

Academic Council Board Meeting

Minutes for April 24, 2:30PM-4:30PM (eastern)

1. Meeting called to order by Terry Nordstrom –2:30 PM ET

Present:

Terry Nordstrom, PT, EdD	President
Barbara A. Tschoepe, PhD, PT	Secretary
Nancy B. Reese, PT, PhD, MHSA	Treasurer
James R. Carey, PhD, PT	Director
Susan S. Deusinger PT, PhD, FAPTA	Director
Stephanie Piper Kelly, PT, PhD	Director
Rick Segal, PT, PhD, FAPTA	Director
Kathryn Zalewski, PT, PhD, MPA	Director
Shawne Soper, PT, DPT, MBA	APTA Board of Directors
Lisa McLaughlin	APTA Staff

Absent:

Barbara Sanders, PT, PhD SCS, FAPTA	Vice President
-------------------------------------	----------------

2. Passed 8-0: Motion by Terry - Approve February 28 and March 18 board meeting minutes. ATTACHMENT 1-2

3. Passed 8-0: Motion by Terry - Confirm action of electronic vote to rescind March 18 decision to accept the letter drafted as the AC's stance on PTA Mobilization and replace with letter submitted to APTA Board dated 4/2/13 ATTACHMENT 3

4. Program growth. (Rick, Susie, Barb S) ATTACHMENT 4

Discussion of topic led to requested action of workgroup to:

Identify data needed to be able to drive future decision making, develop ideas for how to collect data, recommend what group can best collect the data and if AC should take lead role in exploring this question.

Report ideas at May Board meeting

Reach out to incoming PTA SIG chair/leadership for a taskforce on program growth and more generally Salt Lake.

Possibly combine this meeting with the PTA SIG future collaboration discussion hopefully before Thursday board meeting.

6. Academic Council journal. (Jim) ATTACHMENT 5

Passed 8-0: Motion by Jim Carey – Complete a budget analysis for new journal that focuses on humanitarianism in rehabilitation, as a separate, companion or component of an existing journal by June Salt Lake board meeting.

7. ELC Caucus topics discussion (Terry)

Ideas generated:

Student Assembly programs that are very successful-brief presentations

PT proliferation

FASHA- presentation from Coursera

IPE task force

PT Benchmarks in excellence Task Force

Board to hold on decision until further detail is obtained on time allocations, progress of workgroups and what will be included in annual business meeting.

8. HOD motions related to ACAPT: [Packet I Preview](#) is posted to the HOD Community; Packet I will be finalized and posted on April 26. (Terry) –

Review RC 2-13 and 3-13- packets

Janet B is collaborating with Terry/Dianne for support documents

Terry to write an email template for board members to use when communicating with assigned chief delegates

Lisa to review delegate list for AC members. FAQ document to be done by Terry and Barb S in next 2 weeks.

Encourage everyone to make contact with assigned chief delegate

9. IPE Task Force: Barb T) ATTACHMENT 6

Terry will be liaison to group and add expectation to explore incubator sites to current TF charge.

10. PTCAS Liaison. (Terry)- Since there are AC members on steering committee, we will no longer have specific council liaison. Will request updates from members.

11. 2014 budget requests. (Nancy)

Jan 2014-Dec 2014 budget planning in process. Nancy needs board requests for budget if any workgroups are undertaking major initiatives by May 14th.

12. Clinical Education Summit. (Stephanie)

15 paper ideas submitted... wide range of focus...

Stephanie and Terry will work with group to refine focus and outcome expectations and report back to Board in May.

13. CAPTE: post meeting update. (Barb T)

CAPTE welcomed AC collaboration and there was an overall sense of openness to work closely together in the future. Barb T and Barb S participated in AM central panel dialogue, Lisa S (APTA Board rep) and Janet were also present at meeting.

A new group is being proposed and Barb T will formulate a proposal for decision at May meeting.

