

National Consortium of Clinical Educators (NCCE) Business Meeting

Friday, October 7, 2016

Phoenix AZ

Agenda

- Brief Introductions
- NCCE: Who are we, and what is our charge?
- NCCE Relationships
- Establishing “the work of NCCE”
 - Structure
 - Processes
 - Function/Actions
- Updates: Since last meeting
- Short Term Priorities:
- Other Priorities: from membership
- Transitions-NCCE Board

Topics for Business Meeting Generated in NCCE Strategic Meeting (10/6, 3:30-5)

- Initiatives from last meeting, new initiatives?
- The role of the NCCE “Clinical partner”
- “Not SARA”
- Trends toward paying for internships
- Update from ELC 2015 trended data survey
- Opportunities for involvement for upcoming initiatives
- Research initiatives
- Topics/trends regarding how to handle insurances allowing student treatments

The Cards

- Each institutional pair should have one card between them
- We will ask a couple of questions to “take the pulse” ...
- “Practice votes”-nonbinding!
- Will give institutional pairs brief time to discuss

Introductions

- The Board
- NCCE Institutional Pairs
- Others

Who are we?

- Consortium of ACAPT (American Council of Academic Physical Therapy)
- Institutional membership and interests
- Advise ACAPT on matters of physical therapist education: curriculum and clinical policy
- Academic-clinical pairs
- **Communicate and collaborate** with other relevant stakeholder groups

Creating Value

Our strength will come from:

- Balanced membership (clinical-academic)
- Collaboration with others
- Evidence for recommendations
- Creating efficient systems that allow us to focus on of fostering excellence
- A collective commitment to the greater good
- Action that perpetuates progress

A vision

**WALK WITH THE
DREAMERS, THE BELIEVERS,
THE COURAGEOUS, THE
CHEERFUL, THE PLANNERS,
THE DOERS, THE SUCCESSFUL
PEOPLE WITH THEIR HEADS
IN THE CLOUDS AND THEIR
FEET ON THE GROUND.**

**-WILFERD
PETERSON**

Where are we???

- NCCE approved by ACAPT 2013
- Organizing Committee formed October 2013
- Summit October 2014
- Inducted 1st Board September 2015
- 2015-16 devoted to establishment of structures, processes.
- 2nd Board election Summer 2016
- 2016-17: continue to establish optimal structure, processes...and initiate “the work of the NCCE”

NCCE Leadership (2015-16)

- Chair: Donna Applebaum
- Vice-Chair: Christine McCallum
- Secretary: Chalee Engelhard
- Nominating Chair: Krissy Grubler

Academic Directors-at-large:

Janice Howman (OH)
Kathleen Manella (TX)
Tawna Wilkinson (AZ)
Steve Spivey (TX)

Clinical Directors-at-large:

Jamie Dyson (FL)
Dawn Hicks (GA)
Kara Lardinois (NC)
Colette Pientok (TX)

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(Oct 2016)

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Membership

- Who? ACAPT institutional member pairs
 - 1 DCE/ACCE
 - 1 Clinical Faculty member
- Must be APTA members (ACAPT bylaws)
- Academic member enrolls pair and maintains currency of information

The Role of the Clinical Partner

- Balanced representation from clinical education community
- Clinical faculty are part of the faculty
- A representative of each program's clinical faculty
- When we take votes, equal academic and clinical voice will be critical!
- Program sets own "term limits"
- Encourage programs to provide financial support for clinical partner

Inviting a Clinical Partner for NCCE Member Pair

- Who do you work closely with?
- Who is engaged?
- Who is available to participate?
- Consider CI, CCCE, and clinical managers/directors/practice owners
- Regional consortia or programs in close proximity may want to collaborate/strategize
- Try to not to worry about offending!!

