

National Consortium of Clinical Educators Business Meeting
 Educational Leadership Conference
 October 29, 2022
 8:00-9:30 am

Call for meeting: 8:00 am

Topic	Discussion
Welcome, Introductions	<p>Overview of the meeting agenda provided</p> <p>Introductions of Guests / ACAPT Board Members:</p> <p>John Buford, PT, PhD ACAPT BoD Liaison to NCCE Peter Altenburger, PT, PhD ACAPT Vice President Sandy Brooks, Executive Director</p> <p>Introductions of the NCCE board members – executive board, DALs and nominating committee:</p> <p>Executive Board: Janice Howman, PT, DPT, MEd Matt Calendrillo, PT, DPT Jamie Bayliss, PT, MPT, DHSc Janette Scardillo (incoming vice chair)</p> <p>Clinical DALs: Tabitha Bonney Rozeboom, PT Jaclyn Carson, PT, DPT Amanda Crouch, PT, DPT (incoming) Suzie Maciel, PT Kelly Meyers, PT, DPT Colette Pientok, PT, DPT, OCS (outgoing; incoming secretary)</p> <p>Academic DALs: Lisa Black, PT, DPT (outgoing) Amy Both, PT, DPT, MHS Chris Cesario, PT, DPT, MBA (outgoing) Matt Garber, PT, DSc Janet Konecne, PT, DPT, PhD (incoming) Tara Paradie, PT, MSPT, DHSc(c) (incoming)</p>

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	<p>Nominating Committee: Veronica Jackson, PT, DPT (outgoing chair) Jamie Dehan, PT, DPT, PhD (incoming chair) Kelly Sass, PT, MPT, PhD Catherine Bilyeu, PT, DPT</p>
<p>Announcements</p>	<ul style="list-style-type: none"> • Clinical education common terminology online glossary <ul style="list-style-type: none"> ○ Joint NCCE-CE SIG-PTAE SIG workgroup ○ Website: www.PTclinedterms.org ○ Email: info@ptptaclinedterminology.org ○ Joint NCCE-PTAE SIG workgroup <ul style="list-style-type: none"> ▪ Co-Chairs: Mia Erickson, PT, Ed.D, Kim Snyder, PTA, MEd ▪ ACAPT Panel: Melissa Booth, PT, DPT; Marisa Birkmeier, PT, DPT; Vicki LaFay, PT, DPT, PhD ▪ PTAE SIG: Peggy Newman, PT, MHR; Lisa Stejskal, PTA, MEd; Jennifer McDonald, PT, DPT, MS • NCCE membership and regional reps update <ul style="list-style-type: none"> ○ Review of NCCE membership and map that is located on the ACAPT NCCE website – https://acapt.org/about/consortium/national-consortium-of-clinical-educators ○ Review of new NCCE board liaisons to the region ○ NCCE Membership Drive – 12 new academic-clinical partners have joined throughout the membership drive!! Thank you for all of your efforts!! This is a 6% increase in our NCCE membership since CSM • Observation Hours TF recommendations: <ul style="list-style-type: none"> ○ Brief overview of previous pre-admissions observation hours task forces ○ Current work <ul style="list-style-type: none"> ▪ The ACAPT Pre-Admissions Observation Hours Task Force is exploring ways to decrease the burden on our partner clinical sites as well as facilitating equity among student applicants. ▪ Dissemination of a survey that will assist with the development of such learning modules for prospective DPT and PTA applicants and determine academic

