

Academic Council Board Meeting

Minutes from March 18, 2:00PM-4:00PM (eastern)

1. Call the meeting to order. (Terry) – meeting called to order by Terry at 2:00 pm

Present:

Terry Nordstrom, PT, EdD	President
Barbara Sanders, PT, PhD SCS, FAPTA	Vice President
Barbara A. Tschoepe, PhD, PT	Secretary
Nancy B. Reese, PT, PhD, MHSA	Treasurer
James R. Carey, PhD, PT	Director
Susan S. Deusinger PT, PhD, FAPTA	Director
Stephanie Piper Kelly, PT, PhD	Director
Rick Segal, PT, PhD, FAPTA	Director
Kathryn Zalewski, PT, PhD, MPA	Director
Shawne Soper, PT, DPT, MBA	APTA Board of Directors
Lisa McLaughlin	APTA Staff

2. **DENIED:** Approval of February 28 board meeting minutes. (Terry) Hold until April meeting.

Action: Lisa and Barb T to include details of charge for IPE task force.

3. Funding for Consortia. (Nancy) Presented proposed revised guidelines of the consortia application.

PASSED: The edits on #12 read as follow: “Approved consortia receive \$1,000 per year from the Academic Council to support the work of the consortium. If the consortium anticipates the need for additional funding during a year, the consortium must submit an itemized budget detailing the funding being requested and describing the activities for which the funding will be used. All budget requests must be approved by the Board of Directors of the Academic Council and are due to the Treasurer of the Academic Council by June 1 for funding to be provided for the subsequent calendar year. Does the Consortium anticipate expenditures exceeding \$1,000 for the upcoming calendar year? If so, please attach an itemized budget request to this application.” (ADDENDUM 1)

Action: Lisa to talk with Jack to determine if consortia can charge dues per AC bylaws and decision to edit #11 are on hold until further information is obtained.

4. Supporting Clinicians to attend ELC 2013. (Terry & Nancy)

PASSED: The AC will support the partnership rate dues for 20 clinicians to attend ELC meeting not to exceed \$7500.00.

Action: Terry to talk with Peggy and suggest a deadline of applications and random drawing.

5. CAPTE position statement. (Barb S) Reviewed document from community page.

PASSED: Approve the edited version of the CAPTE position statement on the community page dated 3/18/2013. (ADDENDUM 2)

Action: Terry/Lisa will post this on community page for comment x 5 days prior to submission of this letter to APTA Board of Directors on AC letterhead.

6. PTA Mobilization draft position statement. (Barb T) Reviewed document from the community page.

PASSED : Approve the edited version listed on the community page dated 3/19/2013. (ADDENDUM 3)

Action: Terry to talk off line with Shawne to determine the method of communication on how this motion can be shared with CAPTE and the Federation.

Action: Terry/Lisa will post this position (1st paragraph) x 5 days for public comment prior to submission of this letter through appropriate channels (TBA with Terry/Shawne)

7. PT Education for the 21st Century: Request for Funding. (Barb S)

PASSED : Request \$7500.00 to support funding for Phase II of this research group's efforts based on plans submitted in the 3/18/13 document. (ADDEUMDUM 4)

Action: Barb S to share news with research group and Lisa will request that they submit an invoice to Nancy for funding.

8. 2014 Clinical Education Summit update. (Stephanie)

Action: Board request of Stephanie to review/re-consider direction/recommendations of the consultant- Susan who has experience in pharmacy, with consideration of having more than 1 paper per theme to promote dialogue.

9. CAPTE Criteria Revision Group. (Barb S)

Action: Barb S will talk with suggested liaisons to determine interest/availability and submit a name forward to Ellen Price at CAPTE who is organizing this group.

10. Growing programs – Rick, Susie, Barb S,

Action: Rick, Susie, Barb S. and Nancy to get together to define scope of problem/develop draft plans and discuss if/how this concern can be explored for further discussion at our next monthly meeting.

