

National Consortium of Clinical Educators Business Meeting
 Educational Leadership Conference
 October 18, 2020
 10-11:50 am EST
 Virtual Platform

Topic	Discussion
Welcome, Introductions	<p>Meeting convened 10:05 am. Introduction of Tawna, Jamie and Katie who are assisting with technical logistics during the meeting.</p> <p>Meeting links: On computer: https://PollEv.com/tawnawilkins495 On phone: Text TAWNAWILKINS495 to 37607 to join</p> <p>Sign-in not completed this year – Zoom attendance data cross-referenced with online attendance to report on membership attendance</p> <p>Mike Sheldon – liaison to the NCCE; the clinical education community has been through a lot of challenges this year – environmental (hurricanes, forest fires); NCCE has been very productive and diligent about getting the work done despite all of these obstacles through presentations, publications, etc. This consortium is a positive model for ACAPT consortia. With the transition from Barb Sanders to Mark Reinking, the ACAPT board is excited to turn to what the NCCE can do to assist with the new ACAPT strategic plan.</p> <p>Question about how to get an invitation to ACAPT Town Hall Meetings – there will be future town halls so reach out to your institutional rep if you'd like to have information about when and how to join!</p> <p>NCCE executive board has provided the ACAPT staff with academic programs who are members of ACAPT but not NCCE; so they will be assisting with reaching out to those programs to encourage joining.</p>
Year-in-Review	<p>Video of Year-in-Review for 2020 – it has been a very productive year despite the pandemic; the board was able to maintain all task force work, individuals were able to share resources and the NCCE co-hosted the 2:1 Collaborative Model Toolkit</p>
Announcements <ul style="list-style-type: none"> • Liaison Advisory Group • Upcoming webinars • ACAPT motion results 	<p>Liaison Advisory Group – 8 different members – 2 each from NCCE, CESIG, and PTAESIG (academic and clinical), and 1 each from APTA technology workgroup, student assembly. First meeting took place in September and are currently working on their purpose. The focus of the group will be on the utilization of the tool and not the content. Also working on determining their terms – initially the terms will be staggered, but look for</p>

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- NCCE clinical education discussion forum – sharing strategies for navigating COVID backlog

opportunities to participate in the future. The current NCCE reps are Chrissy Ropp (clinical) and Robin Galley (academic).

ACAPT DEI Consortium upcoming webinar – Thursday, October 29th from 7-8:30 pm EST. Please watch for registration information. The NCCE and DEI consortium will send out the registration information once available. It will also be shared on social media.

ELC/Webinar Planning Committee upcoming webinar – The When, The Where, The How: Telehealth Education in Physical Therapy. Thurs Nov 12, 2020; 7:00pm EST; Registration/login information forthcoming

ACAPT motions – results related to clinical education

- > AC-3-20 Opposition to direct monetary payment for clinical education experiences – PASSED
- > AC-4-20 Promotion of non-monetary benefits for clinical education experiences – PASSED
- > AC-8-20 Adopt updated common terminology in physical therapy education; motion made on the floor to refer AC-8-20 back to ACAPT Board of Directors – motion to refer PASSED
- > AC-9-20 Amend Bylaws of ACAPT to grant membership to developing programs – DEFEATED

Clinical education strategies for navigating COVID pandemic – topics that have been touched upon but will continue to be address

- > “Trickle down” effect
- > Backlog of clinical experiences
- > Limited capacity at clinic sites

CESIG meeting request for discussion – what innovation are we doing; how are we adapting; since there is not time to address this during the business meeting we will add a discussion board on the ACAPT website under NCCE Clinical Education Open Forums

ACAPT NCCE Clinical Education Open Forum - Open access resource.