Meeting adjourned at 4:30 pm ET

**Academic Council Board Meeting Minutes
February 28, 1:30PM-3:30PM (eastern)**

1. Meeting called to order by Terry Nordstrom – 1:30 PM ET

Present:

Terry Nordstrom, PT, EdD	President
Barbara Sanders, PT, PhD SCS, FAPTA	Vice President
Barbara A. Tschoepe, PhD, PT	Secretary
Nancy B. Reese, PT, PhD, MHSA	Treasurer
James R. Carey, PhD, PT	Director
Susan S. Deusinger PT, PhD, FAPTA	Director
Stephanie Piper Kelly, PT, PhD	Director
Rick Segal, PT, PhD, FAPTA	Director
Kathryn Zalewski, PT, PhD, MPA	Director
Shawne Soper, PT, DPT, MBA	APTA Board of Directors
Lisa McLaughlin	APTA Staff

2. PASSED

Approval of minutes for January 21 Board and Business meeting

3. Strategic Plan Update: Board reviewed current strategic plan to set priorities for upcoming year. (ADDENDUM 1)

4. CAPTE/APTA relationship- Terry

Action: Barb S, Susie, Rick will develop a draft, post on Board share point site for comments in preparation for consideration at March meeting.

5. PTA Mobilization – Barb T.

PASSED

The Academic Council will take a position against the CAPTE decision on including peripheral joint mobilization as an option of PTA education.

Action: Barb T to post draft position statement on Board share point site for comments in preparation for finalizing at March meeting. Terry will then develop a letter with the position attached to CAPTE prior to their April 22 Board meeting.

6. IPE Task Force – Terry

PASSED

The Board supported the Task Force’s clarifying charge and timelines as defined. (ADDENDUM 2)

7. Funding for Consortia – Nancy

PASSED

Move discussion to March Meeting

8. Terminology in Clinical Education – Terry

Oct 2013 discussion on this topic postponed. CESIG will disseminate proposal through their means and will continue to publicize through their SIG. Task Force members- same

9. Pre-reqs –program growth- policy dissemination – Terry

Action: In future need to have location on share point community page and website as finals that are adopted. Lisa to work on share point.

PASSED

The AC Board will re-prioritize the Strategic Plan to highlight the importance of developing a position on new and expanding DPT education programs as this relates to workforce issues in PT education.

Action: Susie and Rick will develop a draft strategy and post on the Board share point site for comments, discussion to continue at March meeting.

10. CE Summit Update- Stephanie

Steering committee met yesterday. Call for papers will be based on 4 ELC themes found in ELC 2012 Data.

Action: Stephanie asked Board members to suggest possible authors.

11. Bylaw amendment – Terry

APTA Board members are in process of finalizing language for bylaw amendment, support statement and FAQs. Reference committee meets in April.

Action: Co-sponsors will be solicited after April RC meeting.

12. PT education in 21st century – Barb S.

The Academic Council Board supports the concept of this research effort, however, additional detail/rationale for \$\$ requested, timelines, preliminary data from Phase I of project is being requested before AC can consider supporting funding for Phase II.

Action: Barb S will share requests with research team.

13. Other:

New motion review committee needs to be established, that has a similar function as the Reference Committee of the HOD.

ATTACHMENT 1

4/24 meeting minutes

Action: Barb S and Kathy will develop a framework/expectations for the committee for a future meeting.

Action: Lisa to send email to members to encourage them to participate in APTA Volunteer Interest Pool

CAPTE is looking for an AC representative to serve on the upcoming PT criteria revision workgroup.

Action: Lisa and Barb T will check with CAPTE on timelines/expected commitment and send out a request for interest in serving on this workgroup.

ADDENDUM 1

American Physical Therapy Association

Academic Council Strategic Plan

November 2011

Mission

A mission statement is an organization's reason for existence. It establishes what the association does and for whom. A good mission captures what is unique about an organization and serves as a touchstone against which all other activities are judged.

To serve and lead academic physical therapy by promoting excellence in education, scholarship and research, practice and service to improve the health and wellness of society.

Vision

A vision is a description of what the organization wants to be in the future as it successfully fulfills its mission. It is more aspirational than a mission statement and should help to inspire the leaders, staff and members.

The Council will be the leading voice to achieve and sustain excellence in academic physical therapy.

Long-Range Goals & Objectives

A goal is the end or desired result toward which effort is directed. It is a general statement of what the organization must achieve to attain its vision. Goals are long range, providing some structure and stability to the plan.

