American Council of Academic Physical Therapy Board Meeting

Minutes for September 10, 12:00PM-2:00PM (eastern)

1. Call the meeting to order. (Terry) Called to order at 12:05 PM ET.

Present:

Terry Nordstrom, PT, EdD	President
Barbara Sanders, PT PhD, SCS, FAPTA	Vice President
Nancy B. Reese, PT, PhD, MHSA	Treasurer
James R. Carey, PT, PhD	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
Lisa McLaughlin (taking minutes)	APTA Staff
Shawne Soper, PT, DPT, MBA	APTA Board of Directors

Absent:

Barbara A. Tschoepe, PT, DPT, PhD	Secretary

2. **Passed 7-0**: Approval of June 27 board meeting minutes with changes and July 29 meeting minutes. ATTACHMENT 1

   ELC Forum Discussion Updates: the recommendations made by the task force who reviewed entry-level curricula to determine the current status of program curricula in advanced exercise physiology/science, exercise prescription and nutrition as it relates to exercise and physical activity, with the purpose of developing recommendations for educational approaches to address the position statement will be offered as a report at ACAPT's Saturday business meeting and not at the Forum; discussion will be opened to how this recommendation should be advanced to membership. The following topics will be discussed at the Forum to be held at ELC 2013 on Thursday, 6:30 – 9:00 pm

   - Program Growth: 75 minutes
     - Specific programs were targeted to participate in small focus groups will be convened prior to ELC, and these discussions will provide the building block for Forum discussion
   - Benchmarking: about 45 minutes
   - Volunteer Observation Hours as a pre-requisite: about 20 minutes
     - small focus groups will be convened prior to ELC, and these discussions will provide the building block for Forum discussion

3. ELC Business meeting topics: reports & Q&A to include president's address, treasurer's financial report, consortia reports, and the 2013 nomination process. More work will be done on the agenda in the weeks to come. Two motions will be brought forth for debate:
   - Clinical Education Terminology. ATTACHMENT 2
   - Diversity Task Force: URM definition. ATTACHMENT 3

4. **Passed 7-0**: That ACAPT establish a task force of 5 members that will include representatives from three PTCAS participating programs, at least one representative from a program that does not participate in PTCAS and at least one representative who is a member of the PTCAS Advisory Group.

5. Steve Benson of Whitford Taylor & Preston has been asked to represent ACAPT as legal counsel.

6. Regarding the APTA Board Meeting discussion on the academic education portfolio, a draft was provided by APTA staff in collaboration with Shawne on the talking points of the "decision-making factors to guide discussion about the shared responsibilities for academic physical therapist education in the association community." This document will be reviewed and edited, as needed, by all meeting attendees, to include Terry Nordstrom, Barb Sanders, and Kathy Zalewski.

7. IPE Task Force: brief update provided via written report by Holly Wise, Chair.

8. 150 institutions have paid the ACAPT dues, 12 are in the process of paying them, and 45 have not responded to the invoice or reminder. We will send letters via registered mail to people registered for ELC but have not yet paid the dues with an alert that they cannot cast a vote at the business meeting unless they do. Reports will be gathered regarding institutions who have paid in the past but not yet for 2013, and who have never paid at all in 2010, 2011, 2012, or 2013.

9. ACAPT Board Meeting agenda for Thursday at ELC is ongoing, with one certain topics being ACAPT bylaws. Topics for the Sunday board meeting could be how CAPTE uses, or does not use, needs assessment information they collect.

Upcoming meetings:
Oct 4-6, Education Leadership Conference, Portland, OR

Academic Council Board Meeting

Minutes for June 27, 12:00PM-6:00PM (Mountain)
APTA Annual Meeting-Hilton Canyon Room C

1. Call the meeting to order. (Terry) Called to order- 12:15

Present:

Terry Nordstrom, PT, EdD	President
Barbara Sanders, PT PhD, SCS, FAPTA	Vice President
Barbara A. Tschoepe, PT, DPT, PhD	Secretary
Nancy B. Reese, PT, PhD, MHSA	Treasurer
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:

Susan S. Deusinger PT, PhD, FAPTA	Director
Shawne Soper, PT, DPT, MBA	APTA Board of Directors

Guests throughout the meeting in attendance and/or via polycom

1. Scott Euype – Co Chair of Clinical Education SIG
2. Susan Meyer – Consultant
3. Jodie Cormack-CE Summit steering committee
4. Peggy Gleason- President of Ed Section-
5. Mary Jane Harris - CAPTE
6. Jody Frost- APTA
7. Libby Ross- APTA
8. Corey Odom-Co-Chair of Clinical Education SIG, consulting member of CE summit steering committee
9. Valerie Teglia- CE Summit steering committee
10. Janet Bezner- APTA

2. **Passed 8-0:** Terry made a motion to approve June 6 board meeting minutes. ATTACHMENT 1

