

NCCE Business Meeting

Saturday, October 14, 2017

Columbus, OH

Agenda

Greeting, overview of NCCE, message from Chair

Recognition of transitioning officers

Membership Report

Vice-Chair Report

Payment Task Force

Regional Consortia Meeting

National Updates:

Post-Summit Panels: completed and planned

Best Practices in Clinical Education Task Force Feedback Process: update and discussion as requested/driven by the membership

ACAPT Motions

NCCE Strategic Planning Process

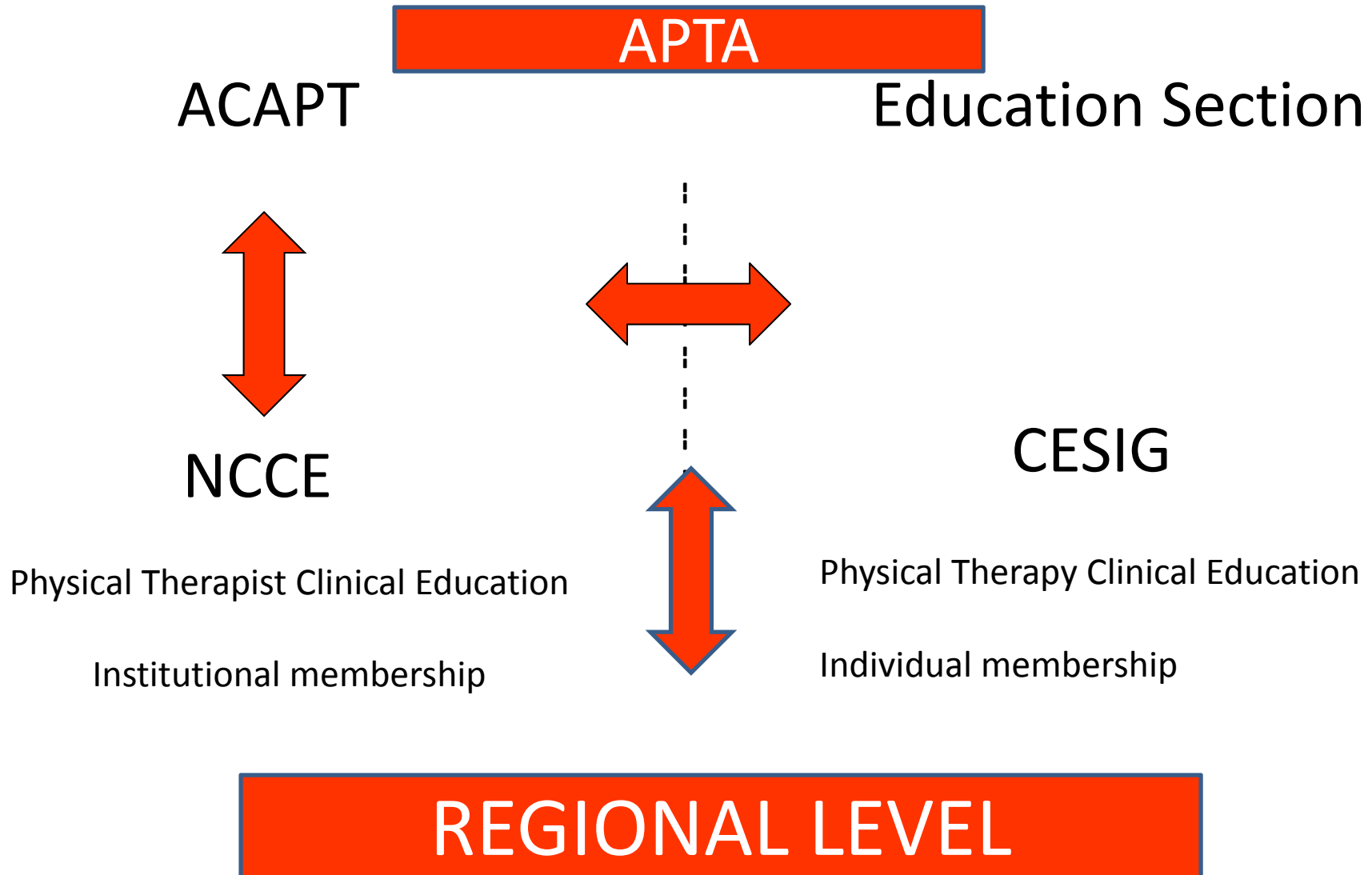
Role of the NCCE Clinical Partner: Discussion