Objectives are the specific, measurable activities that help an organization accomplish a goal.
Bold face indicates priority objectives.

Long-Range Goals

To foster a culture of innovation, intellectual engagement, and leadership among faculty in all of their roles within the council and professional community (Cultural Transformation).

- **Develop a framework for physical therapist academic and clinical education to lead educational innovation in response to changes in health care and higher education.**
[Priority Objective 1. Board champions: Susie Deusinger]
Disband large Cultural Task Force at this time- continue to prioritize activities that support this item.
- Mentor program directors to interact with their institutional leaders to advance the stability, scholarship, resources, etc. of the program and the institution.
This effort is being accomplished by APTA –ELI program. Support their efforts.
- Establish a formal mentoring program for “new” academic leaders
Accomplished via APTA ELI program

- Develop financial models for academic physical therapy (student support, research support, faculty development support, etc.)

Hold

To develop mechanisms for achieving excellence in academic physical therapy (Excellence).

- **Establish a committee to set benchmarks of excellence. [Priority Objective 2. Board champions: Barb Tschoepe and Jim Carey]**
Benchmarks for Excellence Task Force Established. Goal of group is to develop draft ideas of 2 types of benchmarks: Demographic and Essentials of Excellence. Plan is to share work to date at October 2013 Annual meeting for member input. Group is in communication with Research Intensive Consortium who is developing excellence standards for their group.
- Develop a mechanism to promote ongoing acquisition of data needed to support measures of excellence
Hold
- Identify current status of faculty re: knowledge of academy, high education, leadership needs.
Hold
- Establish a committee to prioritize topics for invitation of excellence papers
Hold
- Mentor faculty to compose and submit for publication essays or opinions on intellectual topics
Hold
- Develop 2-3 white papers on key issues
Hold
- Define best practices in PT education; support the idea of Flexnor-type study
AC supports efforts for current pilot project on this topic.

To develop an integrated and collaborative community of academic physical therapy (Integrated Community).

- **Create an organizational structure that allows for representation of all stakeholders including clinical faculty and PTA educators. [Priority Objective 3. Board champions: Terry Nordstrom]**
Hold
- Develop committee structure to address needed outcomes
Hold
- Establish committee structure with specific goals, diverse members, timelines
Hold
- Establish standing committees that will support the operation of the Council
Hold
- Develop consortia to address special interests
Completed – Financial support framework still in process
- Create interest groups within Council membership
Hold
- **Develop a system of communication between Academic Council and relative**

constituencies and collaborators. [Priority Objective 4. Board champions: Barb Sanders]

Hold

- Establish a mechanism for routine face-to-face interactions between APTA divisions, Education Section and the Council
Hold
- Establish a communications network
Hold
- Create communications model – website, communications, liaisons
Website in process, liaisons developed with sections
- Establish a direct line of communications between 1 member of the Council Board and every program director – a *personal* relationship
Hold
- Enhance website to include resources in PT and in academe
In process
- Seek formal relationship with one or two similar organizations to learn from them
Hold

Establish, influence and interpret legislation and policy related to academic physical therapy (Policy/Legislation).

- Interpret changes in health care system and their ultimate effect on PT practice/ education for dissemination to the academy.
Hold

To assure the financial and human resources necessary to support the work of the Council (Resources).

- **Establish plan for financial independence of Academic Council. [Priority Objective 5. Board champion: Nancy Reese]**
Hold
- Establish plan for alternate sources of income (besides dues)
Hold
- Take on the responsibility and budget of Council

Short-term Goal

To achieve component status within APTA.

- **Collaborate with APTA Board in developing the language for the bylaws amendments to be presented to HOD in 2012. [Priority Objective 6. Board champions: [Terry Nordstrom, Rick Segal, Kathy Zalewski]**
- Develop and implement a plan for communicating the vision and purpose of the Academic Council to key players in APTA governance (delegates, BOD, etc.)
*Barb Sanders developing Delegate contact list for all Board members
Terry working to finalize language with APTA Board*

ADDENDUM 2

APTA Academic Council
Task Force on Interprofessional Education

The Academic Council Board of Directors created the Task Force on Interprofessional Education at the January 21, 2013 Board meeting.