3. Clinical Education Summit Discussion (Stephanie and CE summit steering committee via conference call): Stephanie and Terry reviewed original purpose, mechanism, and planned methods of scheduled 2014 CE summit. They summarized history of where we came from and where the group plans to go moving forward. Stephanie passed out a hard copy summary of this history. Invitee types intended to be 50 participants, criteria for selection thus far reviewed. ATTACHMENT 2

Changes/additions made to original plans thus far:

- Invited members from collaborative groups to participate in the steering committee… Peggy, Mark, Corrie and Janet
- **Purpose of the Summit clarified:**
  - **Reach an agreement on best practices for CE in entry level Physical Therapist education.**
  - **Strengthen the relationships between academic and clinical faculty**
- Webinars intended to lead up to summit and should possibly include topics on innovation and emerging trends of CE that may not be addressed in concept papers (ideas included IPE in CE, simulations in CE, disparity in quality of CE, consequences of standardizing CE expectations across CE sites/academic institutions etc.)
- Summit is now scheduled for 1 ½-2 full days – decision to hold summit immediately after 2014 ELC
- 50 invitees to participate in the inner circle dialogue with each institutional member having 1 vote (either the designated voting member or a delegated voting member specific to the summit)
- The recommendations from the Summit will come back to ACAPT BOD for dissemination and possible future motions to the members at large.
- The CE Steering committee will take on the coordinating role of the webinars in preparation for the summit.

Things to do:

Action: Develop more detailed selection criteria matrix that will constitute a generalizable representation across the 50 members. Stephanie will solicit Jody Frost's assistance to develop a comprehensive and transparent matrix that is pre-determined prior to nominations. The Board recommended a delegate model within the 50 (vs. personal opinions of those selected to participate). In developing this matrix, Stephanie and steering committee will evaluate if 50 people can adequately represent the various interests that should be involved in the discussion. Should the steering committee feel this number should change, Stephanie will bring this request back to the ACAPT Board in a future meeting.

Action: Once the matrix is designed the nomination form will be developed to match the requested criteria matrix. The group was encouraged to solicit participation from individuals who might also have dissenting points of view

Action: Jody Cormack (steering committee member) will develop policies and processes on how the steering committee will facilitate the webinars, delineate how information gathered in these webinars will be connected to the summit activities and present to the Board at a future meeting.

Action: Steering committee to explore cost of technology support for summit similar to recent APTA innovation summit to engage larger participation in the dialogue and bring forward recommendations and financial ramifications of such decisions at a future meeting. (Since this cost was extremely high, a possible medication might be one way interaction vs. two way options and not the studio format but rather a video stream natural format)

4. ACAPT Bylaws: conceptual discussion. (Terry) ATTACHMENT 3

Passed 8-0: Terry made a motion to accept recommendation 1 in board packet:
Recommendation 1: That the Board appoint a Bylaw Task Force of three Academic Council Board members to draft the ACAPT bylaws for approval by the ACAPT Board of Directors no later than September 1, 2013 and submit to the ACAPT membership by September 15, 2013.

Passed 8-0: Terry made a motion to accept recommendation 2
Recommendation 2: That the Bylaw Task Force develop a draft of the Standing Rules for approval by the ACAPT Board of Directors no later than September 1, 2013 and submit to the ACAPT membership by September 15, 2013 for approval at the October 2, 2013 membership meeting of general member approval of initial standing rules is necessary.

Passed 8-0: Terry made a motion to accept recommendation 3
Recommendation 3: That the Bylaw Task Force uses the ACAPT Bylaws approved at ELC on October 3, 2009, current AC Standing Rules, work of the ACAPT Bylaw Committee, and resources of the APTA as a template for its work. The Bylaw Task Force will consider the following additional questions.

1. Questions that address the type of membership:
    a. Is it advisable to include "Individual Membership" that would include constituents such as faculty members and clinical educators? Current bylaws allow for such as non-voting members, ACAPT BOD support this option.
    b. Can we include PTA educators if they are interested and if so, how they can be included?
    c. Given the APTA Bylaws creating ACAPT, can we include educational programs that are in candidacy status and if so, how?
    d. Can we include credentialed residency and fellowship programs if they are interested and, if so, how can they be included?
2. Questions that address the current Bylaws/Guidelines:
    a. Do the current Purpose and Objectives in the 2009 Bylaws and/or the Academic Council Guidelines meet our needs?
    b. Do the Board composition and terms of office meet the organization's needs?
    c. Do the current methods for developing the business for membership meeting meet our needs?
    d. Do the defined standing committees, finance and nominating, meet our needs?
3. ACAPT BOD discussed pros/cons of term limits, encouraged task force to review during their upcoming discussions considering the small number of member institutions in the organization.

Action: Terry, Barb S and Susie will make up the Bylaw Task Force and follow timeline listed in recommendation 1, 2 and 3.

