten, Norene, Ed.D.
Western Michigan University, 1991

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Norene Clouten
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CHAPTER I

INTRODUCTION

Background of the Problem

Physical therapy is a health profession that is experiencing a period of rapid growth and turmoil. The roles, responsibilities, clinical practice, and academic preparation of physical therapists are changing and will continue to change along with changes in society and in the health care system. The changing patterns of physical therapy practice, the health care structure, and society's demands were major factors in the decision to raise the entry-level preparation for the physical therapist to the postbaccalaureate degree (Tammivaara & Yarbrough, 1984).

Changes have occurred throughout the health care system. The costs of services and goods have escalated and the locations for the delivery of service are changing. The contemporary health care industry is a competitive environment where "economic and political influences play a vital role in determining the participants in the system" (Gillespie, Fitz & Gordon, 1989, p. 149). The environment of health care is moving away from high cost institutional care and acute hospitals. Many physical therapists are now...
engaged in alternative work settings such as group practices, industry, schools, nursing homes, and health maintenance organizations. The practice of physical therapy is also changing. Twenty-four states have passed legislation permitting direct access to physical therapy services and several other states are in the process of making this change (APTA, 1990b).

The academic preparation of physical therapists is being questioned in response to the expanding roles and responsibilities of the practitioner. Advances in physical therapy practice, research, and education have paralleled those in other health professions, with remarkable advances in selected areas and virtually none in other important areas (Mathews, 1989). Increases have occurred in the numbers of students, educational programs, academic faculty, and clinical faculty.

The American Physical Therapy Association (APTA) House of Delegates in 1979 established a policy promoting a postbaccalaureate degree as the entry-level education for physical therapists. June 1990 was set as the time for compliance with the policy (Verbatim minutes: House of Delegates, cited in Mathews, 1989). Following the adoption of this policy, the profession began preparation for the transition to graduate entry-level education. According to the 1989 Annual Report of the APTA, by the end of that year
50 (43%) of the educational programs were either accredited at the master's level or had received approval from their institutions to implement a master's program.

There is a nationwide shortage of physical therapists which shows no sign of abating. The scarcity of physical therapists in most areas of the country is illustrated by the large numbers of advertisements and offers for employment that are distributed to all licensed physical therapists. The Bureau of Labor Statistics in December 1988 estimated that the demand for physical therapists would increase more than 87% by the year 2000 for a net gain of 53,500 new jobs (Harker, 1988).

This shortage of physical therapists is also present in the educational arena where a shortage of qualified and willing faculty members to staff the existing programs may be a limiting factor in the establishment of additional new programs (Mathews, 1989). The Task Force of Faculty Shortage in Physical Therapy (APTA, 1985b) reported that administrators in the 102 entry-level programs claimed a need to fill an additional 152 faculty positions to maintain existing programs, and a need for an additional 150 positions in order to initiate postbaccalaureate degree programs. Myers in her 1989 Annual Report noted that "the shortage of faculty continued to be a significant and critical issue" (Myers, 1990, p. 4).
With the changes in the academic culture as well as the change to graduate level physical therapy education there is an increasing demand for faculty to be qualified at the doctoral level and involved in scholarly activity. This pressure imposes further constraints on the time of the physical therapist in the educational environment. The shortage of faculty is a problem for existing programs as well as a hindrance to the development of any new programs.

Clinical education is an inherent part of the total educational experience of students in the health professions, providing opportunities to practice the skills required in the clinical setting. The overall goal of clinical education is essentially the same as the goal of all physical therapy education—to develop a skilled practitioner capable of providing excellent care in a variety of changing environments. Students develop the attitudes, manners, values, and beliefs of the physical therapy profession as they interact with, and treat, patients in a clinical setting under the supervision of a physical therapist clinical instructor.

The Academic Coordinator of Clinical Education (ACCE) is responsible for the clinical education portion of the physical therapy curriculum. This individual is employed by the educational institution as a member of the academic faculty. The ACCEs are physical therapists who act as
teacher, counselor, administrator, evaluator, negotiator, and as a liaison between the academic and clinical faculties (Philips, McPhail & Roemer, 1986).

The ACCE is the liaison between the university and affiliated clinical sites, between the academic faculty and the clinical faculty, between students and the academic faculty, and between students and the clinical faculty. The ACCE evaluates and monitors the continually changing clinical sites and faculty to ensure that quality clinical experiences are available for the students, provides information to the clinical faculty on the academic preparation of the students, and gathers information about the needs of the clinics from students and clinicians to convey to the academic faculty (Strickler, 1990).

Statement of the Problem

The faculty is the "single most indisputably important resource" of an academic unit (Foegelle, 1984, p. 17). In physical therapy programs the faculty member responsible for the clinical education portion of the curriculum is known as the Academic Coordinator of Clinical Education (ACCE).

In 1985 the ACCE faculty had held their position for a mean of 5.2 years (Harris, Fogel & Blacconiere, 1987). As the liaison between the academic program and the clinical program, the ACCE maintains contact with many clinicians at
various clinical sites and provides continuity as well as leadership to the clinical education program. There is a need to know a great deal about the ACCE and applicable data do not exist. The factors that attract individuals to the career of ACCE and that influence them either to leave or to remain in the position are of interest and concern to those planning for the future of the profession. The career paths followed by ACCEs, and what influences the choices that ACCEs make within those paths have not been documented. The purpose of this study, therefore, is to gather relevant information about the career of the ACCE.

Definitions

Terms used in the study are defined as suggested by Barr, Gwyer and Talmor (1981).

Academic Coordinator of Clinical Education (ACCE): An individual, employed by the academic institution in which a physical therapy program is housed, whose primary concern is relating the students' clinical education to the curriculum. The coordinator administers the total clinical education program and, in association with the academic and clinical faculty, plans and coordinates the individual student's program of clinical experience with academic preparation, and evaluates the student's progress.

American Physical Therapy Association (APTA): The
professional association of 50,000 physical therapists and physical therapist assistants.

**Clinical Education:** The portion of the student's professional education which involves practice and application of classroom knowledge and skills on-the-job. Clinical education occurs at a variety of centers and includes experience in evaluation and patient care, administration, research, teaching, and supervision. It is a participatory experience with limited time spent in observation.

**Former ACCE:** An individual who has relinquished the ACCE position. For the purpose of this study former ACCEs will be limited to those who have held the position during the past 10 years.

**Objectives**

The objectives of this study are to: (a) identify and describe factors which attract physical therapists to accept the position of ACCE, (b) identify and describe factors about the position that ACCEs find most attractive and least attractive, (c) identify and describe factors which influence physical therapists to leave the position, (d) describe the preparation of physical therapists for the ACCE position, (e) provide documentation of the positions held by physical therapists before and after being an ACCE, and (f) provide a summary of the personal characteristics and
occupational status of current and former ACCEs.

Conceptual Framework

Schein (1978) identified and described three developmental cycles that define and affect the issues and problems confronted by people in professional careers. Each cycle is marked by milestones and choice points or crises where the individual must decide in which direction to proceed. The stages, issues, and tasks of each cycle will be used as a background against which to view the career of the ACCE. The three developmental cycles as defined by Schein are:

1. Issues that derive from biological and social aging processes. With the publication of his first book, *Childhood and Society*, Erik Erikson (1950/1964) began to make the life cycle a clear and popular concept. His theories, concerning biologically determined stages of human development as shaped by environment, describe life unfolding in a predictable sequence. Erikson identified eight stages in the human life cycle. Each stage has a particular conflict, or crisis, to be resolved. Through the resolution of each conflict, the developing person changes his view of himself and thereby changes his identity.

2. Issues related to family relationships. The cycle of family life and also of many alternate life-styles involves major commitments to other people and these
3. Issues related to work and career. The stages and tasks of the occupational or career cycle are closely related to those of the biosocial life cycle, because both are linked to age and cultural norms (Schein, 1978). For most people the choice of an occupation is not a lifetime decision (Shertzer, 1981). More than 40 million Americans are in some stage of career transition or job change in any given year and the average worker will job hunt eight times during his or her lifetime (Bolles, 1985).

Some career changes may be made from necessity because of scientific and technological advances, others are made because personal choice or ambition suggests that a change is desired (Moffatt, 1982). For example, the careers of many athletes have a built-in limit. Other careers, particularly those that serve and care for people could go on indefinitely, in theory, but have a high "burnout" rate (Bolles, 1985). Bolles described burnout as occurring when the initial enthusiasm and energy vanish.

Researchers who have investigated career patterns (for example: Holland, 1973; Osipow, 1983; Super, 1957) have described how and why people decide on certain occupations and why they stay or leave. Different theories of the process of career development base the choice of career on factors such as: Matching of abilities and interests with
vocational opportunities, sociological and environmental factors, an expression of individual personality and needs, or developmental factors.

Most theories of vocational development are incomplete and are not entirely predictive. Chance or accident, being in the right place at the right time, may play a crucial role in the decision to change a career.

While the general patterns of career choice may be explained by theory, the specific choices made by given individuals are often explained by chance and other situational factors such as spouse job changes, or family needs for a second income. This study will attempt to add to the knowledge of career development by building a base of understanding of the career of the ACCE. Particular attention will be given to the times of decision to enter and to leave the position.

Significance of the Study

This study has research significance because it is timely and will benefit the physical therapy profession. The study is relevant because there is a need which has been voiced by ACCEs, by administrators of physical therapy educational programs, by the Department of Education of the APTA, and by previous researchers. The study will be beneficial because the descriptive data will provide greater
insight into the career of the ACCE. With this information the Academic Administrators of physical therapy educational programs and other faculty may be better informed of the position of the ACCE. Each physical therapy educational program can then seek to implement strategies which will allow the ACCE to provide continuity and growth to the physical therapy curriculum.

Limitations of the Study

Limitations of the findings of this study include the classic limitations of survey research. The information submitted by the survey respondents was accepted as accurate and no attempts were made to verify this specific information. The interview phase of the study did, however, follow up and further describe the responses to the surveys.

Low response rates are often a limitation of survey research. ACCEs were interested in this project and above usual participation was expected, nevertheless care was taken to facilitate the return of responses. The time period for data collection was limited to a period from September to December, 1990.

Other limitations are related to the research sample. The purpose of the study is specific to exploring the position of the Academic Coordinator of Clinical Education. The study was limited to the ACCEs and former ACCEs of
accredited entry-level physical therapist educational programs in the United States. These programs were identified from a list prepared by the APTA Department of Accreditation (APTA, 1990c).

The current ACCEs who had been in the position for less than 10 years were asked to identify the individual(s) who preceded them in the position and, if possible, to provide an address. Former ACCEs were also identified through networking among physical therapists. Those persons identified as former ACCEs were invited to participate in the study.

It is assumed that there is variability between the roles, responsibilities, attitudes and opinions of the ACCEs. In reporting the findings of this study generalizations are made which can not apply to all of the individual ACCEs.

The study focused on the career of the ACCE and the times of decision to enter and to leave the position of ACCE. It is not within the scope of this study to investigate, to any great extent, the role of the ACCE, personality traits or job satisfaction.
CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

Relevant literature to be reviewed includes that dealing with adult development and with career development, followed by a general survey of college teaching, and of clinical education. This review will focus on physical therapy clinical education and the career of the Academic Coordinator of Clinical Education. Background historical data are included to assist in an understanding of the ethos of the position of ACCE.

Adult Development

The Academic Coordinator of Clinical Education is an individual employed by an educational organization. In order to attempt to match the needs of the organization with those of the individual, effort must be devoted to fully understanding the needs and characteristics of the individual. These needs derive from the broad issues of work, family, and self. The study of adult development demonstrates the interaction of these issues within people throughout their lives.
Each individual must deal with the concerns of work, family, and self. These concerns can be described as three separate life cycles, made up of stages or crises.

The issues that are involved with the biological aging process were a popular subject of study in the 1970s. As we grow and develop there are predictable changes in our bodies and in our body chemistry. Some changes such as puberty are a natural part of the growth process and others such as arterial disease and osteoporosis are considered chronic illnesses.

Society also has a different set of expectations of the individual at different ages. For example, adolescents are expected to be confused, adults are expected to be responsible, and the elderly are expected to seek retirement and reduced involvement.

The major developmental stages or periods of stability and change that make up the life cycle were described by Erikson (1950/1964, 1959/1967); Levinson, Darrow, Klein, Levinson, and McKee (1978); Vaillant (1977), and others, who studied men, and by Gilligan (1982) and Sheehy (1976) who studied women. Even though there are considerable differences between individuals, and the norms are changing as society changes, the basic outline of the life cycle roughly coincides with age.

The first major stage of adult development, from
adolescence through the twenties and early thirties is a period of getting away from home and building a family and a career. The transition into the thirties is a time to review, test, and reestablish the commitments that have been made, and to make more permanent choices. This transition leads to the settling down period of the thirties.

Many individuals face a midlife transition or crisis somewhere in the late thirties or early forties. At this time there is an awareness of mortality and an assessment of what has been accomplished in comparison to earlier hopes and dreams. Successful negotiation of this transition usually leads to a period of stability when each individual can feel responsible for his or her own choices and make final decisions about career and family. At this time the individual may become a mentor.

The period of the sixties until death includes retirement and old age. The individual who has become independent faces becoming dependent once again.

Developmental gender differences in major areas were described by Krupp (1985). Men in their twenties emphasize identity concerns while women of the same age spend more time on intimacy issues. Across the lifespan males have more difficulty with intimacy than females, and women have a harder time establishing an identity. Kohlberg (1973), described male moral development and Gilligan (1982),
reported on female moral development. In highlighting gender differences, Krupp (1985) described men as tending to emphasize rights while women are concerned with responsibilities. Those motivated by rights tend to follow rules and provide consistency to the organization; however, rules often lack humaneness.

The major life transitions at thirty and at midlife are different for men and women. The "age thirty transition is the most major transition reported for women, while midlife looms largest for males" (Krupp, 1985, p. 4). Conflict is to be expected in females at the time of the thirty transition. This is a time to question career direction, as well as to wonder whether or not to marry or to have a child. At the midlife transition both men and career-oriented women question their job commitment and future direction. Men discover their nurturing self while women become more assertive (Krupp, 1985).

**Implications for the ACCE**

The stage of the life cycle that the individual is experiencing will affect his or her commitment and involvement. While ACCEs in their twenties may make provisional commitments as they establish new group memberships and find mentors, ACCEs in their forties may seek to become mentors and locate others to sponsor and support. There are also
important gender differences in the life cycle; females are more likely to self-search and make changes in their early thirties, and are more concerned with relationships and responsibilities.

The Family Cycle

In our present society the expected cycle of family life is rapidly changing as many new life-styles are evolving. In the traditional family cycle, individuals leave their family of origin in late adolescence or early adulthood, marry, establish a home, raise children, educate them, and then care for parents in their old age.

Marriage and parenthood involve major emotional, moral, and legal commitments to other people. There are potential conflicts between work and family for both men and women, but because of the traditional care-giver role, the conflicts are often greater for women. If the conflicts are not recognized and adaptations made, the emotional strain on the employee may show in reduced performance on the job.

In an article in Harvard Business Review Schwartz (1989) suggested that employers ought to consider instituting two career paths for their female managers. One for "career-primary" women managers who forgo childrearing and devote themselves to their work, and one for "career-and-family" women who forsake some amount of professional
advancement so they can bear and raise children. A debate over the "mommy track" followed, and has grown into "Mommy Wars" between mothers who choose the divergent paths of going to work or staying home to care for their children (Darnton, 1990). The work-family balance, according to Hall (1990), is going to become the most popular career issue of the 1990s.

The "Daddy Track" is a family-sensitive career path for working men who are committed to their families. It roughly parallels the Mommy Track. McKenna (1990), claimed that men and women now want to experience both sides of life, instead of men getting all of the professional experience and women getting all of the domestic experience.

The time a job takes and how those hours are distributed affects the pattern of family life. In comparison with other occupations, Kanter (1977) found that academic faculty worked the longest hours, brought home the most work, and were least likely to spend much time with their children and perform household chores.

The nature of the work itself impacts the family. Bailyn and Schein (1976) surveyed Massachusetts Institute of Technology (Cambridge, MA) alumni and found that managers in the group reported being highly involved in both work and family, while academic faculty reported high work involvement with low family involvement.
The geographical location of the job and the amount of travel it involves is another source of work-family strain. Disconnected social relationships affect the family of one who travels on the job. The partner at home carries increased responsibilities, and for the away-from-home partner there is the guilt of deserting the family, fatigue from travel, and fears for family while apart.

In the dual-career family there are several possible patterns. The person who gives higher priority to the family reduces work involvement and the person who is highly work-involved gives priority to work. Couples may reach some consensus on which partner will be more work-involved and which one will be more family-involved, or they may strive for equality. These decisions need not be permanent and may be altered as needs change.

Implications for the ACCE

Whether male or female the patterns of family life affect the life of the ACCE. For many ACCEs there is a need to travel away from home to visit scattered clinical sites. The number of ACCEs involved in travel away from home, and the impact of this on ACCEs is part of the present study.

The Career Cycle

The stages of the occupational career cycle are closely
linked to age and cultural norms. This cycle is thus closely related to the biosocial life cycle but there are some differences. The career can be manipulated by both the individual (for example, by choosing unemployment or changing jobs) and by the organization (for example, through promotion, lay off, or incentives).

The career cycle has been mapped in a similar way to the life cycle. Caple (1983) rejected the traditional linear view of work with its predictable corporate climb to the top. He described a cyclical career map that includes six phases. A worker feeling some discontent with the established routine explores options, and makes a commitment to a course of action which leads to change. With the excitement of a new and stimulating environment there is renewal, restored freshness and vigor. As the months pass, the worker consolidates skills and interests, and grows in mastery over the work being done. This is followed by a recommitment to work, to achieving goals in the job, and possibly to future job changes. Following this first cycle, "generally in two to five years, the worker comes again to the discontent phase and is ready for further exploration" (p. 23). This could lead to a more challenging assignment with the same organization, a job elsewhere or, a new career. "The cycle is then repeated, perhaps several times in the course of a life" (p. 24).
The Teacher Career Stages Model presented by Steffy (1989) includes five career stages: (1) anticipatory, (2) expert/master teacher, (3) renewal, (4) withdrawal and (5) exit. The first and last stages are concerned with entry and exit from teaching, while the other three deal with the attitude and competence of the teacher during the intervening years.

The anticipatory teacher is untenured. This teacher is generally idealistic, energetic, open to new ideas, and anxious to learn. Before tenure is granted the teacher should demonstrate the ability to operate at the expert/master level. The expert/master level teacher has control of the classroom, self-actualizes through the job, has a sixth sense of "with-it-ness," and is continually evolving and getting better. If the process of improvement stops the teacher begins to move in a different direction towards the withdrawal career stage. Steffy divides withdrawal into three substages. The teacher in early withdrawal is in limbo, doing an adequate job and still receptive to encouragement. The teacher in persistent withdrawal is often burned out and vocally negative, and the teacher in deep withdrawal is visibly incompetent and most difficult to deal with.

Renewal describes a stage of growth and of learning how to do things differently. The teacher in renewal stage may
have been an expert/master teacher, or may have been in the early stages of withdrawal. The teacher at the exit stage is about to leave the system to retire or to pursue another career. According to Steffy the ideal is for a teacher entering the system to move from anticipatory to expert/master teacher and then to cycle between renewal and expert/master teacher until finally exiting the system.

In another model (Schein, 1978), the linear stages include: (a) growth and exploration when one obtains information about oneself and occupations and makes choices; (b) early career when one must learn the ropes while showing initiative and assertion; (c) making a contribution as a full member; (d) midcareer crises and major reassessment; (e) late career in a leadership role, as a contributor, or as deadwood; (f) decline and disengagement; and finally (g) retirement.

Schein (1978) also described career movement in three basic directions. Movement in the hierarchical dimension occurs through promotions and salary increases to reach a certain level within the organization. Occupations or organizations may have few or many steps, and some individuals reach a plateau early in their career while others continue to climb.

The functional or technical dimension describes the level of expertise for the particular occupation. The
physical therapist who specializes early and remains in the same specialty area would have relatively little movement along this dimension, but those who move from one specialty to another or from clinical practice to teaching and research would make a major move on this dimension.