Issues/Questions from the Floor

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
- Membership: academic-clinical pairs
- Primary meeting: ELC
- **Communicate and collaborate** with other relevant stakeholder groups

EDUCATION LEADERSHIP PARTNERSHIP



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

Where are we???

- NCCE approved by ACAPT 2013
- Organizing Committee formed October 2013
- Inducted 1st Board ELC 2015
- 2015-17 devoted to establishment of structures, processes, rules of order. Consistent presence with ACAPT.
- Focus on communication infrastructure
- Board has monthly conference calls
- 3rd Board election Summer 2017
- Strategic planning process Sunday 10/15
- Get ready to work in the upcoming year!

CHAIR MESSAGE

NCCE Leadership

(2016-2017)

- Chair: Donna Applebaum (MA)
- Vice-Chair: Christine McCallum (OH)
- Secretary: Chalee Engelhard (OH)
- Nominating Committee:
 - Chair: Krissy Grubler (WV)
 - Joan Drevins (MA)
 - Vicki LaFay (NY)

Academic DAL:

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

Clinical DAL:

Jamie Dyson (FL)
Dawn Hicks (GA)
Chrissy Ropp (IL)
Colette Pientok (TX)

ACAPT Board Liaison

Mike Sheldon, PT, PhD

University of New England

Transitioning Board Members

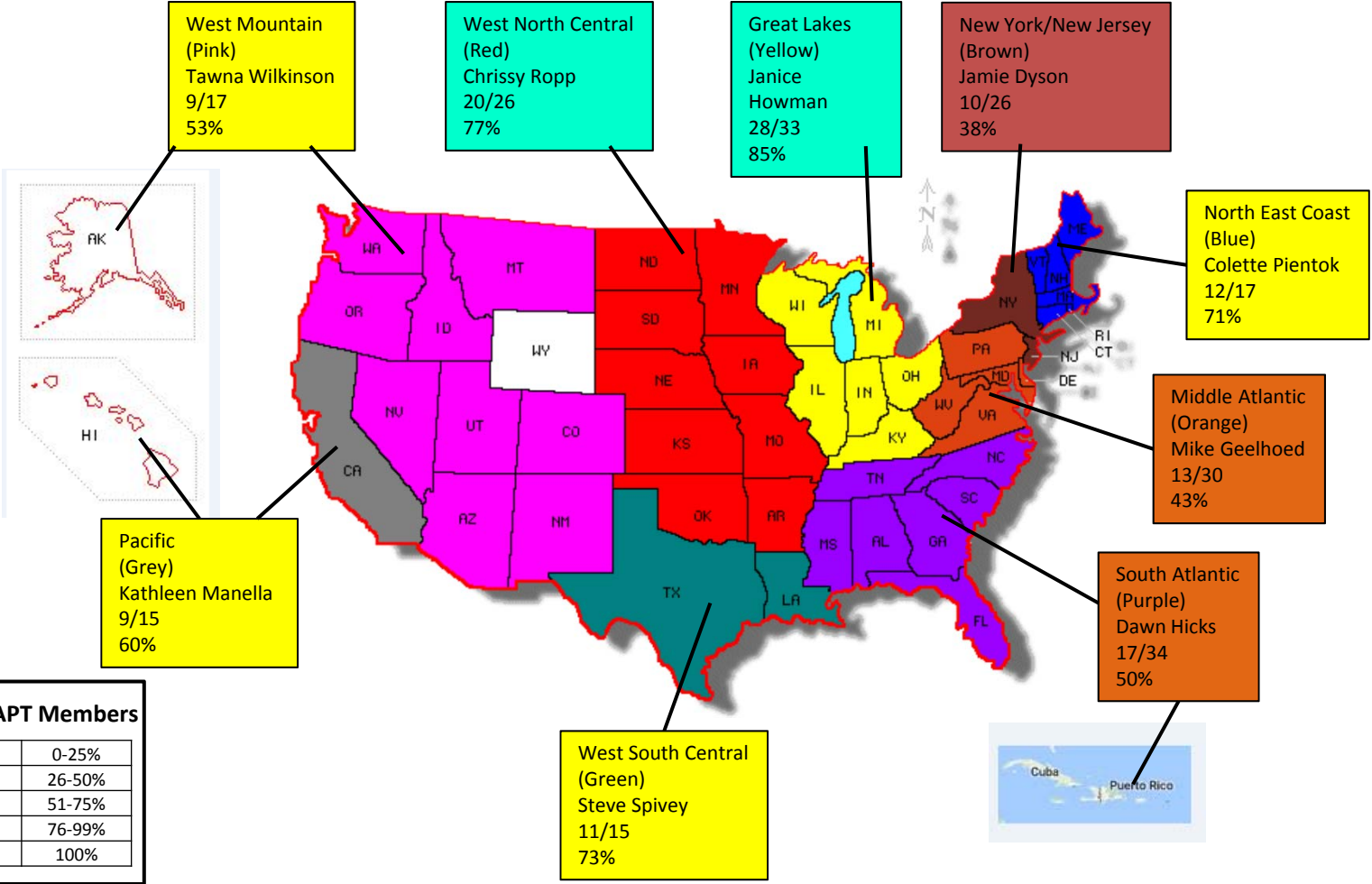
- Krissy Grubler
- Steve Spivey
- Jamie Dyson
- Tawna Wilkinson