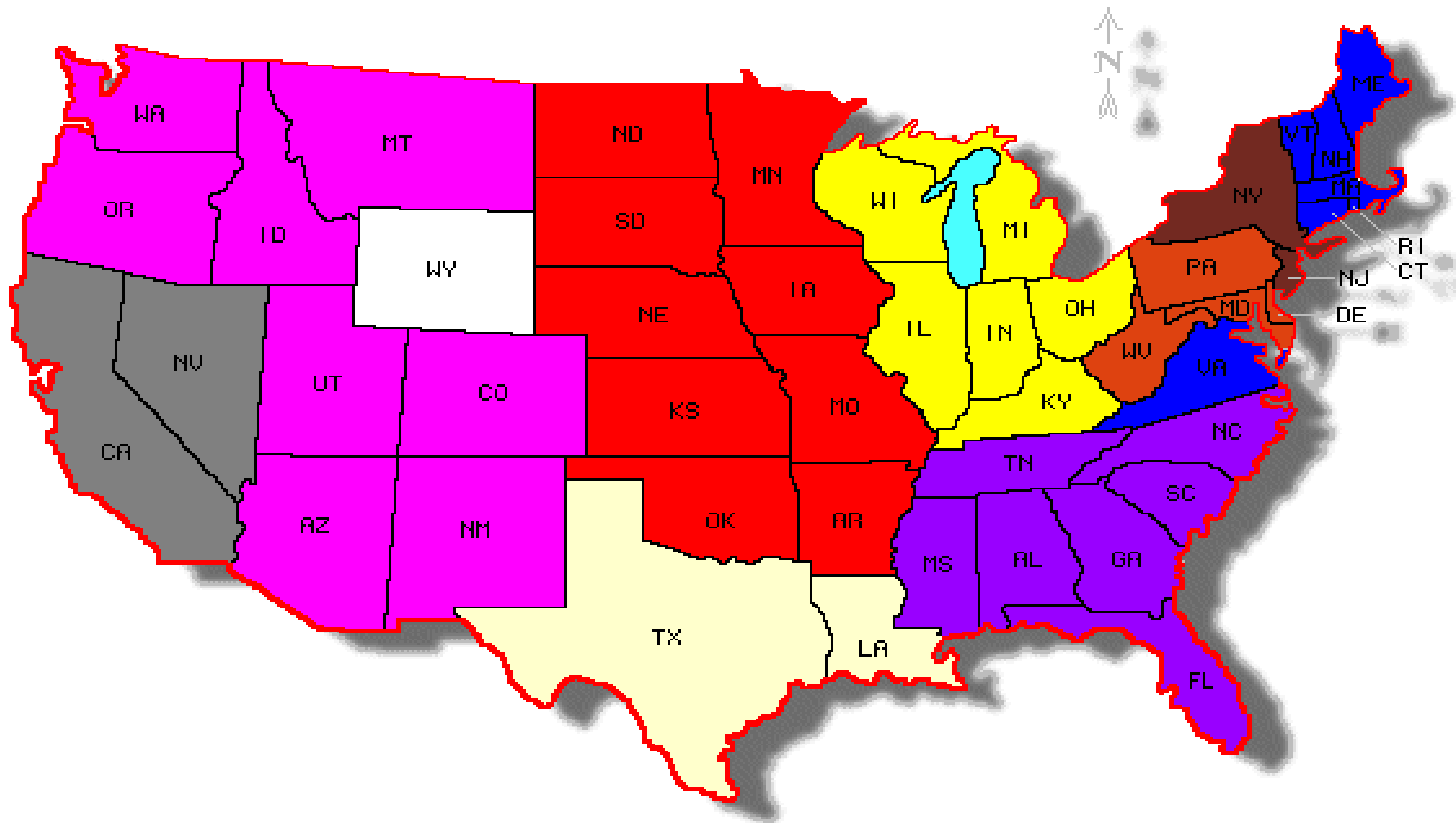
Conducting Business

- ACAPT does their business at ELC; therefore, the NCCE does the same. ANYONE can attend.
- May meet for specific reasons at other times of the year.
- Each institution gets one vote
- Routine voting (when we have motions) will occur at ELC; time-sensitive issues may occur electronically.

