

Academic Council Board Meeting

Minutes June 6, 2013, 2:00PM-4:00PM (eastern)

1. Call the meeting to order. (Terry) Called to order- 2:00

Present:

Terry Nordstrom, PT, EdD	President
Barbara Sanders, PT PhD, SCS, FAPTA	Vice President
Barbara A. Tschoepe, PT, DPT, PhD	Secretary
James R. Carey, PT, PhD	Director
Stephanie Piper Kelly, PT, PhD	Director
Rick Segal, PT, PhD FAPTA	Director
Kathryn Zalewski, PT, PhD MPA	Director
Lisa McLaughlin	APTA Staff

Absent:

Nancy B. Reese, PT, PhD, MHSA	Treasurer
Susan S. Deusinger PT, PhD, FAPTA	Director
Shawne Soper, PT, DPT, MBA	APTA Board of Directors

2. **Passed (7-0)** Terry made motion to approve May 14 board meeting minutes.
3. Exercise Physiology Task Force: Kathy

Dr. Marilyn Moffat presented Exercise Physiology Task Force report to Board. Task Force sent a survey to membership and received responses from 12 programs. This information was used in conjunction with task force member content expertise to develop report and recommended curriculum objectives.

Highlights of report: Task force recommends that Exercise Science and Movement Science are the foundation of Physical Therapist education. The group encourages AC to accept these recommendations and design a mechanism to encourage implementation of recommended objectives as one means to strive for excellence in PT education. Board thanked Marilyn and TF for their outstanding work and the Board discussed multiple options as next steps after board members review the details of the report by next Board meeting.

Options might include:

Develop a motion for annual meeting accepting task force recommendations and encouraging institutions to strive toward achievement of such objectives

Post the task force report as a guideline for institutions to consider in curriculum design

Request that CAPTE criteria group use this document during criteria revision discussions via AC representative, Scott Ward.

Share with APTA Annual Exam group for consideration of use via Barb T

Action: Kathy to write letter a thank you letter to Marilyn and TF members, confirming that they met their charge and letting them know of options the Board is considering and invite their input as the Board considers the options listed above.

Action: Hold on final decision until June meeting after all has opportunity to review report and Kathy solicits input from taskforce.

4. IPE Task Force -Terry

The IPE task force had a 50% response rate to their survey. Let's learn more of their process to gain this high rate of response.

Action: Terry encouraged Board to read this interim report that arrived the a.m. of this meeting. If questions arise, bring forward to him.

5. Transition to component status, RC02-13 and RC03-13: Terry, Nancy, Jim

Expecting upcoming decisions of House to be positive.

The Board can develop initial set of bylaws as we incorporate.

Need to select legal counsel, type of non-profit organization and where to incorporate etc.

Need to decide on management services – current agreement with APTA to offer services through 12/13. We will develop an RFP and evaluate options – expect this to take 2 months. Board will need to define scope of work of management services at August meeting. APTA Board is requesting a discussion at their August meeting on how we divide portfolio of education – HOLD on who will participate in these discussions until June meeting.

Action: Terry, Nancy, Jim serve as workgroup to select legal counsel and determine steps to officially become a component according to APTA guidelines and requirements of incorporation as a non-profit entity by July 10, 2013.

6. Program growth update-Rick

Terry's report from Laurie Hack-APTA Workforce Task Force has completed their task and is no longer active. Group, didn't explore PTA question. Mark Goldstein invited Terry and Rick to participate in upcoming APTA discussions this fall.

Action: Lisa to set up doodle poll for Salt Lake meeting with Rick, Barb S, Susie, Nancy, Holly Clynych and Kim Rouillier

Action: Rick, Barb S. and Susie to look at AAR questions and get requests to Barb T by July 15th Barb to coordinate requests with those of Benchmark Task Force and forward to Mary Jane and CAPTE by August 1st.

7. RC02-13 and RC03-13

Feedback thus far is generally positive, a few questions, concerns have arisen regarding dues structures/amounts. Terry and Barb S continue to field questions of various groups.

8. 2014 Budget requests

Due to Nancy ASAP

Action: Terry to prepare email reminder to send to members prior to invoice

Appeals document draft reviewed:

Board requests that there be additional clarity that institutions may request a 1 time one year only exemption. Also change title to clearly define that this appeals process is intended to be for the 2013 transition year only. This document will go out with invoice scheduled to go out July 1. Should the Board feel a need to develop a permanent appeals policy, it will be written at a later date.

Action: Terry will prepare memo to go with invoice and this appeals document.

9. Replacement for Dave Morrisette on Nominating Committee

Appoint Carol Likens to fill the remainder of Dave's term, will go with the 2 member team until next election scheduled after annual meeting since slate is already complete.

10. Appoint Motions Review Committee

Appoint Maura Iverson and Denise Wise to committee.

Action: Lisa to prepare emails for Terry to sign for all volunteers.

11. National Consortium of Clinical Educators (NCCE) application ATTACHMENT

Passed: 7-0 Jim C made motion to approve application as amended to remove the 4th bullet on the 2nd page (Question 12) related to requirement of institutions to financially support the ACCE and CE pair to attend ELC.

Board felt it is appropriate to recommend, however, we are not in a position to require such participation.

Action: Terry to email Corrie approving application as amended.

12. Website update:

Lisa reported on website status and Board discussed how we plan to use the website, In March, group presented 3 possible wire frames to Lisa and Dave.