Motion: V-1 That a task force be established to investigate where we are as an educational community on interprofessional education and to use that baseline information to produce recommendations/suggestions/ideas for use in physical therapist education.

Support statement:

This has become a priority for all health professions and investigating our status as a profession is necessary. The task force will be comprised by Holly, and people who were interested in serving as the IOM representative from AC will be contacted for their interest in serving on the task force.

Task Force Members

Holly Wise (Academic Council Representative to IOM Global Forum on Innovation in Health Professional Education)
Beth Davis
Z Annette Iglarsh
Cheryl Resnik

Motion:

The Task Force on Interprofessional Education is charged to advance physical therapy as an integral component of interprofessional education and practice through collaboration with other organizations nationally and internationally.

The Task Force will pursue the following activities to meet this charge (target date for completion):
Compile, collect and analyze data on current and projected interprofessional education initiatives in physical therapist programs (Report due by June 1, 2013 for the June 2013 Academic Council Board Meeting);

Develop means to disseminate information on interprofessional education among physical therapy education programs (September 1, 2013 for the October Academic Council meeting);

Make recommendations for further collaborative efforts to meet the charge to the Task Force programs (September 1, 2013 for the October Academic Council meeting).

Support Statement: National and international efforts to improve health care through interprofessional education and practice are proceeding rapidly. The physical therapy education and practice communities are part of those efforts, often as a key partner and, more frequently, in a less minor role or absent from the initiatives. Because of the role rehabilitation and physical therapy play in improving health care, it is essential that the profession become more involved in efforts on interprofessional education and practice. The task forces initial charge and activities will aid the profession's efforts. It is expected that the task force will make recommendations for the profession's ongoing efforts in this arena.

Academic Council Board Meeting

Minutes from March 18, 2:00PM-4:00PM (eastern)

1. Call the meeting to order. (Terry) – meeting called to order by Terry at 2:00 pm

Present:

Terry Nordstrom, PT, EdD	President
Barbara Sanders, PT, PhD SCS, FAPTA	Vice President
Barbara A. Tschoepe, PhD, PT	Secretary
Nancy B. Reese, PT, PhD, MHSA	Treasurer
James R. Carey, PhD, PT	Director
Susan S. Deusinger PT, PhD, FAPTA	Director
Stephanie Piper Kelly, PT, PhD	Director
Rick Segal, PT, PhD, FAPTA	Director
Kathryn Zalewski, PT, PhD, MPA	Director
Shawne Soper, PT, DPT, MBA	APTA Board of Directors
Lisa McLaughlin	APTA Staff

2. **DENIED:** Approval of February 28 board meeting minutes. (Terry) Hold until April meeting.

Action: Lisa and Barb T to include details of charge for IPE task force.

3. Funding for Consortia. (Nancy) Presented proposed revised guidelines of the consortia application.

PASSED: The edits on #12 read as follow: “Approved consortia receive \$1,000 per year from the Academic Council to support the work of the consortium. If the consortium anticipates the need for additional funding during a year, the consortium must submit an itemized budget detailing the funding being requested and describing the activities for which the funding will be used. All budget requests must be approved by the Board of Directors of the Academic Council and are due to the Treasurer of the Academic Council by June 1 for funding to be provided for the subsequent calendar year. Does the Consortium anticipate expenditures exceeding \$1,000 for the upcoming calendar year? If so, please attach an itemized budget request to this application.” (ADDENDUM 1)

Action: Lisa to talk with Jack to determine if consortia can charge dues per AC bylaws and decision to edit #11 are on hold until further information is obtained.

4. Supporting Clinicians to attend ELC 2013. (Terry & Nancy)

PASSED: The AC will support the partnership rate dues for 20 clinicians to attend ELC meeting not to exceed \$7500.00.

Action: Terry to talk with Peggy and suggest a deadline of applications and random drawing.

5. CAPTE position statement. (Barb S) Reviewed document from community page.

PASSED: Approve the edited version of the CAPTE position statement on the community page dated 3/18/2013. (ADDENDUM 2)

Action: Terry/Lisa will post this on community page for comment x 5 days prior to submission of this letter to APTA Board of Directors on AC letterhead.