Movement along the inclusion or membership direction is toward the inner circle of the organization or occupation. This occurs as the individual becomes trusted by the older members, earns tenure, and acquires responsibility.

Whereas at one time loyalty to the employer was a dominant factor in the working environment this is no longer the norm. Professionals and managers are assuming a more self-centered attitude and job-hoppers are accepted while loyalists are considered suspect (Gordon, 1990).

Multiple references to career change are available, and include dissertations (Cioffi, 1985; Martin, 1986; Supapidhayakul, 1987; Vitalis, 1987) and journal articles (Bierly & Lewis, 1989; Gelman & Doherty, 1984; Resnik & Mason, 1988; Waldrop, 1989). Career change has become accepted, and studies of those individuals who have changed careers have revealed that the moves were ultimately satisfying to the switchers (Resnik & Mason, 1988).

**Implications for the ACCE**

As a member of the academic faculty the ACCE must meet
the same criteria for promotion as other academic faculty. The requirements and standards of research, service, and teaching vary between academic institutions but are often very difficult for the ACCE to achieve. In a procedure that is seen as a way around this issue, some ACCEs hold an administrative appointment, either in part or whole. On the inclusion dimension, tenure as the form of full membership, has frequently been mentioned as a problem for ACCEs.

On the functional dimension, the physical therapist who aspires to be an ACCE should possess skills beyond the normal requirements of clinical practice. Moore and Perry, in 1976, recommended "that the ACCE should have an advanced degree with advanced preparation in the areas of education, counseling, administration, and interpersonal communication" (section 2 p. 18). The thrust from within the profession to improve clinical education has publicized this need but it may not yet be widely recognized and practiced. The shortage of qualified persons to fill vacant positions is a powerful force and unprepared individuals may be pressed into service.

Another recommendation from Moore and Perry (1976) was that "the ACCE should maintain clinical skills and an awareness of the current trends in physical therapy" (section 2 p. 19). The ACCE is faced with the problem of how to remain up-to-date in clinical skills in an area of
specialty, or whether to even attempt to keep up as knowledge changes rapidly. This may be less critical for those who plan to move into administrative positions or remain as ACCES, but it is possible that all physical therapists would hope to maintain their role as clinicians.

As described by Caple (1983), change is to be expected and is necessary for continued growth. This change may be within the position of ACCE, in other areas of academe, of physical therapy, or may reach beyond to other careers. Steffy's (1989) model emphasizes the need for renewal and recycling to the expert/master teacher level.

Theories of Career Development

A variety of labels can be used to identify and categorize models within the process of choosing an occupation. Different theories of vocational development base the choice of career on trial and error, economic factors, personal needs, an expression of personality, developmental events, or self concept (Shertzer, 1981; Osipow, 1983). Some examples of various types of theories will be presented.

Trial and Error, Accident

The reality or accident theory of vocational choice assumes that circumstances beyond the control of the
individual contribute to career choices. Errors may occur when career choices are made on the basis of school or other performance, as this calls for abilities and interests that are different from those needed in the workplace. Vocation-al choice can be imposed by the accident of being in the right place at the right time, by heredity, social class, and parental or peer expectations.

**Economic Factors**

Although people place varying emphasis on income, the salary offered can be an important factor in the choice of a career and an influence in job change.

**Personal Needs**

Every person has many needs, and may choose an occupation that is satisfying and best meets the needs that are the most important at the time. A better career choice can be made when people know their own individual needs and have some understanding of the nature of occupations.

Hoppock (1957) proposed that occupations are selected to meet personal needs, both physical and psychological. When a job meets these needs the individuals will be satisfied, but if it fails to do this, they will feel frustrated and look elsewhere. When needs and wants change, the individual may seek a different job that will better
meet the new needs.

**Personality**

Several psychologists believe that people select occupations through which they can express their personalities. Holland (1973) believed that people who choose the same vocation have similar personalities and that they react similarly to many situations and problems. He provided detailed descriptions of the personality types that fit in different career areas.

**Developmental/Self-Concept Theory**

This approach combines the work of Super (1957) and Ginzberg, Ginsburg, Axelrod, and Herma (1951) with that of Rogers (1961). The process of career development is described as that of developing the self concept. Each individual acquires a mental picture of the self which becomes more clearly defined as the individual grows older. The career decision is influenced by comparing the self image with the image of the occupation, and because preferences, skills and situations change, choice and adjustment are a continuous process.

The types of models mentioned are not independent of one another, but are closely interrelated. A common element is that each person chooses an occupation at given points
of the life span. Career development can be a gradual process and changes of career may be made in order to create a better fit with changing situations.

Gender Issues

The career is an area of concern for advocates of equal rights for women. This concern is in the areas of equality of opportunity, treatment, remuneration, and advancement as well as the social attitude and expectations for women in careers regarding marriage and family responsibilities. Social change is occurring in many areas but it is generally agreed "that gender affects career development in numerous ways as a result of social organization" (Osipow, 1983, p. 254).

According to the APTA Department of Education 1990 report of physical therapy education (APTA, 1990d), 62% of full-time physical therapy faculty were female. This would include ACCEs but specific data were not given. The latest APTA figures available for the gender of ACCEs were from the survey conducted in 1985 which reported 86% of ACCEs as female (APTA, 1985a). This is consistent with the findings of Philips et al. (1986), who also noted that 50% of the ACCEs were single.
Implications for the ACCE

An individual chooses to accept the position of ACCE and often, after a few years, chooses to relinquish the position. Factors that are involved in this decision are part of the folklore of ACCEs that the present study will seek to document. There are various theories of career development and more than one theory may be applied to the career of ACCE.

College Teaching

A national survey of college faculty conducted by the Carnegie Foundation for the Advancement of Teaching (1985) looked at the dissatisfactions among faculty members and found that about one quarter felt dissatisfied with their profession, and almost as many were considering leaving academe. Fifty-two percent said they would seriously consider another academic job if one were offered.

Data from the same survey were reexamined to study the satisfied faculty and the major reasons for their satisfaction (Carnegie Foundation for the Advancement of Teaching, 1986). Faculty participation in institutional decision-making ranked first in importance in influencing faculty satisfaction or dissatisfaction. The second-ranked factor was the extent to which work intruded into personal lives, and the third factor was job security represented by tenure.
Other important factors influencing satisfaction or dissatisfaction of college faculty included the teaching environment, academic standards, and salary levels.

There has been controversy over the perceptions of compatibility between teaching and research activities in colleges and universities. The academic profession has generally viewed education, research, and public service as mutually supportive functions of higher education. Feldman (1987) found that time spent in research activity did not negatively affect ratings of teaching effectiveness, but others have argued that research detracts from the teaching of students, or that the workload demanded of teachers does not allow time for research. Tronvig (1987) reported that the role conflict experienced by university professors as a result of these multiple roles varied according to institutional environments, and personal and academic backgrounds. Lower departmental prestige, increasing institutional emphasis on research, poor faculty morale, or poor working conditions were found to relate to role conflict, dissatisfaction, and lower research productivity.

Tenure is the traditional key to job security and status. The Carnegie Foundation (1985) data from faculty at four year colleges, show that 72% of the faculty held tenure, and 76% of the faculty believed that tenure was harder to achieve than it had been five years before. The
Foundation also reported that a third of the faculty believed that many untenured teachers at their colleges would leave because the institution was "tenured in."

While more than two thirds of college faculty nation-wide have tenure, only one third of the ACCEs have tenure (APTA, 1985a; Harris et al., 1987). "The faculty shortage is the worst problem in physical therapy education, the next problem is getting faculty tenured" (Goldstein, 1989).

Pearl (1987) studied the physical therapy faculty shortage in higher education. Eighty-three percent of the programs surveyed lacked adequate faculty. Factors reported to cause difficulty in recruitment included: "low salary for academicians, inability to continue clinical work, inadequate professional socialization of entry-level students, and difficulty in pursuing advanced degrees on a part-time basis" (Abstract).

Foegelle (1984) compared the career planning of faculty members from different programs (including physical therapy, medical technology, respiratory therapy) in schools of allied health. He reported that most faculty did not have allied health or college teaching as an early career goal. A third of the allied health faculty were planning a change in employment primarily because of salary and work duties and responsibilities. About two-thirds were pursuing additional education primarily for reasons of personal
fulfillment and career mobility. The majority expected to remain in higher education, and many expected to become administrators.

Radtka (1985) examined voluntary job turnover of physical therapy faculty in educational programs. Between 1979 and 1984 the faculty turnover ranged from 8% to 11%. The majority of the faculty who left during 1983-1984 accepted clinical jobs and cited low salary as their reason for leaving. "Most program directors cited low salary and limited patient care activities as the main reasons for faculty resignations" (Abstract).

Harris et al. (1987) surveyed ACCEs in entry level physical therapy and physical therapist assistant programs with a three-part questionnaire. This questionnaire included demographics, an occupational burnout scale with a range of 5% to 95%, and a 32-item questionnaire to measure levels of job satisfaction and frustration. Overall, a relatively high satisfaction and low burnout level were reported. The most satisfied ACCE profile was of a woman with a master's degree and in a tenure track position in an entry-level master's program. The least satisfied ACCE profile was of a man with a doctoral degree, tenured and in an associate degree program.

A further two surveys of a sample of full-time physical therapy faculty (including ACCEs) have been conducted
recently. Rozier (1989) used a 21-item satisfaction inventory with a five point Likert-type scale to measure attitudes of faculty to teaching, clinical work, and overall satisfaction with current teaching position. She compared faculty in physical therapy programs with the faculty in two-year physical therapist assistant programs. Both groups demonstrated positive attitudes to teaching.

Davis (1991?) was also studying full-time physical therapy faculty with a 147-item questionnaire to identify predictor variables accounting for retention and turnover of faculty.

Studies of physical therapy faculty to date have not compared the job satisfaction of ACCEs with that of other physical therapy faculty. Rozier stated in a personal communication that she could not separate out the data for ACCEs, adding that they would need to be asked different questions.

Implications for the ACCE

The ACCE experiences the pressure of the multiple roles of research, teaching and service. Other roles such as liaison with the clinical faculty, and as a counselor and administrator are expected of the ACCE. While it may be expected that similar factors cause job dissatisfaction among ACCEs as among other academic faculty, there are also
additional factors involved. These include the required travel and increased problems with obtaining the security of tenure.

The percentage of ACCEs with tenure is low in comparison to other physical therapy faculty and to college faculty in general. Many of the ACCE's responsibilities are performed off campus and are not understood by other faculty. To this can be added the reality of limited time available for scholarly activity. Tenure is difficult to achieve.

Clinical Education

Many professions (including dentistry, law, nursing, pharmacy) require a period of supervised practical education as part of the preparation for licensure and practice. From a review of the literature the majority of studies of clinical education relate to medical education.

Despite the changing environments of practice, change in the education of future practitioners occurs slowly. Problems have been identified and suggestions for solving them have been presented. For example, the September 1986 issue of the *Journal of Medical Education* carried papers presented at a conference of faculty and recent graduates of medical schools (Irby, 1986; Morgan, 1986; St. Geme, 1986). A year after the conference there was a call for
action before the graduation of another cohort of medical students.

Most health sciences programs claim that clinical education occupies a central place in the curricula, but according to Szekely (1981), this is not really the case. He objected to students being expected to learn theory from lectures and textbooks, and then to apply the theory during their clinical education. He offered a philosophy of clinical education that would require theory and clinical experience to be more intensively coordinated.

Schön (1983, 1987) has described the nature of a reflective practicum and its place in professional education. He sees the artistry of skillful professional practice as being dependent on the ability to reflect-in-action. The definition given for knowing-in-action is "when we can execute smooth sequences of activity, recognition, decision, and adjustment without having to 'think about it'" (1987, p. 26). In activities of professional practice, this is often sufficient. However, when something unusual happens, or the patterns before the professional are a little different to expected conditions, the professional may respond by reflection. Reflection-in-action occurs "in the midst of action without interrupting it," and "serves to reshape what we are doing while we are doing it" (Schön, 1987, p. 26).
Professionals in fields as diverse as architecture, business, law, and medicine often deal with uncertainty, uniqueness and conflict. Students in professional education need more than a knowledge of rules or theory in order to become competent practitioners. In the reflective practicum, the student learns through doing in a setting where the presence of a coach lowers the risk of experimentation.

A dilemma of the professional school is between rigor and relevance, between the university and practice. Schön proposed that the reflective practicum would cultivate activities that "connect the knowing- and reflection-in-action of competent practitioners to the theories and techniques taught as professional knowledge in academic courses" (Schön, 1987, p. 312). Clinical education can build bridges between the community of practitioners and the community of professors.

Implications for the ACCE

Physical therapy education can benefit from the experiences of other professions. Many models of clinical education are available, and other professions are also struggling with change and uncertainty. The integration of clinical education into the curricula and the appropriateness of clinical experiences are monitored by the ACCE.
Physical Therapy Clinical Education

Before describing the current patterns of physical therapy clinical education some further definitions are included. The terms used are defined as suggested by Barr et al. (1981) and by Myers (APTA, 1985a).

Center Coordinator of Clinical Education (CCCE): The individual at each clinical education center who coordinates and arranges the clinical education of the physical therapy student and who communicates with the ACCE and faculty at the educational institution. This person may or may not have other responsibilities at the clinical education center.

Clinical Education Site (clinical center, clinical facility, clinical site): A health care agency or other setting in which learning opportunities and guidance in clinical education for physical therapy students are provided. The clinical education site may be a hospital, agency, clinic, office, school, home, etc. and is affiliated with one or more educational programs through a contractual agreement.

Clinical Experience: The experience of the student in the clinical setting. Full-time clinical experience is considered to be five days per week for a minimum of four continuous weeks. Part-time clinical experience is other than full-time.
**Clinical Faculty Member (ACCE, CCCE, CI):** Any person with responsibilities in clinical education. This includes both academic and clinical personnel.

**Clinical Instructor (CI):** A person who is responsible for the direct instruction and supervision of the physical therapy student in the clinical education setting.

**Educational Institution:** The academic setting in which the physical therapy educational program is located (e.g., university, college).

**Educational Program:** The academic entity responsible for the education of physical therapy students (e.g., school or department of physical therapy).

**Entry-level Program:** A program preparing students for entry to the profession. This may be a certificate, baccalaureate, or master's program. The recommendation of the APTA is that the master's degree be the entry-level education for physical therapists.

Over the years several survey studies have been conducted to access the state of physical therapy education with particular emphasis on the area of clinical education. The Worthingham studies of the mid-1960s documented the status of existing physical therapy education and practice at that time. A two year study by Moore and Perry (1976), the Project on Clinical Education in Physical Therapy, examined the education of physical therapy students. The
primary focus was on the clinical phase of this education. The published report included an analysis of the status of physical therapy clinical education and recommendations for present and future programs.

In 1979 the House of Delegates of the APTA adopted a policy to promote the change, by 1990, of the entry-level education for physical therapists from the undergraduate to the graduate level. Since then the profession has been preparing for this change. In 1982 the APTA House of Delegates asked for studies of alternative models for providing clinical education to be incorporated in the plan for the transition to postbaccalaureate degree entry-level education. Issues that were to be addressed included alternative models for providing clinical education, the length of time in clinical education, the responsibility for clinical education, the financial implications, and the impact on quality care.

Clinical educators were asked to study and prepare papers addressing these concerns and two national conferences were held to present and discuss the issues. The first, entitled Leadership for Change in Physical Therapy Clinical Education, was held in Rock Eagle, Georgia, in October 1985. This was followed by Pivotal Issues in Clinical Education: Present Status/Future Needs, which met at Split Rock Conference Center, Pennsylvania in October
1987. Papers were prepared for circulation prior to these conferences and the proceedings from the conferences provide descriptive information and recommendations for restructuring physical therapy clinical education.

The APTA Annual Conference and the Combined Sections Meeting are forums for discussion of issues relating to clinical education. The APTA Section for Education Special Interest Group for Clinical Education conducts a meeting at each of these conferences. Research papers are presented and a strong network has developed for those involved in clinical education.

For the purpose of obtaining current information and documenting the patterns of clinical education prior to the Rock Eagle Conference, the APTA (1985a) completed a telephone survey of a sample of ACCEs. This served to update the study by Moore and Perry (1976), and to obtain current information prior to proposing alternative models. The survey revealed much diversity in the amount of time, and in the format of clinical education, considered necessary to properly educate and socialize the physical therapist. Areas of concern identified were for the preparation of clinical faculty, and the standardization of the evaluation of student clinical performance. These issues are all within the responsibility of the ACCE.

The total time devoted to full-time clinical experience
(when the student is in the clinical setting five days per week for a minimum of four continuous weeks) ranged from 14 to 24 weeks with a mean of 18.3 weeks. The mean number of clinical experiences was 3.2 with a range from 2 to 5, and the time a student spent in a single rotation varied up to 10 weeks, with 6 weeks being the most popular. In a majority of programs the major portion of full-time clinical education was scheduled after the completion of the students' academic preparation. A variety of terms were used to describe the various clinical experiences offered; for example, a total of nineteen different terms were listed for part-time clinical experiences.

According to the ACCEs surveyed, the major purpose of full-time clinical education was "to provide an experience in which the student integrates theoretical knowledge learned in the classroom and laboratory and develops entry-level competencies necessary to assume the roles and responsibilities of the physical therapist in clinical practice" (APTA, 1985a, p. 2). Included in this purpose was the professional socialization of the student as a physical therapist, with the reservation that this process cannot be completed within the time allotted for clinical education (APTA, 1985a).

Student assignments to clinical education rotations were made in a variety of ways. In the majority of
educational programs, the students were provided with a list of clinical sites available, and were given access to information about the facilities and the types of clinical experience available. The students then listed their preferences or discussed the possibilities with the ACCE. In 68% of the programs the ACCE made the final decision, based as much as possible on the student's selections. A lottery was used in 23% of the programs, and in 9% the students or a student committee made the assignments based on each student's preferences.

A variety of evaluation tools are used in clinical education. The Clinical Instructor (CI), or the CI and Center Coordinator of Clinical Education (CCCE) evaluate the student's clinical performance using a form supplied by the ACCE. In 1985, 32% of the ACCEs surveyed used The Blue Macs: Mastery and Assessment of Clinical Skills for evaluation of the student's clinical education performance and experience. The format of other evaluation forms varied considerably among educational programs, and contained one or a combination of the following: rating scales, checklists, narrative comments and written summaries.

Visits are made to clinical sites by ACCEs. The purposes of the visits cited in the 1985 study were to evaluate the clinical facility, the clinical education program, and the student, as well as to counsel with
Clinical Instructors and students. Public relations and good rapport between the academic program and the clinical education facility were also an important aspect of these visits. The amount of visiting done by ACCEs varied. Sixty-eight per cent of the ACCEs visited the clinical facilities at least once a year, 18% visited during every rotation, and 14% visited less frequently (every 2 to 3 years). Local facilities were visited more frequently than those at a distance (APTA, 1985a).

The Split Rock Conference in 1987 addressed the optimum design for future clinical education programs. Three papers, prepared independently, were presented from the perspective of an ACCE, an Academic Administrator, and a Clinical Administrator. Each suggested that action was needed, that discussion had taken too long, that it was time to move forward. According to DeMont, the representative ACCE, the design of clinical education "is fiscally unsound, lacks consistency, lacks quality control, lacks adequate numbers of Clinical Instructors, and lacks adequate numbers of developed clinical education sites" (APTA, 1988, p.141). DeMont proposed a year-long internship after the conferring of the academic degree.

Representing Academic Administrators, Barnes urged immediate action following the "do it, fix it, try it," motto of Peters and Waterman (1982, cited by Barnes in APTA,
She suggested a two-phase model, and described a six-month probationary period of employment following completion of the academic phase and licensure.

As a Clinical Administrator, Jackson highlighted the costs to the clinical facility of clinical education, and the need for supervision of the entry-level graduate. He proposed a required one-year internship to ensure that entry-level practitioners are entering the practice of physical therapy at a higher level of competence.