Membership Report

- ACAPT Membership: 213/227 eligible programs = 93.8%
- NCCE Membership: 137/213 = 64%
- 2016 Comparison: 103/211 = 48.8%
- Net increase = 15.5%
- Goal: 100% representation of ACAPT institutions

NCCCE Region Map as of 10/13/2017

Note:
White States
No DPT Program



Key: % NCCCE/ACAPT Members

	Red	0-25%
	Orange	26-50%
	Yellow	51-75%
	Aqua	76-99%
	Green	100%

The Cards

- Each member should have a card that you picked up at Registration or got this morning.
- We MAY ask some questions to “take the pulse” ...
- Down the road we will have a voting system that involves use of the cards.

Identifying yourself

- We all want to know you!
- When speaking, please come to mic and introduce yourself and your institution

Vice-Chair's report

- Rules of Order

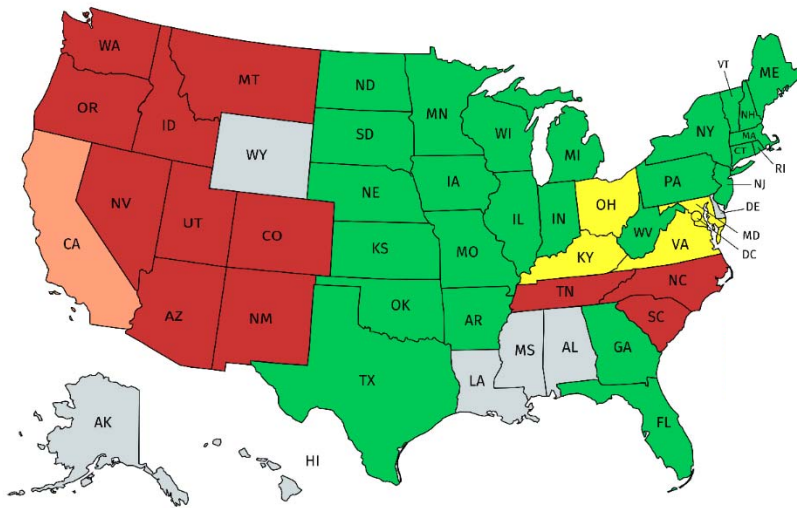
Payment Task Force

REGIONAL CONSORTIA MEETING
OCTOBER 12, 2017

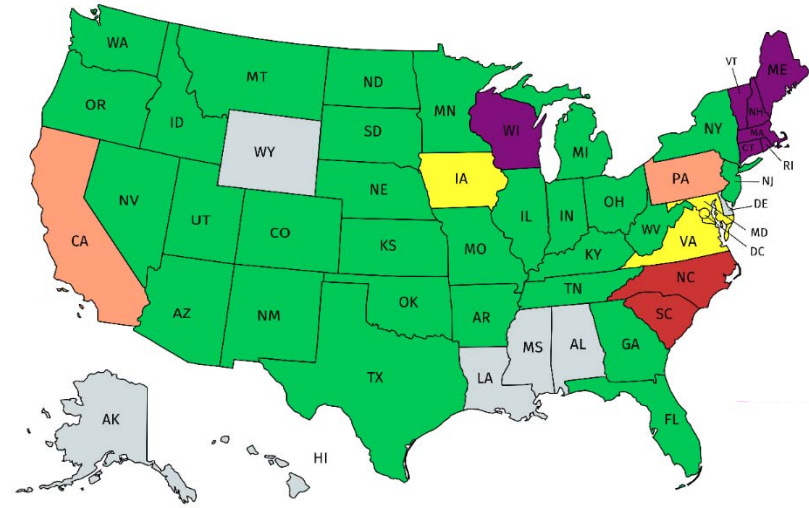
Background

- ELC 2016
 - 20 regional consortia attended
 - 2 additional consortia interviewed after ELC
 - Information gathering about structures, functions and outcomes of regional clinical education consortia
- ELC 2017
 - 22 consortia registered, 20 attended (partners/triads)
 - Total of 55 total participants
 - Topics of discussion
 - Variation
 - Capacity
 - Enhancing academic-clinical partnerships across the region

PERCEPTIONS OF VARIATION IN EDUCATION



PERCEPTIONS OF VARIATION IN PRACTICE



- wide variation
- low to moderate variation
- unable to assess
- mixed
- no variation

Variations in education

- Clinicians: readiness of CI, quality of CI, assessment of students
- Clin ed curriculum: level of preparation, length/timing of experience, requirements for types of experiences, number of students being placed
- Payment for clinical education
- Onboarding variations
- Clinical affiliation agreement differences
- Terminology