11. Delegate roster and assignments reviewed: No actions needed until April sometime.

Terry: AK, HI, CA, OR, WA

Barb S: TX, LA, OK, KS, NE

Barb T: CO, NM, AZ, NV, UT, ID

Jim: MN, IA, SD, ND, WY, MT

Susie: MO, IL, KY, OH, WV

Kathy: WI, CT, RI, MA, NH, ME

Stephanie: IN, MI, PA, NY, VT, NJ

Nancy: AR, TN, MS, AL, GA, FL

Rick: NC, SC, VA, MD, DE, DC

Announcements:

March 1 call for ACBoD nominations was sent to all Reps

RIPPS call for nominations deadline was March 8

IPE Task Force is going to hold their launch conference call on March 25

Upcoming Meetings:

April 24, 2:00 – 4:00PM, Academic Council conference call

May 14, 2:00 – 4:00PM, Academic Council conference call

June 6, 2:00 – 4:00PM, Academic Council conference call

June 27, 12:00 – 8:00PM, Academic Council Board Meeting, Salt Lake City, UT

Oct 4-6, Education Leadership Conference, Portland, OR

Procedures for formation of Consortia within the Academic Council of APTA

Preamble

A consortium is comprised of individuals affiliated with institutional members of the Academic Council (AC) who share common interests based upon their program affiliation. Examples of consortia consist of, but are not limited to, Directors of Clinical Education and Clinical Faculty, individual members from like institutions (based on Carnegie classification, public or private institution, etc.), shared geographical location, similar curricular models, etc. The role of the consortium is to provide a forum for institutional members of the physical therapist education community to gather and disseminate information relative to a specific area of shared interest and to have a line of communication within the Academic Council (AC), particularly with the Board of Directors (BoD). Because a consortium consists of institutional members of the Academic Council with a voting representative, a consortium will not hold voting privileges within the AC.

Procedure:

1. Complete the "Application to Form a Consortium" and submit it to the Staff office for the AC.
2. A sub-committee of the ACBoD to include the Finance Officer, Vice President, or Secretary and 2 Directors will review the Application and will approve it for consideration by the ACBoD, ask for further clarification, or deny the formation of the Consortium.
3. Applications approved by the sub-committee are considered by the ACBoD at its next meeting
4. Applications that have been denied by the sub-committee may be appealed to the ACBoD by the AC Representatives who submitted the Application.

ADDENDUM 1

APPLICATION FOR THE FORMATION OF A CONSORTIUM

Academic Council of the APTA

General Information

1. Name of proposed consortium:
2. Membership: Who will this consortium represent?
3. What is the estimated number of institutional members?
4. Purpose of the proposed consortium:
5. Objectives of the proposed consortium:
6. Meetings:
 - a. When will the Consortium meet, e.g. CSM, ELC, separate time?
 - b. How will the Consortium meet, e.g. teleconference, Web-based, in-person.

Governance and Leadership

7. A Consortium must have at least a Chairperson and a Secretary. Will this Consortium have any additional leadership or governance structures?
No (Skip to question 8)

Yes (Continue to question a)

(a) What will be the leadership structure (e.g., board of directors, additional officers, etc.)?
8. All Consortium participants must be affiliated with an institutional representative of the Academic Council. Will there be any other qualifications to hold office in the Consortium?
No (Skip to question 9)

Yes (Continue to question a)

(a) What is/are those qualification(s)?
9. What would be the terms of office for the Offices within the Consortium?
10. A Consortium must have a designated liaison to the ACBoD. If that liaison will be someone other than the Chairperson, who will that Liaison be and how will they be designated?

Academic Council-Consortium Relationship and Support

11. Dues: At this time, Consortium may not charge dues. Does the Consortium anticipate charging dues in the future? If so, please describe what those dues would be used for?
12. Financial Support. Approved consortia receive \$1,000 per year from the Academic Council to support the work of the consortium. If the consortium anticipates the need for additional funding during a year, the consortium must submit an itemized budget detailing the funding

being requested and describing the activities for which the funding will be used. All budget requests must be approved by the Board of Directors of the Academic Council and are due to the Treasurer of the Academic Council by June 1 for funding to be provided for the subsequent calendar year. Does the Consortium anticipate expenditures exceeding \$1,000 for the upcoming calendar year? If so, please attach an itemized budget request to this application.