The issue of clinical faculty able to coach new graduates for physical therapy practice in the 21st century was addressed by Montgomery (APTA, 1988). Her vision included the designation of regional sites for clinical education to be used by all students completing an entry-level program. Designation as an accredited site for clinical education would be prestigious and would attract both clients and staff. Students would complete a six month rotation under the supervision of distinguished clinicians. These preceptors would be teachers, prepared to counsel students and to objectively evaluate performance.

Implications for the ACCE

The ACCE is responsible for the clinical education phase of the physical therapy curriculum. During the last 10 years physical therapists have discussed changes in the
structure of clinical education. The APTA has conducted surveys in order to document the current patterns of clinical education, and has found many variations on the theme of part-time and full-time clinical experiences. Concerns have been expressed regarding the standards for the multitude of clinical sites, the clinical faculty, and the evaluation process.

Some programs have experimented with alternate patterns of clinical education, but there has been no radical change. From contacts with other ACCEs and the Special Interest Group for Clinical Education, it appears that many educational programs are involved in a struggle to implement the transition to graduate education. With this process of change in the larger arena, ACCEs are unable to do more than struggle to maintain the existing situation.

The Academic Coordinator of Clinical Education

References to the responsibilities of the ACCE are found throughout physical therapy clinical education literature but there are few reports of studies dealing directly with this individual. In summary, the literature now available includes the report on clinical education in physical therapy (Moore & Perry, 1976); Booth's thesis on factors influencing the mobility of ACCEs (1979); data collections by the APTA (1985a, 1989, 1990d); Kondela-
Cebulski's article on the counseling function of ACCEs (1982); Philips' et al. report on the role and function of the ACCE (1986); Harris' et al. report of job satisfaction among ACCEs (1987); and Strickler's discussion of the role conflict experienced by the ACCE (1990).

The Report of the Project on Clinical Education in Physical Therapy (Moore & Perry, 1976) contained several recommendations directed specifically towards the ACCE.

Recommendation: The main function of the ACCE should be to provide comprehensive planning and direction for clinical education.

The ACCE is considered a member of the clinical faculty and is the coordinator of the entire clinical education phase of the curriculum. In that capacity the ACCE has many responsibilities including but not limited to the following:

1. Maintain and develop interagency relationships and liaison between the academic institution and the clinical center.
2. Coordinate regional planning for clinical education with other ACCEs and CCCEs.
3. Plan and implement the clinical education curriculum.
4. Develop both the administrative and educational roles of the ACCE.
5. Coordinate and/or develop the evaluation process for the entire program of clinical education for the educational institution.
6. Support and assist other clinical faculty members in performing their clinical education responsibilities.
7. Assess the need for continuing education for the clinical faculty and plan programs to meet those needs (both for the group and for individuals).
8. Maintain current, up-to-date records pertinent to clinical education including the following:
   a. Clinical center and clinical faculty evaluations and reassessments.
   b. Contracts between educational institution and clinical center.
   c. Background data on clinical center for use by students in choosing clinical education.
centers.
d. Utilization of clinical centers by students.
e. Plans for and activities in clinical faculty and clinical center development.
f. Correspondence related to clinical education responsibilities.

Recommendation: The ACCE should have had experience as either a CCCE or a CI (preferably both).

Recommendation: The ACCE should have an advanced degree with advanced preparation in the areas of education, counseling, administration, and interpersonal communication.

Recommendation: The ACCE should provide feedback obtained through the clinical education evaluation process to the academic faculty, the clinical center staff, and the student.

Recommendation: The ACCE should maintain clinical skills and an awareness of the current trends in physical therapy. (section 2 pp. 17-19)

Eleven years after their initial publication, these recommendations were presented by Perry to those attending the conference at Split Rock. Her plea was that we would "not look back in another 11 years and see so many of the recommendations still needing to be implemented" (APTA, 1988, p. 30).

The first recommendation concerns the function of the ACCE, and lists various duties and responsibilities. Philips et al. (1986) used a self-administered questionnaire to survey the ACCEs of all physical therapy programs in 1984. They collected data on the role of the ACCE in entry-level programs, as well as the demographic characteristics of the ACCE (age, sex, educational level), characteristics
of the academic program to document the activities of the ACCEs, and the integration of the didactic and clinical curricula in each program.

Data on the percentage of time spent in teaching, scholarly, administrative and service activities illustrated the difficulty that many ACCEs experience in the tenure system. Overall, 91% of the ACCEs spent over half of their time in teaching activities, (including clinical education coordination). The majority of the ACCEs spent relatively little time (an overall median of 5% of their time) on scholarly activities, and 26% reported that they devoted no time to this activity. 95% devoted one quarter of their time or less to administrative activities. 15% allocated no time to service activities, and another 44% spent less than 5% of their time in service activities (Philips et al., 1986).

Deusinger and Rose (1988) called attention to the ACCE as the "dinosaur of academic physical therapy" (p. 412). They called for a restructuring of the ACCE's role if "contributions to scholarly work, patient care, and teaching --all of which the academic environment demands--are to be made" (p. 412).

Strickler (1990) described the dilemma of the ACCE, who is asked to fulfill a faculty role and the ACCE role. ACCEs function as faculty in an academic environment where
"productivity and contribution are assessed largely in the areas of traditional classroom teaching, scholarly activity, departmental and university service, and community service, and not on the activities that are requisite to the fulfillment of the role of the ACCE as presently defined" (p. 99).

Another of the recommendations of the Report of the Project on Clinical Education in Physical Therapy (Moore & Perry, 1976) was that the ACCE should have had experience as either a CCCE or a CI, preferably both. The faculty shortage does not always allow the ideal. Physical therapists are taking on the responsibilities of ACCEs, CCCEs, and CIs, "with little knowledge of the many components of the job and, almost more frightening, limited knowledge of the resources available to support them in their new duties" (APTA, 1988, p. 24). This study will question the background of the ACCEs, their previous physical therapy positions, and their previous association with physical therapy education.

Booth (1979) gathered data from 83 current and 73 preceding ACCEs. He reported that ACCEs were appointed with little background preparation, and stayed a median of three years in the position.

Resources are available to the ACCE. The APTA Section for Education Special Interest Group for Clinical Education...
has developed into a strong network of support and expertise in the whole area of clinical education. The Special Interest Group's meetings have become a critical part of the network for those involved in clinical education. The meetings provide a forum through which individuals can search for solutions to local problems, with the input of many who have had similar experiences.

National meetings of ACCEs, sponsored by various regional consortia have provided a further forum for educational workshops and updating. Whatever the agenda of these meetings, the unofficial agendas of networking and support may well be the most important.

The APTA Department of Education has offered programs on clinical education, which include the national conferences at Rock Eagle and at Split Rock. Statistical information was prepared and distributed in preparation for these conferences and the proceedings have been published.

Statistical data gathered by the APTA Department of Education include demographics of ACCEs, information on the patterns of clinical education (1985a) and faculty data which include the age and salary of ACCEs (1989 and 1990d).

Regional consortia also provide a forum and support group for clinical educators. Groups of ACCEs or ACCEs and CCCEs provide workshops for clinical instructor training and produce or adopt a clinical evaluation tool for use by all
of the educational programs represented. Other groups are composed of CCCEs and CIs, often sponsored by the ACCEs of the region.

There are also situations that are barriers to progress. Physical therapists are a highly mobile group. They are in short supply and probably overworked. When it is a constant battle to keep address lists of physical therapists at clinical sites current, it is difficult to improve communication links for a strong clinical education program.

Summary

The adult life cycle, the family cycle and the career cycle are used as a background against which to view the career of the ACCE. The individual's place in each of these cycles will influence specific actions and attitudes. Time spent away from home as an ACCE may impact the family cycle, and the difficulty of obtaining tenure as an ACCE may impact the career cycle.

A variety of theories of career development provide clues to some of the factors that are involved in the decision to become an ACCE and the decision to leave the position. These factors are part of the folklore of ACCEs that this study will attempt to document.

Unique conditions distinguish the work of the ACCE from
college teachers generally, and from other physical therapy faculty. The ACCE is set apart from the other physical therapy faculty and many of the responsibilities of the position are off campus. There is also the academic's struggle between teaching, research, and scholarly activity.

Clinical education, and physical therapy clinical education in particular, is under pressure for further change to ensure relevance in the changing health care system. The ACCE is the liaison between the academic institution and the clinical sites where students experience the "real world." Studies of the ACCE have made a variety of recommendations on duties and responsibilities. Deusinger and Rose (1988, p. 412) referred to the ACCE as the "dinosaur of academic physical therapy," and Strickler wrote of the "dilemma" of the ACCE. The profession wants to know more about the ACCE, and the question that this study will attempt to answer is: What career paths do ACCEs follow and what influences the choices that ACCEs make within those paths?
CHAPTER III

STUDY DESIGN AND METHODOLOGY

Introduction

In this chapter the research design and methodology used in the study are presented. The discussion will include: research design, research questions, identification of subjects, the research instrument, data collection and data analysis procedures.

The research protocol for this study was submitted to the Human Subjects Institutional Review Board of Western Michigan University on September 4, 1990. The protocol was approved under the exempt category of review on September 17, 1990.

Research Design

This is a descriptive and explorative study with survey and interview components. The study consisted of three parts:

1. Survey instrument completed by current ACCEs.
2. Survey instrument completed by former ACCEs.
3. Individual interviews with current and former ACCEs and with others involved in physical therapy education.
The survey portion of the study provided quantitative and qualitative data. The interview portion of the study was used to triangulate the findings, to enrich, expand, and explain the data obtained from the survey questionnaires.

Discussion of the research questions and variables to be investigated, identification of subjects, the development and pretesting of the research instruments, and data collection and analysis procedures follow.

Research Questions

The general research question for this study was: What career paths do ACCEs follow and what influences the choices that ACCEs make within those paths? The related specific research questions that this study addressed were:

1. Who are ACCEs? What are the personal characteristics and occupational status of current ACCEs and of former ACCEs?

2. In what ways were the ACCEs prepared for a career as an ACCE?

3. What were the major attractions for these individuals to become ACCEs?

4. What are the most and least attractive features of the ACCE position?

5. In what ways do age and family responsibilities affect the work of the ACCEs?
6. What are the future career plans of ACCEs?

7. What influenced former ACCEs to leave the position, and what jobs did they then secure?

The major areas of investigation generated by the research questions, and some of the variables included in the study of current ACCEs were:

1. Personal Characteristics
   A. Age
   B. Gender
   C. Marital status
   D. Family responsibilities

2. Current Employment
   A. Length of time in current ACCE position
   B. Academic rank
   C. Tenure status
   D. Appointment
   E. Time equivalent of ACCE position
   F. Program degree awarded
   G. Reasons for selecting present institution

3. Education and Career Goals
   A. Formal educational background
   B. Career goal at graduation as a PT
   C. Changes in career goal

4. Employment History
   A. PT experience
   B. Three most recent prior PT positions
   C. Previous association with PT education at the institution where currently ACCE
   D. Previous association with PT education at a different institution

5. Entry as ACCE
   A. Major attractions that becoming ACCE held
   B. Prior knowledge of ACCE position
   C. Activity in seeking the ACCE position
   D. Perception of preparedness for the position
E. Recommended preparation for the ACCE position

6. Current Position as ACCE
   A. Most attractive features of the ACCE position
   B. Least attractive features of the ACCE position
   C. Aspects of ACCE position that were unexpected
   D. Causes to leave current ACCE position
   E. Feelings about ACCE experiences
   F. Time away from home
   G. Accuracy of perception of ACCE position prior to acceptance.
   H. Relation of ACCE position to other PT faculty
   I. Effect of family responsibilities on work of ACCE
   J. Effect of age on work of ACCE

7. Future Plans
   A. Considering a job change
   B. Reasons for seeking change of employment
   C. Expected next job
   D. Expected last job prior to retirement

8. Comments and addresses of former ACCEs

The major areas of investigation and variables included in the study of former ACCEs was appropriately similar to the study of current ACCEs outlined above for items 1 through 6. Additional information concerning departure from the ACCE position was requested from former ACCEs. Some of the additional variables to be included were:

7. Post-ACCE Period
   A. Reasons for pursuing change of employment
   B. Occupations since leaving ACCE position
   C. Association with PT education since leaving ACCE position--at the institution where formerly ACCE
   D. Association with PT education since leaving ACCE position--at a different institution
   E. Expected next job
   F. Expected last job prior to retirement

8. Comments
Identification of Subjects

The study population consisted of the current ACCEs from all American Physical Therapy Association (APTA) accredited programs offering entry-level education for physical therapists, and of former ACCEs who held the position during the past 10 years.

Each physical therapy program employs an ACCE, and at some programs the position is shared between two or more ACCEs. An ACCE at each of 118 entry-level educational programs received the first questionnaire. The programs were identified from a list (List 6) prepared and distributed by the APTA Department of Accreditation in April, 1990 (APTA, 1990c).

Because of the mobility of ACCEs any listing of names is accurate only at the time that it is constructed. The names of the ACCEs were obtained from a variety of sources. The Department of Education of the APTA provided a partial list, the New England Consortium of Academic Coordinators of Clinical Education, Inc. attempted a mailing to all ACCEs in the spring of 1990 and provided their list, and telephone calls were made to the educational programs whenever clarification was needed. A mailing list was constructed, adding the name of the ACCE to each physical therapy program, and the questionnaire was addressed to the ACCE by name.
For the purposes of this study the population of former ACCEs was defined as those individuals who were not currently ACCEs, but who had held the ACCE position during the past 10 years—that is, a former ACCE had held the position of ACCE at any time since the beginning of the 1980 school year. Inquiries were made at the Departments of Education and of Accreditation at the APTA headquarters, as well as of individuals who have been involved in physical therapy education for many years, to assist in an estimation of the total population of former ACCEs. A listing of ACCEs, or even of institutions offering accredited entry-level programs in 1980 was not found. No accurate count of the population is available. On the basis that there were "almost 100" educational programs in 1980, and the mean length of time that ACCEs on the job in 1985 had held their position was slightly more than five years, the population could be between 100 and 200.

Former ACCEs were identified from a variety of sources. As part of the questionnaire, current ACCE respondents who had held the position for less than 10 years, were asked to identify the former ACCE(s) of their program. Inquiries were also made at the Department of Education of the APTA, at the annual ACCE meeting in October 1990, and by telephone to physical therapy educational programs. The list of participants at the Rock Eagle Conference, held in 1985, was
also examined. When a list of former ACCEs had been compiled it was reviewed by several physical therapists who have been involved in education, and addresses were completed through cooperation of the Membership Department of the APTA. The Former ACCE Questionnaire was mailed to this sample of former ACCEs.

The interviews and conversations were held with many individuals involved in physical therapy education, with current and former ACCEs, academic administrators, and other faculty members. Care was taken to include former ACCEs and well as current ACCEs who held the position for longer (more than five years) and shorter periods. Because the data obtained in the questionnaires were anonymous, the selection of these subjects was not dependent on the questionnaire responses and the subjects were identified through personal contacts and networking among ACCEs.

Development of the Research Instruments

A plan of the study was prepared (See Figure 1) and formed the basis of the search for, and subsequent development of, the research instruments.

Standard prepared instruments as well as many instruments prepared by other researchers were collected and reviewed. None were found to be adequate for this study and it was decided that questionnaires must be designed to
<table>
<thead>
<tr>
<th>Current ACCEs</th>
<th>Former ACCEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation</td>
<td>Occupation</td>
</tr>
<tr>
<td>Career</td>
<td>Plans</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Experience</td>
<td></td>
</tr>
<tr>
<td>Attraction</td>
<td>Most attractive features</td>
</tr>
<tr>
<td></td>
<td>Least attractive features</td>
</tr>
<tr>
<td></td>
<td>Surprises</td>
</tr>
<tr>
<td>Career Goals</td>
<td>Career Goals</td>
</tr>
<tr>
<td></td>
<td>Age</td>
</tr>
<tr>
<td></td>
<td>Family Responsibilities</td>
</tr>
</tbody>
</table>

**Figure 1.** Plan of the Study.
accommodate for the uniqueness of the career of the ACCE and to measure all of the variables involved. This review of instruments, including those developed by Booth (1979), Davis (1991?), Foegelle (1984), Lortie (1975), and Pearl (1987), along with study of the texts by Babbie (1973) and Berdie and Anderson (1974), provided a background for the development, by the investigator, of the survey instruments.

The two questionnaires developed for use in this study were titled the ACCE Questionnaire (See Appendix B) and the Former ACCE Questionnaire (See Appendix D). The questionnaires passed through many iterations in order to obtain clarity of meaning and a format that would be easy to understand.

The content of each questionnaire was analyzed to test the applicability of each question, and to illustrate the relationship of the questionnaires to the research questions (See Appendices F and G).

The final questionnaires were professionally printed four page booklets, 8 1/2 by 11 inches, on light grey paper with burgundy type. A letter explaining the study and inviting participation was prepared by the investigator to accompany the questionnaires (See Appendices A and C).

Pretesting the Instruments

The questionnaires were pretested to determine their
completeness, clarity of instructions, appropriateness of style and format, and to gain insight into the data collection and analysis process.

To pretest the questionnaires, drafts of both questionnaire forms were distributed to physical therapy faculty members, including some current and former ACCEs, and to academic administrators. Drafts were also examined by a person qualified to consult on statistical data analysis. Because the subjects for the study were the total population of current ACCEs and of identified former ACCEs the questionnaire was not pretested with a large group of these individuals.

Jane Walter Ed.D., P.T., Director of the Program in Physical Therapy at Oakland University, Rochester, Michigan, and Rose Sgarlat Myers, Ph.D., P.T., Director of the Department of Education of the American Physical Therapy Association provided expert critiques of the questionnaires and enthusiastic support for the project. Each pretester was interviewed after completing the questionnaire and all comments and suggestions were considered before preparing the final questionnaires.

Since pretesting the questionnaire helped ensure its reliability and validity as a survey instrument, no other evaluation of reliability and validity was undertaken. The reliability of the instrument, the consistency with which
it measures whatever it is measuring, was not statistically computed. Studies cited by Foegelle (1984) contended that an acceptable level of reliability is reached when the possibilities for additional items have been exhausted by experts, the measurement instrument is appropriate, and the format of the instrument is objective and precise.

Validity, the extent to which the instrument measures what it is intended to measure, was not tested in a manner to yield a mathematical coefficient. There is evidence that the validity is satisfactory because the instrument measuring characteristics of ACCEs and former ACCEs was the collective effort of those individuals whose characteristics were being measured, and because the questionnaire was tested and revised with consideration to clear and concise directions and clarity and suitability of language.

The Interview Schedule

The interviews were semi-structured, with probing and open-ended questions to uncover facts as well as the meanings these facts have for the respondents. The interviews continued until the information received was repetitive and it was determined that further interviews would not be productive. Interview schedules were prepared to guide the interview process with current and former ACCEs.
Data Collection

A packet was hand stamped and sent first class through the mail to each current ACCE. The packet contained a cover letter addressed to each ACCE by name (see Appendix A), the ACCE Questionnaire booklet (see Appendix B), and a self-addressed return envelope with postage stamp attached. Additionally a ball-point pen labelled "Andrews University" was included as an incentive. The letter included a toll-free telephone number for use in the event of any questions, problems, or the need of another form. The return envelope was coded so that a reply could be recorded and the name removed from the follow-up list. The data remained anonymous, neither the code identification number nor the name of the respondent appeared on the questionnaires.

The annual meeting of ACCEs was held in Boston two weeks after the mailing of questionnaires to current ACCEs. By the time of the meeting more than one half of the questionnaires had been returned. The researcher was invited to present the project on the program and received much encouragement from the group.

A daily record was kept of the number of questionnaires returned, and the code on the return envelope was deleted from the list for follow-up. Each questionnaire was assigned a study number as it was received. When replies had dwindled considerably, after two to three weeks, a
follow-up reminder letter (see Appendix E) was mailed to all of those who had not responded. The letter requested return of the questionnaire as soon as possible and included the toll-free telephone number. After two more weeks an attempt was made to contact non-respondents by telephone in order to stimulate a response. In order to proceed with analysis of the data, collection of responses was terminated after 10 weeks.