5. Foundation discussion summary with Bill Boissonnault
The foundation has 3 versions of funds… restricted endowments, unrestricted endowments, semi-restricted endowments.
Foundation planning a strategic planning meeting in September
The foundation has an endowment for education research ($100,000.00) that was established by ed section, funding guidelines – can spend interest on endowment up to approximately 3.5% , additional return is used to add to corpus of fund.
Individuals and groups can contribute to add to this endowment.
Suggestions for ACAPT:
Partner with ed section for future collaboration
Spread word that standard funding programs all are available to education research
Establish an educational research agenda and bring these ideas of the foundation
Foundation can help with marketing pieces for ACAPT website to encourage members to donate to an established fund
Action: Set ACAPT priorities; is our goal to fund ed research or the ed researcher?

Action: Rick to draft letter to Foundation on behalf of ACAPT BoD for review at the July 29, 2013 meeting
Letter will need to get to Foundation prior to their September meeting. Intent of letter to inform foundation of education research needs, share current barriers (SRC), offer suggestions for their planning and fundraising.

6. RIPPS consortium report:
   Rick shared interest of RIPP consortium to use website for information and data collection. Barb T. shared that the Benchmark Task Force was looking to RIPP to participate in question development for the Benchmarking effort and that the group will be requesting OpenArc to design the database system to enable subgroups to collect specific data of interest.

   Action: Jim C and Rick to encourage RIPP consortium to offer their ideas for benchmarking to the BTF group to include in the larger ACAPT project at their Friday afternoon meeting.

7. Exercise Physiology. (Kathy)
   Kathy reported that the EP Task Force recommends that the ACAPT Board send these recommendations to CAPTE for future inclusion into PT education criteria.

   BOD discussion acknowledged that the task force believes that their report is the preferred objectives for all PT entry programs. The BOD also believes that further comments/input should be sought by the ACAPT members at this time.

   Action: Post the full report on the current AC community page inclusive of an introduction email from Kathy to solicit dialogue.
   Action: Offer details to the task force on how to proceed with a motion should they want to do this after soliciting feedback from members.
   Action: Lisa to retrieve current motion review forms and policies and share this information with Barb T. as the motion review committee chair and with all Board members as we prepare for Oct 2013 ELC.
   Action: This topic will be included as a caucus discussion topic prior to the ELC business meeting.
   Action: The full report will be forwarded to the ACAPT criteria review group representative (Scott Ward) and the APTA patient annual exam workgroup via Barb T. for consideration in these discussions.

8. Program Growth update. (Rick)-
   BOD workgroup had meeting with PTA SIG chair and both groups agree that we should include PTAs in this question. They want to explore CAPTE criteria to look at the benchmarks for qualifications for faculty. Mary Jane Harris reported on CAPTE historical activity for revoking accreditation over last several years. Question remains, do we want to raise the bar on qualifications of faculty?
   a. Are the missions of these institutions at a high enough level to match of the desire of PT education?
   b. Should there be benchmarks defined for CE sites?
   c. What should the qualifications of clinical faculty be?
   d. What other data other than BLS should be required to justify need for ed program?

   Action: Identify the Data points needed to evaluate these and other issues on the topic and get requested question edits to Barb T for potential CAPTE AR modifications by 7/15/13.

9. Terminology in clinical education: motion from ELC 2012. (Terry)
   This was originally posted on the clinical education community board received few comments, exploring a revision of the terminology.
   Action: Lisa to disseminate terminology again both on AC community board/possible website and to CE communities within ed section. A possible terminology revision motion may come forward to ELC 2013.

10. 2014 Budget. (Nancy) UPDATED BUDGET was distributed at meeting. ATTACHMENT 4 (to follow at a later date)
    New budget for 2014 presented by Nancy
    Passed 8-0 Barb S made a motion to approve updated budget distributed at meeting.

11. Management services.
    Nancy reviewed APTA management proposal. AC has confirmed APTA support through Dec. 2013.
    Passed 8-0 Nancy made a motion to contract with APTA management services for one year- Jan-Dec 2014 if we can confirm that Lisa and her staff will continue to support our efforts and that we have a right of refusal for others assigned to us.
    Action: Nancy to request written confirmation of Lisa and her staff as support for ACAPT for 2014.
    Management service expectations will be detailed at August 2013 BOD meeting.

12. Benchmarks for Excellence. (Barb T)
    Barb T reported summary of progress to date. The workgroup has explored the literature, summarized the input collected from the ELC 2011 meeting and expects to test The Engagement Theory Framework (Conrad) in the benchmark for Excellence project. This framework has also recently been used to evaluate excellence in graduate Counseling programs and closely matches ELC 2011 data and NSSE benchmarking efforts. Data is currently being synthesized and a survey instrument is being developed with the intent to introduce the pilot of the instrument at ELC 2013.

