

ACAPT National Consortium of Clinical Educators (NCCE)

Business Meeting Agenda-Saturday, October 14, 2017

8:00-10:00 a.m. Eastern Time

Meeting Minutes

Meeting called to order 8:11AM.

Topic	Lead	Notes
Greeting, message from Chair	Donna Applebaum, Chair	<ul style="list-style-type: none">- Asked to see how many clinical partners were in the meeting. A significant number of clinical partners were present (approximately 40% of attendees)- Discussed live streaming being available as shared in the pre-meeting announcements; at start of meeting one person had joined virtually- Reviewed what the NCCE is and what the vision is as well as our role in the professional structure- Discussed the Education Leadership Partnership (ELP) and entities that fall under the ELP; reviewed structure and function; ELP is the central coordinating group surrounding physical therapy education; CESIG members speak for the individual; NCCE members speak for the institution- Revisited “creating value” slide from last year- Provided a history of the NCCE- the formation of the NCCE was approved by ACAPT in 2013; inducted first Board in 2015; 2015-2017 was devoted to establishment of structures, processes, rules of order, etc. ; Board has monthly conference calls; 3rd board election occurred in summer 2017; strategic planning to take place on Sunday 10/15/17- Chair message: Thanked membership for support; Shared vision for NCCE; see website for entire message- Introduced other members of the Board and Mike Sheldon, ACAPT Board Liaison- Mike Sheldon shared a few words; Referred to Alan Jette’s presentation on the ability to implement change of scale; three panel activities motions passed yesterday at the ACAPT business meeting; shared importance of NCCE to be at ACAPT meetings; importance of regional consortia voice to be structured and organized

Recognition of transitioning officers	Donna Applebaum, Chair	<ul style="list-style-type: none"> - Recognized transitioning officers: Steve Spivey, Krissy Grubler, Jamie Dyson, Tawna Wilkinson; shared a few words of gratitude about each transitioning officer
Membership Report	Chalee Engelhard, Secretary	<ul style="list-style-type: none"> - Review of membership <ul style="list-style-type: none"> o % membership of ACAPT vs total number of PT programs: 213/227 = 93.8% o % NCCE membership of total ACAPT members is: 137/213= 64.38% o Compared to 2016: 103 /211 = 48.8% o Net increase of = 15.5% - Review of regional map; thanked Kathleen Manella for her work; noted that each region now has over 25% participation of NCCE membership; guided members to go to website for closer examination - Sign – in for the meeting continues to slowly improve; invited feedback to NCCE email address; this will continue to be a work in progress until a smooth process is put into place - Yellow cards – to be used in the future as voting cards - Introducing self at microphones – discussed the importance of equal voice and recognition of members who desire to speak; requested that anyone who steps to the microphone identify themselves and home institution so that the NCCE can be a welcoming and collegial organization.
Vice-Chair Report	Christine McCallum, Vice-Chair	<ul style="list-style-type: none"> - Discussed Rules of Order; current status is they are scheduled to go to the ACAPT Board of Directors for approval; we are governed by the bylaws of ACAPT - Discussed that there is work being done in order to advance research for our profession across several taskforces - Discussed MERC series; this is an external company that is offering a series of educational trainings; will be two sessions as a pre-con at CSM and one at ELC next year as well - Also brought attention to Gamer – grant applications programming; University of South Carolina will be piloting this - Working on mentoring system for research; hoping to have more information at CSM - Educational research network being piloted in the West
Payment Task Force	Kathleen Manella, Tawna Wilkinson, co-Chairs	<ul style="list-style-type: none"> - Been working on Payment for Taskforce over this past year - Second call went out from ACAPT and on ACAPT website - Nominations due November 15th - Work begins in January