Application must include

Signed by at least 5 AC Representatives from Institutions that are participating in this Consortium.

ADDENDUM 2

To: APTA Board of Directors

From: Academic Council, APTA

As you know, the Academic Council (AC) has been asked to provide input on the optimal relationship between CAPTE and the APTA. As we understand it, there are three basic options under consideration: (1) the status quo; (2) CAPTE becoming a completely autonomous organization; or (3) some type of hybrid between those two options

As the representative organization for entry-level physical therapist education programs, the AC has a strong interest in the outcome of the dialogue and decisions concerning this proposal. We understand the changing nature of regulation in higher education and the stresses CAPTE may encounter in attempting to respond to concerns of CHEA and USDE. The AC supports CAPTE's role in protecting the public and maintaining standards in PT education. It is critical to the Academic Council that CAPTE and APTA maintain a mutually beneficial and collaborative relationship built on a foundation of shared commitment to highest quality education and practice that will best serve the profession of physical therapy. This concern arises from the possibility that one model for the relationship between CAPTE and the APTA would be similar to that which now exists between FSBPT and APTA. While the relationship between FSBPT and APTA is significantly improved and effective, the history of the relationship between them has been contentious and even adversarial at times. At this critical juncture in our history, we believe it is important to avoid a contentious, adversarial relationship between APTA and CAPTE or between APTA, CAPTE and the AC.

We aspire to assist our professional community in creating or refining a relationship between CAPTE and APTA that assures that all of the stakeholders shared interest in excellence in professional education are met. To achieve this, we recommend that the following conditions be included in the final outcome:

1. **Financial Stability:** We hope that long term decisions about CAPTE and its relationship to APTA will not bring additional financial burden to academic programs and assures the long-term financial viability of CAPTE. Financial security coupled with effective and efficient use of financial resources for both organizations should be paramount in the final decision. Accreditation and other fees paid by institutions must support activities that relate to the accreditation processes and improvements in that process and not be directed toward general operations of APTA. Whatever the relationship between the APTA and CAPTE, detailed financial statements of the operations of CAPTE should be available to the communities of interest to assure programs of how funds are used.
2. **Quality outcomes and quality control:** We firmly believe that CAPTE should have an independent governing board with wide representation from all communities of interest to provide both oversight and assure accountability.
3. **Transparency:** Any resolution to this question should provide the utmost transparency in order to eliminate any perceived or real conflicts of interest between CAPTE and the APTA. The integrity of the accreditation process must be maintained at all costs. All aspects of governance,

ADDENDUM 2

policies, and processes must be communicated to the communities of interest in such a way that there is absolutely clear understanding of the role of each of the parties in accreditation.

4. **Risk Management:** Any resolution must assure that all risk management concerns for CAPTE and the APTA are addressed, including resources to legal counsel for CAPTE. Clear delineation of lines of communication and decision-making will be critical to mitigate risk as well as avoid conflict of interest. Similar to the need for transparency, clear communication regarding all aspects of governance, policies and processes is essential, including identification of the appointment process of members of the independent governing board, oversight processes, committees and rules of operation. One aspect of financial stability is to assure that whatever the relationship between CAPTE and the APTA, that CAPTE has adequate financial and other resources in the hopefully rare case of legal action involving CAPTE.

Please accept the Academic Council's offer for continued dialogue and communication in the deliberation and resolution regarding the relationship between CAPTE and the APTA.

ADDENDUM 3

Proposed Position of the AC to the recent decision of CAPTE (and FSBPT) on PTA's performance and education on Grades I and II peripheral mobilization.