Membership

- 103 institutional pairs (50.2% of ACAPT membership)
- Total ACAPT members: 205
- Total programs nationally: 218

ACAPT Regions



Question for the Group

Would we benefit from having Directors-at-Large in a way that is representative of the nation?

(Academic-clinical partners discuss, then let's take a "practice vote")

Organizing for Action

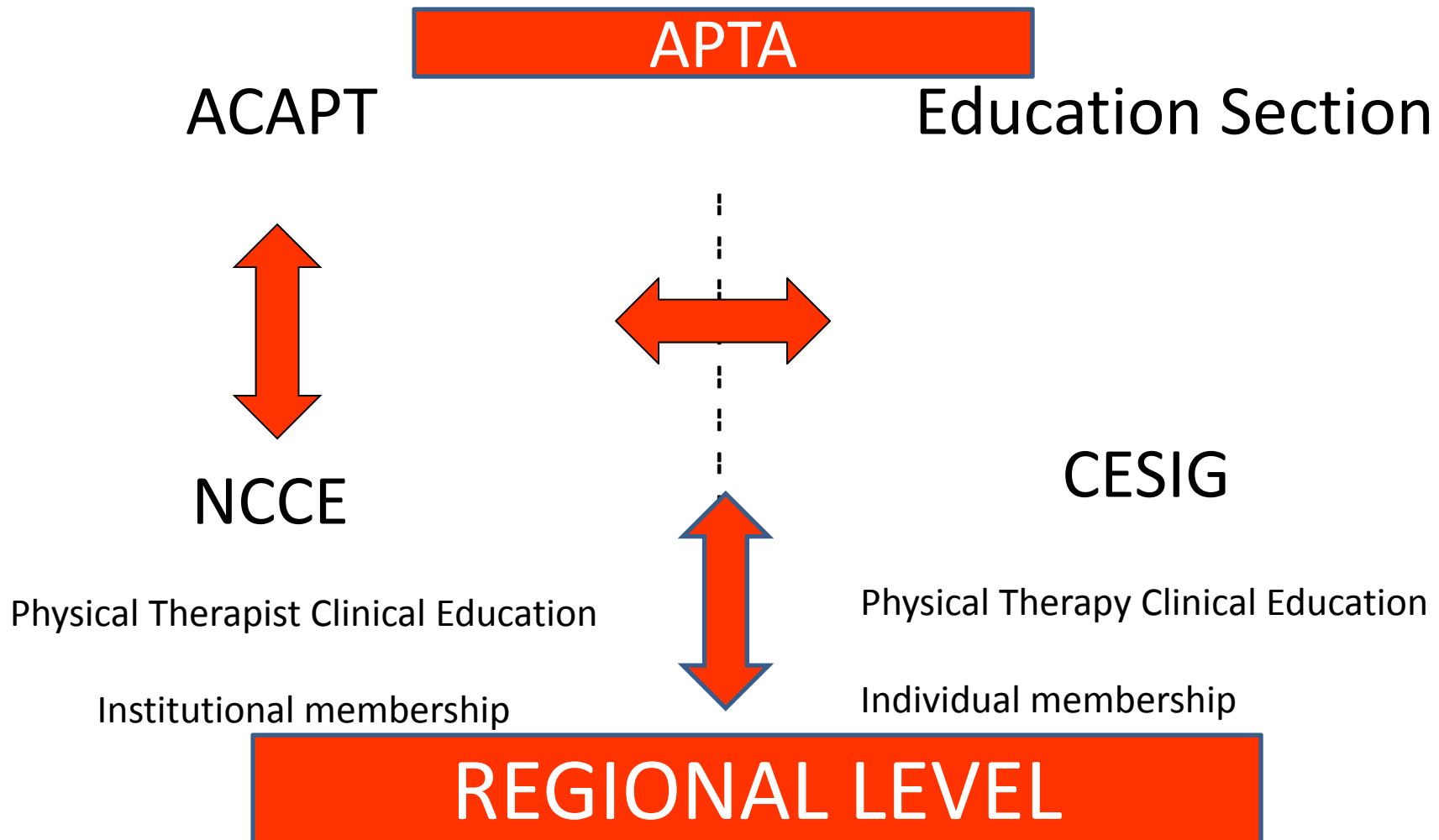
- Structure
- Process
- Function

May occur in parallel

Structure (Developing)

