The meeting was called to order at 1:30PST

**Board Attendees**: Cheryl Resnik (Chair), Samantha Brown (Vice Chair) via t/c, Bob Nithman (Secretary), Nancy Kirsch (Director), Dee Schilling (Director), Amber Fitzsimmons (Director), Holly Wise (Director), Pam Levangie (Board Liaison, ACAPT)

**Absent**: Leesa DiBartola (Director)

**Minutes Recorder**: Bob

*Key points identified in today’s meeting:*

1. Discussions regarding the possibility and feasibility of membership meetings at CSM, NEXT conferences. (Cheryl)
   1. Challenges with membership attendance at NEXT
      1. Holly and Bob may be attending NEXT
      2. Concerns with potential lack of attendance from NIPEC membership
   2. Inability to schedule meetings during exhibition hours, challenges with evening schedules at CSM
2. Student Supervision in IPE clinical settings (Holly)
   1. Obstacles: State Practice Acts prohibit the practice of PT without proper (same discipline) supervision
   2. Opportunities: PT students could serve to educate other disciplines because of their superior content knowledge (management of LBP, for ex); create the experience around inter-professional competencies rather than PT-specific skills; discussions regarding IP screening (fall risks, for ex); innovative discussions about tele-supervision
   3. Next steps: Nancy suggested presenting the IPE topic at the Federation’s annual meeting; regulatory analysis and discussion is required; APTA FSBPT will need to more formally collaborate on the matter.
   4. Discussions regarding the consortium creating a guidance statement and proposal for approval by ACAPT member institutions
   5. Discussions regarding how we might learn from IP pro-bono clinic models
   6. Discussions about training IP clinical supervisors
   7. Discussions about how other professions are accomplishing collaborative practice accreditation standards
   8. ELC goals: Board to provide clear examples of how students can participate in IPE (shadowing, screening, subjective examination, disease specific health educational components, health promotion and literacy events)
      1. May be beneficial to include some IP clinical partners
         1. NCCE – ACAPT national consortium of clinical education
            1. ACTION: Cheryl to follow-up with Donna Applebaum at MGH regarding IPE in the clinic
         2. ACTION: Pam to identify who is in charge of CI credentialing. Cheryl will then contact this person to identify whether IPE is a part of the credentialing education.
   9. Discussion regarding opportunities to include team-based care, IP activities and feedback on the CPI; making the implicit, a more explicit framework, etc.
   10. Attendees agreed to draft a NIPEC position statement(s) in prep for ELC. In addition to the topics listed in h. above, position statement might also include IP objectives that are not discipline specific, with reflections to the CI and the collaborative partner.
3. Discussion regarding tools for membership use – website
   1. ACTION: Bob to follow-up with resource links for website and provide to Samantha and Cheryl
4. Cheryl to confirm monthly meeting dates for 2016.

Meeting adjourned 3:55pm