As a collective group representing the academic community responsible for physical therapist professional education, the Academic Council of Physical Therapist Education (AC) is in opposition of the FSBPT decision to include test questions related to Grades I and II peripheral mobilization on the PTA exam beginning in late 2013 as this is not accepted scope of work of the PTA. Furthermore, the AC is also in opposition of CAPTE's recent decision, that it is "not inappropriate to train PTA in assisting the PT in delivery of grades I and II movements." We oppose CAPTE's position that includes, "if taught within a PTA program, the program must provide evidence of evaluation of psychomotor skill performance." After careful consideration of the evidence and course of events that led to both of these decisions, the academic community does not believe that PTAs should be taught, tested or perform peripheral joint mobilization of any grade as this intervention requires continuous examination and evaluation and clinical decision making that is only commensurate with the education of the physical therapist. Encouraging the education and use of peripheral joint mobilization by PTA's exceeds the scope of work defined for the PTA and challenges the safety of our patients and efficacy of such interventions within the plan of care of the physical therapist. We respectfully request CAPTE and FSBPT to reconsider their positions at this time.

ADDENDUM 4

Response of the PTE-21 team (Jensen, Gwyer, Hack, Mostrom, Nordstrom)
to the Academic Council
March, 15, 2013

Status of project to date as well as dissemination plan for findings or interim report

The project was originally funded by APTA for \$50,000 for two visits. In March 2012 the research team requested and received \$12,125 in additional funding to add one additional clinical site and one additional academic site.

The team completed selection of the four sites following a period of an open national nomination process based on criteria derived from the literature and feedback from the educational community during presentations at ELC.

Four visits have been completed. The sites that are participating in the study and the visit dates are shown here.

Site	Visit
Good Shepherd Penn Partners, Philadelphia, PA	October 1-2, 2012
Madonna Rehabilitation Center, Lincoln, NE	November 12-13, 2012
MGH Institute of Health Professions, Boston, MA	February 4-6, 2013
University of Delaware, Newark, DE	March 11-12, 2013

The research team held a planning meeting in Washington DC in June, 2012 to finalize the research protocol, including the site visit procedures, interview guides and plans for field observations. The team has retained a transcription service, the interview recordings from the completed visits have been transcribed, and are being coded. Each visit generates anywhere from 20 to 28 transcription files in addition to the field notes taken during the observations of teaching/learning sessions. The four completed visits exceeded the team's expectations for the quality and richness of the data and we are enthused about the potential for our results. The team held a second team meeting December, 2012 in Washington DC to continue work on open and axial coding and to move forward with plans for further analysis and constructing case summary records. In addition to coding, case records are being created based on the case summaries.

The coded data, as well as all other data we have collected will be used to develop written descriptive and interpretive case studies of the curricular and organizational elements of physical therapist education that have merit for enhancing education and professional development. We will then conduct an iterative survey (Delphi style) that will focus on the stakeholders' views about feasibility of specific changes, their perspectives on the possibility for improvement thought the changes, and barriers they perceive might arise when implementing the changes.

We anticipate at least two manuscripts based on the careful analysis of data to identify themes, resulting in a rich description of what is working in physical therapist education based on the academic and clinical exemplars and a third manuscript on the results of the iterative survey. In addition, we will prepare presentations for physical therapy, educational research, and higher education. The data from this first phase will also be used to enlighten the next stage of the research.

Detailed proposal for next phase of data collection

Eleven academic institutions and ten clinical agencies responded to our national call for nominations. The academic institutions represented diversity in terms of the type of institution, geography, size of institution and program, and role in residency education, as some examples. The clinical agencies exhibited a similar level of diversity, although almost all applications were from large hospital-based practices. We were impressed not only by the diversity of respondents but also by their uniformly excellent applications and the presence of qualities that merit further investigation and study. The *Carnegie Preparation for the Professions* studies across law, clergy, engineering, medicine and nursing, on which our work is based, have found good saturation of data based on eight to sixteen sites.¹⁻⁵ We believe this will also be true in the case of physical therapy and intend to add six cases to the analysis.