- Board: added 9th DAL and Nominating Committee
- Communication Infrastructure
 - Within ACAPT
 - Outside ACAPT

TRI-BOARD STEERING COMMITTEE



Need to partner for a stronger voice...greater focus on quality...generating evidence for decisions...less duplication...more efficiency

Difference between NCCE and CESIG

- NCCE: Institutional Membership and Interests
- Education Section CESIG-Individual Membership and Interests
- Until we achieve clarity of identity of all groups, will collaborate and communicate as best we can to keep the community informed and “less confused”

Process (Developing)

Rules of Order:

- Membership transition
- Consensus-building, voting
- Motions to ACAPT
- Communication processes within NCCE and across groups

Communication: Our Website

- New platform...still learning what it can do
- Access to resources
 - Meeting minutes
 - Motions
- Through ACAPT website
www.acapt.org/consortia/

Go to: National Consortium of Clinical Educators

- APTA Membership number to enroll teams

Touching base on last year's member priorities

- Placement process: scheduling, efficient, equitable, streamlined
- CCCE development: preparedness to mentor, standardized approach/resources
- **Communication: engage full community**
- **Eliminate redundancy/duplication of effort across groups within profession (APTA, Ed Section/CESIG, ACAPT/NCCE)**
- Research in clinical education: identify best practices/outcomes
- **Observational/shadow hours required for program admission: evidence of benefit, consistent expectation, creative development of ways to represent profession to applicants**
- State authorization issues

Curriculum

- Consistency/standardization of student expectations and components of CE curriculum
- **Define student outcome expectations: readiness for clin ed at different time points, readiness for practice**
- Partnership/collaboration between academic and clinical programs on curriculum
- Availability of clin ed experiences: tease out perceptions/reality, quantity, quality, variability, resources across PT practice settings
- **Payment for clinical education: promotion of time to teach, versus promotion of inequity across academic programs**

Meeting with Regional Consortia Leaders

Thursday, October 6, 2016
1:00-3:15

Rationale for Exploring Role of Regional Consortia

- No formal connection between individual regional clinical education consortia, or between regional consortia and the national clinical education community.
- Regional consortia, represent the largest number of clinical educators in practice, are largest “collective voice” in clinical education.
- Play an important role in understanding practice and the issues associated with implementing clinical education at the local level.
- Geographic focus lends great potential to advise the profession on
 - administration of clinical education
 - develop clinical educators
 - implement creative clinical education curricula that meet the needs of a geographic area
 - develop a culture of clinician-researchers to advance education and practice.