    Action: Barb T to present summary concept paper and plans for the future at the July 29th meeting with the hope to share on website with the larger community in August/September.
    Action: Benchmarking for Excellence will be one of the 4 caucus discussions in preparation for initiating the pilot project in early 2014. (Plan 15 min presentation and 15 min discussion)
    Action: Barb T/Lisa will talk with Nate at Open Arc on Friday to determine if the website can support the expected database needs of the benchmarking instrument

13. Diversity Task Force update. ATTACHMENT 5
    Jim C and Bernadette Williams-York, chair of diversity task force presented the groups progress to date.

    Passed 8-0 Terry made a motion to add a student assembly representative to this task force.

    Passed 8-0 Jim made a motion to approve motion 1: definition

    > **MOTION #1**: Move to approve the following definition of under-represented minorities (URM) in physical therapist education be forwarded for the approval process at ELC 2013 business meeting.
    >
    > **"Underrepresented in physical therapy means those racial and ethnic populations that are underrepresented in the PT profession relative to their numbers in the general population, as well as individuals from geographically underrepresented areas, lower economic strata, and educationally disadvantaged backgrounds."**

    Passed 8-0 Jim made a motion to approve motion 2 as amended below:

    > **MOTION #2 amended** : Explore partnerships with APTA and other health profession associations to offer admissions committee sessions <insert>…on diversity recruitment and holistic admissions>for PT education programs in national, regional, or other forums.

    Action: ASAHP, FASHP, IPEC groups, ACAPT needs to develop relationships with these groups sometime in the future.

    Action: Present the work of the diversity task force at ELC 2013 business meeting

Suggestions in prep for ELC- BoD requested that the group add a support statement to clarify what is meant by underrepresented and disadvantaged, consider using HRSA as a possible data source. Also increase information on why others groups were not included.

14. Journal. (Jim)
    Jim summarized his exploratory work on a new humanitarian focused journal as a signature piece for ACAPT. He sought feedback from Becky Craig and Laurie Hack and responses were tepid, questions related to why another one and why now. Cost is difficult to access… 40,000.00/issue for paper versions, 10,000.00/issue for online. Possible idea to be an addendum of PTEJ, however he wonders if this is a mission match. Topics might include faith and healing, justice, humanities, songs related to rehabilitation…. Digital commons from Berkley press to help with the publishing. $6,600.00/yr. Questions arose if this idea is in alignment of this idea with our vision and mission of the
    Suggestions: continue to think about this, as we review/clarify our new vision,
    Action: Continue discussion on this for action prior to Oct ELC.

15. Clinical Experience as Admission Pre-Requisite in PT Education (FASHP discussion from 6.3.13 Exec/Staff call). (Barb T)
    Action: Hold on this topic until July 29th meeting.

16. Education Portfolio: generative discussion. (Terry)

    Action: Terry, Barb S and Kathy will join APTA Board on this discussion at their August meeting

17. ELC business meeting agenda. (Terry)

    Forum Discussion Topics: MOOC PT Programs
    ACAPT Business- CE Summit, Caucus groups: Benchmarks for Excellence, Terminology of Clinical Education, Exercise/Wellness Report, and diversity

18. September: schedule call date –undecided
    Action: Lisa to set conference call fall dates and times soon.

19. Other: Mary Jane Harris is looking for feedback on impact of a possible change in AR date to Feb
    Action: Lisa to solicit feedback from membership once the ACAPT website is live in next month.
    Action: Put MOOC topic on hold at this point as ELC is full.
    Action: Benchmark/Program proliferation/exercise wellness group /hot topics – 2hrs caucus at ELC 2013.

Upcoming meetings:
Oct 4-6, Education Leadership Conference, Portland, OR

American Council of Academic Physical Therapy (ACAPT) Board Meeting

Minutes for July 29, 1:00PM-3:00PM (eastern)

1. Call the meeting to order. (Terry)Called to order 1:02 PM ET.

   Present:

Terry Nordstrom, PT, EdD	President
Barbara A. Tschoepe, PT, DPT, PhD	Secretary
Nancy B. Reese, PT, PhD, MHSA	Treasurer
James R. Carey, PT, PhD	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
Lisa McLaughlin	APTA Staff

   Absent:

Barbara Sanders, PT PhD, SCS, FAPTA	Vice President
Shawne Soper, PT, DPT, MBA	APTA Board of Directors

2. Passed 8-0: Terry made motion to approve June 27 board meeting minutes with the following edits:
   a. #13 change to HRSA vs. HERSA
   b. #13 Motion #1: Edited to read: Passed 8-0. Move to approve that the following definition of under-represented minorities (URM) in physical therapist education be forwarded for the approval process at the ELC 2013 business meeting.

3. Journal Idea: Jim C. ATTACHMENT 1
   a. Passed 7:1 Amendment to attachment
      i. Change due date of report to June 30, 2013. Task force will evaluate options for new journal as well as costs associated with such in June 30, 2013 report.