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	<p>> Must register first to use: www.acapt.org – Resources - Clinical education - Follow the link to registration</p>
<p>Placement Process Task Force final recommendations</p>	<p>Task Force Members: <i>Co-chairs</i>: Christine McCallum (NCCE); Cindy Flom-Meland (CE SIG); <i>Clinical educators</i>: Terri Reed, Brittani Cookinham, Kristel Maes, Brett Windsor; <i>Academic clinical educators</i>: Lori Nolan Gusman, Kelly Prescher, Janette Scardillo, Aaron Rindfleisch; <i>PTA representatives</i>: Christie Cohoon, Emily Reynolds</p> <p>All work will continue to be collaborative, however CESIG and NCCE will each take a lead on some of the recommendations:</p> <p>CESIG lead -</p> <ul style="list-style-type: none"> 2. Adopt an annual clinical education placement timeline that guides initial placement requests, offer confirmations, notices of unused offers and secondary placement requests. 3. Provide professional training and development for Directors of Clinical Education and Site Coordinators of Clinical Education, especially for those new to these positions. 6. Recognize that only representatives employed by the academic program’s clinical education team are permitted to request clinical placement for physical therapist and physical therapist assistant students. <p>NCCE lead -</p> <ul style="list-style-type: none"> 4. Leverage relationships between/among clinical and academic programs as well as regional and/or national structures to improve communications, coordination and access to quality clinical education 8. Explore how a standardized model for terminal clinical education experiences may impact the placement process.

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9. Investigate the use of a common technological platform to manage data related to clinical education experience placements.

Co-lead -

1. Adopt a common definition of the term “placement process” which is then added to the profession’s Common Terminology Glossary.

5. Allocate appropriate resources to employ a team approach to administer the clinical education program led by the Director of Clinical Education and Site Coordinator of Clinical Education.

7. Expand clinical education research to include the topics of capacity, curricular models (i.e. timing, sequencing, and length), variety of requirements, and administrative issues such as workload.

Recommendations considered during poll rankings - by level of priority

- > Recommendations #4, #8 and #9 (NCCE lead)
- > Recommendations #1, #5, and #7 (joint efforts)
- > Recommendations #1, #4, #5, #7, #8, and #9

Initial poll completed as the first step in a continued process to solicit stakeholder feedback for gaining equivalent participation from academic and clinical perspectives.

There will be additional opportunity to provide feedback in the near future – survey, discussion boards, etc.

Ranking of highest to lowest priorities by NCCE business meeting attendees:

#7 Expand clinical education research to include the topics of capacity, curricular models (i.e. timing, sequencing, and length), variety of requirements, and administrative issues such as workload.

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	<p>#4 Leverage relationships between/among clinical and academic programs as well as regional and/or national structures to improve communications, coordination and access to quality clinical education</p> <p>#1 Adopt a common definition of the term “placement process” which is then added to the profession’s Common Terminology Glossary.</p> <p>#5 Allocate appropriate resources to employ a team approach to administer the clinical education program led by the Director of Clinical Education and Site Coordinator of Clinical Education.</p> <p>#9 Investigate the use of a common technological platform to manage data related to clinical education experience placements.</p> <p>#8 Explore how a standardized model for terminal clinical education experiences may impact the placement process.</p>
<p>Pre-Admission Observation Hours Task Force update</p>	<p>Update provided on the work of the Pre-admission Observation Hour Task Force by Peggy Gleeson and Jamie Bayliss.</p> <p>Task Force Members –</p> <ul style="list-style-type: none"> • Peggy Gleeson, DCE, PT, PhD (chair), TX • Jamie Bayliss, DCE, PT, DHSc, OH • Lara Canham, PT, DPT, OCS, CO • Yvonne Colgrove, DCE, PT, PhD, KS • Jamie Greco, DCE, PT, DPT, EdD, NY/NC • Ha Hoang, DCE, PT, PhD, LA • Hiroshi Kiyota, PT, DPT, OCS, NY • Mira Mariano, PT, PhD, OCS, VA • Gavin McBride, SPT, OR • Casey McCarthy, SPT, PA • Colette Pientok, PT, DPT, OCS, TX • Judi Schack-Dugre, DCE, PT, DPT, MBA, EdD, FL • Laura Stephens, PT, DPT, NCS, WV

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- Molly Watkins, PT, DPT, NCS, MN
- Emma Wheeler, DCE, PT, DPT, MS, VA