Variations in practice

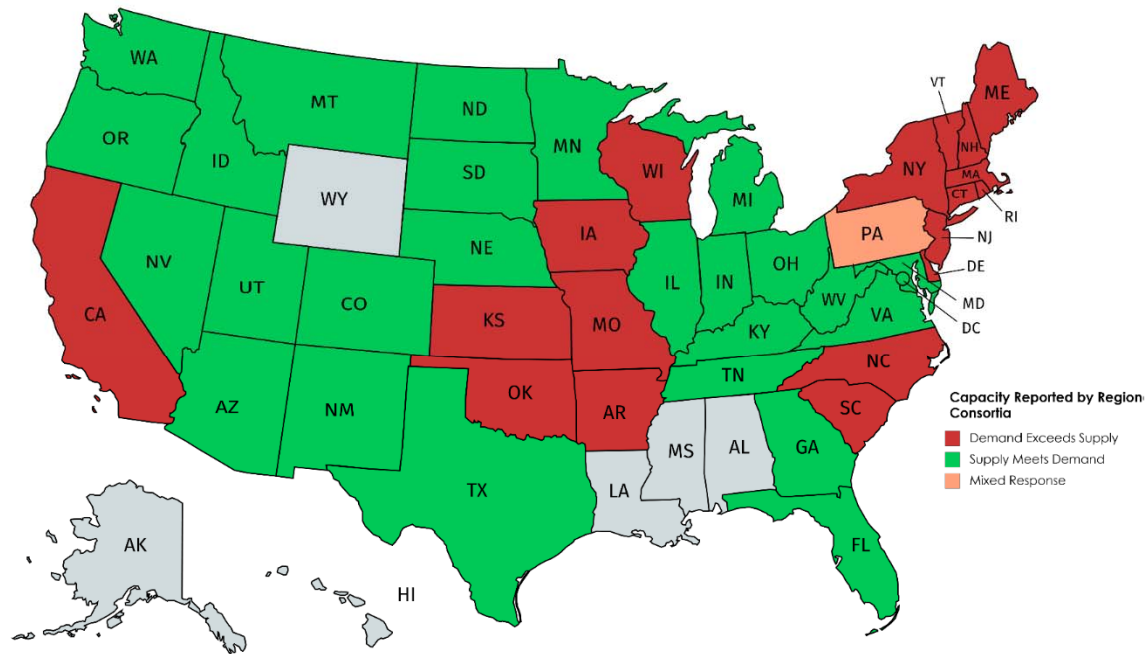
- Clinic/clinicians: EBP, CEUs, tx/interventions/philosophy, CI credentials, CI participation, onboarding requirements
- Workflow: supervision, productivity, documentation, billing, culture, role of PT, direct access
- Quality of student: readiness, performance, assessment, site selection, school requirements, affective behaviors

Solutions with stronger partnerships

- Standardizing start times
- Standardizing length of experiences
- Training/mentoring CIs
 - Offer when DCEs do site visits, more onsite training, expand CCIP
 - Peer mentoring, pairing novice-seasoned CIs/CCCEs
- Support CI/CCCE development
 - Start CI development as a student, encouraging alumni to be CIs
 - CCCE development resources

Geographic distribution of capacity

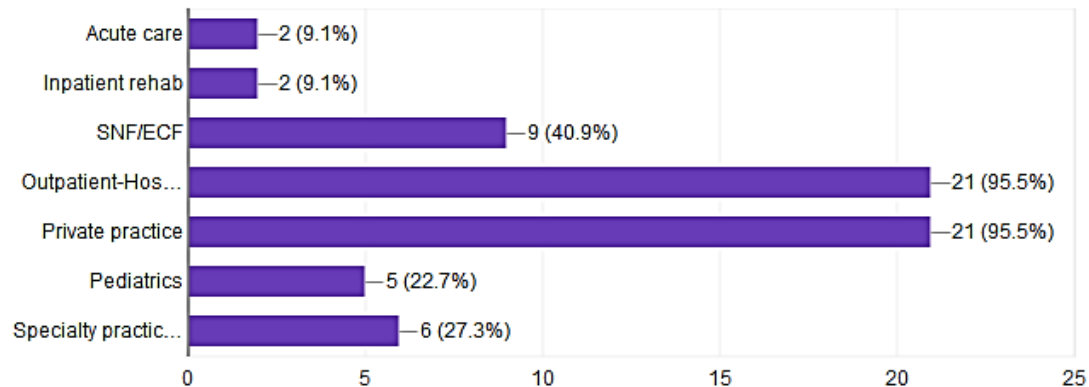
responses



Settings with sufficient capacity

Capacity for clinical education placements is sufficient for the following practice settings in consortium region (check all that apply). Note: this question is specifically looking for capacity in the region and not for the programs' ability to secure sufficient resources within or outside the region.