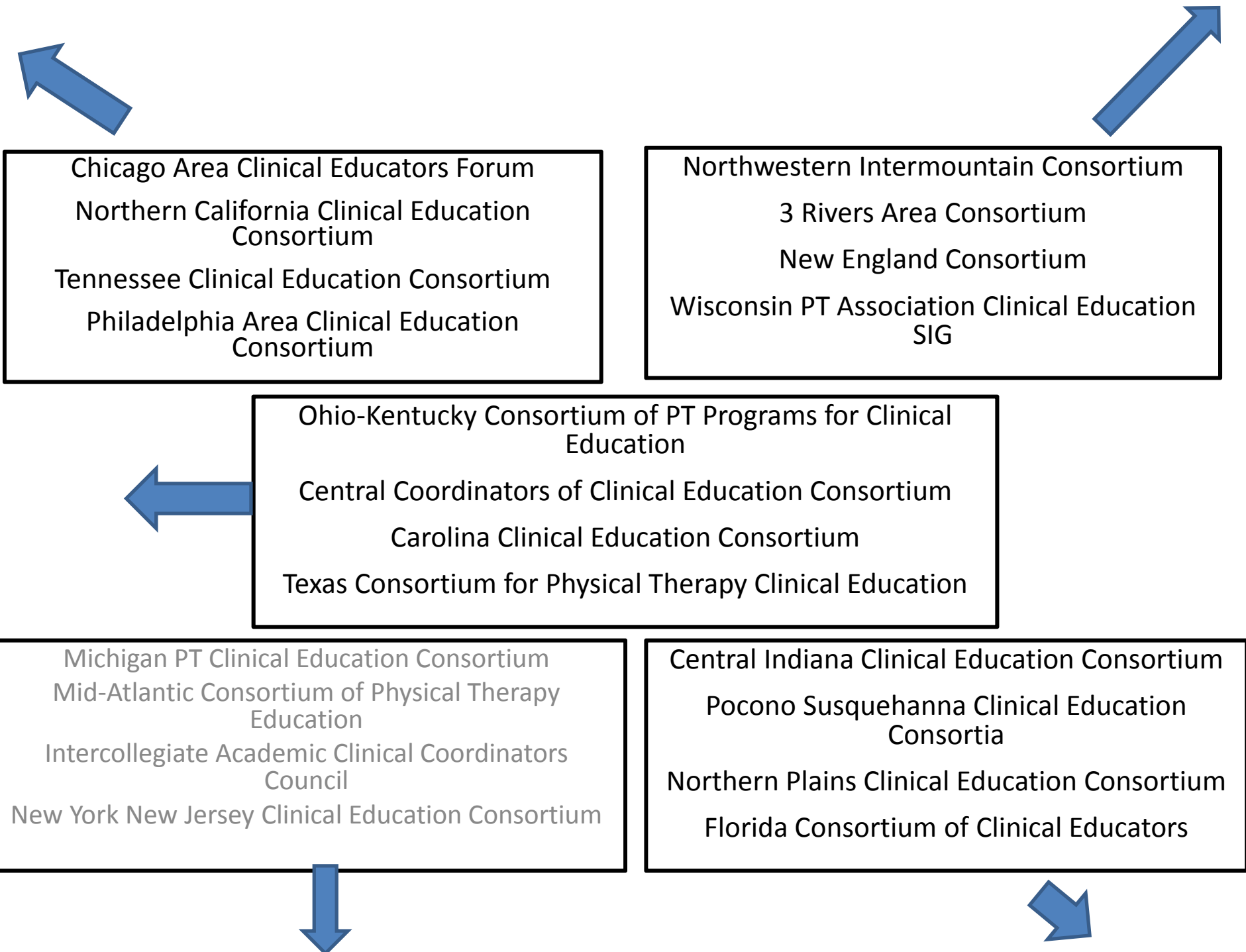
Without a cohesive way to connect the various relevant groups, there is the risk that efforts at the national level to improve clinical education will not move forward.

Goals of Regional Consortia Meeting

Learn and share what is happening

Opportunity to reflect on strengths and opportunities

Meeting Summary



REPRESENTATION

- Number of known regional Consortia = 20
- Number in attendance today = 20
- **100% representation!!!**
 - Even sent replacements if registered Consortium member unavailable
 - Speaks to importance of this conversation