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	<p>programs' willingness to accept alternative experiences in lieu of observation hours.</p> <ul style="list-style-type: none">▪ Task force members:<ul style="list-style-type: none">• Ryan Bannister – APTA PTCAS• Ha Hoang – DCE for DPT program at Louisiana State University• Christen Louderman – chair of McHenry County College PTA program• Colette Pientok – clinical manager at Memorial Hermann Sports Medicine & Rehabilitation• Matthew Schumacher – PT faculty for DPT program at University of Mary• Laura Stephens – PT faculty for DPT program at Marshall University• Resource sharing webinars<ul style="list-style-type: none">○ ACAPT Resource Repository - Clinical Education (acapt.org)○ ACAPT YouTube Channel - ACAPT – YouTube○ Previous webinars included topics about Alternative Learning Experiences during Clinical Education, Acute Care Simulation Activities and Reflective Activities in Student Learning○ If you have any interest in presenting on a novel concept, innovation, etc., please reach out to the NCCE at ncce@acapt.org.• Annual regional networking sessions - PowerPoints/reports available for all sessions at: https://acapt.org/resources/clinical-education<ul style="list-style-type: none">○ Sessions offer regional consortia leadership and members an opportunity to collaborate, network, and discuss topics/concerns within physical therapist clinical education.○ If you are interested in attending future sessions, please reach out to your consortia leadership!• NCCE Roadshow Pilot<ul style="list-style-type: none">○ Host: New England Consortium of Clinical Educators○ Date: Thursday, November 17, 2022○ Locations: Franklin Pierce University and University of Rhode Island○ Session objectives:<ul style="list-style-type: none">▪ Enhance communication across local, regional and national CE stakeholders▪ Identify and share consortia best practices▪ Empower clinicians as equal partners in academic physical therapy
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	<ul style="list-style-type: none"> ▪ Connect regional clinical partners to national resources and engagement opportunities ○ Goal: next 2-3 roadshows in 2023!!
<p>Task Force on Clinical Education Placement Capacity and Process Innovation-Update</p>	<p>Task Force Chair - Jamie L. Greco PT, DPT Ed.D</p> <p>Task force members available in PowerPoint and on ACAPT NCCE Website. There are two task force subgroups – Placement process and capacity, each with a subgroup leads: Janet Jackson Cody and Janet Konecne.</p> <p>Task force purposes:</p> <ul style="list-style-type: none"> • To gather data regarding current and projected future clinical education (CE) capacity (supply and demand) • To determine if capacity issues are affecting the current placement process • To explore options for transforming the current placement process <p>Task force objectives:</p> <ul style="list-style-type: none"> • Placement Process subgroup: Provide a systematic review of the placement processes used in other health professions focusing on the benefits and challenges related to capacity, placement rates, efficiency and academic-clinical partnership relations. • Capacity subgroup: Determine the demographics of existing and potential clinic sites; Recommend definitions for the term capacity and its related concepts (i.e. supply, demand, surplus, distribution, etc.); Determine supply and demand trends for CE experiences (actual or perceived, current and projected); Estimate the impact of capacity on the future of the placement process. • Both subgroups: Provide recommendations for ensuring sustainability of CE capacity for the future of the profession; Suggest opportunities for transforming the current placement process to enhance efficiency and capacity while building upon existing individual and regional partnerships.
<p>CE DATA management Centennial Scholar Final Report</p>	<p>Centennial Scholar: Erin Green, PT, DPT, FAAOMPT, OCS</p> <p>Review of Use of Clinical Education Data Management Systems by Academic Physical Therapy Programs</p>

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	<p>Recommendations:</p> <ul style="list-style-type: none"> • Pause discussions re: national centralized CE data management system • Explore opportunities for data mining w/in current systems • Identify sustainable, standardized methods to capture, store & analyze data • Identify most relevant data needed to inform academic physical therapy • Actively promote a culture of shared data • Investigate impact of CE data management platforms on all CE stakeholders <p>Centennial Scholar Final Report: Available at https://acapt.org/resources/clinical-education</p>
<p>Data collection/sharing ACAPT Resources</p>	<p>Center of Excellence - Supports assessment through data management and analysis Foundation:</p> <ul style="list-style-type: none"> • ACAPT's Criteria for Excellence • ACAPT's Excellence Framework for Academic Physical Therapy <p>Data Advisory Committee - https://acapt.org/excellence</p> <p>Institutional Profile Survey (IPS)</p> <ul style="list-style-type: none"> • Goal: capture important baseline data about DPT programs • Inaugural survey Jan 2022 • Sent to ACAPT reps (79% response rate) • Login to your member portal to access results report <p>ACAPT 2023 Institutional Profile Survey</p> <ul style="list-style-type: none"> • New in 2023: <ul style="list-style-type: none"> ○ Secure member accounts for each program to complete survey ○ Programs will be able to run unique, anonymized reports relevant to their needs (after data collected, verified and integrated) • Timeline: <ul style="list-style-type: none"> ○ December – PDF of survey sent out for preview of questions so can start gathering data ○ January 4, 2023 – survey sent out to ACAPT member program directors ○ Work with your Program Director to report your clinical education data! ○ February 3, 2023 – deadline for completing survey

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<p>ACAPT – Exxat partnership to facilitate data sharing</p>	<ul style="list-style-type: none"> • Only anonymized data will be shared • Process for getting program approval for sharing data will be established • Data will automatically be shared through an application programming interface
<p>A new vision for ACAPT's Organizational structure</p>	<p>Pursing Excellence – An Innovation</p> <ul style="list-style-type: none"> • ACAPT was incorporated in 2014 to lead physical therapy in the pursuit of academic excellence. To achieve this mission, the organization created subcomponents comprised of consortia, committees, a commission, and task forces to produce outcomes. • Between 2019 and 2021, ACAPT took a step back to better define excellence and create criteria to produce measurable outcomes. • In 2023, the Board will implement an organizational structure that will integrate these criteria into our day-to-day operations, governance, mission, and vision. <p>The Board has developed a plan for strategic restructuring of our current resources by establishing four Institutes.</p> <ul style="list-style-type: none"> • The Board of Directors sets the organizational direction, provides oversight, and ensures the necessary resources are available • ACAPT staff operationalize the strategic plan and manage the activities of the association • Committees and Commissions turn ideas into action and deliverables • The Center for Excellence collects and shares data for informed decision-making and to create a shared culture of excellence • Institutes actuate the criteria for excellence into four focused areas: <ul style="list-style-type: none"> ○ Institute for academic advancement ○ Institute for teaching and learning ○ Institute for community engagement ○ Institute for scholarly inquiry <p>Institute structures:</p> <ul style="list-style-type: none"> • Overseen by 1 member-elected chair & vice chair • Supported by 1 board liaison and a staff liaison