Advisory Panel: Robin Galley, DCE, PT, DPT, OCS, CLWT, FL

- Jane Eason, PT, PhD, LA
- Jamie Kuettel, PT, DPT, NCS, GCS, AZ

Support Group

- Janice Howman, DCE, PT, DPT, MEd, NCCE Chair, OH
- Donna Applebaum, DCE, PT, DPT, MS, Past NCCE Chair, MA
- Sandy Brooks, Executive Director

Task Force purpose: Explore current practices and perceptions of the use of pre-admission observation/volunteer hours and make recommendations to ACAPT membership

Objectives

- Review literature within and outside of PT about pre-admission exposure requirements
- Obtain data regarding current practices of education programs
- Solicit perspectives from academic programs, clinical sites, and students
- Analyze data
- Propose alternative strategies
- Develop recommendations for future practices

Process and Timeline

- Refer to PowerPoint for the process and timeline

Research Question: What is the value of the pre-admission observation hour requirement for DPT Programs and what is the impact of this requirement on all stakeholders?

Number of Observation Hours required or recommended by program (data gathered in 1/2020) provided for membership.

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Stakeholder groups surveyed: Directors of Clinical Education of DPT Programs; Admissions Committee Members of DPT Programs; Clinicians (including CIs, SCCEs, other clinicians, managers); DPT Students (all levels as of May 2020 including those who graduated in May and June)

Survey distribution method: All Sections/Academies/Chapters in APTA; 6 states that provided an email list of their licensees at no cost (Arkansas, Florida, Ohio, Rhode Island, West Virginia and Wyoming); DCEs were sent an email, were asked to complete the DCE survey themselves, then send to their students, to their clinical site lists and to their Admissions Committee members; Student Assembly; Liaison (CPI Web); Snowball sampling

Survey respondents (number of survey questions):

• DCEs	150	13
• Admissions Committee Members	165	44
• Clinicians	2,976	46
• Students	1,222	37

TOTAL **4,513**

Perceived Purposes of observation hours by stakeholder group -

DCEs:

1) to familiarize students with the depth and breadth of settings and patient populations within PT practice and 2) to guide applicants in their pursuit of a career in the PT profession

Admissions Committee Members:

1) to assist applicants in making an informed decision regarding the pursuit of a PT career and 2) to show applicant has met this criterion and should advance to the rest of the admissions process

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	<p><i>Clinicians:</i> 1) to obtain a thorough understanding and appreciation of the depth and breadth of settings, patient populations, tasks, obligations and responsibilities of the PT and 2) to assess whether the profession is an appropriate fit for them, given the time and financial resources required</p> <p><i>Students:</i> 1) To provide an increased awareness and understanding of the career/profession of PT; 2) To help to solidify PT as the desired career choice; 3) To learn about the variety in physical therapy treatments, settings, and patients; this provides examples and exposure that is of benefit during PT school; and 4.) To increase/improve the competitiveness of their application</p> <p>Next steps - Submit report to NCCE Board ACAPT Board, to include...</p> <ul style="list-style-type: none"> • Full data analyses (quantitative and qualitative) • Alternative strategies suggested by the 4 stakeholder groups, to meet the perceived purposes • Recommendations for future practice • Recommendations for future research in this area
<p>Regional networking session update</p> <ul style="list-style-type: none"> • Topic: clinical education resource hub 	<p>Update provided by Matt Calendrillo 2020 Regional networking session exploring development of a clinical education resource hub</p> <ul style="list-style-type: none"> > Pre-session survey (N = 341; 230 clinicians – 111 academicians) > Thurs October 15, 2020 > Approximately 85 participants > Representatives from 21 of our 23 regions/consortia <p>Purpose of a resource hub: there are a variety of resources available from Regional consortia webpages, APTA component websites, from individual programs/clinic sites</p>

