NCCE Business Meeting
ELC 2019
October 18, 2020
Bellevue, Washington

Call to meeting at 5:22 pm

Topic	Discussion
Sign In	All membership asked to sign into http://bit.ly/ELCNCCE2019.
Welcome to membership and review of agenda	Welcome from Donna Applebaum. General introduction of the board members – stood and introduced their name. Academic institutional reps and clinical institutional reps asked to stand. Overview of the agenda to allow for greater opportunity for discussion.
NCCE Accomplishments and National Activities	Review of mission and vision Mission: The NCCE will lead a culture of shared accountability for physical therapist education by connecting stakeholders across academic and practice communities to facilitate integration of best practices in clinical education. Vision: The NCCE engages academic and clinical educators through partnerships to advance excellence and innovation in physical therapist clinical education. Review of 2018 priorities – the organization was able to stay focused on each of these priorities. • Commit to **shared decision making** that includes all relevant stakeholders and assures **grass roots engagement** • **Support systems** to promote efficient, effective, sustainable clinical education • **Advocate** for clinical education and educators through **collaboration** with key individuals and groups Brief overview of strategic plan (2018-2023) – The NCCE goals are rooted in the ACAPT strategic plan. The majority of the organization's time was spent on goals one and three. Clinical education research was focused on through the various task force work. • *The NCCE will foster academic-clinical **partnerships** that provide a collective voice in academic physical therapy in support of clinical education. ACAPT Strategic Area: Academic Innovations • The NCCE will be a leader in advancing a **clinical education research agenda** that guides data driven decision making. ACAPT Strategic Area: Knowledge to Elevate Health Care

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	• *The NCCE will cultivate a **national infrastructure** to support efficient and effective **sharing of clinical education information/resources** to advance a collaborative culture of quality clinical education. ACAPT Strategic Area: Academic Leadership and Advocacy • The NCCE will influence the **development** of academic and clinical educator **leaders.** ACAPT Strategic Area: Academic Leadership and Advocacy Key Activities 2018-2019 • Collaboration with the CESIG, PTASIG, and APTA staff • Commitment to regional networking with consortia through networking sessions • Education Leadership Partnership meetings (officially invited to be in the gallery in June 2019) – there is a value to having the NCCE at the table. • Participation in national strategic process (ELP strategy meetings – made of APTA, ACAPT, and APTE members); Donna Applebaum co-led a clinical education strategy meeting in October of 2018, there was an outcomes strategy meeting in early 2019, and there was an essential resource strategy meeting in fall 2019 – Donna was a representative at those two strategy meetings; Donna will also be at and co-leading the academic clinical partnership meeting in spring 2020; there will be a final culminating meeting in fall 2020 • Response to clinical education issues – collaboration with APTA, CESIG, etc. to address CPIWeb and Liaison International - Thank you for the tremendous response to the survey that went out in the spring about clinical education assessment tools; as well as with regulatory issues: CMS, Payment Driven Payment Model (PDPM). • Task forces - Payment for Clinical Experience, Placement Process – Thank you to Christine McCallum for her leadership on this task force, Terminology – implementation has been more challenging and will be discussed in greater depth later, thank you to Vicki LaFay for her leadership on this task force, Pre-Admission Observation Hours Membership – current membership is at 72% (158 NCCE/219 ACAPT); this is much greater than the initial membership from 2017 (48.8%), but minimally lower than 2018 (75.9%). Takeaways regarding membership is the increase in overall ACAPT membership, which has not paralleled the same outcome in NCCE membership – despite the additional members gained in 2019. NCCE is working with ACAPT board on outreach to current ACAPT members who are not NCCE members to find out how we can gain interest in those