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	<ul style="list-style-type: none"> • Comprised of task forces that are responsive to the strategic plan, member needs, and emerging issues or opportunities • Guided by the principles of continuous pursuit: Innovation, Inquiry and Inclusion <p>Reorganized Structure</p> <ul style="list-style-type: none"> • Merging the relevant activities from consortia into institutes provides a collaborative, integrative, flexible approach moving away from independent entities. • The new structure creates a clear unity of purpose and greater fiduciary management. • Each institute will support ACAPT’s strategic initiatives providing the resources for members to achieve academic excellence. <p>Transition Advisory Committee – chairs of current consortia to assist with transition from consortia to institutes and the commission over the next year (until ELC 2023)</p>
<p>Discussion / Q & A from Membership</p>	<ul style="list-style-type: none"> • Does the DCE have to ask a program director to become the rep in order to vote? Yes • Can the DCE and program director each have a vote? This would require a bylaw change • How were DCEs and clinical faculty included in the creation of this new structure? ACAPT BoD reached out to different stakeholders for feedback throughout the development of the new structure • What is the broad vision of what the Commission will actually be/how it will function? How will it interact with the institute? Will there be leadership and interaction with the institutes? Oversight, advocacy, vision of clinical education, keeping a pulse on clinical education; the institutes will be the place where the work gets done; NCCE will now be able to distribute the current work across the institutes; institute leadership and commission will have regular and ongoing communication • Consideration for tiered membership in ACAPT for smaller programs that may not be able to afford the increase in ACAPT dues – currently membership benefits are not different regardless of program type, size, etc. • NCCE has made clinicians feel welcome to ACAPT; it will be essential to make sure they still feel welcome, involved, and heard; it is also important to consider redundancy that will occur across institutions with task force work; ACAPT is very committed to keep the clinical voice (via academic and clinical partners) involved through inter-collaboration in the institutes (especially the task forces) and the commission • Task force – potential for representation versus actual representation of members on the task force; it is essential to be purposeful about the task force make up to avoid silo’ing. The

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	<p>broadcast for task force calls will go out broadly to all individuals in the ACAPT membership portal. ACAPT will also work with the commission to make sure clinical stakeholders are aware of task force opportunities.</p> <ul style="list-style-type: none"> • Clarification re: running for a position – the only limitation at this time is that clinicians cannot run for ACAPT BoD positions, however, they can run for any institute leadership positions • What is the plan for next steps...implement the new structure and then seek out new leadership or could there be an opportunity to engage stakeholders first and then implement them into the new structure? The onus is now on the members...to make sure individuals are registered as individual members in ACAPT so they receive all communication and notification about opportunities and updates. • Regional consortia have been able to promote CI and SCCE involvement in NCCE and ELC and that should be considered moving forward; be cognizant of how the structure change may affect that connectedness • Concerns that the voice may be missing from current DCEs, SCCEs, and CIs at the board level because there is not current leadership from clinical education stakeholders on the ACAPT BoD. • Is there an estimated timeline for the call of chairs/vice chairs for the Commission, institutes, and task force work? Transition advisory committee (each consortia chair and a nominating committee member) will help form the timeline for the structure implementation. Institute chairs/vice chairs will come into office in April, 2023. It may take a year and a half or so to bring new task forces to fruition. The current consortia have until ELC 2023 to sunset their current work. Task force development will be dependent on resources available to carryout the task force work (funding, staff support, volunteer support, tech support). Vision is to have 3-5 task forces in each institute with unique charges, expectations for deliverables, length of service, etc. • Why did the ACAPT BoD decide to implement the structure change without vote from membership? The impetus for change was to bring the structure back to the original mission, vision, and strategic planning of ACAPT while be fiscally responsible and more efficient in the work being done. The change in structure is more of a shift as opposed to a disillusion. NCCE work and membership will continue to be represented within the Commission.
<p>Outgoing NCCE Board Members</p>	<p>Thank you to Matt Calendrillo – former Vice Chair; Jamie Bayliss – former Secretary; Veronica Jackson – outgoing nominating committee chair; Lisa Black, Chris Cesario – outgoing academic DALs</p>
<p>Instillation of New Board Members</p>	<p>Welcome back to Jamie Dehan (nominating committee chair), Janette Scardillo (vice chair), Suzie Maciel (clinical DAL), and Tabitha Bonney-Rozeboom (clinical DAL); welcome to Tara Paradie</p>

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	(academic DAL), Janet Konecne (academic DAL), Amanda Crouch (clinical DAL), and Catherine Bilyeu (nominating committee)
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Meeting adjourned: 10:46 am