One was selected and 3 weeks ago Lisa and assistant started building the pages, Lisa shared the tentative look of the site with the Board. Soft launch is scheduled for June 26th with members of Board and voluntary workgroups to be a part of the trial group. Benchmark Task Force and IPE task force will be asked to participate

Action: Lisa to continue to report to Board of status as website rolls out.

Upcoming meetings:

June 27, 2013: 12:00-5:00 PM, Academic Council Board Meeting, Salt Lake City, UT.

Oct. 4-6, 2013: Education Leadership Conference, Portland, OR.

National Consortium of Clinical Educators - Proposed
A consortium of the Academic Council of Physical Therapy

Academic Council of APTA

Preamble

A consortium is comprised of individuals affiliated with institutional members of the Academic Council 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.

An application for the formation of the National Consortium of Clinical Educators (NCCE) was submitted to the Academic Council on April 13th. This application was reviewed and the Board was uniformly enthusiastic about this proposed consortium and supportive of it becoming a reality. Based on this review, a few edits were made and the revised application submitted on May 30th. The application describing the NCCE was created by the CESIG leadership team with input from DCEs representing clinical education consortia, clinical educators, and members of the Academic Council.

The NCCE is a new organization within the Academic Council. Formation of the NCCE does not replace any other organization within the APTA or any local or regional clinical education consortium/forum.

Within the organizational structure of the Academic Council, formation of the NCCE affords a means for academic and clinical educators who are affiliated with institutional members of the Academic Council to discuss common interests related to clinical education and have a designated liaison to the Academic Council Board of Directors (ACBoD).

The application that describes the organizational structure for the NCCE is included below. When approved by the ACBoD, such notice will be posted to the APTA Clinical Education Community. All clinical educators are invited to join this Community and actively participate in the exchange of information posted to this share point.

APPLICATION FOR THE FORMATION OF A CONSORTIUM
Academic Council of the APTA
April 2013 (revised 5/29/13)

General Information

1. Name of proposed consortium:
National Consortium of Clinical Educators (NCCE)
2. Membership: APTA members who are employed by member institutions or are a clinical education affiliate with a member institution.
 - a. Who will this consortium represent?
Clinical Education Faculty (academic and clinical) affiliated with entry-level Programs that are institutional members: Directors of Clinical Education (DCE), Academic Coordinators of Clinical Education (ACCEs), Clinical Faculty (Center Coordinators of Clinical Education (CCCE) and Clinical Instructors (CI)), Clinical Education Coordinators (CEC), and Clinical Administrators/Managers (CAM)
3. What is the estimated number of institutional members?
The makeup of this consortium will be open to clinical education faculty. Each member institution will support the participation of at least one academic and one clinical faculty member directly involved with the institution's clinical education program. Individuals may represent clinical education consortia/forums when they meet the criteria for membership.
4. Purpose of the proposed consortium:
The National Consortium of Clinical Educators shall represent academic and clinical educators and serve as a resource and forum for individuals who have professional interest and responsibilities for the implementation and evaluation of clinical education for physical therapists.
5. Objectives of the proposed consortium:
Support the Mission of the Council to promote excellence in physical therapy education by:
 - A. Providing a mechanism for engaging academic and clinical educators, in representative numbers, to address matters related to integration of clinical education into academic physical therapy. (Cultural Transformation)
 - B. Strengthening partnerships among academic and clinical communities to implement strategies for achieving excellence in academic physical therapy. (Excellence)
 - C. Communicating with the Academic Council about issues related to clinical education. (Integrated Community)
 - D. Promoting cooperative efforts among academic programs and the clinical practice communities that support clinical education.
 - G. Dissemination of information related to initiatives of the Council that impact physical therapy clinical education.

6. Meetings:
 - a. When will the Consortium meet, e.g. CSM, ELC, separate time? The NCCE will convene at least once annually at ELC in conjunction with the annual meeting of the Academic Council and, when possible, during CSM.
 - b. How will the Consortium meet, e.g. teleconference, Web-based, in-person. The consortium will meet in person on at least one occasion annually and electronically by other means as needed.

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?
Yes.
 - a. What will be the leadership structure (e.g., board of directors, additional officers, etc.)? This consortium will have a Chairperson, Vice Chair, Secretary and nine Directors-at-Large who represent academic and clinical communities.
8. All Consortium participants must be affiliated with an institutional member of the Academic Council. Will there be any other qualifications to hold office in the Consortium?
Yes.
 - a. What is/are those qualification(s)? They must have responsibilities consistent with those required for membership in the Consortium i.e., DCE, ACCE, CCCE, CI, CEC, or CAM
9. What would be the terms of office for the Offices within the Consortium?
Elected officers will serve two-year terms or until the election of their successors yet not to exceed 6 consecutive years. Election of officers will be staggered.
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?
The designated liaison will be the Chairperson or their designee unless otherwise determined by the NCCE leadership team.

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?
Not at this time
12. What support does the Consortium anticipate needing from the AC for it to be successful?
 - Dedicated meeting space when the consortium convenes, at least once annually at ELC, in conjunction with the annual meeting of the Academic Council.
 - Formal line of communication to the Academic Council.
 - Website links to access information/activities of the Academic Council that affect academic and clinical education curriculum, teleconference call access, web-based conference access.