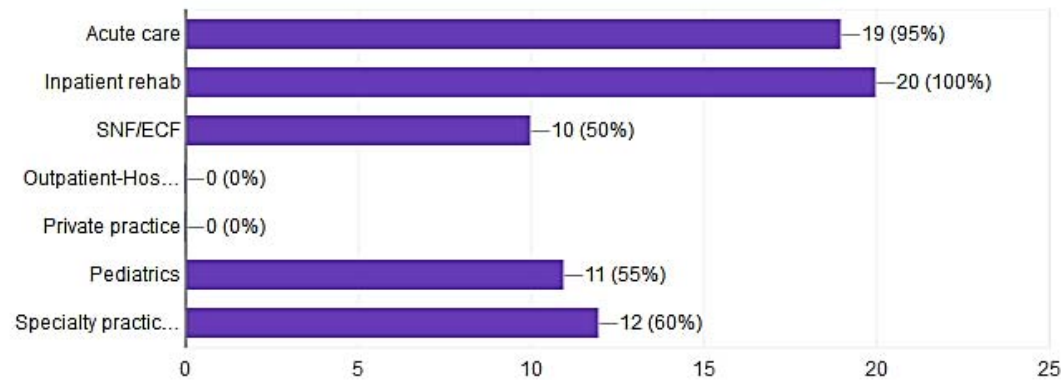
22 responses



Settings with insufficient capacity

Capacity for clinical education placements is insufficient/limited for the following practice settings in consortium region (check all that apply).
Note: this question is specifically looking for capacity in the region and not for the programs' ability to secure sufficient resources within or outside the region.

20 responses



Capacity roundtable discussions

- Solutions to capacity issues
 - Collaborative models
 - Strengthening training in rural areas
 - Programs be less prescriptive in requirement settings
 - Train CCCEs to foster culture of clinical education
 - Using residents to serve as CI
- Common themes from discussions
 - More reimbursement issues affecting capacity
 - Want more training (both capacity and variation discussions); lunch and learns
 - Need to consider administrative philosophy – must have admin support

Closing – wrap up discussion

- Keep hosting annual regional consortia course at ELC
- Regional consortia are a communication conduit from national level to local
- Continue to include CCCE/CIs and administrators (academic and clinical)
- Enjoyed networking and sharing ideas/resources across regions

ELC 2018 Regional Consortia Meeting

- Topic ideas?

National Updates

Post-Summit Panels: completed and planned

Best Practices in Clinical Education Task Force Feedback Process:

- update and discussion as requested/driven by the membership

ACAPT Motions

- AC-1-17: [ACAPT bylaws proposed bylaws revisions](#)
- AC-2-17: [Motion re: Common Terminology](#)
- AC-3-17: [Motion re: Definition of Integrated Clinical Education \(ICE\)](#)
- AC-4-17: [Motion re: Rescinding Terminology for Clinical Education Experiences](#)
- AC-5-17: [Motion re: Parameters of Integrated Clinical Education \(ICE\)](#)
- AC-6-17: [Motion re: Student Readiness](#)
- AC-7-17: [Motion re: Movement System Position Statement 2017](#)
- AC-8-17: [Motion re: Best Practices for Physical Therapist Clinical Education](#)
- AC-9-17: [Motion re: Resilience](#)

Future action on ACAPT motions

- NCCE position on motions
- Generation of ACAPT motions
- Generation of NCCE motions

NCCE Strategic Planning Process

- Full Board: current and new
- Invited external representatives to do environmental scan
- Align with ACAPT strategic plan
- Board has asked us to consider/prioritize
- Goals and Projected Outcomes:
 - Complete environmental scan with key stakeholders to inform NCCE strategic priorities
 - Transition NCCE board
 - Establish collective values to inform NCCE Mission and Vision
 - Establish and prioritize 1-3 year goals
 - Establish next steps to mobilize work

Strategic Planning :

Goals and Projected Outcomes

- Complete environmental scan with key stakeholders to inform NCCE strategic priorities
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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!!

Installation of new officers

- Donna Applebaum-Chair
- Colette Pientok-Clinical Director at-large
- Julie Bibo-Clinical Director at-large
- Robin Galley-Academic Director at-large
- Lori Gusman-Academic Director at-large
- Marcia Himes-Nominating Committee

From the membership

- Issues, questions, priorities?