4. Data needs & benchmarking
   a. Program growth. (Rick, Susie and Barb S) ATTACHMENT 2
      i. Reviewed attachment 3, group has interest to request changes in CAPTE data collection related to program size, CE sites, faculty qualifications, AR data, manpower data etc. with the potential to write a white paper from the ACAPT using various sources of information including focus groups and a forum at Oct 2013 ELC.
      ii. **Action:** Barb T to ask Mary Jane if she can accept requests for CAPTE AR modifications by August 20th, if so this group will make such requests.
      iii. **Action:** Group will initiate focus groups through mid-September in preparation for further dialogue at forum discussion in ELC.

   b. RIPPT Consortium. (Rick)
      i. Group asking for support to collect data for benchmarking excellence.

ii. **Action**: Group should continue dialogue with Benchmarking taskforce (via Barb T, Jim C) as it is expected that the proposed benchmarking database through Open ARC will be able to design consortium specific surveys to collect their requested information.

c. Benchmarking. (Barb T) ATTACHMENT 3 reviewed
   i. Motion Passed (8-0): to support 3 requests of task force per Attachment:
      - Support use of Engagement Theory framework proposed in this concept paper for benchmarking in PT.
      - Support proposed timelines of committee activities.
      - Support funding as noted in Open ARC proposal dated 7/29/13, to develop database to implement and sustain benchmarking efforts as an integral part of promoting excellence within our membership. (Design/implementation costs: $46,500.00, Annual maintenance and updates: $7,500.00)
   ii. **Action:** Barb T to talk with Open ARC reps to negotiate 1/3 payment in 2013 and 2/3 payments in 2014.

5. Foundation: letter on behalf of ACBoD to address education research needs, share current barriers (SRC), and offer suggestions for their planning and fundraising. (Rick) ATTACHMENT 4
   a. **Action:** Rick to edit letter prior to next meeting to request Foundation consider revisions for review committee when considering education research (eliminate need for previous NIH funding), request details on past history of grants offered that support education research. Once edited submit to Terry to sign and forward to Foundation.

6. Clinical Experience as Admission Pre-Requisite in PT Education (carry over from 6/27 agenda per FASHP discussion from 6/3/13 Exec/Staff call). (Barb T)
   a. FASHP and CAPTE have shared that Academic Institution requests for volunteer hrs prior to application is challenging clinical education site placement numbers/availability.
      i. **Action:** Formulate a task force to explore and recommend best practices for the use of observation hrs. as part of the admission criteria for physical therapist education.
      ii. **Action:** Terry and Lisa to convene the task force. Kathy Z to serve as Board rep. to task force.

7. ELC
   a. Thursday (10/4) ACBoD: Board meeting 2:30-6:30 with dinner – Portland Room
   b. Thursday (10/4) Forum: Salon H-I 6:30-9 pm
   c. Forum topics – (Intro presentation and discussion of topic with membership) Exercise Physiology taskforce - Kathy, Program growth Board workgroup-Rick, Benchmarks for Excellence Task Force – Barb T., Pre-requisite observation hours Task Force -Kathy,
      i. **Action:** Groups will need to decide on timeframes and post information- 30 min each with transition times
   d. Sunday (10/7) ACAPT Board meeting – 10-12 pm
      i. **Action:** Andy Paige – hotel arrangements Board to work with her…

8. <u>Upcoming meetings</u>:
   a. Oct 4-7, Education Leadership Conference, Portland, OR

Terminology for Clinical Education Experiences
PROPOSED BY ACADEMIC COUNCIL BOARD OF DIRECTORS

Background:

The Academic Council Board of Directors moved to establish a task force to develop standard terminology in clinical education on March 15, 2012. The Board asked that the task force have two Directors of Clinical Education (DCE) with recommendations from the CESIG Chair, one Board member (Terry Nordstrom) and two other Program Directors, one of whom should be a member of the one-year internship task force of the Private Practice Section. The final task force appointments varied from this pattern.

Task Force Members

Terry Nordstrom, PT, EdD. Samuel Merritt University, Formerly Chair, Department of Physical Therapy. Currently Assistant Academic Vice-President. Dr. Nordstrom is a former member of CESIG, former ACCE and has a long history in clinical education. ACAPT representative.

Jennifer Hastings, PT, PhD, NCS. University of Puget Sound. Director, Physical Therapy. Dr. Hastings is the former DCE for her program and was Coordinator of Clinical Education for SCI service for 10 years as well as a Clinical Instructor for over 20 years.

Carol Recker-Hughes, PT, PhD. Upstate Medical University, SUNY. Associate Professor and Vice-Chair, Physical Therapy, Dr. Recker-Hughes is Co- Director of Clinical Education.

Cindy Flom-Meland, PT, PhD, NCS. University of North Dakota. Associate Professor and Assistant ACCE.

