

NIPEC Membership Meeting

Annual Meeting – ELC 2016 Phoenix, AZ

October 8, 2016

Meeting was called to order at 8:05am

Board Attendees: Cheryl Resnik (Chair), Samantha Brown (Vice Chair), Bob Nithman (Secretary), Nancy Kirsch (Director), Steve Jernigan (Director), Holly Wise (Director), Mary Sinnott (Director), Pam Levangie (Board Liaison, ACAPT)

Absent: Dee Schilling (Director)

Minutes Recorder: Bob

Key points identified in today's meeting:

1. Cheryl introduced the NIPEC Board of Directors and provided the membership with 2016 election results.
 - a. 3 Board positions and Vice Chair were up for election – Amber Fitzsimmons, Nancy Kirsch, Holly Wise, and Samantha Brown
 - i. Samantha Brown was reelected as Vice Chair
 - ii. Mary Sinnott, and Steve Jernigan were elected to Director positions
 - iii. Holly Wise was reelected as Director
 - b. Leesa DiBartola resigned her BoD position as Director
 - i. Cheryl asked the next highest vote recipient, Nancy, to serve the remaining 1 year of Leesa's term - Nancy accepted.
2. Sam provided the membership an update on the NIPEC website.
 - a. APTA recently changed the NIPEC BoD administrative access so changes and posts are somewhat delayed until editorial access is restored
 - b. We are working with Sandi Rossi from APTA to complete the build-out of the NIPEC website
 - i. The goal is for the website to be a resource for ACAPT/NIPEC members
3. Cheryl encouraged membership and clarified that members do not have to be directly involved with their program's IPE projects; further, clinicians are very much encouraged to join.
 - a. Polling the audience revealed that only 1 clinician was in attendance at today's meeting
4. Cheryl introduced the 3 major topics to be discussed at today's meeting:
 - i. Interprofessional supervision of PT students
 - ii. Enhanced interprofessional experiences in the outpatient setting
 - iii. Clinical Instructor training and measurement
5. Nancy introduced and provided a legislative update on IP supervision issues. FSBPT provided some feedback based upon national practice acts.
 - a. Challenges may occur with sending students to locations other than your own state
 - i. Knowledge of and advocacy towards only your home Practice Act is insufficient for CE because students are placed in other jurisdictions.

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- b. Many OT and SLP model practice acts are silent or at least do not say “direct supervision” is required
 - c. Many PT Practice Acts directly address student supervision
 - i. Some states / professions do not address students explicitly because they are an extension of the licensee
 - d. MUSC faculty simulated a PT clinical examination/evaluation for the SCBPTE to demonstrate that a licensed PT was present visually, auditorally, and cognitively to assist despite connecting remotely via audiovisual conference.
 - e. Membership suggested creating a table citing language from all 50 Practice Acts similar to what is being created for animal rehab initiatives, and is contained for other national issues within the Licensure Reference Guide available on the FSBPT.org website.
 - f. The subject of whether an activity is “billable” may make a difference whether or not IP supervision is possible (i.e. nurse supervising a PT student, pro-bono), but this is generally beyond the regulatory scope.
 - g. A NIPEC member who dually serves the FSBPT ethics committee suggested that she could bring our IP supervision proposal for presentation at the FSBPT annual meeting this November. (?name)
 - h. Clarification was requested and provided that we are not proposing that a nurse or OT, for example, supervise a student providing PT services but rather be the supervising clinician in a learning environment.
 - i. Tele-supervision could be an asset when a licensed PT is not onsite but a PT student may be more qualified than a physician, for example, to examine a patient with LBP. This example was brought up at a previous Rothstein Round Table discussion.
 - i. Membership agreed that “patient-centered care” should enable clinicians and students to practice to the extent or weakness of their expertise within the IP team.
 - j. After discussion about terminology, it was proposed that distinguishing IPE from IPCP (interprofessional collaborative practice) is not important and is equivalent to teaching students skills in the classroom but then stopping further training.
 - k. Membership suggested that a licensed PT should still be completing the CPI and in charge of setting up IP learning experiences
It was suggested that terms such as “co-precepting” could be used depending on the goal of the experience – Steve mentioned that this term is widely used at the University of Kansas
6. Cheryl: How to roll out interprofessional training in the outpatient environment