<p>Regional Consortia Meeting</p>	<p>Janice Howman, Director at Large</p>	<ul style="list-style-type: none"> - Shared background; 2016 had 20 consortia representatives attend and then found 2 additional consortia; 2017 had 22 registered, 20 attended with 55 participants; Discussion on variation, capacity, enhancing academic- clinical partnerships across regions - Requested if any changes in consortia contact people to email us at NCCE@ACAPT.org - Desired to get a triad of representation – CI/CCCE, academic, and clinic manager - Shared maps about perceptions of variation in education and practice - Variation in education <ul style="list-style-type: none"> o Readiness of CI o CE Curriculum o Payment for CE o Onboarding o Clinical affiliation agreement o Terminology - Variation in practice <ul style="list-style-type: none"> o Clinic/clinicians – EBP, CEUs, credentials o Workflow – supervision, productivity, documentation o Role of PT o Quality of student – readiness, performance, assessment, affective behaviors - Solutions <ul style="list-style-type: none"> o Standardizing start times o Standardizing length of experiences o Training/mentoring CIS – visiting DCEs education, peer mentoring, pairing novice-seasoned Cis/CCCEs o Support CI/CCCE development – start CI development o CCCE development resources - Geographic distribution of capacity responses – map presented reflecting responses on supply and demand - Setting with sufficient capacity – outpatient and private practice; insufficient capacity – inpatient rehab and acute care - Solutions for capacity issues – collaborative models; strengthening training in rural areas; programs be less prescriptive in requirement settings; train CCCEs to foster culture of CE; using residents to serve as Cis
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		<ul style="list-style-type: none"> - Common themes – reimbursement issues affecting capacity; desire for more training; need to have administrative support - Wrap up – keep hosting regional consortia course at ELC; regional consortia is a great communication conduit from national level to local; enjoyed networking - Topics for 2018 – from the floor <ul style="list-style-type: none"> o How can a PTA Educator find an entry point into the discussion? An efficient way versus a parallel system with redundancy <ul style="list-style-type: none"> ▪ Donna acknowledged that this is an issue – did a live poll in the pre-conference regional consortia meeting; she explained that as a part of ACAPT (which is a PT organization); perceptions around density and capacity changed when considering PT and PTA education together; sees a great collaboration opportunity for CESIG and NCCE to work on this
<p>National Updates:</p> <ul style="list-style-type: none"> • Post-Summit Panels: completed and planned • Best Practices in Clinical Education Task Force Feedback Process: update and discussion as requested/driven by the membership 	<p>Donna Applebaum and others</p> <p>Donna Applebaum</p>	<ul style="list-style-type: none"> - Post-Summit Panels: <ul style="list-style-type: none"> o Common Terminology – Vickie LaFay shared report; research found inconsistencies and gaps in terminology used; developed a glossary; motion passed; more work to be done o Integrated Clinical Education (ICE) – Jamie Bayliss shared report; developed 8 guiding parameters in order to determine/develop an ICE experience; motion passed o Readiness for entry level – Debbie Pelletier – taskforce determined readiness of student for first full time clinical rotation; performed Delphi study; initial motion was revised to state the recommendations to be guidelines; taskforce is continuing its work which will be focused on assessment - Best Practices – Donna shared info at CE SIG meeting last evening; desired not to be redundant but stated will be providing report to the ELP - Reviewed ACAPT motions that were presented yesterday; reminded membership that they can share their voice at the ACAPT business meeting - Donna reported that she intends to work diligently representing the collective NCCE voice
<p>NCCE Strategic Planning Process</p>	<p>Donna Applebaum</p>	<ul style="list-style-type: none"> - Full Board - current and new will be attending the strategic planning meeting as well as external representatives - The strategic plan will align with the ACAPT strategic plan - Shared goals/outcomes – environmental scan, transition of NCCE board, establish mission and vision, prioritize 1-3 year goals; and steps in mobilizing work

Installation of NCCE Officers:	Krissy Grubler, Nominating Chair	<ul style="list-style-type: none"> - Donna Applebaum, Chair - Julie Bibo-Clinical Director-at-Large - Robin Galley-Academic Director-at-Large - Lori Nolan-Gusman-Academic Director-at-Large - Colette Pientok-Clinical Director-at-Large - Marcia Himes-Nominating Committee
Issues/Questions from the Floor		<p>Attendees shared the following:</p> <ul style="list-style-type: none"> - Applauded pre-ELC regional consortia meeting – recommendation to go forward with APTA taskforce; unwarranted variation of practice and education; asked to take to ELP the importance to discern the difference between perception and reality - Requested to update body on best practices motion at ACAPT meeting; <ul style="list-style-type: none"> o A supporting statement from the author of the motion included that he was not talking about residency, staged licensure, and fellowship, instead he stated that it was more about the academic program’s role up until graduation; ACAPT members voted in favor of the motion; ELP will consider this going forward - Congratulation of task forces’ work; attendee asked what is implementation time for glossary; <ul style="list-style-type: none"> o Panelist responded that dissemination will be determined by ACAPT; recommendations were made that would require processes to do this - Commends NCCE leadership – created culture of inclusivity and openness, working together with regional work to pull resources together to help one another; we need to work together to develop CI/CCCEs; what can we do to work together to create these trainings - Member of best practice taskforce spoke; response to question in survey regarding unsustainability of current clinical education; Speaker stated that the response was surprising; the response had a mean score of 2.7 (agreed/strongly agreed); encouraged NCCE to spend time in investigating the true problems that need to be worked on and debunking the others - Asked if anyone was addressing volunteer/Observation hours; attendee encouraged all to work closely with CESIG; a lot of work already done by CESIG that wasn’t carried forward; <ul style="list-style-type: none"> o Donna reported that she is aware of this work and added some programs have researched this; will definitely have a look at the historical data

		<ul style="list-style-type: none"> - Attendee circled back to a previous comment; reported that the question the previous attendee referred to asked both capacity and quality; stating question asked about two separate components <ul style="list-style-type: none"> o Donna responded stated there was awareness that the survey needed to be at a length that would encourage participation and completion; but took note of this feedback - Word use issues from Best Practice document – need to be aware of the use of the word “quality” as an issue; other disciplines are watching this closely and are using it to state that PT does not have good clinical education experiences for their students - Inquiry voiced about what would be measurable outcomes to say that our graduates aren’t as prepared as they should be <ul style="list-style-type: none"> o Donna stated that this is on the agenda to be researched as ACAPT is working to establish graduate outcome measures.
		<p>Announced National Day of Service – so far \$611 raised; may contribute to www.kidsinneed.org; encouraged members to participate in this.</p>

Meeting adjourned 10:01AM

Number of members present: 164 --- 87% of attendees

Number of attendees present: 189