Consortia Characteristics - Introductions

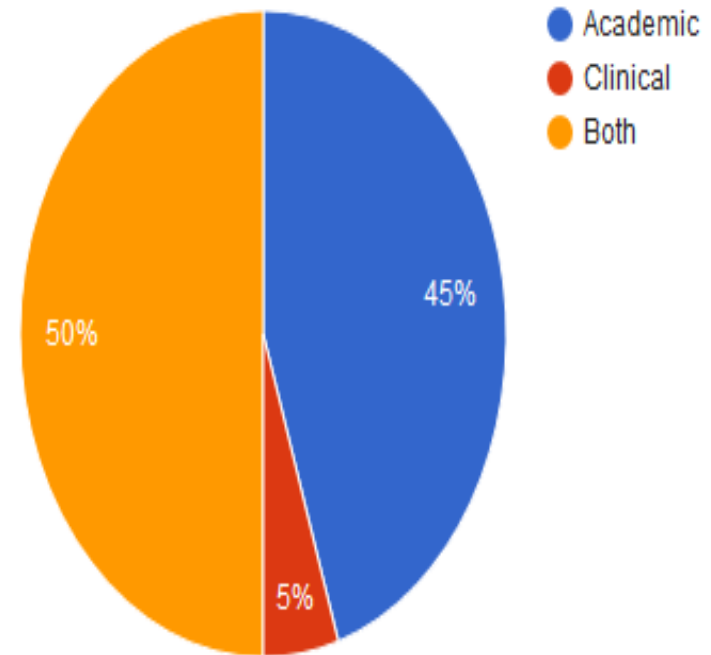
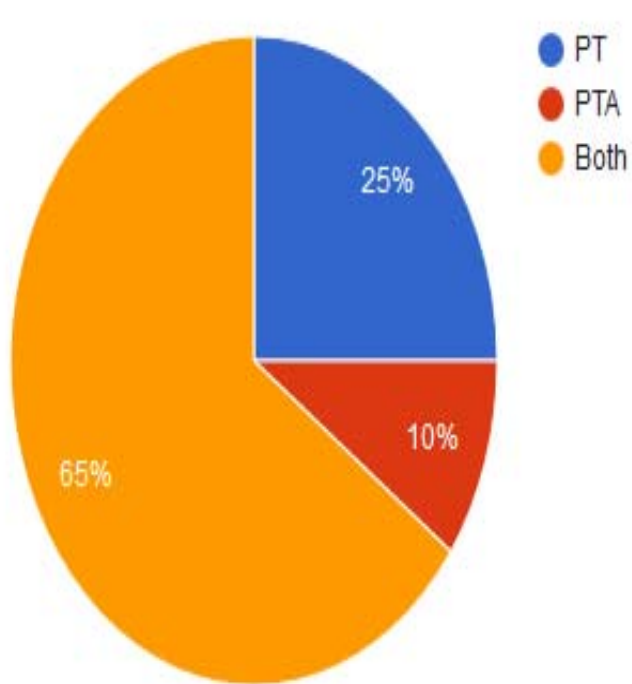