All Task Force members have a strong history in clinical education. Drs. Recker-Hughes and Flom-Meland are current CESIG members and appointed from the recommendations made by the Chair of CESIG.

History:

The task force consulted several APTA documents to prepare the language that was presented at the 2012 Academic Council (AC) Business Meeting. All motions and the accompanying support statements were sent to Academic Council members one month before the meeting. At the 2012 AC meeting, we learned that the proposed language was not familiar across the various stakeholders, particularly the clinical education community. The agenda at the business meeting was re-ordered to allow CESIG members to attend that discussion. Because the language was not shared and because of several concerns expressed at the meeting, it was moved that the motion be postponed definitely to the 2013 AC business meeting. The Task Force re-convened and consulted with CESIG Chair to discuss a method to collect input from the key constituencies and then reformulate the language based on that input. The proposed terminology was circulated for input to the Academic Council membership and CESIG membership. The Task Force received several comments from individuals and regional consortia. The Task Force considered that input and revised the terminology.

Key Considerations of the Task Force

Clinical Education Summit: The authors of the papers for the special edition of the Journal of Physical Therapy Education were instructed to use the standard terminology as originally proposed when writing their papers. Thus, the Task Force thought that, while the definitions needed to be changed, the same general concepts and terms should be retained. The Task Force also thought that the discussion leading up to the Clinical Education Summit would be assisted if the communities of interest could use a standard set of terminology in clinical education. The Task Force recognized that these terms may be modified as a result of the Summit deliberations.

General Applicability: The Task Force wanted the terms to be applicable across the broad range of physical therapy education and the nature of clinical experiences. The Task Force

eliminated all references to the length of time of each type of clinical experience given the current variability in that dimension of clinical education experiences.

The importance of the definition of Clinical Education Experiences: The Task Force emphasizes the importance of the definition of Clinical Education Experiences that precedes and is the foundation for the definition of the three types of clinical education experiences. This definition provides the context for the other three terms. The Task Force purposely did not include clinical learning experiences that occur in simulated environments, e.g. with standardized patients or with high-fidelity simulation, as those are beyond the scope of the charge. The Task Force recognizes these simulations provide expanded opportunities for clinical learning and should be considered in the discussion of clinical education..

Existing Related Terms: The Task Force wanted to clearly differentiate clinical learning experiences that occur in entry-level education from post-professional experiences, such as residencies and fellowships.

The following is the revised version of the terminology that will be presented at the 2013 ACAPT Business Meeting on October 5, 2103.

Terminology for Clinical Education Experiences
PROPOSED BY ACADEMIC COUNCIL BOARD OF DIRECTORS

That the following be adopted: Terminology for Clinical Education Experiences

Clinical education experiences: That aspect of the curriculum in which students' learning occurs directly as a function of being immersed within physical therapy practice. These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment. These experiences include comprehensive care of patients/clients across the lifespan and practice settings.[1]

The following standardized language is used to describe these clinical education experiences.

Integrated Clinical Experience
An *Integrated Clinical Experience* (ICE) is a clinical education experience that occurs during an academic term in a coordinated fashion concurrent with didactic courses.

Full-Time Clinical Experience
A *Full-Time Clinical Experience* is one in which student physical therapists are in clinical environments for a minimum of 32 hours per week. Students will return to additional didactic coursework.

Clinical Internship
Clinical internships are the extended full-time clinical education experience(s) that typically follow the completion of the didactic coursework for the Doctor of Physical Therapy degree

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Support Statement (2012 Academic Council Meeting)
Currently, evaluative criteria for accreditation of physical therapist education and the Normative

[1] Adapted from: American Physical Therapy Association. Normative Model of Physical Therapist Professional Education: Version 2004. APTA; Alexandria VA:2004 (p 159)

Model of Physical Therapist Education provide a definition for clinical education experiences. Those definitions provide a description of how clinical learning experiences differ from those that occur in the classroom and laboratory on campus. The definition in the proposed motion is adopted from these definitions. However, the Criteria from the Commission for Accreditation in Physical Therapy Education (CAPTE) and the Normative Model of Physical Therapist Education do not describe the specific types of clinical education experiences used in physical therapist education.

The House of Delegates adopted "Education for Physical Therapists: Terminology Used to Describe" that provides differentiation between entry-level professional education and post-professional education. In 2000, the APTA Board of Directors adopted the policy, "Clinical Experience Terminology for Physical Therapists." That policy defines and differentiates among the terms internship, residency and fellowship as different types of clinical learning experiences. Those definitions are used by the APTA in publications and the website to provide a standard definition of these three terms. The Board policy does provide a definition for the internship, one important type of clinical education experience in physical therapist professional education. However, other types of clinical education experiences are not addressed.

The APTA sponsored several consensus conferences that concerned physical therapist professional education over the past several years. While those consensus conferences provided important guidance for physical therapist education, they did not provide standard definitions for those terms.