Former ACCEs were identified from the responses of the current ACCEs and from networking among physical therapists. A similar packet was sent through the mail to each former ACCE. The packet contained a cover letter (see Appendix C), the questionnaire booklet (see Appendix D), and a self-addressed return envelope with postage stamp attached. A ball-point pen labelled "Andrews University" as was also included as an incentive. As for the current ACCEs, the return envelope was coded so that a reply could be recorded and the name removed from the follow-up list.

The first batch of 66 Former ACCE Questionnaires was mailed four weeks after the distribution of the ACCE Questionnaire. An additional 20 Former ACCE Questionnaires were mailed within another two weeks as names and addresses were obtained.

A daily record was kept of the number of Former ACCE Questionnaires returned and the code on the return envelope
was deleted from the list for follow-up. Each questionnaire was assigned a study number as it was received. After two to three weeks an attempt was made to contact non-respondents by telephone in order to stimulate a response. Collection of responses was terminated after six weeks in order to proceed with analysis of the data.

The interviews varied from short discussions on a specific topic to extended coverage of many aspects of the life and work of the ACCE. It had been planned to hold from three to seven interviews, but many more conversations were held with current and former ACCEs and with others involved in physical therapy education. Interviews were conducted by telephone or in person depending on geographic conditions. The interview subjects gave their informed consent in order to participate in the interviews.

All interviews were scheduled and conducted by the investigator. Preparation for the task of interviewing included: (a) familiarity with the subject matter; (b) experience as an ACCE; and (c) two internships totalling nine weeks spent with ACCEs in the six educational programs in southern California and at Washington University in St. Louis, MO. The interviews were semi-structured, with open-ended questions and fieldnotes were collected.
Data Analysis Procedures

The questionnaires were designed so that many of the items were forced choice questions which facilitated the assignment of codes to the responses. Of necessity, other items had open-ended questions and the responses to these questions were studied and categorized according to content before codes could be assigned.

Responses to all of the questions on the questionnaires were coded for entry into the computer data bank. Numerical responses and checked boxes were assigned labels on a table of variables and entered directly from the questionnaire. Questions 9, 11, 12, 13, 14, 31, and 32 on the ACCE Questionnaire and 12, 13, 14, 15, 17, 36, 38, and 39 on the Former ACCE Questionnaire involved a limited range of responses and these were also coded directly from the questionnaires.

The longer, written responses to questions were reviewed and coded in preparation for entry into the computer data bank. As the questionnaires were received the responses to questions 15, 20, 21, 22, 23, 28, 29, and 33, on the ACCE Questionnaire and questions 19, 24, 25, 26, 27, 33, 34, and 40 on the Former ACCE Questionnaire were typed and printed for review. The review of the responses to each of these questions involved a study of all of the responses and then forming a model which categorized the
responses. The responses were tested against this model, which was adjusted and retested until it was determined that the model provided categories for all of the responses. Codes were assigned to the categories and these were recorded on the table of variables for entry of the data into the computer.

All typing of responses and coding was conducted by the investigator. Frequent spot checks were made to ensure consistency of coding, and to verify the data entries.

After the data had been coded and entered into the computer the code sheets were verified by a visual scan and by spot checks. Returned instruments were required to be 50% complete in order to be included in the analysis, and all of the returns met this standard. The majority of the returned questionnaires were completed fully, but any incomplete returns were examined individually to consider the possible biasing effects of this verification rule.

A descriptive analysis of the data was prepared using the SPSS/PC+ program. Quantitative methods used included descriptions of central tendencies, dispersion, and distribution of the data. The type of analysis used for each item was dependent on the scale by which the data was measured. For example, interval data are presented in Chapter IV with means, standard deviations and frequencies.

Tables were prepared summarizing quantitative
information, and narrative responses were classified into categories for presentation in Chapter IV.

Interview data (fieldnotes) were reviewed, typed and printed, immediately after the interview whenever possible. The printed manuscript was examined for themes, patterns of behavior, and meaning or interpretation, and where appropriate, the information was condensed into narrative summaries. Key categories for further summarizing the data were selected and the relevant responses recorded in each category.

The results of the data analysis are presented in Chapter IV. Interpretation of the data was made in the light of contextual and confirming, limiting, or disconfirming information. Summation and interpretation were used in Chapter V to formulate answers to the research questions, and suggestions for further research.
CHAPTER IV

RESULTS AND DISCUSSION

Introduction

The total number of questionnaires distributed to current ACCEs was 118, of which 107 were returned during the 10 weeks of data collection. All returned questionnaires were considered usable and are included in the analysis. Each contained responses to at least 50% of the variables. The total study population of current ACCEs, therefore, was 107 and the return rate was 91%. Eighty-six questionnaires were distributed to former ACCEs and 63 responses were received, giving a return rate of 73%. As well as the semi-structured interviews, many conversations were held with both current and former ACCEs, with physical therapy academic administrators and with others involved in physical therapy education.

In this chapter the data collected through the ACCE and Former ACCE Questionnaires and through the interviews are presented. The chapter is organized according to the research questions of the study.
Research Question One: Who are ACCEs? What are the Personal Characteristics and Occupational Status of Current ACCEs and of Former ACCEs?

The personal characteristics that are included in the study are age, gender, marital status, and the respondents' perception of the level of their family responsibilities. Occupational status characteristics included time in current ACCE position, academic rank, tenure status, appointment, time equivalent of ACCE position, and the degree awarded by the program. Other areas impinging occupational status are: the number of nights spent away from home because of ACCE responsibilities, comparison of the ACCE position with other faculty positions, and plans for changing jobs in the near future.

Personal Characteristics

The ACCEs were generally young, predominately female, and likely to be married. The perceived level of family responsibility was almost evenly divided between high, medium and low.

Age

Nine age groups were offered on the Questionnaires. Current ACCEs checked the age group that matched their current age, and former ACCEs checked the age group that matched their age when they were the ACCE. The majority
(71%) of current ACCEs were in the age groups that included from 30 to 44 years, and 73% of the former ACCEs were in these age groups when they were ACCE (see Table 1).

Table 1

<table>
<thead>
<tr>
<th>Age</th>
<th>Current ACCE</th>
<th>Former ACCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>20-29</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>30-34</td>
<td>26</td>
<td>24</td>
</tr>
<tr>
<td>35-39</td>
<td>29</td>
<td>27</td>
</tr>
<tr>
<td>40-44</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>45-49</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>50-54</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>55-59</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>60-64</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>65 or older</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(No response)</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
the beginning of an academic career) recurred frequently in the interviews.

**Gender**

Eighty-one percent of the current ACCEs and 87% of the former ACCEs responding to the questionnaire were female. In comparison, the full-time teaching faculty (this includes the ACCE), for the 1989-90 school year was 62% female (APTA, 1990d) and physical therapists as a group are 75% female (APTA, 1987). The gender of current and former ACCEs is shown in Table 2.

**Marital Status**

Fifty-two percent of the current ACCEs and 57% of the former ACCEs reported that they were married (see Table 2). The theme that the ACCE is more free to fulfill the responsibilities of the position if single occurred in many conversations and in comments written on the questionnaires, but married ACCEs spoke of the adjustments that they and their spouse were able to make. For example, the family was able to accompany the ACCE for a weekend away-from-home when the ACCE made clinical visits.
### Table 2

Gender, Marital Status and Perceived Level of Family Responsibilities of Current and Former ACCEs

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Current ACCE</th>
<th>Former ACCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>Female</td>
<td>87</td>
<td>81</td>
</tr>
<tr>
<td>(No response)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>56</td>
<td>52</td>
</tr>
<tr>
<td>Not married</td>
<td>41</td>
<td>38</td>
</tr>
<tr>
<td>(No response)</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td><strong>Family Responsibilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>35</td>
<td>33</td>
</tr>
<tr>
<td>Medium</td>
<td>37</td>
<td>34</td>
</tr>
<tr>
<td>Low</td>
<td>34</td>
<td>32</td>
</tr>
<tr>
<td>(No response)</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Family Responsibilities

The level of family responsibility is a self perceived measure as defined by the individual. Written comments on the questionnaires indicate that children were a major factor, but also included were sickness of family members, significant others, pets, and aging parents. The level of family responsibilities was almost evenly divided between high, medium and low (see Table 2).

Occupational Status

The current ACCEs had held the position for a mean of 4.6 years. They predominately held appointments as faculty, were at instructor or assistant professor rank, and were not on a tenure track.

Length of Time in ACCE Position

Current ACCEs had held the position for a period of $4.6 \pm 5.4$ years with a range from 1 month to 26 years and 10 months. Former ACCEs held the position from 1 to 16 years with a mean of $5.2 \pm 3.3$ years. This compares with the mean length of time in the ACCE position of $5.2 \pm 5.0$ years reported by Harris et al. (1987).

The questionnaires were collected during the months of October and November. The number of months (in addition to the years) in the position was listed as one, two, or three
months by 60% of the ACCEs, indicating that the summer months are the usual time for job changing.

**Academic Rank**

Current ACCEs held a variety of academic ranks but 72% were either instructors or assistant professors. The former ACCEs responding to the questionnaire held a similar variety of academic ranks, with 76% instructors or assistant professors. Other ranks mentioned were lecturer, associate professor, professor, and variations of clinical professor or professional staff.

**Tenure**

Tenure was currently available at 90% of the institutions, and was available at 86% of the institutions represented by the former ACCEs. Table 3 is used to show the availability of tenure and the tenure status of current and former ACCEs.

Of the current ACCEs 15% held tenure, and another 19% were on a tenure track. The remainder did not have tenure and were not on a tenure track (56%) or did not respond to the question (10%).

Analysis of Variance was used to compare the length of time as an ACCE with the tenure status of the ACCE and a significant difference was found. The ACCEs who had tenure
status had been in the ACCE position for a mean of 11 years with a range of from 1 to 26 years (Some current ACCEs had received tenure prior to accepting the ACCE position). The ACCEs who were on a tenure track but did not have tenure had been in the position for a mean of 3.7 years, and those who were not on a tenure track for a mean of 2.9 years.

Table 3
Availability of Tenure at the Institution and Tenure Status of Current and Former ACCEs

<table>
<thead>
<tr>
<th>Availability of Tenure</th>
<th>Current ACCE</th>
<th>Former ACCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available</td>
<td>96</td>
<td>54</td>
</tr>
<tr>
<td>Not available</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>(No response)</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tenure Status</th>
<th>Current ACCE</th>
<th>Former ACCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenured</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>Not tenured, on tenure track</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>Not tenured, not on tenure track</td>
<td>60</td>
<td>30</td>
</tr>
<tr>
<td>(No response)</td>
<td>11</td>
<td>3</td>
</tr>
</tbody>
</table>
Of the former ACCEs, 18% were tenured, and another 30% were on a tenure track at the time they left the position. The remainder were not tenured and were not on a tenure track (77%) or did not respond to the question (5%).

**Appointment**

Seventy-nine percent of current ACCEs and 69% of former ACCEs held faculty appointments. Administrative appointments were held by 8% of current ACCEs and also by 8% of former ACCEs. Thirteen percent of current and 23% of former ACCEs held appointments which were described as combinations of academic, administrative and professional appointments.

**Time Equivalent**

The ACCE position was shared with another individual by 24% of current ACCEs and was shared by 16% of former ACCEs. Through interviews and conversations with ACCEs who were sharing the position it was found that most were happy with this arrangement. The ACCEs may be equals as Co-ACCEs or one may act as an Assistant ACCE. The responsibilities may be divided according to the various student clinical experiences, student class or semester, or may be shared, each ACCE taking responsibility as they have the opportunity. Sharing the position enables the ACCE to be more involved in teaching and other faculty responsibilities.
Seventy-three percent of the current ACCEs and again 73% of the former ACCEs checked that their ACCE position is or was a full-time position.

**Program Degree Awarded**

The entry-level physical therapy degree offered by the institutions where the current ACCEs were employed was a baccalaureate degree for 57%, master's for 30%, and 13% of the programs were in transition. Five percent of former ACCEs had worked at an entry-level certificate program, 84% a baccalaureate program, and 3% a master's program. Eight percent of the programs were in transition.

**Nights Away From Home**

Some ACCEs spend many days at a time away from home, particularly when visiting students affiliating at distant clinical sites. Other ACCEs place the majority of their students within commuting distance of the academic institution, and do not undertake to visit those who are at a distance. The responses to the question concerning the number of nights per year that work causes the ACCE to be away from home overnight are shown in Table 4.
Table 4

Nights per Year That ACCE Work Causes the Individual to be Away From Home Overnight: Current and Former ACCEs

<table>
<thead>
<tr>
<th>Nights</th>
<th>Current ACCE</th>
<th>Former ACCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>0-10</td>
<td>36</td>
<td>34</td>
</tr>
<tr>
<td>11-20</td>
<td>47</td>
<td>44</td>
</tr>
<tr>
<td>21-30</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>over 30</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>(No response)</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

Comparison with other Faculty Positions

ACCEs were asked for their perceptions of the ACCE position in relation to other physical therapy faculty positions. A 1 through 5 scale was provided for the ACCEs to give a rating to the comparison. When the notation "not applicable" was made on the questionnaire (as in response to the question about tenure) a separate coding was used that was not included in the calculation of the mean.

The ACCEs perceive that they work longer hours, enjoy their work more, experience more stress in their work, have more freedom, and that tenure is more difficult to achieve. Figures 2 through 6 are used to illustrate the ACCE's
perceptions of the ACCE position in relation to other physical therapy faculty positions.

I work longer 1 2 3 4 5 shorter hours

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current ACCEs</td>
<td>34%</td>
<td>26%</td>
<td>39%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Mean</td>
<td>2.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Former ACCEs</td>
<td>36%</td>
<td>30%</td>
<td>32%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Mean</td>
<td>2.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 2. Perception of Hours Worked in Comparison to Other PT Faculty.

I enjoy my work more 1 2 3 4 5 less

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current ACCEs</td>
<td>11%</td>
<td>33%</td>
<td>52%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Mean</td>
<td>2.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Former ACCEs</td>
<td>11%</td>
<td>29%</td>
<td>55%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Mean</td>
<td>2.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 3. Perception of Enjoyment of Work in Comparison to Other PT Faculty.

There is more stress 1 2 3 4 5 less stress in my work

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current ACCEs</td>
<td>28%</td>
<td>36%</td>
<td>27%</td>
<td>7%</td>
<td>1%</td>
</tr>
<tr>
<td>Mean</td>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Former ACCEs</td>
<td>31%</td>
<td>43%</td>
<td>26%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Mean</td>
<td>2.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 4. Perception of Amount of Stress in Comparison to Other PT Faculty.
I have more freedom 1 2 3 4 5 less freedom

Current ACCEs Mean 2.6
18% 35% 26% 16% 5%

Former ACCEs Mean 2.5
16% 40% 27% 10% 7%

Figure 5. Perception of Amount of Freedom in Comparison to Other PT Faculty.

Tenure is more NA 1 2 3 4 5 less difficult to achieve

Current ACCEs Mean 1.9
23% 36% 17% 23% 1% 1%

Former ACCEs Mean 1.9
18% 42% 13% 23% 1% 3%

Note. NA or Not Applicable was given as response. Means are calculated on responses in the 1-5 range.

Figure 6. Perception of Difficulty of Achieving Tenure in Comparison to Other PT Faculty.

Job Change

Current ACCEs were asked if they were seriously considering or actively pursuing a job change. Twenty-nine ACCEs (27%), checked this option. The 29 ACCEs who are seriously considering or actively pursuing a job change have been in the ACCE position for a mean of 3.3 years with a
range from less than a year through 12 years. This group of ACCEs amounting to one quarter of the current ACCEs has held the position for shorter periods than the overall mean of 4.6 years.

When this group of 29 ACCEs is combined with the 24 ACCEs who had held the position for less than a year (most less than six months) it appears that 53 of the current ACCEs (one half) were either ready to leave or were very new. Because this affects so many of the group there are implications for expectations of competence and mastery in the ACCE positions.

Research Question Two: In What Ways Were the ACCEs Prepared for a Career as an ACCE?

ACCEs have prepared for the position through a variety of work, educational and life experiences. This could include experiences as a physical therapist, work experience in various occupations and settings, formal education, and association with physical therapy education. Listings of the three most recent positions held prior becoming ACCE, of the formal education, and of the career planning and goals were included in the responses to the questionnaire. The ACCEs rated their knowledge of the position before acceptance, and their recommended preparation for the position.
Physical Therapy Experience

All respondents reported previous clinical experience, half reported previous teaching experience (academic or clinical), half reported previous experience as a Center Coordinator of Clinical Education (CCCE), and one eighth previous experience as an ACCE. The previous experience of current and former ACCEs is shown in Table 5.

Table 5

<table>
<thead>
<tr>
<th>Experience</th>
<th>Current ACCE</th>
<th>Former ACCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>S.D.</td>
</tr>
<tr>
<td>Clinical</td>
<td>9.4</td>
<td>5.4</td>
</tr>
<tr>
<td>Teaching</td>
<td>2.8</td>
<td>5.0</td>
</tr>
<tr>
<td>CCCE</td>
<td>1.7</td>
<td>2.4</td>
</tr>
<tr>
<td>ACCE</td>
<td>0.4</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Prior Work Experience

The ACCEs were asked to record the three most recent positions they held prior to becoming ACCE. The replies were coded according to occupation, level and setting for
each response. Occupations included: physical therapist, administration, physical therapy faculty, ACCE (physical therapy faculty), graduate student, and other. Levels listed were staff, senior, CCCE, assistant director or supervisor, director or manager, instructor or lecturer, assistant or associate professor, professor, and other. Settings included hospital, rehabilitation, out patient or private practice, pediatric, geriatric, academic and other.

One third were most recently in an academic setting as physical therapy faculty, and almost two thirds were most recently in the clinical setting. Of those in the clinical setting, half worked in a hospital or acute care, others in rehabilitation, out patient care, pediatric and geriatric areas. The occupation, level and setting of the most recent position held prior to becoming ACCE are shown in Table 6.

**Occupation**

All of the respondents completed the information on their most recent occupation. Of the current ACCEs, physical therapist was listed by 62%, physical therapy faculty by 28% and an additional 5% were the ACCE. Others were graduate students or administrators in other than physical therapy settings.
### Table 6
Most Recent Position Held Prior to Becoming ACCE
Current and Former ACCEs

<table>
<thead>
<tr>
<th>Position</th>
<th>Current ACCE</th>
<th>Former ACCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical therapist</td>
<td>67</td>
<td>62</td>
</tr>
<tr>
<td>PT Faculty</td>
<td>30</td>
<td>28</td>
</tr>
<tr>
<td>PT Faculty (ACCE)</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Administration</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Graduate student</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Occupational level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>23</td>
<td>22</td>
</tr>
<tr>
<td>Assist/Assoc Professor</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>Instructor</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>CCCE</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Senior</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Staff</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Assistant director</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Professor</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>
Table 6--Continued

<table>
<thead>
<tr>
<th>Position</th>
<th>Current ACCE</th>
<th>Former ACCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Occupational setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic</td>
<td>37</td>
<td>35</td>
</tr>
<tr>
<td>Hospital</td>
<td>36</td>
<td>34</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Pediatric</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Out patient</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Geriatric</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Prior occupations were more frequently clinical practice, with a smaller percentage of faculty and a larger percentage of students.

**Occupational Level**

Immediately prior to accepting the ACCE position 31% of current ACCEs were at the director or assistant director level, primarily in clinical departments. Twenty-two percent were senior therapists or CCCEs, and 10% staff
therapists. Another 16% were assistant or associate professors.

Three positions prior to accepting the ACCE position the pattern is different. Of the ACCEs who responded positively to having held three prior positions 52% were staff physical therapists, 20% senior therapists or CCCEs and 21% were department director or assistant director.

Only 12 (11%) of the ACCEs included CCCE as a responsibility of their position immediately previous to becoming ACCE. Half of these were in an acute care setting, and the others were in rehabilitation and pediatric settings. One position prior to that 16 included CCCE responsibilities, half in an acute care setting and the others in pediatrics, rehabilitation and outpatient or private practice.