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- a. This topic was not directly addressed but membership was encouraged to attend the afternoon educational session by Resnik, Brown, Brown (Wise), Nithman and Ritzline for ideas.
 - b. Membership was encouraged to continue to submit NIPEC's "IPE Activities or Projects Summary" form so that ideas can be shared
7. Sam: CI training in the IPE/IPCP realm; knowledge translation from classroom to clinic. How CIs become more effective, and which tools are needed to best help our students?
- a. Membership proposed that CIs may need training on how to create "teachable moments."
 - b. One member indicated that training the students has been valuable in helping them "coach" their CIs particularly with learning activities that might be considered administrative.
 - i. It was discussed that perhaps IPE/IPCP activities just need to be made more explicit now that CAPTE standards are in place.
 - c. Activities related to "care coordination" should / could be identified as core skills both in the classroom and recognized as valuable by CIs.
 - d. NEXUS website has a toolkit created by the Univ of Kansas that can be helpful to the CI when creating IP experiences.
 - e. TeamSTEPPS is also a valuable (free) tool to bridge the gap for CIs
 - i. Several in attendance have registered faculty for online TeamSTEPPS training
 - f. Membership suggested that NIPEC could narrow down the list of available tools that measure IP learning because some may have trouble selecting tool from the plethora of options on the NEXUS website.
 - g. Membership suggested that IPE/IPCP could be captured with future iterations of the APTA's CPI.
 - i. ACAPT rep (Pam) suggest that this could be a timely topic for the newly formed Educational Leadership Partnership
 - h. Membership suggested that the Credentialed Clinical Instructor course should include IPE/IPCP in the entry level course; currently, it is only included in the advanced CI training course.
 - i. Discussion about faculty "buy-in" to IPE - faculty "workload" was brought up with concerns reported that faculty are willing to participate in IP activities but ask for other responsibilities or teaching content to be reassigned; membership suggested that support from program director and administrative guidelines surrounding tenure and promotion could be considered for enhanced faculty buy-in.
 - i. It was suggested that IPE/IPCP should be integrated rather than an add-on task for faculty

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- ii. It was proposed that other disciplines could share the work load with case development, for example, that would benefit all faculty and students.
 - j. Membership shared ideas about strategic partnerships and exciting students/faculty
 - i. Two examples: 1) partnering with neighboring colleges/universities, 2) assigning students to IP “teams” upon admissions/matriculation to capitalize on their social tendencies – faculty can then use this framework throughout the curriculum for students to share with and solicit perspectives from their IP teammates.
 - ii. Pharmacy has very robust IP accreditation standards and can be a valuable strategic partner
- 8. Discussion point from the membership regarding use of and distinguishing between IPE and IPCP terminology; membership agreed that consistent use of terms is important.
 - a. “Collaborative practice” (IPCP) should be cited if the outcome of the interaction impacted a patient. IPE should be cited when learning about and from each other.
 - b. Membership agreed that referencing IPEC terminology when proposing/revising/drafting Practice Act and institutional policy “language” is paramount.
- 9. Discussion point among membership about opportunities to create IP coursework and service opportunities through grants.
 - a. HRSA and Blue Cross grant sources were specifically cited
- 10. TeamSTEPPS was proposed as a method of training faculty and preceptors to guide IP learning experiences.
- 11. AIHC is another resource for training (Steve)
- 12. Action Item: Members to email Bob if interested in getting more involved with a NIPEC taskforce or sub-committee
 - a. IPE assessment tool recommendations
 - b. Legal and state practice act resources
 - c. CPI / CCOP revision recommendations
- 13. Action Item: Cheryl to follow-up with those who expressed an interest in facilitating cross-consortium discussion with the ACAPT Clin-Ed group and the FSBPT in prep for their 2016 annual meeting.
 - a. Multiple sub-committees are likely to develop as a result of annual meeting discussions and presentations at ELC

Meeting was adjourned at 9:55am