	programs joining. The Directors at Large will be vital in assisting the organization with reaching out to perspective member programs. Importance of NCCE membership – It is important to be engaged and to know what is going on. It is important to network. It is important to offer the opportunity for a collective voice across programs. It is essential for there to be equal representation of academic and clinical, to have a collective voice of CE across programs, and to maintain credibility and influence within academy/profession. We are unsure why there are programs that have not joined the NCCE but we will be working on determining what factors may impact membership.
Task Force Updates	**Payment for Clinical Education** The report was provided ahead of time with the intention of individuals reading it and bringing forward questions. Thanks to Tawna Wilkinson and Kathleen Manella for the leading the task force. All task force members were asked to stand and be recognized. Tawna provided a very general overview about the availability of the report. There was quite rich information and a plethora of data from the open ended questions in the survey. Some of the recommendations that came out of the report include: Reimbursement, Supervision, and Productivity, Alternative Benefits and Incentives, National Standards for Payment and Student Impact, Education Regarding Student Tuition, and the need for transparency. Continued work will encompass: Variability in clinical education – both full-time clinical and ICE experiences, and Utilization of payment for CE. Question and answer: • With respect to integrated clinical education, how does that impact the concept of payment for clinical education? Since few respondents are actually paying for clinical education experiences that is a layer of complexity that was not pulled. Kathleen shared that very few institutions are paying for clinical experiences. The format/type of ICE was more burdensome for sites, leading to a loss of productivity; therefore there was more discussion about payment for that type of experience. Payment included paying the hourly salary of the clinical instructor, paying for lost productivity/billing hours, etc. • Was there a question on the survey about barriers for paying clinical education on behalf of the academic side? 90% of institutions said it would be added to student tuition/fees, which is something programs do not want to do. Clinical sites indicated

barriers to payment included ethical dilemmas/concerns, for profit/not for profit, and site mission and vision.

The survey did identify answers based on layers at each site including administration, SCCE, and clinical instructors. Most of the clinical instructors did not wish to receive remuneration for taking students while administrators were more in favor of the idea of payment.

There are manuscripts being written at this time. There is also a presentation taking place during ELC, October 19th.

Clinical Education Common Terminology Dissemination

Vicki LaFay provided an update on the work completed by the terminology task force. The task force continued on into the dissemination task force.

Initiatives to date include:

- ACAPT Board communications to APTA, FSBPT, CAPTE (Fall 2018, Summer 2019)
  - Personalized "touches" from taskforce to CAPTE and FSBPT (Fall 2019)
- Blast for 2019 March 1 mailing
  - 7 terms anticipated to need definition and rationale to aid adoption
  - Link to article and related ACAPT resources
- DAL touches to consortia
- CE Sig and PTA Sig
  - Began Spring 2019
  - Collaboration with PTA Sig Work Group
  - Motion to be presented this fall – either a parallel document or addendum
  - Plan: work collaboratively through CESIG on PT/PTA clin ed term dissemination plan; once the PTA gets their motion pushed forward with respect to terminology then there will be additional work done collaboratively – PTA board will be meeting in October 2019 and will determine if a parallel document will be created
- 2019 APTA HOD
- Media Campaign (Spring/Summer 2019)
- Collaboration PTA Sig-CSCTD Task Force for shared dissemination efforts
- CESIG will update their materials once the PTA sig documents are approved

	There needs to be a shared commitment on dissemination efforts – both passively and actively. We also need to consider how we communicate those changes from the bottom up and the top down. We are hopeful that the ELP can assist with dissemination. We are hoping to receive tips for implementation. SCCE seems to be a term that has caught on, but other terms have been slower to transition. Feedback requested includes: what have you done to implement changes? What barriers/challenges have you identified with the change? • Donna – we need to think about the written and spoken language. How can we help our community move forward so that we are all speaking the same language? • Regional consortia have been asked to share with members through their websites and personal interactions. • Change in syllabi, key terms provided to clinical partners with clinical student packets • Challenge has been the old terminology that is still being used and is in the materials of the APTA CCIP course – suggestion to use the in-person training as a time to educate on the new language • Level 2 credentialing course is up to date with terminology • Educating students about the changes so that the students can assist in educating the clinical sites • Round table hot topic at an academic/consortia hosted conferences Membership asked to share their feedback related to terminology: http://bit.ly/TerminologyFeedback (**Pre Admission Observation Hours** Proposal for Task Force submitted to the ACAPT Board August 2019 Background: • Growing consensus about the impact of pre-professional observation hours on capacity for clinical education • No standard way to control the demand on the system • Required or recommended observation hours range from 0-600 hours (PTCAS data from 2018)

