

National Consortium of Clinical Educators (NCCE) Business Meeting Minutes

Friday, October 7, 2016

Phoenix AZ

Came to order 5:15PM

Chair Donna Applebaum led the meeting

Reviewed Agenda

Provided list of topics for Business Meeting generated in NCCE Strategic Planning 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 – explanation of how they will be used; similar to ACAPT; one per institutional pair

- Shared that a couple of questions to be posed so as to “take the pulse” as practice votes; these “Practice votes”- were nonbinding
- Confirmed institutional pairs to be given brief time to discuss prior to practice vote

Introductions

- Board introduced themselves
- NCCE Institutional Pairs

Who are we?

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

Our strength comes from

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

History (Background)

- NCCE approved by ACAPT 2013
- Organizing Committee formed October 2013

- 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”

Announced current leadership team; thanked outgoing DAL, Kara Lardinois, for her service

NCCE Membership

- Who? 1 DCE/ACCE/knowledgeable, informed faculty member of Clinical Education; ACAPT institutional member
- 1 Clinical Faculty member
- Must be APTA members (ACAPT bylaws)
- Academic member enrolls pair and maintains currency of information
- Walked through to contact Chalee Engelhard if having issues with becoming institutional pair; email provided

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” – open to program preference
- Encourage programs to provide financial support for clinical partner, when possible; understand that funding is not always possible; varying funding methods include e.g. partial/full funding from program and consortia

Suggestions on how to Invite a Clinical Partner for NCCE Member Pair

- Walked through asking the following questions e.g. 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
- Added disclaimer -- Try not to worry about offending, when concern shared at Board meeting, clinical members stated not an issue

Conducting Business

- ACAPT does their business at ELC; therefore, the NCCE does the same. Do not have to be a member to attend.
- May meet for specific reasons at other times of the year
- 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 and NCCE Regions

- Reviewed ACAPT Map and then NCCE Region Map
- Provided reason of slight alteration of ACAPT map – alteration needed in order to keep consortia intact
- Explained why we now have 9 DALs --- so that there will be one DAL for each region
- Krissy Ropp replacing Kara Lardinois as DAL
- Michael Geelhoed replacing Krissy Grubler as DAL

Chair posed a question posed for the members

- Would we benefit from having Directors-at-Large in a way that is representative of the respective regions? Members responded with the following comments:
 - Confusion with which region does Wisconsin belong? And then where Maryland and WV belong? Discussed that this may have been the hiccup that was found earlier in the day; this is to be addressed
 - Asking for definition/role of clinical partner, this was restated
 - Request by member to explain role of DAL and communication
- Took practice vote – majority of vote (75/25 split) in favor of this

Organizing for Action - Structure, Process, Function

- Composition of Board: added 9th DAL and Nominating Committee
- TRI-BOARD STEERING COMMITTEE – relatively new; decisions around education and clinical education will be made here; MOU has been signed; committee made up of ACAPT, Education Section, and APTA
- Difference between NCCE and CESIG
 - NCCE - composed of institutional membership (mirrors ACAPT) and represents institutional Interests
 - Education Section CESIG-represents 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”
- Developing processes and will work to build consensus and voting procedures

Communication processes within NCCE and across groups

- Communication -- Our new website; new platform; training coming for Secretary and Chair
- Will allow for access to resources including meeting minutes once team given webmaster permissions to house them there
- Can get to our webpage through ACAPT website www.acapt.org/consortia/

Touched base on last year's member priorities – Secretary to post membership meeting PowerPoint once web permissions granted

Meeting with Regional Consortia Leaders – held yesterday

- Rationale -- to explore role of regional consortia
- Noted 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, our 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 and to develop a culture of clinician-researchers to advance education and practice.

NCCE Strategic Visioning Session: Communication and Visioning (held 10/6/16 3:30-5) – shared topics concerning needed resources and actions

- Communication platform – needs to be multimodal; avoid the “Trickle down” to clinical community (needs to be direct communications);
- Opportunities need to exist for stakeholder development;
- Important to have recognition for what we do e.g. research, and the work that regional consortia do
- Underscore and develop further clinical partner value

Payment for Clinical Experiences

- ACAPT Board aware of this potential issue
 - ACAPT Board has endorsed NCCE to look at issue, determine actions, make recommendation
 - ACAPT Board has encouraged us to consider issues in play for all stakeholders
- Practice poll taken again to get membership comfortable with the voting process; Question posed - Is this an issue NCCE membership would want to explore? – majority response was yes
- Member voiced concern to make sure that this was a “non-binding poll”; it was confirmed that this was indeed non-binding; however NCCE will take action as this a charge from ACAPT to explore this issue

Setting the agenda for the coming year

- Write Rules of Order (pending ACAPT template)
- Develop communication infrastructure with internal and external groups
- Pending Task forces/work groups:
 - “Payment for Clinical Education” Task Force

- Research NCCE Task Force (Chair: Christine McCallum)
- Communication NCCE Task Force (Chair: Tawna Wilkinson)
 - Membership will be asked to self-nominate for participation on these task forces

- Induction of New/Returning Board Members/Officers - NCCE Leadership (Oct 2016)

Adjourned 6:40PM