The document, *Physical Therapist Clinical Education Principles*, that summarizes the results of a series of forums in 2008 and 2009 provides some guidance for common terminology (pp 48-49). That document describes early, integrated learning experiences, but does not provide a concise, standard definition of those types of experiences. That document describes internships as longer experiences at the end of the didactic program that require 10-12 weeks to achieve the expected learning outcomes.

The Private Practice Section of the APTA implemented a task force to expand a one-year internship model within private practices in the United States. That task force developed a definition of the one-year internship that was a modification of the APTA Board of Director's Policy and differentiated it from residency and fellowship programs. That task force also asked the Academic Council to consider for adoption that definition of the internship.

The proposed definitions use language similar to what is currently available from CAPTE and the Normative Model of Physical Therapist Education for the definition of Clinical Education Experiences and from the Board position for the definition of "Internship." The proposed definitions use language from the Physical Therapist Clinical Education Principles document to describe early, part-time experiences and full-time integrated experiences.

These standard definitions can be used by academic institutions in course titles or course descriptions. They also provide standard terminology for use in contractual arrangements between clinical agencies and academic institutions who collaborate to provide clinical education experiences. Researchers and authors could choose to use these definitions in journal articles and other publications about clinical education experiences in physical therapist education. These definitions would hopefully provide for common language that can be used among all of the stakeholders in physical therapist education, including students, academic faculty, clinical educators, and administrators.

RELATIONSHIP TO ACADEMIC COUNCIL STRATEGIC PLAN AND OBJECTIVES: [select all that apply; delete those that do not]

- Develop mechanisms for achieving excellence in academic physical therapy
- Develop an integrated and collaborative community of academic physical therapy

CURRENT POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:
[Include current standard, position, guideline, policy or procedure if applicable]
NONE

RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:
[Include the title and page number of any related House standards, positions, guidelines, policies, and/or procedures]
EDUCATION FOR PHYSICAL THERAPISTS: TERMINOLOGY USED TO DESCRIBE HOD P05-07-11-04 [Initial: HOD P06-93-26-51] [Position] (See below)

CLINICAL EXPERIENCE TERMINOLOGY FOR PHYSICAL THERAPISTS BOD Y03-00-36-99 [Policy] (see below)

EDUCATION FOR PHYSICAL THERAPISTS: TERMINOLOGY USED TO DESCRIBE HOD P05-07-11-04 [Initial: HOD P06-93-26-51] [Position]
The American Physical Therapy Association uses the term "physical therapist professional education" to refer to entry-level education that prepares an individual to practice physical therapy, and uses the term "physical therapist post professional education" to refer to degree and non-degree based professional development for the physical therapist to enhance professional knowledge, skills, and abilities.

CLINICAL EXPERIENCE TERMINOLOGY FOR PHYSICAL THERAPISTS BOD Y03-00-36-99 [Policy]
The following terminology is to be used to designate Physical Therapist Clinical Experiences as appropriate:
Internship: a clinical education experience that is part of the requirements for graduation from a physical therapist professional education program (degree could be awarded before, during, or after the internship). Residency: a planned post-professional program of clinical education designed to advance significantly the physical therapist resident's preparation as a provider of patient/client care services in a defined area of practice. Fellowship: a post-professional funded and planned learning experience in a focused area of clinical practice, education, or research (not infrequently post-doctoral or for postresidency prepared or board certified therapists).
:

Originally Proposed Language at 2012 Academic Council Business Meeting.

PROPOSED BY ACADEMIC COUNCIL BOARD OF DIRECTORS

That the following be adopted: Terminology for Clinical Education Experiences

Clinical education experiences: That aspect of the curriculum in which students' learning occurs directly as a function of being immersed within physical therapy practice. These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment. These experiences include comprehensive care of patients/clients across the lifespan and practice settings.[2]

The following standardized language is used to describe these clinical education experiences.

Part Time Integrated Clinical Experience

[2] Adapted from: American Physical Therapy Association. Normative Model of Physical Therapist Professional Education: Version 2004. APTA; Alexandria VA:2004 (p 159)

A part time integrated clinical experience is a clinical learning experience that occurs in an integrated fashion concurrently with didactic course work in which student physical therapists are learning in clinical environments.

Full-Time Clinical Experience
A full time clinical learning experience that is from six to twelve weeks in length in which student physical therapists are learning in clinical environments. Students will return to further didactic learning experiences following completion of the Clinical Experience.

Clinical Internship
Clinical internships are the extended full-time clinical education experience(s) that typically follow the completion of the didactic coursework for the Doctor of Physical Therapy degree. The clinical internship(s), in total, are from three months to twelve months in length. The clinical internship may extend beyond graduation and continue as a post-licensure experience as part of the preparation of Doctors of Physical Therapy.