Occupational Setting

Immediately prior to becoming ACCE, 35% of current ACCEs and 19% of former ACCEs worked in an academic setting, as faculty, ACCE or student. Five percent of the current ACCEs occupied the ACCE position at a different institution. A further 34% of the current ACCEs and 41% of former ACCEs worked in an acute care hospital setting. Others listed rehabilitation, pediatric, outpatient and geriatric settings.
Formal Education

Formal education was reported by each ACCE under the headings of degree, major, full- or part-time study, and year received or expected. The highest degree received by current ACCEs varied from the baccalaureate degree (15% of ACCEs) to the doctoral degree (9% of ACCEs). The major for the first degree was predominately physical therapy, but majors varied widely for further degrees. While all of the first degrees were achieved through full-time study, only one third of the higher degrees were received after full-time study. The year of receipt of the first physical therapy degree for current ACCEs ranged from 1944 to 1988. Nineteen ACCEs indicated that they were working on advanced degrees, to be completed from 1991 to 1998.

Degree

From conversations with ACCEs it is evident that there is pressure on many ACCEs to seek advanced degrees. As the educational programs respond to the changes in the academic environment, and as they make the transition to the post-baccalaureate entry-level this pressure increases. In several situations a doctoral degree is required in order to achieve tenure and remain in the ACCE position. Of the 107 current ACCEs responding to this questionnaire, 16 were educated at the baccalaureate level, 31 (76%) at the
master's level, and 10 at the doctoral level. Of those current ACCEs at the baccalaureate level half are continuing their education in a master's program. Nine of the ACCEs currently holding master's degrees were involved in a doctoral level educational program.

**Major**

Seventy percent of current ACCEs majored in physical therapy for their first degree. The sciences, biology and chemistry were the major for 15%, and physical education for 7%.

The 107 current ACCEs reported a total of 102 master's degrees received or expected. These were in a variety of majors, with physical therapy the most popular at 22%. Other popular fields of study at the master's level include education (16%), health education and public health (16%), the social sciences, counseling and psychology (12%) and administration (8%).

At the doctoral level two thirds of the current ACCEs majored in education or administration.

**Full-Time or Part-Time Study Program**

All of the ACCEs reported that their certificate and baccalaureate programs involved full-time study. Of the master's programs 61% were part-time and of the doctoral
programs 73% were part-time.

Year Degree Received or Expected

Current ACCEs received their first physical therapy degree in a range of years from 1944 to 1988 and the highest degree was received or is expected to be received from 1951 to 1998. Nineteen current ACCEs indicated that they were involved in advancing their formal education and they expected to complete higher degrees from 1991 to 1998.

Association With Physical Therapy Education

In conversations with ACCEs there seemed to be many who had accepted the position without preparation. Along with education and work experience it was felt that a knowledge of the duties and responsibilities of the ACCE may be achieved through association with physical therapy education.

A section of the questionnaire was designed to investigate whether ACCEs had previous association with physical therapy education, either at the institution where they became ACCE, or at a different institution. Areas of possible contact with physical therapy education were provided to the respondents who were asked to check as many as applied. Association with physical therapy education included: as faculty (full- or part-time), occasional
involvement for lecture or laboratory, CCCE, clinical instructor, or graduate student. The responses of current and former ACCEs are shown in Table 7.

Table 7

<table>
<thead>
<tr>
<th>Area of Association</th>
<th>Current ACCE</th>
<th>Former ACCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Institution</td>
<td>Institution</td>
</tr>
<tr>
<td></td>
<td>Same</td>
<td>Different</td>
</tr>
<tr>
<td>Clinical Instructor</td>
<td>36</td>
<td>58</td>
</tr>
<tr>
<td>CCCE</td>
<td>20</td>
<td>42</td>
</tr>
<tr>
<td>Occasional lecture/lab</td>
<td>25</td>
<td>22</td>
</tr>
<tr>
<td>Full time faculty</td>
<td>22</td>
<td>13</td>
</tr>
<tr>
<td>Part time faculty</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Graduate student</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

Career Planning

Sixteen percent of current and 13% of former ACCEs recall that, upon graduation as a physical therapist, their career goal involved working in academia. A further 21% of current ACCEs and 29% of former ACCEs first considered an
academic position after working as a clinical instructor. Half of the current and former ACCEs first considered becoming an ACCE when they found the position vacant or when they were offered the position.

**Career Goal at time of Physical Therapy Graduation**

ACCEs were asked to recall their career goal when they graduated as a physical therapist. The most popular career goal was as Director of Physical Therapy in a hospital setting. The career goal at graduation was listed according to occupation, level and setting.

At the time of physical therapy graduation the occupation chosen by the majority of current as well as former ACCEs was practicing as a physical therapist (79% and 74%). Only 13% of current and 13% of former ACCEs chose to become a physical therapy faculty member at that time.

The ACCEs also listed the setting in which they had chosen to work (as their career goal) at the time of graduation as a physical therapist. The hospital setting was chosen by 48% of current ACCEs, with a further 16% looking for a rehabilitation setting. Academia was the goal of 13% of current ACCEs and 13% of former ACCEs.

**First Consideration of an Academic Position**

The point at which ACCEs first considered an academic
position varied widely. The range for current ACCEs included: (a) after working with students as a clinical instructor (21%); (b) when wanting, or looking for, a job change (15%); (c) after coordinating a clinical education program as CCCE (14%); (d) during graduate school (14%); (e) when the position was vacant or offered (14%); (f) after part-time or occasional teaching involvement (9%); (g) at or around the time of graduation (7%); and before graduation as a physical therapist (6%). The circumstances at the point when the current and former ACCEs first considered an academic position are shown in Table 8.

First Consideration of the ACCE Position

The circumstances when the ACCE position was first considered also varied but half of the current and former ACCEs first considered the position when they found the position vacant or when they were offered the position. Some of these were looking for a faculty position at the time, others were encouraged to fill a vacancy. Six percent of current ACCEs were not attracted to accept the position but were forced by circumstances. The various circumstances of the current and former ACCEs first considering an ACCE position are also shown in Table 8.
<table>
<thead>
<tr>
<th>Occasion Circumstance</th>
<th>Current ACCE %</th>
<th>Former ACCE %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consideration of Academic Position</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After being a clinical instructor</td>
<td>21</td>
<td>29</td>
</tr>
<tr>
<td>When wanting a job change</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>When a position was vacant</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>After being a CCCE</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>During graduate school</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>After some teaching</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>After PT graduation</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Before PT graduation</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td><strong>Consideration of ACCE Position</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When offered, position vacant</td>
<td>51</td>
<td>58</td>
</tr>
<tr>
<td>When wanting a job change</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>After being a member of PT faculty</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>After being a CCCE</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>During graduate school</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Forced by circumstances</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>After some teaching</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>
Prior Knowledge of the ACCE Position

In conversations with different ACCEs some have said that they did not know what they were attempting when they accepted the ACCE position. Others reported that they felt that they were well prepared for the position following graduate study, or experience as a clinical instructor, CCCE, or assistant ACCE.

The questionnaire was designed to ask ACCEs to reflect on the moment when they decided to accept their current (or former) position as ACCE, and to rate how much they really knew about the position at that time. A 1 to 5 point scale was provided for the ACCE to check the appropriate point. The scale was labelled so that 1 represented being very well informed, and 5 represented being uninformed. The mean score of the current ACCEs was $2.8 \pm 1.3$, for former ACCEs the mean was $2.5 \pm 1.1$. Of the current ACCEs 21% were very well informed, 26% were somewhat informed, 20% were neither informed nor uninformed, 22% were somewhat uninformed, and 11% were uninformed (see Figure 7). Of the former ACCEs 25% were very well informed and 3% were uninformed.
very well informed 1 2 3 4 5 uninformed

<table>
<thead>
<tr>
<th></th>
<th>Current ACCEs</th>
<th>Former ACCEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>2.8</td>
<td>2.5</td>
</tr>
<tr>
<td>21%</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>26%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>20%</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>22%</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>11%</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

Figure 7. How Much did you Really Know About the Position of ACCE?

In a related question "how prepared did you think you were for the position of ACCE?" respondents also checked the appropriate point on a 1 to 5 scale. The scale was labeled so that 1 represented very well prepared, and 5 represented unprepared. The mean score of the current ACCEs was $2.7 \pm 1.3$, for former ACCEs the mean was $2.5 \pm 1.1$. Of the current ACCEs 20% checked that they felt well prepared and 11% checked that they felt unprepared (see Figure 8).

<table>
<thead>
<tr>
<th></th>
<th>Current ACCEs</th>
<th>Former ACCEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>2.7</td>
<td>2.5</td>
</tr>
<tr>
<td>20%</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>28%</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>24%</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>17%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>11%</td>
<td>8%</td>
<td></td>
</tr>
</tbody>
</table>

Figure 8. How Prepared did you Think you Were for the Position of ACCE?
A separate scale from 1 through 5 was placed in a different section of the questionnaire to provide opportunity for ACCEs to respond to the question, "How accurate was your perception of the ACCE position before you accepted it?" The scale was labeled so that 1 represented accurate, and 5 represented faulty.

In the analysis, the responses to this question by the 24 respondents who had been ACCEs for less than a year were compared with the responses from the 83 ACCEs with more experience. For both groups (less than a year's experience and more than a year's experience) the mean rating was 2.6.

Former ACCEs also gave a mean rating of 2.6. Figure 9 is used to illustrate the ratings given by current and former ACCEs.

<table>
<thead>
<tr>
<th>accurate</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>faulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current ACCEs</td>
<td>20%</td>
<td>28%</td>
<td>25%</td>
<td>16%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>2.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Former ACCEs | 24% | 28% | 19% | 19% | 10% |         |
| Mean         | 2.6 |     |     |     |     |         |

Figure 9. How Accurate was Your Perception of the ACCE Position Before you Accepted it?
Recommendations for Preparation

The ACCEs were asked to score a list of courses or experiences according to their recommended value in preparation for the ACCE position. A score of 1 represented no value, 2 some value, 3 more valuable, and 4 most valuable. The highest recommendation, with a mean score of 3.8 from current ACCEs and 3.9 from former ACCEs as well as a most valuable recommendation from 78% of current ACCEs, was given to courses or experiences in communication. Other highly recommended courses or experiences were counseling (mean 3.4 current ACCEs and 3.6 former ACCEs), as a clinical instructor (mean 3.4 current and former ACCEs), and as a CCCE (mean 3.2 current and former ACCEs). Table 9 is used to show the recommendations of both current and former ACCEs.

Research Question Three: What Were the Major Attractions for These Individuals To Become ACCEs?

This question was approached in the questionnaire through both structured (check the appropriate response) and open-ended (space provided to write a response) questions. During interviews and conversations with ACCEs open-ended questions were also used.

In a structured question, ACCEs checked reasons for selecting their current or former ACCE position. In
Table 9

Recommended Value of Courses or Experience as Preparation for the ACCE Position

<table>
<thead>
<tr>
<th>Course or Experience</th>
<th>Current ACCE</th>
<th>Former ACCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Range</td>
</tr>
<tr>
<td>Communication</td>
<td>3.8</td>
<td>2-4</td>
</tr>
<tr>
<td>Counseling</td>
<td>3.4</td>
<td>2-4</td>
</tr>
<tr>
<td>Clinical instructor</td>
<td>3.4</td>
<td>2-4</td>
</tr>
<tr>
<td>CCCE</td>
<td>3.2</td>
<td>1-4</td>
</tr>
<tr>
<td>Teaching</td>
<td>2.9</td>
<td>1-4</td>
</tr>
<tr>
<td>Clinical expertise</td>
<td>2.8</td>
<td>1-4</td>
</tr>
<tr>
<td>Administration</td>
<td>2.8</td>
<td>1-4</td>
</tr>
<tr>
<td>Research</td>
<td>1.9</td>
<td>1-4</td>
</tr>
</tbody>
</table>

Note. Scale 1 = no value, 2 = some value, 3 = more valuable, 4 = most valuable

response to an open-ended question the ACCEs wrote the major attractions that becoming an ACCE held for them. Another question provided a scale for ACCEs to rate how actively they sought the position.

Reasons for Selection

A list of 16 possible reasons for selecting an employment opportunity was provided for ACCEs to check as
many as appropriate. The most frequently cited reasons were "duties and responsibilities of job" and "ready for a change." Table 10 is used to show the options provided with the number and percentage of ACCEs choosing each option.

Respondents who marked the "other" category cited various reasons, the majority of which could have been included in the duties and responsibilities of the job. Further reasons included the opportunity of developing a new program, a desire to try academia, or being requested to take over the job.

**Major Attractions**

In a separate section of the questionnaire ACCEs were asked to reflect on the moment when they first decided to accept their current (or former) position as ACCE. Numbered and lined space was provided for four answers to the question: At the time of that decision what were the major attractions that becoming an ACCE held for you?

The method of forming a model, categorizing and coding these answers was described in Chapter III.

The respondents listed a variety of attractions to the ACCE position. These attractions were sorted into categories and will be reported as responses concerning: students, clinics, the job, academia, a need of the individual, being prepared, advancement, clinical education, and the
<table>
<thead>
<tr>
<th>Reason</th>
<th>Current ACCE %</th>
<th>Former ACCE %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duties and responsibilities of job</td>
<td>80</td>
<td>91</td>
</tr>
<tr>
<td>Ready for a change</td>
<td>58</td>
<td>64</td>
</tr>
<tr>
<td>Educational opportunities for self</td>
<td>43</td>
<td>29</td>
</tr>
<tr>
<td>Congeniality of colleagues</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>Geographical location</td>
<td>38</td>
<td>44</td>
</tr>
<tr>
<td>Competence of colleagues</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Mission and philosophy of institution or unit</td>
<td>29</td>
<td>25</td>
</tr>
<tr>
<td>Status and prestige</td>
<td>22</td>
<td>27</td>
</tr>
<tr>
<td>Potential for advancement</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>Fringe benefits</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Salary</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Policies and practices of administration</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Educational opportunities for family</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Physical facilities</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Employment opportunities for spouse</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>23</td>
</tr>
</tbody>
</table>
institution. Four current ACCEs denied any attraction to the position, and accepted when forced by circumstances.

Students

Students were mentioned as an attraction to the ACCE position in the responses of 38% of the current ACCEs and 49% of the former ACCEs. Many ACCEs were attracted because they enjoyed working with students in some other capacity, for example as a clinical instructor or as a part-time lecturer or laboratory assistant. Others mentioned the attraction of being able to work more closely with students as individuals, and the opportunity of making an impact on the profession through the students. Teaching, advising, and counseling of students were frequently mentioned.

Clinics

Continued contact with many physical therapy clinicians and a variety of clinical sites was mentioned by 35% of current ACCEs and 40% of former ACCEs. The ACCE is the liaison between the clinical and academic communities and physical therapists with strong clinical contacts were attracted to the position. Others were particularly attracted because they would have reason to visit a broad array of clinics and so keep abreast of changing physical therapy practice.
Academia

Forty-one percent of current ACCEs and 49% of former ACCEs mentioned an attraction to working in the university setting, or becoming part of a faculty. Many of these responses mentioned academia in a way that implied a certain status or prestige. There was also an esteem for those colleagues that were the faculty and a desire to join this select group. In particular, knowing and admiring the Program Chair or previous ACCE made the position attractive. Of all the ACCEs, 10% mentioned that the ACCE position was an opportunity to evaluate academia, or a chance to join an academic faculty.

A Need of the Individual

Twenty-one percent of current ACCEs and 25% of former ACCEs mentioned their own personal need to change jobs, to get out of a particular job, or readiness to develop a new career.

The Job Itself

Fifty-two percent of current ACCEs and 50% of former ACCEs mentioned an aspect of the job itself. The job was attractive for its flexibility (18% of current ACCEs), travel opportunities (11% of current ACCEs), variety of responsibilities (9% of current ACCEs), benefits (8% of
current ACCEs), and challenge (6% of current ACCEs). The flexible schedule was attractive to ACCEs, particularly in contrast to a more rigid schedule in clinical practice. The opportunity to travel in order to visit clinical sites was an initial attraction, but became a problem when the novelty was gone, and the hours spent traveling were long.

**Personal Advancement**

Mentioned by 25% of current ACCEs and 16% of former ACCEs, advancement was attractive in the form of advanced education, professional advancement through contacts, and through keeping abreast of the latest developments at the university and at the clinics. ACCEs welcomed the opportunity to be part of a strong physical therapy program, and to gain from the strengths of that program.

**The Institution**

The particular academic institution was attractive to 21% of the current ACCEs and to 39% of the former ACCEs. The geographic location was convenient, the institution was the alma mater, was starting a new program, or was known and respected for its faculty.

**Prepared and Able**

Twenty-one percent of current ACCEs and 16% of former
ACCEs listed that they felt prepared and able to hold the position. For some the position was consistent with their preparation in graduate school, others mentioned experience as a clinical instructor, CCCE, or teaching faculty. Coming from a clinical position, and having many contacts with practicing physical therapists through the APTA sections and chapters was also considered an advantage by ACCEs.

Clinical Education

Nine percent of current ACCEs and 17% of former ACCEs were attracted to an opportunity to change or improve clinical education, and an additional 8% of current ACCEs and 3% of former ACCEs listed that they were attracted to involvement in clinical education. Changes or improvements that ACCEs wanted to make were to improve the quality of clinical education, to increase the emphasis on clinical education, or in response to their own bad experiences as a student in clinical education.

Activity in Seeking ACCE Position

ACCEs were asked to mark a 1 to 5 scale in response to the question, "How actively did you seek the position of ACCE?" On the scale a response of 1 represented the situation where the ACCE actively sought the position, and a response of 5 signified that the ACCE was persuaded.
The responses are illustrated in Figure 10. When coding the responses it was noticed that some ACCEs circled the guide words at the extreme of the scale that was presented. This is taken as an indication of strong feelings in that direction, and occurred in the direction of having been persuaded to accept the position. From conversations with ACCEs and academic administrators there appears to have been a mutual satisfaction as ACCEs who actively sought the position as an entry point to academia were encouraged by academic administrators who had a vacant position to fill.

<table>
<thead>
<tr>
<th>I actively sought</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>I was persuaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current ACCEs</td>
<td>29%</td>
<td>14%</td>
<td>17%</td>
<td>22%</td>
<td>18%</td>
<td>X</td>
</tr>
<tr>
<td>Mean 2.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Former ACCEs</td>
<td>27%</td>
<td>13%</td>
<td>14%</td>
<td>19%</td>
<td>27%</td>
<td>X</td>
</tr>
<tr>
<td>Mean 3.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 10. How Actively did you Seek the Position of ACCE?

Research Question Four: What are the Most and Least Attractive Features of the ACCE Position?

Both questionnaires provided four numbered and lined spaces for each ACCE to complete an answer to the questions:

(1) "For you personally, what are (or were) the most
attractive features of the ACCE position?"; and (2) "What are (or were) the least attractive features of the ACCE position?" The responses to these questions were typed, studied and coded as described in Chapter III. Other items on the questionnaires asked about aspects of the ACCE position that were unexpected and provided for a rating of the enjoyment of a variety of ACCE experiences. The many additional comments written by ACCEs and the interviews provided further insight into this area.

The most attractive features of the position that were mentioned by the ACCEs were sorted into the following categories: students, clinics, the job, clinical education, academia, people, advancement, and travel. There is some overlap between the categories, but clearly the most attractive features of the ACCE position for the majority of ACCEs are associated with students and clinics.

The least attractive features of the ACCE position that were mentioned were also sorted into categories of problems related to: the workload, the job, clinics, students, travel, academia, and clinical education. Again there is some overlap between the categories but the majority of respondents mentioned problems of workload and the job.

In their responses to the structured question on the enjoyment of a variety of ACCE experiences ACCEs scored
visiting students, clinical and laboratory teaching, clinical instructor training, and counseling as the most enjoyable activities.

**Most Attractive Features**

**Clinics**

Working with clinical instructors in the various clinics, and contact with a variety of clinics through site visits were mentioned as a most attractive feature of the position by 66% of current ACCEs and by 89% of former ACCEs. ACCEs enjoy "seeing numerous types of practice," "staying connected to rapid changes in clinical practice," and "keeping in contact with other physical therapists."