The six sites selected for the second phase will be a purposive sample to ensure that we have adequate breadth and depth to provide a comprehensive view. For example, both clinical sites in year one were large health systems. Adding a small practice site would provide the opportunity to understand excellence in a site with fewer resources, typical of many of the sites used in physical therapist education. Again, neither of the academic sites in the first year were based in large medical centers, so adding such a site will also add breadth. It is also possible that we will need to vary our sites to include academic-clinical partnerships in addition to academic or clinical sites. The decisions on criteria for the next sites will be based on the final analysis of data from the four visits in year one. The goal will be to include sites that allow a comprehensive assessment of the unique features of physical therapist education, including the blend of cognitive and psychomotor emphasis that requires collaboration across the academic and clinical portions of education.

Data from six more sites will also add to the curricular and organizational elements that can lead to excellence. This will allow us to develop a comprehensive survey of all physical therapist educational programs to be able to describe the prevalence of these elements in current educational practice.

Anticipated outcomes for next phase

We anticipate that the primary outcome of this second stage will be a book that provides detailed case analyses, a description of current physical therapist education, and recommendations for educational change and transformation based on the findings from all ten cases. We will also be building upon the theoretical work that is part of the *Carnegie Preparation for Professional Practice* studies. Our unique contribution to this body of work is our exploration of the bridge between academic and clinical sites that is so important to our educational process. In addition we anticipate more presentations and publications. The five Carnegie studies all included recommendations for educational reform for the targeted profession. Many of these recommendations are currently being enacted across these professions.¹⁻⁷

Detailed financial plan for next phase

We have been able to greatly maximize the \$62,000 that we have received to date from the APTA. None of the researchers has received any salary support. A conservative estimate of those savings to date is at least \$250,000. We believe that a total of \$97,000 will be sufficient for the full study of all ten sites. The money will be spent on the additional visits, team meetings, consultants, and the second survey of all physical therapist education programs. Again, no salary will be paid to the researchers

We anticipate another \$20,000 from the APTA, bringing their total contribution for the project to \$82,000. Therefore, we need an additional \$15,000. We are asking the Academic Council for \$7500.

Budget over the entire project

Travel:	Expended	Planned	Total
Ten site visits @\$3-4500	12000	27000	39000
Eight team meetings @3500	9000	21000	30000
Materials and Supplies:			
Audio recorders	670		670
Other Direct Costs:			0
Transcription costs (\$1000 per visit)	4200	6000	10200
Delphi Survey		1000	1000
Final survey	0	1000	1000
Consultants:			
4 consultants @ \$1,500 each, 4 consultants @ \$1,500 each & 1 consultant @ \$3,000		15000	15000
TOTAL	25,870	71,000	96,870

References

1. Foster C, Dahill L, Golemon L, Tolentino BW. *Educating Clergy: Teaching Practices and Pastoral Imagination*. San Francisco, CA: Jossey-Bass, 2006.
2. Sullivan W, Colby A, Wegner JW, Bond L, Shulman L. *Educating Lawyers: Preparation for the Profession of Law*. San Francisco, CA: Jossey-Bass, 2007.
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4. Benner P, Sutphen M, Leonard C, Day L. *Educating Nurses: A Call for Radical Transformation*. San Francisco, CA: Jossey-Bass, 2010.
5. Cooke M, Irby D, O'Brien B. *Educating Physicians: A Call for Reform of Medical School and Residency*. San Francisco, CA: Jossey-Bass, 2010.
6. Colby A, Sullivan W. Formation of Professionalism and Purpose: Perspectives from the Preparation for the Professions Program. *University of St. Thomas Law Journal*. Vol 5:404-427, 2008.
7. *Educating Nurses and Physicians: Toward New Horizons: Advancing Inter-Professional Education in Academic Health Centers*. Macy Foundation Summary. [http://www.macyfoundation.org/docs/macy_pubs/JMF_Carnegie_Summary_WebVersion_\(3\).pdf](http://www.macyfoundation.org/docs/macy_pubs/JMF_Carnegie_Summary_WebVersion_(3).pdf)