Required for Adoption: Majority Vote

Contact information for the Academic Council Representative Proposing the motion:

Name: ACAPT BoD on behalf of ACAPT Diversity Task Force

- *Bernadette Williams-York, PT, DSc, GCS (Chair): Alabama State University, brwilliams@alasu.edu*
- *Denise Wise, PT, PhD: The College of St. Scholastica; dwise@css.edu*
- *Salome Brooks, PT, EdD, MBA, MA: Springfield College, sbrooks@springfieldcollege.edu*
- *Victoria Moerchen, PT, PhD: University of Wisconsin-Milwaukee, moerchev@uwm.edu*
- *Jesus Dominguez, PT, PhD: University of Southern California, jdomingu@usc.edu*
- *James Carey, PhD, PT (Academic Council Board Liaison): University of Minnesota, carey007@umn.edu*
- *Libby Ross (APTA staff contact), libbyross@apta.org*

PROPOSED BY ACADEMIC COUNCIL MEMBER INSTITUTION: ACAPT BoD on behalf of ACAPT Diversity Task Force

That the following be adopted: "Underrepresented in physical therapy means those racial and ethnic populations that are underrepresented in the PT profession relative to their numbers in the general population, as well as individuals from geographically underrepresented areas, lower economic strata, and educationally disadvantaged backgrounds."

SS:

There is currently no definition of an under-represented minority (URM) for physical therapists. The Commission on Accreditation in Physical Therapy Education (CAPTE) requires that "The enrolled student body is consistent with the mission and goals of the program, the profession's need for qualified, competent practitioners, and the societal need for diversity among physical therapists." As evidence of compliance, programs may describe, "the characteristics of the enrolled students, including the gender, racial, cultural, and economic diversity of the students." The APTA House of Delegates passed a position related to cultural competence (HOD P06-01-26-25) that states, "Members of the American Physical Therapy Association should demonstrate cultural competence."

It is important to the future of the physical therapist profession that students from all racial and ethnic groups be well represented in PT education programs. A diverse student population and workforce are needed to meet the needs of an increasingly diverse patient population, to provide culturally competent care, and to provide greater access to care to individuals in underserved communities. The proposed under-represented minority (URM) definition for the physical therapist profession was developed by the Diversity Task Force in response to the charge established by ACAPT in 2013. The definition will be used to drive changes in what data are. collected by ACAPT and APTA, help give credence to arguments for greater diversity in physical therapist (PT) education programs and the profession, focus the limited resources of ACAPT and APTA, and achieve greater racial and ethnic diversity in PT education and the profession. The URM definition extends beyond traditional racial and ethnic categories to also include individuals from educationally disadvantaged backgrounds (eg, first generation college students), low socio-economic status, and geographically under-represented areas (eg, Appalachia). It is not prescriptive and will remain relevant, regardless of changes to demographics at the regional or national level.

The adoption of a URM definition would be consistent with the policies of other health profession education associations, including the

- American Association of Colleges of Osteopathic Medicine (AACOM),

- American Association of Colleges of Pharmacy (AACP),
- American Dental Education Association (ADEA),
- Association of American Medical Colleges (AAMC), and
- Association of Schools and Colleges of Optometry (ASCO).

There are no budget implications related to this motion.

RELATIONSHIP TO ACADEMIC COUNCIL STRATEGIC PLAN AND OBJECTIVES:

- Develop mechanisms for achieving excellence in academic physical therapy
- Establish, influence and interpret legislation and policy related to academic physical therapy

CURRENT POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:

None

RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:

- **CULTURAL COMPETENCE HOD P06-01-26-25** [Position] Members of the American Physical Therapy Association should demonstrate cultural competence. Cultural competence refers to the set of skills necessary to understand and respond effectively to the cultural needs of each patient/client in order to:
  - Eliminate disparities in the health status of people of diverse cultural backgrounds.
  - Respond to current and projected demographic changes in the United States.
  - Improve the quality of health services and health outcomes, and meet legislative, regulatory, and
  - accreditation standards.
- **ETHNICITY IN DEMOGRAPHIC INFORMATION: BOD Y03-94-07-09 [**Policy] Whenever APTA surveys request demographic information, a consistent and appropriate segment on race/ethnicity shall be included.
- **AFFIRMATIVE ACTION HOD P06-98-14-05** [Amended HOD 06-94-27-04; Initial HOD 06-81-12-42] [Position] The American Physical Therapy Association (APTA) is committed to serving the needs of all people who require physical therapy and to meeting the needs of all its members. As noted in its policy, Non-Discrimination, APTA “prohibits preferential or adverse discrimination on the basis of race, creed, color, sex, gender, age, national or ethnic origin, sexual orientation, disability or health status in all areas.” The Association's stand against “preferential or adverse discrimination” does not negate the need for APTA to act affirmatively for certain classes of people, identified by race, color, sex, gender, national or ethnic origin, or disability or health status. APTA supports the planning and implementation of comprehensive Affirmative Action programs.