**Students**

Working with students, seeing student growth, and the challenge of student problems are attractive to 65% of current and 73% of former ACCEs. The "opportunities to see the student progress and succeed," to "work intimately with students in transition from classroom to clinical competence," and to "mold" or "guide" students were mentioned by many ACCEs.

**The Job**

Current ACCEs (56%) and Former ACCEs (56%) both found
aspects of the job most attractive. The job includes a wide variety of activities, there is flexibility in the work schedule, and autonomy in decision making. Many ACCEs report that they are never bored because of the combination of teaching, faculty, and administrative responsibilities.

A form of the word "flexible" was used in 34% of the responses. It is the one word that best summarized the way that ACCEs felt about the position.

Academia

The prestige of working in an academic setting, the opportunity to teach, and the association of academic colleagues were mentioned in some form by 33% of the current ACCEs and 29% of the former ACCEs. Many ACCEs value the "status and prestige of being part of an excellent and respected program."

People

ACCEs enjoy meeting and working with people. Public Relations, involvement with the community, and using counseling and communication skills were mentioned as most attractive features of the position by 24% of current ACCEs and 35% of the former ACCEs. ACCEs meet new people through clinical site development, and may work with physical therapists from all over the country. This feature merges
with travel and contact with different clinical facilities.

Travel

Travel was listed as an attraction to the ACCE position, as a most attractive feature of the position, and as a least attractive feature of the position. Twenty-one percent of current ACCEs and 29% of former ACCEs mentioned travel, or limited travel, as a most attractive feature.

Travel for site development and site visits was a priority for many ACCEs. For some the travel was limited to the local area, or state, while others traveled across the country. The number of nights per year that ACCEs spent away from home varied greatly (see Table 4). When the travel was limited ACCEs continued to enjoy it more, for others it became a burden over time.

Clinical Education

Involvement in Clinical Education, and the networking among Clinical Educators was mentioned by 18% of the current ACCEs and 36% of the former ACCEs. The larger number of former ACCEs may be due to a number of individuals remembering the network that was available, while new ACCEs may have not yet benefitted from this support group. Other examples that were given include working with a consortium and developing workshops for clinical instructor training.
Advancement

Personal advancement is available in the position of ACCE and was mentioned by 18% of current ACCEs and 12% of the former ACCEs. The forms of advancement most frequently cited were through the availability of continuing education, keeping in touch with physical therapy in academic and clinical environments, and research.

As noted previously when reporting the formal education of ACCEs, 19 of the current ACCEs were involved in a formal study program. Others take frequent opportunities for updating their clinical and teaching skills, either directly through attendance at courses, or by interaction with those who present the courses. While most ACCEs find little time available for their own research, 4% noted that involvement in research was a most attractive feature of the position.

Least Attractive Features

The Job

A total of 65% of current ACCEs and 50% of former ACCEs mentioned unattractive features of the job in the areas of paperwork and contracts, scheduling hassles, phone-time and salary. Many mentioned the routine nature of some time consuming tasks "that could be delegated if you had a good
secretary," or "could be done by a well organized administrative assistant."

The aspect of the job that was least attractive was the amount of paperwork involved, as mentioned by 40% of the current ACCEs. The paperwork was described as "massive," "overwhelming," "constant," "voluminous," and "requiring infinite attention to detail."

Difficulties in scheduling students, securing an adequate number of placements, or begging for clinical spots were mentioned by over a quarter of the current ACCEs. Long hours spent on the telephone, "telephone-ear" or "playing phone tag" were also frequently mentioned. The negotiation and administration of contracts was stressful for many ACCEs who were concerned about liability, and the details required for legal documentation.

The remuneration received was mentioned by 10% of the ACCEs as a least attractive feature. Of those who did mention salary, many stated that they did not receive the same salary as other faculty. The salary difference was also associated with problems in areas of tenure and advancement in academic rank. The salaries of ACCEs were not part of this study, but do vary considerably. During the 1989-1990 school year the range for a 12 month appointment was from less than $25,000 to $70,000 (APTA Department of Education, 1990d).
The Workload

In another area related to the job itself, 44% of current ACCEs and 56% of former ACCEs mentioned the "long hours" or "hectic pace" required of the ACCE position. The pressure of work was constant for ACCEs who stated that there was "not enough time for the position," or "the teaching load and ACCE load" was "too much for one person."

When ACCEs were asked to compare their work with other faculty positions, they perceived that they worked longer hours, and enjoyed their work more than the other faculty members (See Figures 2 and 3).

Problems With the Clinics

While association with the clinical sites was listed as a most attractive feature of the ACCE position, problems with the clinical sites were a major least attractive feature. Current ACCEs (47%) and former ACCEs (42%) both listed problems of shortage of sites, cancellation of student placements, turnover of staff, and a lack of quality sites.

Constant changes occur in the staffing of the clinical sites. Each ACCE endeavors to maintain contact with the Center Coordinator of Clinical Education (CCCE) at the affiliating clinical sites, and through this individual with those physical therapists who act as clinical instructors,
to maintain quality clinical experiences for the students. Any list of CCCEs is current only on the day that it is produced and this turnover along with the turnover of clinical instructors can lead to a lowering of the standard of Clinical Education, to last minute cancellations of clinical placements, or to a growing list of clinics unable to take students.

Problems With Students

Student problems were listed by 28% of the current ACCEs and by 24% of the former ACCEs as a least attractive feature of the ACCE position. The aspects mentioned include student complaining, student problems, problem students, and the unpleasant situations that students can create in the clinics.

ACCEs tried to please, but students were not always satisfied with their placements. Unpopular decisions were required in placing students and in failing students for unsatisfactory performance. Some ACCEs wrote horror stories of student deception and lack of responsibility.

Travel

Travel is part of the job for the majority of ACCEs, and is seen as both a positive and negative factor. Current ACCEs (24%) and former ACCEs (32%) listed travel as a least
attractive feature of the position. As noted when discussing the most attractive features, travel seems to lose appeal over time and becomes a burden.

Many comments were written concerning the problems of travel schedules. These included: "travel is fun but not after 18 weeks," "there is too much travel when I have other responsibilities," "prolonged travel," "city driving," "after three years the travel is getting a little old," and "too much travel away from home and family."

Academia

Problems with academia were mentioned as a least attractive feature by 18% of current ACCEs and by 40% of former ACCEs. The problems described were related to differences between the ACCE position and that of other faculty.

Many ACCEs wrote that "what the ACCE does," and "the amount of work involved" was not understood by other faculty, the academic administrator, and administration, while some also included students and community. Specific comments included: "lack of appreciation from other faculty," "devaluation of the role by some faculty and administrators," "less status than other faculty," "lack of prestige among rest of faculty," and "second-class citizen stigma."
Tenure is often difficult to achieve as an ACCE, as noted earlier only 15% of the current ACCEs held tenure and an additional 19% were on a tenure track. Obstacles to tenure were involved when many of the former ACCEs left the position, and were connected with many of the status and prestige problems of the current ACCEs.

Clinical Education

Problems with Clinical Education were mentioned as least attractive features of the position by 16% of the current ACCEs and by 27% of the former ACCEs. The areas of concern were related to "political situations," and to a lack of research based data.

The "lack of stature of clinical education in academia," and the "in between" position of the ACCE as "not faculty, not clinician" created a political climate that was not pleasant for the ACCE. Former ACCEs expressed feelings of hopelessness and despair about the position of ACCE.

Some ACCEs were not prepared for their role in clinical education, and were "not oriented to the position." Others were confused by the "changes that are occurring," or concerned that "there is lack of research based data concerning the policies and procedures of clinical education."
Enjoyment of ACCE Activities

A list of 15 ACCE experiences was provided on the questionnaire, and the current and former ACCEs were asked to score each according to how they felt about it. A scale was provided for the scoring, with 1 representing not enjoyable and 4 most enjoyable. Both current and former ACCEs gave the lowest score to paperwork (means of 1.4 and 1.7 respectively), and the highest score to visiting students (means of 3.3 and 3.6 respectively). For the scores given to the list of ACCE experiences see Table 11.

Surprises of the ACCE Position

Current and former ACCEs were asked if there were aspects of the ACCE position that were unexpected. Two ruled lines were provided for the respondents to describe these surprises.

The responses were studied and categorized as described in Chapter III. Twenty percent of both current and former ACCEs either answered that there were no surprises, or did not record any surprises. The remaining 80% described a variety of unexpected aspects of the ACCE position. The most frequently mentioned unexpected aspects related to: the workload, various ACCE responsibilities including legal aspects and paperwork, academia and job problems, problems with affiliating clinics, and student problems. The
Table 11
ACCEs Score Their Enjoyment of a Variety of ACCE Experiences

<table>
<thead>
<tr>
<th>Experience</th>
<th>Current ACCE</th>
<th>Former ACCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Range</td>
</tr>
<tr>
<td>Visiting students</td>
<td>3.3</td>
<td>2-4</td>
</tr>
<tr>
<td>Classroom teaching</td>
<td>3.2</td>
<td>2-4</td>
</tr>
<tr>
<td>Laboratory teaching</td>
<td>3.2</td>
<td>1-4</td>
</tr>
<tr>
<td>Counseling</td>
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<td>1-4</td>
</tr>
<tr>
<td>C.I. training</td>
<td>3.1</td>
<td>1-4</td>
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<td>Public relations</td>
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<td>1-4</td>
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<td>Clinical practice</td>
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<td>Challenging student</td>
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<td>Travel</td>
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<td>Evaluation of students</td>
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<td>1-4</td>
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<td>Research</td>
<td>2.3</td>
<td>1-4</td>
</tr>
<tr>
<td>Scheduling</td>
<td>1.9</td>
<td>1-4</td>
</tr>
<tr>
<td>Telephone time</td>
<td>1.7</td>
<td>1-4</td>
</tr>
<tr>
<td>Paperwork</td>
<td>1.4</td>
<td>1-3</td>
</tr>
</tbody>
</table>

Note. Scale 1 = not enjoyable, 2 = okay, 3 = enjoyable, 4 = most enjoyable
percentages of ACCEs mentioning unexpected aspects of the position do not add to 80% because some ACCEs listed more than one aspect.

No Surprises

Some of those who found no surprises were well prepared for the position as in this example, "since I had been in an assistant position, I realized much of what would occur." But others were not prepared, "I'm not sure I knew what to expect so most everything was a new and challenging experience," or "I did not have any set expectations when I took the job."

The Workload

Twenty-four percent of current and 16% of former ACCEs noted their surprise at aspects of the workload, and the amount of time involved. "The work is never done," "the number of hours devoted to the position of ACCE" and "lack of time to attend to ACCE duties with teaching load" were frequent themes.

Job Responsibilities

Current ACCEs (24%) and former ACCEs (34%) noted that they had not expected some of the responsibilities of the ACCE position. Those responsibilities mentioned most
frequently were the legal aspects, administrative hassles, and the amount of paperwork and scheduling. Unexpected responsibilities included extra teaching, research, acting as academic administrator, work with consortiums, and other difficulties that "prevent me doing the job."

Clinical contracts and issues of malpractice and liability were mentioned by 10% of the current ACCEs. This topic was addressed at the ACCE Meeting held in Boston, Massachusetts in October of 1990 which coincided with the time that the questionnaires had been distributed and were being collected.

**Academia and Job Problems**

Fifteen percent of current and 24% of former ACCEs described unexpected aspects of working in academia. Apart from the long hours and the volume of work to be accomplished as ACCE, the academic environment has special demands. Unexpected aspects included: the "many university and departmental chores," the "requirements for tenure," a "new push for research," or simply "the politics of the academic situation."

**Student Problems**

Twelve percent of current and 15% of former ACCEs described unexpected problems with students.
ACCEs did not expect "the number of problems that students can have," "student dishonesty and greed," and the need for "unpleasant decisions regarding students failing clinicals." They were "amazed by some things that students do while on affiliation," and "student reactions when things don't go their way."

Clinic Problems

Problems with affiliating clinics were mentioned by 12% of current and 16% of former ACCEs. The expectations of clinicians and ACCEs can be very different. ACCEs described the facilities as "expecting that the school should be able to fix any problem with students or with clinical education."

The ACCEs did not expect the shortage of clinical sites that existed in the areas of rehabilitation and acute care, difficulties in obtaining commitments from clinical sites, and the resistance or hostility of some clinicians to working with students. Other ACCEs described dealing with unpleasant situations such as the unethical practices of prominent clinicians and the need to remove students from the clinic.

Research Question Five: In What Ways do Age and Family Responsibilities Affect the Work of the ACCEs?

The age and family responsibilities of current and
former ACCEs have been reported in response to Research Question 1, and presented in Tables 1 and 2. The ACCEs were also asked for their perceptions of how age and family responsibilities affect the work of an ACCE.

Age and Life Stage

While 11% of current ACCEs and 13% of former ACCEs wrote that age has no impact, 37% of current and 32% of former ACCEs wrote that age, linked with maturity and experience are a definite advantage. Others, (10% of current ACCEs and 27% of former ACCEs) wrote of the advantages of the vigor and enthusiasm of youth.

In expounding on the value of age and maturity several ACCEs wrote that they are more tolerant of the indiscretions and impulsiveness of students, are more understanding, or function much better as ACCEs now than they did 10 years previously.

Some life stages are more difficult for ACCEs. The child rearing years were frequently mentioned as interfering with the responsibilities of the ACCE. Other experiences such as marriage, divorce, and empty-nest were mentioned as affecting the work of the ACCE, as any other position. Comments included that it depends on the ACCE, and that age and stage will be factors no matter how we are employed.

Although most of the older ACCEs wrote of the
advantages of experience and maturity, a few noted that driving long distances was not comfortable, that it was harder to have all the energy needed, or that student problems became repetitive.

Family Responsibilities

Of the current ACCEs 19% claimed no effect on their work from family responsibilities, 38% claimed some interference, and 31% claimed a major interference. Of the former ACCEs 18% claimed no effect, 13% claimed some interference, and 68% claimed a major interference.

It was suggested by several ACCEs that the question be rewritten to ask how the work of an ACCE affects family responsibilities. The ACCEs noted on the questionnaire many adaptations that their spouse and family have made in order to fulfil the requirements of the ACCE position. For example those with young children try to limit the overnight visits, or take the family along for the weekend.

Single ACCEs wrote that although this is not a concern for them, the job could not be done without a supportive spouse, or with young children. Others wrote that anyone who accepts the ACCE position should be free to do all aspects of the job.

Travel was frequently mentioned as having implications for the family. In a related question ACCEs were asked to
report on the number on nights spent away from home each year. The responses to this question have been discussed and are reported in Table 4.

Research Question Six: What are the Future Career Plans of ACCEs?

This question was approached through several items on the questionnaire, with both structured and open-ended questions. In response to an open-ended question the ACCEs described the situations that would cause them to leave their current ACCE position. (The factors that influenced the Former ACCEs to leave the position are included in Research Question Seven). In a structured question, ACCEs were asked if they were planning to leave the position, and those who were planning to leave checked their reasons for leaving. Another question provided ACCEs space to give a prediction of their next job.

Reasons to Leave the Position

All current ACCEs were provided with a lined space to write a response to the question, "What would cause you to leave your current ACCE position?" The responses were categorized and coded according to the method previously explained in Chapter III. Several ACCEs gave more than one response to the question, some providing lists of frustrations.
The following categories were chosen to fit the responses: (a) desire to change, (b) program frustrations, (c) overload, (d) family responsibilities, (e) frustrations with the job, and (f) problems with the rewards for the job. Many of these are frustrations that were mentioned by the ACCEs as the least attractive aspects of the position, but here they were listed as the things that would cause the ACCEs to leave the position. Some natural causes for leaving that are not frustrations of the position are family relocation, and retirement.

Forty-five percent of the ACCEs would leave the position because of a desire for change. Changes were mentioned to retirement (11%), to the clinic (8%), to teaching (6%), to a doctoral program (4%), or to administration (2%). A large group wrote that they would be ready to change if the job was no longer a challenge.

Thirty-six percent of the ACCEs would leave because of frustrations with the physical therapy program. Half of these would leave because of lack of support (secretarial or administrative), and the other half wrote that they would leave if they were given added responsibilities.

The workload could cause 21% of the ACCEs to leave. Thirteen percent wrote that burnout was a problem, and the remainder described overwhelming workloads, and the inability to manage all of their job responsibilities.
Family responsibilities or relocation could cause 12% and 5% respectively of the ACCEs to leave. Several ACCEs with young children wrote that they do not enjoy the travel and the time away from home.

The job frustrations that were mentioned most frequently concerned travel, students, and the clinical sites. Pressures are put upon the ACCE by students and clinics, and many ACCEs complained of lack of co-operation on both sides.

A lack of reward was mentioned as a cause to leave by 16% of the ACCEs. They were unhappy with their salary (11%) and also frustrated by the inability to receive tenure (5%).

Planning a Job Change

Current ACCEs were asked if they were seriously considering or actively pursuing a job change. Of the 107 respondents, 29 (27%) checked a positive response. The list of 16 possible reasons for selecting an employment opportunity was again provided for the ACCEs who were pursuing a job change. They were asked to check as many of the boxes as appropriate to indicate reasons related to their current ACCE job. For the responses of the current ACCEs who are planning a job change see Table 12. The responses of former ACCEs who checked their reasons for leaving the ACCE position are also shown.

For those 29 ACCEs who are planning to leave the ACCE
Table 12
Reasons for Current ACCEs Seeking to Leave the ACCE Position, and Reasons Former ACCEs Left the Position: Percentage of Respondents Checking Each Option

<table>
<thead>
<tr>
<th>Reason</th>
<th>Current ACCE %</th>
<th>Former ACCE %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duties and responsibilities of job</td>
<td>48</td>
<td>37</td>
</tr>
<tr>
<td>Potential for advancement</td>
<td>48</td>
<td>27</td>
</tr>
<tr>
<td>Salary</td>
<td>38</td>
<td>24</td>
</tr>
<tr>
<td>Ready for a change</td>
<td>31</td>
<td>55</td>
</tr>
<tr>
<td>Geographical location</td>
<td>28</td>
<td>11</td>
</tr>
<tr>
<td>Policies and practices of administration</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Mission and philosophy of institution or unit</td>
<td>17</td>
<td>23</td>
</tr>
<tr>
<td>Status and prestige</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>Educational opportunities for self</td>
<td>10</td>
<td>31</td>
</tr>
<tr>
<td>Congeniality of colleagues</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Competence of colleagues</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Physical facilities</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Fringe benefits</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Educational opportunities for family</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Employment opportunities for spouse</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>44</td>
<td>35</td>
</tr>
</tbody>
</table>
position, the reasons checked most were the duties and responsibilities of the job (48%), potential for advancement (48%), salary (38%), and ready for a change (31%). Duties and responsibilities of the job was also the most common reason for selecting the ACCE position. In interviews and conversations with ACCEs it was noted that the once attractive features of the job such as travel opportunities, and flexible schedule became problems when travel became a burden, and the flexible schedule was evidenced by long hours of work and late-night phone calls.

The lack of advancement opportunities was also frequently mentioned in conversations. There are those who enjoy clinical education and the position of ACCE and plan to continue in the position, but others seeking advancement are attracted away from academia by higher salaries in clinical practice, or seek advancement in academia through other faculty or administrative positions.

Prediction of Next Job

All ACCEs, including the 29 who were pursuing a job change, were asked for a realistic prediction of their next job. Of the current ACCEs 37% expected to choose a faculty position, 32% expected to return to clinical practice, 11% expected to retire, 10% expected to stay where they are, or were not able to make a prediction, and 4% expected to
choose an administrative position possibly outside of physical therapy.

Research Question Seven: What Influenced Former ACCEs to Leave the Position, and What Jobs did They Then Secure?

Former ACCEs left the ACCE position for a variety of reasons and many gave more than one reason. Half of the former ACCEs left when they were ready to change to another area such as doctoral study, administration, classroom teaching, or clinical practice. One third of the former ACCEs mentioned frustration with the ACCE position, one third mentioned family responsibilities, and another third listed overwork as ACCE.