CONSORTIUM REPRESENTATION

Average # programs	17.65
max programs	40
min programs	2

TURNOVER	
Often	0
Occasionally	0
Rarely	10
Never	1

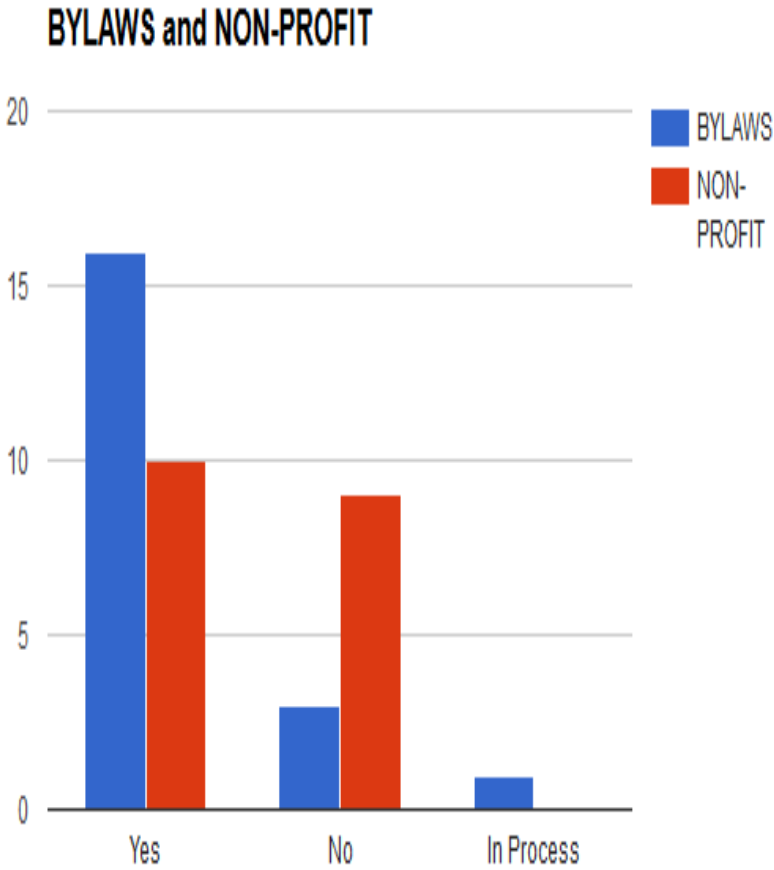
CONSORTIUM REPRESENTATION



ORGANIZATION

Average years of existence	28.2
Max years of existence	38

	DUES	OFFICERS
Yes	14	18
No	6	2



Committees and ad hoc committees

- Executive Board - Officers
- Combined PT and PTA committees
- Advisory Boards
- Scholarship/Research
- Contemporary Issues
- Operations
- Mentoring
- Finance
- Website/technology

ORGANIZATIONAL PROCESSES

MEETINGS	
Yes	20
No	0

MENTORING	
Yes	4
No	3
Informal	13

Communication Platforms



CONSORTIAL FUNCTIONS

	Clinical Faculty Development	Mentor Clinical Faculty	Clinical Faculty Recognition	Student Placements	Regional Policy-Setting	Peer Networks	Disseminate CE Resources	Collaborative Research Projects
Yes	16	9	13	5	8	19	17	8
No	2	9	6	11	12	1	1	8
Developing	1	2	1	4	0	0	2	4
Considering	1	0	0	0	0	0	0	0
PERCENT DOING	0.8	0.45	0.65	.25	0.4	0.95	0.85	0.4

Consortia Activities

- CEU events
- Outstanding clinician awards (CI and CCCE)
- Annual Conferences/Symposiums
- Consistent consortia meetings
- Website/external consultants
- Sending clinical faculty to Annual Conference
- Open Access online education/training module
- Mentoring programs
- Sponsor CCIP workshops

Consortia Characteristics - Group Work

Strengths

- Technology use
- Energetic, supportive
- Organized, evolving
- Collaborative
- Forward thinking
- Research driven/evidence-based
- Marketers

Opportunities

- Instability of certain clinical sites
- More strategic planning
- Stagnant
- Distrustful (Learning others philosophies)
- Some programs actively choose not to participate in consortia
- Evolving

NCCE Strategic Visioning Session: Communication and Visioning (10/6/16 3:30-5)

- Communication platform
 - Multimodal
 - “Trickle down” to clinical community
- Stakeholder Development
- Recognition for what we do e.g. research, and the work that regional consortia do
- Clinical partner value

Payment for Clinical Experiences

- ACAPT Board aware; no action plan
- Board has endorsed NCCE to look at issue, determine actions, make recommendation
- Encourage us to consider issues in play for all stakeholders
- Question for the group: is this an issue the NCCE would like to explore?

(Institutional pairs discuss, then let's take a practice vote!)