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	<p>STG for the resource hub would be to add to ACAPT’s clinical resources while the LTGs include having a searchable database for PT education and part of one-stop shop (ELP strategic planning)</p> <p>2020 Regional networking session shared sample resources – see PowerPoint slides</p> <p>2020 Regional networking session overview: a wide variety of resources were piloted</p> <p>Mix of clinical & academic resources - Categorization & vetting process was facilitated: Who will benefit the most from this resource? What is the purpose of this resource? What are keywords to describe this resource? How would we determine if the resource met its purpose? How would you categorize this resource?</p> <p>Call to action: We want your help! Share ideas for making submission process user-friendly; What resources are out there that we’re already using?</p> <p>If you have any resources or suggestions please reach out to the board members individually or email ncce@acapt.org.</p> <p>Will the resource hub be on the ACAPT website and will there be a cost? This is still to be determined. The board is pushing for this to be an open access resource, but there may be some kind of cost in the future. We will continue to collaborate with the ELP who is working on a One Stop Shop.</p>
<p>ELP strategy meeting update</p>	<p>Update provided by Donna Applebaum.</p> <p>Education Leadership Partnership</p> <p><i>The partnership is intended to be a group with a more global perspective than that of any one organization. The voting members of the partnership should commit to pursuing the interests of the whole profession. The partnership shall strive to bring together all relevant stakeholders having an interest in promoting excellence in</i></p>

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	<p><i>physical therapist education. The [Partners] will solicit input and feedback from the organizations represented on the [ELP] as well as other stakeholders.</i></p> <p>Collaboration has grown to include APTA, the Academy, ACAPT, FSBPT, the Federation, CAPTE, and Residency and Fellowship Education; community stakeholders and partnerships in practice</p> <p>Education Strategy – task force groups formed: academic-clinical partnership, education research, outcomes, essential resources; focus on making sure clinical education is being addressed within all of these strategy task forces; timeline provided and can be found in the PowerPoint</p> <p>A closing/culminating strategy process will take place. The next steps will include:</p> <ul style="list-style-type: none"> • October-November: Consulting firm McKinley Advisors work with ELP to synthesize and prioritize strategy meeting outcomes • November-December: Profession-wide feedback process (look for electronic survey) • January-February: refine strategic framework • March: report to be submitted to APTA Board of Directors
<p>Centennial Scholar</p> <ul style="list-style-type: none"> • Introduction of Scholar • Description of capstone project 	<p>Erin Green, PT, DPT, FAAOMPT, OCS graduated from UCSF/SFSU Graduate Program in Physical Therapy with her DPT in 2009. She completed post-professional training at the Kaiser Hayward Advanced Orthopedic Manual Therapy Mentorship and Fellowship programs in in 2010 and 2013, respectively. She obtained her OCS certification in 2015. She currently has a full-time academic appointment as an assistant professor at California State University, Sacramento where she teaches in the orthopedic curriculum and pro bono clinics. Prior to coming to CSUS, she was a faculty member and clinician at the UCSF Faculty Practice. While at UCSF, she worked with multiple stakeholders as the Program Director to establish the first UCSF PT Residency in orthopedics. She has worked in private, pro bono, direct access/wellness, and hospital-based orthopedic settings. She has served as clinical instructor and residency mentor. Her primary research interests are enhancing academic and clinical partnerships to facilitate clinical reasoning development and best practices in PT education.</p>

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	<p>NCCE Capstone Project</p> <ul style="list-style-type: none"> > Review current benefits and challenges with existing clinical education data management systems > Engage local, regional, and national clinical education stakeholders to assess needs and interest > Consider feasibility and design concepts for the creation of a centralized database that could connect and support academic-clinical partnerships on a broader level > Identify technology needs for developing a centralized clinical education database <p>Membership was asked to share resources that they thought would be helpful to Erin in her investigation either during the meeting, in the chat or by email after the meeting. Recommendation from Donna Applebaum to look at the Canadian Physiotherapist placement process as a resource.</p>
Farewell and thank you to outgoing board members	‘Thank You’ to Marcia Himes, Kara Lardinois, Chrissy Ropp, Nancy Mulligan, and Susan Tomlinson for their contributions and service to the NCCE.
Instillation of new and returning members	<p>Ongoing: Tawna Wilkinson, Jamie Bayliss, Matt Calendrillo, Janette Scardillo</p> <p>New: Chris Cesario, Lisa Black, Colette Pientok, Tabatha Bonney Rozeboom and Jamie Dehan</p>

Meeting adjourned 11:55 pm EST