When offered a list of reasons relating to the ACCE position again the largest response was to the option, "ready for a change." The "duties and responsibilities of the job," "educational opportunities for self" and "potential for advancement" were next most frequently mentioned. (See Table 12).

All but two of the 63 former ACCEs have been involved with physical therapy education at the same or a different institution since they left the ACCE position. This involvement has been as full- and part-time academic faculty, as clinical faculty, or as a graduate student.

Seventy percent of the former ACCEs actively sought to leave the position and 11% were recruited away.
Since leaving the ACCE position half of the ACCEs have held administrative positions. The majority remained in academia, others were based in a variety of clinical facilities and in other settings.

What Most Influenced the Former ACCEs to Leave the Position

Former ACCEs were provided with a lined space to write a response to this question. The responses were categorized and coded according to the method previously explained in Chapter III. Many former ACCEs gave more than one reason for leaving the position. The categories chosen to fit the responses included: desire to change, job frustrations, job rewards, burnout, family, and the program.

A desire to change was mentioned by 56% of the former ACCEs. In further explaining the reason 18% of the former ACCEs left the position in order to pursue a doctoral program, 16% to change into administration, 6% to move into teaching, and 5% to return to clinical practice. Three percent wanted to retire, and 8% left because they were bored or the job was no longer a challenge. Of those changing to administration, several wrote that they moved to the Academic Administrator position and hired someone else to be ACCE.

For 36% of the former ACCEs job frustrations influenced their leaving the position. These frustrations with
academics and politics included lack of advancement potential, inability to obtain tenure, change in program to require the doctoral degree for the ACCE position, faculty incompatibility, and disagreements and philosophical differences with Academic Administrators.

Family responsibilities were mentioned by 32% of the former ACCEs as the reason for leaving the position. This group was made up of 10% of ACCEs whose families or spouses relocated, and 22% who left because of marriage and children. Some were careful to state that they did not leave because of job dissatisfaction, but they wanted time with their family.

Overwork, high stress level, inability to schedule breaks or vacations, doing the work of two people, or burnout were mentioned by 30% of the former ACCEs. Although flexibility of schedule was seen as an attraction to the position, it became a problem when the demands of the position occupied all of the ACCE's time, and there was no respite.

Problems with the program such as lack of support or funding, and increasing responsibilities were mentioned by 19% of the former ACCEs. Many ACCEs carried a teaching load at the same time as their ACCE responsibilities. In some cases the ACCE position is shared so that both of the Co-ACCEs are able to teach, others wrote that the burden became
too heavy because they did not have administrative support to provide assistance for the ACCE role or to decrease the teaching load.

The rewards of the job were not satisfactory for 11% of the former ACCEs who left because of the salary, or because of difficulty in obtaining tenure. The demand for physical therapists is such that the ACCE is usually able to make more money with less work in the clinical setting. The salary paid to the ACCE was not included as part of this project but salaries vary widely. According to the APTA Department of Education (1990d) listing, salaries ranged from less than $25,000 to $70,000 for ACCEs with a 12 month appointment.

Association with Physical Therapy Education

Former ACCEs were asked to check all of the appropriate boxes to describe their association with physical therapy education after they left the ACCE position. Of the former ACCEs 30% were full-time faculty at the same institution, and 16% were full-time faculty at a different institution. In addition, 13% were involved in an occasional lecture or laboratory class at the same institution and 16% at a different institution, and 11% were part-time faculty at the same and 11% at different institutions. Table 13 is used to show the percentages of respondents checking the various
options for association with physical therapy education at the same institution where they were ACCE, or at a different institution.

It is to be noted that respondents were asked to check as many boxes as appropriate, and many checked multiple boxes. Of the 63 former ACCEs all but two checked at least one box. There is a continuing involvement with physical therapy education from the former ACCEs who responded to the questionnaires.

Table 13
Association With Physical Therapy Education Following ACCE Position: Percentage of Respondents Checking Each Option

<table>
<thead>
<tr>
<th>Area of Association</th>
<th>Former ACCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Institution</td>
</tr>
<tr>
<td></td>
<td>Same %</td>
</tr>
<tr>
<td>Full time faculty</td>
<td>30</td>
</tr>
<tr>
<td>Occasional lecture or lab.</td>
<td>13</td>
</tr>
<tr>
<td>Part time faculty</td>
<td>11</td>
</tr>
<tr>
<td>Clinical Instructor</td>
<td>10</td>
</tr>
<tr>
<td>CCCE</td>
<td>5</td>
</tr>
<tr>
<td>Graduate student</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
</tr>
</tbody>
</table>
Activity to Leave Position

Former ACCEs were provided a 1 to 5 scale for their response to the question, "Did you seek to leave the position, or were you recruited away from it?" The scale was labeled so that 1 represented seek, and 5 represented recruited. The mean score of the former ACCEs was 1.8 ± 1.4. Seventy percent of the former ACCEs actively sought to leave the position and 11% were recruited away. (See Figure 11).

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 recruited</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>2%</td>
<td>15%</td>
<td>2%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Figure 11. Did you Seek to Leave the Position, or Were you Recruited Away From it?

Occupations After ACCE

The former ACCEs were asked to list their occupations after they left the ACCE position (to include formal study programs). The various occupations, levels and settings will be listed separately. The largest percentages of former ACCEs in each group worked as physical therapy faculty, at the director level, and in the academic setting.
ACCEs receive considerable administrative experience as they fulfil their responsibilities. It is noted that several of the current ACCEs were Acting Academic Administrator of the educational program and half of the former ACCEs who were identified for this study were in administrative positions, often as the Academic Administrator.

Occupation after Leaving the ACCE Position

Several of the former ACCEs made notations that they were involved in multiple roles for example, graduate study while practicing as a clinician and/or working as a faculty member. The primary role has been reported here.

For 40% of the former ACCEs the next position was listed as physical therapy faculty, 35% listed physical therapist, 11% administrator, 7% retirement, and 7% graduate student. The faculty include academic administrators, teaching faculty and ACCEs. The physical therapists include department directors, senior and staff level physical therapists, and various others.

Occupational Level after Leaving the ACCE Position

Half of the former ACCEs held administrative positions in academic, clinical and other settings, after leaving the ACCE position. Forty percent of the former ACCEs were placed at a director level in their next occupation, 21%
were faculty as assistant or associate professor, 14% were
senior clinicians, 6% were contracting or consulting, 7% were in retirement, and 11% were classified as other
(includes full-time students).

**Occupational Setting after Leaving the ACCE Position**

Of the former ACCEs the majority (53%) were in the academic setting after leaving the ACCE position. This includes administrators, academic administrators, teaching faculty, ACCEs, and graduate students. Of the remainder, 14% were in the hospital setting, 8% in a rehabilitation unit, 7% in retirement, 6% in home health, and 5% in outpatient care or private practice. Others were in a variety of settings.

**Prediction of Next Job**

Former ACCEs were asked for a realistic prediction of their next job change and of their last job before they would retire. These predictions were again listed according to occupation, level and setting.

**Occupations Prior to Retirement**

The largest percentage (27%) of former ACCEs predicted that their next occupation would be as a physical therapy
faculty member. Twenty-five percent could not forecast a change from their present position, 22% predicted a clinical position, 13% administration, 7% retirement, and 3% graduate student, for their next occupation.

A slightly increased percentage (30%) of former ACCEs predicted that their last occupation prior to retirement would be as a faculty member, and less (13%) predicted that they would be a clinician. Administration was chosen by 14% of the respondents and the remainder did not make a prediction.

**Occupational Levels Prior to Retirement**

While 25% of the respondents could not forecast a change from their present position, another 25% expected to move to the level of director (academic or clinical) and 19% to a teaching faculty level for their next position.

Again, many (38%) did not give a prediction of the level from which they would retire, but 35% expected to retire as a director, and 16% as tenured faculty.

**Occupational Settings Prior to Retirement**

Thirty-five percent of former ACCEs predicted an academic setting for their next job, 27% did not predict a change, and 11% predicted that they would be at an Out Patient or Private Practice. Forty percent expect to retire
from the academic setting, 38% did not predict a change and 10% predicted they would be in an Out Patient or Private Practice setting.
CHAPTER V

DISCUSSION AND RECOMMENDATIONS

Introduction

This final chapter includes a brief review of the purpose and design of the study, a discussion of the research findings, and recommendations for further research.

Study Purpose and Design

Clinical education is an inherent part of the total educational experience of students in the health professions. In physical therapist educational programs the faculty member responsible for the clinical education portion of the curriculum is known as the Academic Coordinator of Clinical Education (ACCE). As the liaison between the academic program and the clinical program, the ACCE maintains contact with many clinicians at a variety of clinical sites, and provides continuity as well as leadership to the clinical education program.

There is a need to know a great deal about the ACCE and applicable data do not exist. The factors that attract individuals to the career of ACCE and that influence them either to leave or to remain in the position are of interest
and concern to those planning for the future of the profession.

This study was designed to gather information about the career of the ACCE, and to address the question: What career paths do ACCEs follow and what influences the choices that ACCEs make within those paths?

The study population consisted of the current ACCEs from all American Physical Therapy Association (APTA) accredited programs offering entry-level education for physical therapists, and of former ACCEs who held the position during the past 10 years.

Two questionnaires were developed by the researcher to gather information in order to answer the research questions. The first was prepared for distribution to current ACCEs and the second for former ACCEs. Each was professionally printed as a four page booklet. Interviews and conversations were also held with current ACCEs, former ACCEs and with many other individuals involved in physical therapy education. The interview portion of the study was used to triangulate the data and served to enrich, expand, and explain the information obtained from the survey questionnaires.

Of the 118 questionnaires mailed to current ACCEs, 107 (91%) were returned and are included in the study. Questionnaires were mailed to all of the 86 former ACCEs who
were identified and 63 responses (73%) were received.

Discussion of Research Findings

The findings of the study were presented in Chapter IV. Implications of the findings will be presented in this chapter.

In response to this research there is cause for hope and for concern. Strengths exist that can be built on for a bright future. Some ACCEs are enjoying their work and are evaluating and implementing plans to improve the quality of clinical education. Nevertheless in the responses to the questionnaires and in conversations many concerns were expressed. The discussion of the research findings will address the major topics of concern expressed by ACCEs, physical therapy educators, and practitioners.

The opinions which are presented in this chapter are based on the information available from this research, but are not necessarily findings of the research.

The Academic Tenure of ACCEs

The findings of the study include that the current ACCEs had held the position for a mean of 4.6 years. The majority held appointments as faculty, were at instructor or assistant professor rank, and were not on a tenure track.

Tenure is the key to full membership in academe, but
only 15% of the current ACCEs had received tenure. In addition it was noted that competent ACCEs had left the position, or were planning to leave, because they were not able to achieve tenure.

Physical therapists are socialized to the clinical setting, and those who enter the academic setting must be socialized to the roles and responsibilities of a faculty member. Traditionally, the socialization of academic faculty includes earning the right of passage, spending time researching and becoming immersed in academia in the process of completing a doctoral dissertation. Many physical therapy faculty have not followed this model. The productive clinician may not be productive in scholarly activity; values must be reshaped as the physical therapist clinician is socialized to academia.

Meanwhile, in the clinical setting the physical therapist is in constant demand and the marketplace has driven physical therapists' salaries above that received at most academic institutions. For the physical therapist who is not socialized to academia the lack of advancement in the academic setting is in contrast to the potential for advancement in the clinical setting.

In the academic environment value is placed on classroom teaching, scholarly productivity, and service to the university, department and community. These activities
are not compatible with the role of the ACCE as presently defined. It is possible to redefine the role of the ACCE in order to meet this standard, for example, by separating the administrative and faculty functions of the ACCE.

Alternate plans have been tried in several institutions and each has potential advantages and disadvantages. ACCEs have been placed on a non-tenure track, given administrative appointments in addition to or instead of faculty appointments, and administrative assistants have been hired to relieve the ACCE of many of the more routine responsibilities.

Sixty percent of the current ACCEs were not on a tenure track. At some educational institutions the administrators recognized that the requirements for tenure were not compatible with the existing role of the ACCE and placed the ACCE on a non-tenure track. ACCEs were divided in their appreciation of this arrangement. Those who would not earn tenure or were not socialized to academe recognized that it enabled them to continue in the position beyond the five or so years when their employment would otherwise be terminated. Other ACCEs resisted this arrangement because it put them in the position of second-class faculty, without the respect, privileges, security, and responsibilities of tenured faculty.

In the responses and notations written on the
questionnaires and in conversations there were many appeals for recognition of the vital role of the ACCE. Too many ACCEs feel frustrated, misunderstood, and not appreciated. If clinical education is to continue to be part of the academic curriculum, the ACCE must earn the respect of the other faculty.

Clarification of the Position of the ACCE

Different institutions and departments vary considerably in their expectations of the ACCE. The amount of secretarial support and the expectations for student visitation, classroom teaching, clinical practice, graduate study, research, and service activities all differ. The need to clarify the position of the ACCE was expressed in a variety of ways. Is the ACCE position a real faculty job? Is a tenure track, faculty appointment appropriate? Is it reasonable to be a teacher, advisor, researcher, student, and an ACCE? Do the individual differences in programs necessitate the great diversity that exists in the expectations of the ACCE?

The ACCE must accept some responsibility for the education of the faculty and administration as to the role and responsibilities of the ACCE. The ACCE must also become part of the academic community through involvement in scholarly activities and through contribution of service to
the university. The amount of time spent off-campus and other requirements of the ACCE position do restrict involvement in the university community but must not be allowed to eliminate it.

The academic administrators must examine their expectations of, and job descriptions for, the ACCEs. Each academic administrator and ACCE must examine the job and identify what portions are: (a) community service, (b) necessary for the education of students, and (c) research in clinical education. The academic administrators must then provide appropriate administrative support to care for other non-professional responsibilities.

Academic faculty are expected to think, investigate, and explore, and the ACCEs should not be burdened with extraneous responsibilities so that they do not have time for these activities. The ACCEs must have time to model appropriately thoughtful behavior. They are the role models for both students and clinicians, in the classroom, laboratory, and clinical settings.

Many ACCEs complained about the lack of quality or the shortage of clinical sites. The training of clinical instructors, and the cultivation of clinical sites, for the education of students require a commitment of the ACCE and of the academic administrator. The clinical forums or consortia provide support for the growth and development of
clinical sites. Similarly, the network among ACCEs and the meetings of ACCEs serve as a support group for the ACCEs.

The ACCE performs a major public relations and marketing function for the academic institution. The ACCE is often the most suitable person to make these contacts, which are of benefit to the academic institution as a whole as well as to the physical therapy program. This portion of the ACCE position must be identified and recognized. It should be recognized as an administrative function distinct from the ACCE's faculty responsibilities, and funded accordingly.

The ACCE Position as Entry-Point to Academe

From the comments received there is both acknowledgment of the ACCE position as an entry-point into the academic world, and amazement that the position is used in this way. Physical therapists have been recruited from clinical positions to the ACCE position to "try out" academia and then move into a traditional teaching position if they so desire. Those ACCEs who felt that they were out-growing the role and planned to move on to "higher-level" responsibilities did not value the ACCE position. Others who have prepared specifically for the ACCE position were offended by the insinuation that the ACCE is not a full member of the faculty.
Any faculty position may be used as an entry-level position, and physical therapists should choose the ACCE position as a career goal, not as a stepping stone. The faculty status of the ACCE is largely determined by the attitudes of both the academic administrator and of the ACCE. According to labeling theory (Rist, 1977) when the ACCE position is labeled as entry-level, and entry-level performance is expected from the ACCE, this is the performance that will occur.

The ACCE must become integrated into the faculty, it is not acceptable to separate the ACCE from the faculty, as in references to five faculty and an ACCE. ACCEs must be socialized to the academic environment and must be prepared to become full members.

In this time of faculty shortage most educational institutions are prepared to assist their faculty to grow academically. Those ACCEs who are not prepared at the doctoral level must take this opportunity to become credentialed. Continuing education and research is important for all faculty, and whether the ACCE starts with a doctoral degree or not, the ACCE needs to be a researcher as well as an educator. Time must be available for the continued growth of all faculty.
Preparation for the ACCE Position

This study has provided information that can assist academic programs in the selection and training of future ACCEs. Those involved in the selection of the ACCE must be more aware of the requirements of the position and the recommendations for preparation. If qualified and prepared applicants are recruited the attrition should be reduced.

On graduation as a physical therapist most of the ACCEs in this study expected to be clinicians, few planned and prepared for the ACCE position. The socialization of future academic faculty (including ACCEs) must begin with the students in the entry-level physical therapist educational programs.

This socialization should continue through the influence of the ACCEs in the nurture of clinicians as clinical instructors and center coordinators. Those with interest, aptitude and a full understanding of academic roles, responsibilities and rewards, should be encouraged to develop a career plan to become an ACCE. The academic programs, through the ACCEs, can use the clinical education forums to socialize, prepare, and recruit people to clinical education.

Attractive Features of the ACCE Position

In order to decrease attrition and to allow the
professional development of the current ACCEs it is suggested that the attractive features of the position be maximized, along with a minimization of the least attractive features.

Variety and flexibility are the key words used to describe the attractive features of the ACCE position. The ACCEs enjoy contacts with a variety of clinical facilities, working with students and clinical faculty. They value being part of academia and appreciate a high standard in the educational program and among colleagues. The least attractive features of the position include the routine of paperwork, scheduling and telephone tag. Shortages of clinical sites, problems with tenure and lack of appreciation from other faculty, and complaining students compound the inability to keep up with the demands of the workload and get everything done.

A Model

The finding that half of the ACCEs are either very new, or are planning to leave, is a cause of serious concern to the profession and reflects the instability of the ACCEs and potentially of the programs.

Preparation is necessary for the position of ACCE. The academic programs may identify future ACCEs among the clinical educators using the clinical education forums and
networks. Interested individuals with aptitude will be encouraged to prepare for the position of ACCE.

Educational credentialing is important for all members of the physical therapy faculty, and the academic programs will support the ACCEs in research and in continuing their education. The ACCEs will be required to meet the same academic standards as other faculty, and will similarly receive tenure and academic advancement. In order to achieve this, credit and recognition will be given for the valuable off campus work performed by the ACCE and time will also be available for research and continuing education. An administrative assistant will relieve the ACCE of routine paperwork and phone calls, and will maintain the clinical education data banks and address lists.

Innovative ideas must be explored and evaluated. Clinical education must continue to change in order to maintain relevancy. The faculty person who coordinates the clinical education program will continue to research, and will implement and evaluate innovative ideas in the area of clinical education.

The labeling of the ACCE has served to increase the separation of this faculty member from others. The integration of this individual into the faculty as a member in regular academic standing will be encouraged by getting rid of the label.
Summary

There is much variation between academic programs in the expectations of the ACCE. Two areas of concern to ACCEs that should be addressed are: (1) The availability of secretarial and administrative support, and (2) the opportunity for the ACCE to be a respected full member in the academic community.

A good administrative assistant will relieve the ACCE of many of the routine tasks and provide needed coverage when the ACCE is away from the office. The ACCE must take responsibility for educating other faculty about the role of the ACCE, and for involvement in the university community. The support of the department chairperson and academic administrator is also necessary for the ACCE to achieve full membership in academe.

Of great importance to the profession at this time is the need to improve the prospects of the current ACCEs to decrease attrition from the ranks. Through this research study information has been provided about the factors that are most and least attractive to ACCEs, as well as the reasons that ACCEs have left the position or are planning to leave.

ACCEs are moving to a new dimension as a member of the academic faculty. They, along with the other physical therapy faculty are beginning to become socialized to
academia and must claim their place as a full member of the academic community.

Suggestions for Future Research

This study has provided physical therapy educators with the data necessary for action. More research will address the future of the ACCE in the academic environment. Several options are suggested for consideration.

Continued studies of the physical therapy faculty would investigate their relationships with each other and their relationships with the community. It will be valuable to study the degree to which the ACCEs are an integrated part of the faculty, the degree to which they are innovative, and the degree to which they are held accountable for the same academic standard as other physical therapy faculty.