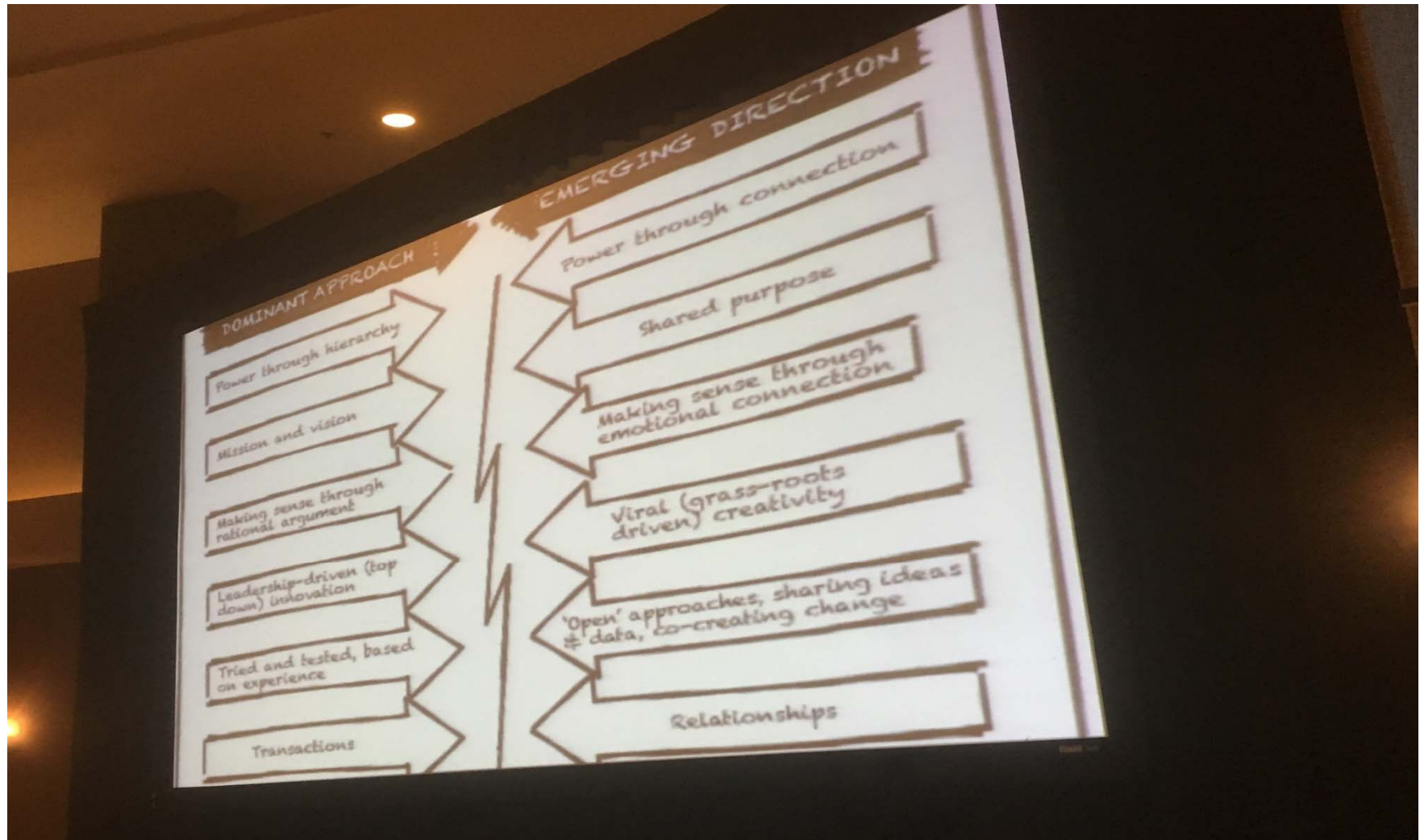
WHERE DO WE GO FROM HERE?



Setting the agenda for the next year

- Rules of Order (pending ACAPT template)
- Communication infrastructure with internal and external groups
- Post-Summit Recommendations F/U
- “Payment for Clinical Education”
- 2 NCCE Task Forces (forming)
 - Research (Chair: Christine McCallum)
 - Communication (Chair: Tawna Wilkinson)
- Other...from the floor?

NCCE Emerging Identity



Induction of Board/Officers

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