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	• Mitchell et al 2019: 83% of programs used volunteer hours as a component of admissions criteria. Only 13% of program respondents weighted volunteer hours heavily or reported them as important in their admissions decisions. 11% perceived these experiences to be predictive of success • Several stakeholders that need to be considered, including applicants, students, academic programs, and clinical organizations • An ACAPT work group initiated this work in 2013 and did not make recommendations • Any action by ACAPT on this issue will need to consider the issues affecting all stakeholders Proposal approved by ACAPT Board September 2019, led by NCCE/report to ACAPT Purpose: to explore current practices and perceptions on use of pre-admission observation/volunteer hours in DPT programs and make recommendations to ACAPT membership Peggy Gleeson, PT, PhD from Texas Women's University-Houston has agreed to be the Chair of the task force. A call for participants will come through ACAPT shortly after ELC and will convene in December 2019.
Communication Processes in Clinical Education	4th annual regional networking session took place prior to ELC on October 17, 2019. The topic of discuss was about the need to improve communication through a national clinical education network. We need a mechanism to communicate for a variety of reasons – scholarship, faculty development, needs of stakeholders, etc. The first half of the session included the regional consortia chairs/representatives and the second session was open to anyone. The systems we have now are short term and need to be better – in order to address multi directional communication. Review of the horizontal and vertical communication schematic. Positive feedback was provided about the networking session and the ability for regional consortia to meet and network. There is a recommendation for there to me more time for regional consortia to network/collaborate more often or for a longer period of time. There is consideration for meeting twice a year (ELC and CSM) or through virtual mechanisms. The ELP has been talking about a one-stop-shop and perhaps this type of communication could be addressed in that manner.

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Clinical Education Research	NCCE Goal (2018): The NCCE will be a leader in advancing a **clinical education research agenda** that guides data driven decision making. ACAPT Strategic Area: Knowledge to Elevate Health Care Lots of individual and collaborative publication and presentation…emerging evidence in many areas of PT clinical education has come forward. Is it time to be more intentional? • There needs to be more intentionality and more mechanisms to connect us. • We need to keep in mind that clinical education and physical therapist education are not separate. • There are some mechanisms coming together through various groups such as APTE.
Elections	Call for candidates has gone out: Vice-Chair, Secretary, Academic and Clinical Directors at-large, and Nominating Committee. Please consider running, or nudge a colleague! The recent ballot has not been robust. The practical commitment includes: Monthly calls that are two hours in length, In-person meetings ELC and CSM, Leadership opportunities-initiative, and projects. Is there financial support to run for the board – the cost for attending the meetings at ELC and CSM? The meeting at ELC is the primary business meeting despite there being a meeting that tends to be held prior to CSM. There is some small monetary support available from the ACAPT board.
Transition of Board Members	Board members transitioning off: Vicki LaFay, Colette Pientok, Donna Applebaum Vicki has been on the board for 3 years and has been very engaged. She reconstituted the terminology task force. She is poised, professional and a true leader. Colette has been a board member since the inception in 2015 – two terms. She is an SCCE managing a large system in Texas. She brings experience from a large clinical setting. She has a great can-do attitude and willingness to step up to do projects. Board members installed: Veronica Jackson, Alabama State University-Nominating Committee Katie Myers, Duke University-Academic Director-at large Jaclyn Carson, University of Montana-Clinical Director-at large

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	Janice Howman, Ohio University-Chair Thank you message from Donna Applebaum shared with membership and to the board.

Meeting adjourned at 7:10 pm