It is reassuring to note that some ACCEs have held the position for many years. These individuals enjoy the challenges of the position and are actively involved in the education of future physical therapists. A useful study will identify a group of outstanding ACCEs. This focus on the people who have made the career choice to be an ACCE will study their careers in order to investigate what has made the difference, why they stand out from the others, and how they have become integrated into their respective faculties.
Appendix A

ACCE Cover Letter
September 26, 1990

Dear [Name]:

As the Academic Coordinator of Clinical Education (ACCE) at Andrews University and a doctoral student at Western Michigan University, I am studying the career of the ACCE, looking particularly at the times of decision to enter and leave the position.

I am soliciting responses from the current ACCEs of all APTA accredited entry-level physical therapy programs as well as from former ACCEs. We are a select group and each response is very important. This four page questionnaire will take you approximately 20 minutes to complete.

All answers will remain anonymous and the identity of respondents will not be used in any portion of the data analysis or report. An identification number, which is on the return envelope and not on the questionnaire, will help me record the return of your form so that I will not contact you again. I will destroy the envelope.

I very much appreciate your participation in this survey. Your responses will be an important part of our growing understanding of the position of ACCE. If you have any questions, problems, or need another form, please telephone me at 1-800-827-2878. Please complete and return this form as soon as possible in the envelope provided. Thank you.

Sincerely,

Norene Clouten, M.A., P.T.
Associate Professor
Academic Coordinator of Clinical Education

P.S. You can keep the pen.
Appendix B
ACCE Questionnaire
ACCE QUESTIONNAIRE

INSTRUCTIONS: Please check the appropriate responses and fill in the blanks as indicated in each question. (Special instructions and reminders appear in italics)

CURRENT EMPLOYMENT

1. How long have you held your current ACCE position: ___ years ___ months

2. Current academic rank:
   - Lecturer
   - Assistant Professor
   - Professor
   - Instructor
   - Associate Professor
   - Other (please specify ____________)

3. Is tenure available at your institution? ___ No ___ Yes
   Tenure status: ___ Tenured ___ Not tenured, on tenure track ___ Not tenured, not on tenure track

4. Current appointment:
   - Faculty
   - Administrative
   - Combination

5. Do you share the ACCE position with another ACCE? ___ No ___ Yes
   The time equivalent (FTE) of your ACCE position:
   - Full-time at 1 FTE
   - Part-time at ___ FTE

6. Entry-level PT degree offered by the institution where you are ACCE:
   - Certificate
   - Baccalaureate
   - Transition
   - Masters

7. Why did you select your current ACCE position? (Please check as many boxes as appropriate)
   - Duties and responsibilities of job
   - Geographical location
   - Status and prestige
   - Potential for advancement
   - Fringe benefits
   - Ready for a change
   - Educational opportunities for self
   - Physical facilities
   - Educational opportunities for family
   - Mission and philosophy of institution or unit
   - Employment opportunities for spouse
   - Salary
   - Policies and practices of administration
   - Competence of colleagues
   - Congeniality of colleagues
   - Other (please specify ____________)

EMPLOYMENT HISTORY - PRIOR TO CURRENT ACCE POSITION

8. Please indicate the approximate number of years of full-time (or equivalent) PT experience that you had accrued when you became ACCE:
   - Clinical practice ___ years
   - Teaching ___ years
   - ACCE (at another institution) ___ years
   - CCCE ___ years

9. Please list the three most recent positions that you held prior to becoming ACCE, and give the number of years in each position. List the most recent position first.

   Most recent
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

   (occupation) (level of position) (setting) (years)

10. Were you associated with PT education prior to being ACCE? Check below any that apply.
    At the institution where you are ACCE At a different institution
    Part time faculty
    Full time faculty
    Occasional lecture or lab.
    C C C E
    Clinical Instructor
    Graduate student
    Other
EDUCATION AND CAREER PLANS

11 Please list your formal education:

<table>
<thead>
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<th>Degree</th>
<th>Major</th>
<th>Full/Part-Time</th>
<th>Year Received or Expected</th>
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</table>

12 When you graduated as a physical therapist, what was your career goal?

(occupation) (level of position) (setting)

13 At what point did you first consider an academic position? (E.g. at PT graduation, after being a clinical instructor)

14 Under what circumstances did you first consider becoming an ACCE?

ENTRY AS ACCE

Please reflect on the moment when you decided to accept your current position as Academic Coordinator of Clinical Education. At the time of that decision:

15 What were the major attractions that becoming an ACCE held for you?

1. 
2. 
3. 
4. 

*Please rate the following on the 1 - 5 scale:*

16 At that time how much did you really know about the position of ACCE? very well informed 1 2 3 4 5 uninformed

17 How actively did you seek the position of ACCE? I actively sought 1 2 3 4 5 I was persuaded

18 How prepared did you think you were for the position of ACCE? very well prepared 1 2 3 4 5 unprepared

19 What courses or experience do you recommend as preparation for the ACCE position? Please score: 1 no value 2 some value 3 more valuable 4 most valuable

__ administration __ counseling __ teaching
__ communication __ research __ clinical expertise
__ CCCE __ Clinical Instructor

CURRENT ACCE POSITION

20 For you personally, what are the most attractive features of the ACCE position?

1. 
2. 
3. 
4. 

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21 What are the least attractive features of the ACCE position?

1. _____________________________________________________________
2. _____________________________________________________________
3. _____________________________________________________________
4. _____________________________________________________________

22 Were there aspects of the ACCE position that were unexpected? Please describe.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

23 What would cause you to leave your current ACCE position?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

24 The following is a list of some ACCE experiences. Please score each according to how you feel about it.

<table>
<thead>
<tr>
<th>1 not enjoyable</th>
<th>2 okay</th>
<th>3 enjoyable</th>
<th>4 most enjoyable</th>
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25 Approximately how many nights per year does your work as ACCE cause you to be away from home overnight?
□ 0-10  □ 11-20  □ 21-30  □ over 30

26 Please rate the following two questions on the 1 - 5 scale:

27 How do you feel about the ACCE position in relation to other PT faculty positions?

I work longer
1 2 3 4 5 shorter hours
I enjoy my work more
1 2 3 4 5 less
There is more stress
1 2 3 4 5 less stress in my work
I have more freedom
1 2 3 4 5 less freedom
Tenure is more
1 2 3 4 5 less difficult to achieve

28 What are your perceptions of how family responsibilities affect the work of an ACCE?

29 What are your perceptions of the ways age and life stage affect the work of an ACCE?

FUTURE PLANS

30 Are you seriously considering or actively pursuing a job change?
□ No  □ Yes (if yes, please check as many of the boxes below as appropriate to indicate reasons related to your current ACCE job)

□ Duties and responsibilities of job  □ Geographical location
□ Status and prestige  □ Potential for advancement
□ Fringe benefits  □ Ready for a change
□ Educational opportunities for self  □ Physical facilities
□ Educational opportunities for family  □ Mission and philosophy of institution: or unit
□ Employment opportunities for spouse  □ Salary
□ Policies and practices of administration  □ Competence of colleagues
□ Congeniality of colleagues  □ Other (please specify ________________________ )
What do you think, realistically, will be your next job change?

(occupation) (level of position) (setting)

What do you think, realistically, will be your last job before you retire?

(occupation) (level of position) (setting)

I would appreciate additional comments that you would like to make on any aspects of the career of the ACCE.

---

GENERAL INFORMATION (for statistical purposes only)

34 Age
☐ 20-29 years ☐ 40-44 years ☐ 55-59 years
☐ 30-34 years ☐ 45-49 years ☐ 60-64 years
☐ 35-39 years ☐ 50-54 years ☐ 65 years or older

35 Gender
☐ Female ☐ Presently married
☐ Male ☐ Presently not married

36 Marital status

37 Please rate your level of family responsibilities:
☐ High ☐ Medium ☐ Low

As part of this research I wish to survey those who have been ACCE at any time during the past 10 years.

☐ I am the first ACCE appointed for this program.
☐ I have been the ACCE for more than 10 years

Former ACCE Name __________________________________________

Address __________________________________________________________

Thank you very much for completing this questionnaire, please return it in the enclosed envelope as soon as possible. I will look for your reply by:

OCTOBER 10, 1990

Norene Clouten, PT, ACCE
Department of Physical Therapy
Andrews University
Berrien Springs MI 49104
Appendix C

Former ACCE Cover Letter
October 29, 1990

Dear [Name]:

As the Academic Coordinator of Clinical Education (ACCE) at Andrews University and a doctoral student at Western Michigan University, I am studying the career of the ACCE, looking particularly at the times of decision to enter and leave the position.

I am soliciting responses from former ACCEs as well as from the current ACCEs of all APTA accredited entry-level physical therapy programs. We are a select group and each response is very important. This four page questionnaire will take you approximately 20 minutes to complete.

All answers will remain anonymous and the identity of respondents will not be used in any portion of the data analysis or report. An identification number, which is on the return envelope and not on the questionnaire, will help me record the return of your form so that I will not contact you again. I will destroy the envelope.

I very much appreciate your participation in this survey. Your responses will be an important part of our growing understanding of the position of ACCE. If you have any questions, problems, or need another form, please telephone me at 1-800-827-2878. The completion and return of this form as soon as possible in the envelope provided will be greatly appreciated.

Sincerely,

Norene Clouten, M.A., P.T.
Associate Professor
Academic Coordinator of Clinical Education

P.S. You can keep the pen.
Appendix D

Former ACCE Questionnaire

163
FORMER ACCE QUESTIONNAIRE

INSTRUCTIONS: Please check the appropriate responses and fill in the blanks as indicated in each question. (Special instructions and reminders appear in italics)

GENERAL INFORMATION - WHEN YOU WERE ACCE (for statistical purposes only)

1 Age when ACCE
☐ 20-29 years ☐ 40-44 years ☐ 55-59 years
☐ 30-34 years ☐ 45-49 years ☐ 60-64 years
☐ 35-39 years ☐ 50-54 years ☐ 65 years or older

2 Gender
☐ Female
☐ Male

☐ Married
☐ Not married

3 Marital status when ACCE

4 Rate your level of family responsibilities while ACCE:
☐ High
☐ Medium
☐ Low

YOUR EMPLOYMENT AS ACCE

5 Years ACCE position held: From ________ to ________

6 Your academic rank at the time that you resigned your ACCE position:
☐ Lecturer
☐ Instructor
☐ Professor
☐ Associate Professor
☐ Other (please specify __________ )

7 At that time, was tenure available at your institution? ☐ No ☐ Yes
Tenure status: ☐ Tenured ☐ Not tenured, on tenure track
☐ Not tenured, not on tenure track

8 Your appointment at the time that you resigned your ACCE position:
☐ Faculty
☐ Administrative
☐ Combination

9 Did you share the ACCE position with another ACCE? ☐ No ☐ Yes
What was the time equivalent (FTE) of your ACCE position? ☐ Full-time at 1 FTE ☐ Part-time at __________ FTE

10 Entry-level PT degree offered by the institution when you were ACCE:
☐ Certificate
☐ Bachelor's
☐ Masters

11 Why did you select your former ACCE position? (Please check as many boxes as appropriate)
☐ Duties and responsibilities of job
☐ Status and prestige
☐ Fringe benefits
☐ Educational opportunities for self
☐ Educational opportunities for family
☐ Employment opportunities for spouse
☐ Policies and practices of administration
☐ Congeniality of colleagues
☐ Geographical location
☐ Potential for advancement
☐ Ready for a change
☐ Physical facilities
☐ Mission and philosophy of institution or unit
☐ Salary
☐ Competence of colleagues
☐ Other (please specify ______________________)

EDUCATION AND CAREER GOALS

12 Please list your formal education:

<table>
<thead>
<tr>
<th>Degree</th>
<th>Major</th>
<th>Full/Part-Time</th>
<th>Year received or expected</th>
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</table>

13 When you graduated as a physical therapist, what was your career goal?

(occupation) (level of position) (setting)
14 At what point did you first consider an academic position? (E.g. at PT graduation, after being a clinical instructor)

15 Under what circumstances did you first consider becoming an ACCE?

EMPLOYMENT HISTORY - PRIOR TO FmrER ACCE POSITION

16 Please indicate the approximate number of years of full-time (or equivalent) PT experience that you had accrued when you became ACCE:

- Clinical practice: ________ years
- ACCE (at another institution): ________ years
- Teaching: ________ years
- CCCE: ________ years

17 Please list the three most recent positions you held prior to becoming ACCE, and give the number of years in each position. List the most recent position first.

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Level of Position</th>
<th>Setting</th>
<th>Years</th>
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</tbody>
</table>

18 Were you associated with PT education prior to becoming ACCE? Check below any that apply.

- At the institution where you were ACCE
- At a different institution

- Part time faculty
- Full time faculty
- Occasional lecture or lab.
- Clinical Instructor
- Graduate student
- Other (please specify ________)

ENTRY AS ACCE

Please reflect on the moment when you decided to accept your former position as Academic Coordinator of Clinical Education. At the time of that decision:

19 What were the major attractions that becoming an ACCE held for you?

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________

Please rate the following on the 1 - 5 scale:

20 At that time how much did you really know about the position of ACCE?

very well informed 1 2 3 4 5 uninformed

21 How actively did you seek the position of ACCE?

I actively sought 1 2 3 4 5 I was persuaded

22 How prepared did you think you were for the position of ACCE?

very well prepared 1 2 3 4 5 unprepared

23 What courses or experience do you recommend as the most valuable preparation for the ACCE position? Please score.

1 no value 2 some value 3 more valuable 4 most valuable

administration counseling teaching clinical expertise CCCE Clinical Instructor
FORMER POSITION AS ACCE

24 For you personally, what were the most attractive features of the ACCE position?

1. 
2. 
3. 
4. 

25 What were the least attractive features of the ACCE position?

1. 
2. 
3. 
4. 

26 Were there aspects of the ACCE position that were unexpected? Please describe.

27 What most influenced you to leave the position?

28 The following is a list of some ACCE experiences. Please score each according to how you feel about it.

<table>
<thead>
<tr>
<th>1 not enjoyable</th>
<th>2 okay</th>
<th>3 enjoyable</th>
<th>4 most enjoyable</th>
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<tr>
<td>travel</td>
<td>the challenging student</td>
<td>public relations</td>
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<td>evaluation of sites</td>
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<tr>
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<td>telephone time</td>
<td>scheduling</td>
<td></td>
</tr>
</tbody>
</table>

29 Approximately how many nights per year did your work as ACCE cause you to be away from home overnight?

 credibility

30 How accurate was your perception of the ACCE position before you accepted it?

accurate 1 2 3 4 5 faulty

31 How did you feel about the ACCE position in relation to other PT faculty positions?

I worked longer 1 2 3 4 5 shorter hours
I enjoyed my work more 1 2 3 4 5 less
There was more stress 1 2 3 4 5 less stress in my work
I had more freedom 1 2 3 4 5 less freedom
Tenure was more 1 2 3 4 5 less difficult to achieve

32 Did you seek to leave the position, or were you recruited away from it?

seek 1 2 3 4 5 recruited

33 What are your perceptions of how family responsibilities affect the work of an ACCE?
34 What are your perceptions of the ways age and life stage affect the work of an ACCE?

Thank you for your recollections of the time when you were an ACCE. This section is concerned with your career since that time.

Post-ACCE Period

35 For what reasons did you leave your former ACCE position? (please check as many of the boxes below as appropriate to indicate reasons related to your former ACCE job)

☐ Duties and responsibilities of job
☐ Status and prestige
☐ Fringe benefits
☐ Educational opportunities for self
☐ Educational opportunities for family
☐ Employment opportunities for spouse
☐ Policies and practices of administration
☐ Congeniality of colleagues
☐ Geographical location
☐ Potential for advancement
☐ Ready for a change
☐ Physical facilities
☐ Mission and philosophy of institution or unit
☐ Salary
☐ Competence of colleagues
☐ Other (please specify ________________ )

36 Please list your occupations since you were an ACCE (include formal study programs). (Give the number of years in each position, listing your present position first.)

Present

<table>
<thead>
<tr>
<th>(occupation)</th>
<th>(level of position)</th>
<th>(setting)</th>
<th>(years)</th>
</tr>
</thead>
</table>

37 Have you been associated with PT education since you were an ACCE? Check any that apply.

At the institution where you were ACCE

Part time faculty ☐
Full time faculty ☐
PT program director ☐
Occasional lecture or lab. ☐
C C C E ☐
Clinical Instructor ☐
Graduate student ☐
Other (please specify ________________ ) ☐

At a different institution

☐

38 What do you think, realistically, will be your next job change?

<table>
<thead>
<tr>
<th>(occupation)</th>
<th>(level of position)</th>
<th>(setting)</th>
</tr>
</thead>
</table>

39 What do you think, realistically, will be your last job before you retire?

<table>
<thead>
<tr>
<th>(occupation)</th>
<th>(level of position)</th>
<th>(setting)</th>
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</thead>
</table>

40 I would appreciate additional comments that you would like to make on any aspects of the career of the ACCE.

Thank you very much for completing this questionnaire, please return it in the enclosed envelope as soon as possible.

Norene Clouten, PT, ACCE
Department of Physical Therapy
Andrews University
Berrien Springs MI 49104
Appendix E

Follow-up Letter
October 15, 1990

Dear [insert name]:

About three weeks ago a questionnaire seeking your ideas about the career of the ACCE was mailed to you. You were selected to receive this mailing as the ACCE of an accredited entry level PT program.

If you have already completed and returned the questionnaire to me in the self-addressed, stamped envelope, please accept my sincere thanks. If not please do so today or as soon as possible. It is extremely important that your response be included in the study if the results are to accurately reflect the opinions of ACCEs. It should only take you about twenty minutes to complete the questionnaire.

If, by some chance, you did not receive the questionnaire, or if it has been misplaced, please call me now at Andrews University, Department of Physical Therapy. That number is 800-827-2878 and you can leave your name and address with the secretary (or an answering machine) if I am not available. I will send you another packet as soon as I hear from you.

Your prompt response is appreciated.

Sincerely,

Norene Clouten, M.A., P.T.
Academic Coordinator of Clinical Education
Appendix F

Analysis of Content of ACCE Questionnaire
# ANALYSIS OF CONTENT

## CURRENT ACCE QUESTIONNAIRE

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<th>Key</th>
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Appendix G

Analysis of Content of Former ACCE Questionnaire
## ANALYSIS OF CONTENT

### FORMER ACCE QUESTIONNAIRE

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1| Age |  
2| Gender |  
3| Marital status |  
4| Family resp. |  
5| Time |  
6| Rank |  
7| Tenure |  
8| Appointment |  
9| FTE |  
10| Program degree |  
11| Reasons selected |  
12| Education |  
13| Goal at grad. |  
14| Goal academic |  
15| Goal ACCE |  
16| PT experience |  
17| Positions |  
18| Assoc with PT education |  
19| Attractions |  
20| Prior knowledge |  
21| Activity |  
22| Preparedness |  
23| Preparation |  

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Appendix H

Approval Letter From the Human Subjects Institutional Review Board
Date: September 17, 1990

To: Norene Clouten

From: Mary Anne Bunda, Chair

Re: HSIRB Project Number: 90-09-03

We have received your memorandum and enclosures of September 12 revising your original protocol. The revisions are acceptable. Therefore, this letter will serve as confirmation that your research protocol, "The Academic Coordinator of Clinical Education In Entry-Level Physical Therapy Programs," has been approved under the exempt category of review by the HSIRB. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the approval application.

You must seek reapproval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date.

The Board wishes you success in the pursuit of your research goals.

cc: Robert Brinkerhoff, Educational Leadership

Approval Termination: September 17, 1991
BIBLIOGRAPHY


Davis, T. (1991?). A survey of faculty attitudes regarding their profession. In *Predictor variables accounting for turnover and retention in physical therapy faculty.* Doctoral dissertation in process, University of Texas at San Antonio, TX.


Myers, R. S. (1986a). Fact and fancy from Rose's almanac: Or all that you wanted to know about clinical education and have been asking. In American Physical Therapy Association (Ed.), Leadership for change in physical therapy clinical education (pp. 95-107). Alexandria, VA: American Physical Therapy Association.