6. PTA Mobilization draft position statement. (Barb T) Reviewed document from the community page.

PASSED : Approve the edited version listed on the community page dated 3/19/2013. (ADDENDUM 3)

Action: Terry to talk off line with Shawne to determine the method of communication on how this motion can be shared with CAPTE and the Federation.

Action: Terry/Lisa will post this position (1st paragraph) x 5 days for public comment prior to submission of this letter through appropriate channels (TBA with Terry/Shawne)

7. PT Education for the 21st Century: Request for Funding. (Barb S)

PASSED : Request \$7500.00 to support funding for Phase II of this research group's efforts based on plans submitted in the 3/18/13 document. (ADDEUMDUM 4)

Action: Barb S to share news with research group and Lisa will request that they submit an invoice to Nancy for funding.

8. 2014 Clinical Education Summit update. (Stephanie)

Action: Board request of Stephanie to review/re-consider direction/recommendations of the consultant- Susan who has experience in pharmacy, with consideration of having more than 1 paper per theme to promote dialogue.

9. CAPTE Criteria Revision Group. (Barb S)

ATTACHMENT 2

4/24 meeting minutes

Action: Barb S will talk with suggested liaisons to determine interest/availability and submit a name forward to Ellen Price at CAPTE who is organizing this group.

10. Growing programs – Rick, Susie, Barb S,

Action: Rick, Susie, Barb S. and Nancy to get together to define scope of problem/develop draft plans and discuss if/how this concern can be explored for further discussion at our next monthly meeting.

11. Delegate roster and assignments reviewed: No actions needed until April sometime.

Terry: AK, HI, CA, OR, WA

Barb S: TX, LA, OK, KS, NE

Barb T: CO, NM, AZ, NV, UT, ID

Jim: MN, IA, SD, ND, WY, MT

Susie: MO, IL, KY, OH, WV

Kathy: WI, CT, RI, MA, NH, ME

Stephanie: IN, MI, PA, NY, VT, NJ

Nancy: AR, TN, MS, AL, GA, FL

Rick: NC, SC, VA, MD, DE, DC

Announcements:

March 1 call for ACBoD nominations was sent to all Reps

RIPPS call for nominations deadline was March 8

IPE Task Force is going to hold their launch conference call on March 25

Upcoming Meetings:

April 24, 2:00 – 4:00PM, Academic Council conference call

May 14, 2:00 – 4:00PM, Academic Council conference call

June 6, 2:00 – 4:00PM, Academic Council conference call

June 27, 12:00 – 8:00PM, Academic Council Board Meeting, Salt Lake City, UT

Oct 4-6, Education Leadership Conference, Portland, OR

ADDENDUM 1

Procedures for formation of Consortia within the Academic Council of APTA

Preamble

A consortium is comprised of individuals affiliated with institutional members of the Academic Council (AC) who share common interests based upon their program affiliation. Examples of consortia consist of, but are not limited to, Directors of Clinical Education and Clinical Faculty, individual members from like institutions (based on Carnegie classification, public or private institution, etc.), shared geographical location, similar curricular models, etc. The role of the consortium is to provide a forum for institutional members of the physical therapist education community to gather and disseminate information relative to a specific area of shared interest and to have a line of communication within the Academic Council (AC), particularly with the Board of Directors (BoD). Because a consortium consists of institutional members of the Academic Council with a voting representative, a consortium will not hold voting privileges within the AC.

Procedure:

1. Complete the "Application to Form a Consortium" and submit it to the Staff office for the AC.
2. A sub-committee of the ACBoD to include the Finance Officer, Vice President, or Secretary and 2 Directors will review the Application and will approve it for consideration by the ACBoD, ask for further clarification, or deny the formation of the Consortium.
3. Applications approved by the sub-committee are considered by the ACBoD at its next meeting
4. Applications that have been denied by the sub-committee may be appealed to the ACBoD by the AC Representatives who submitted the Application.

ADDENDUM 1

APPLICATION FOR THE FORMATION OF A CONSORTIUM

Academic Council of the APTA

General Information

1. Name of proposed consortium:
2. Membership: Who will this consortium represent?
3. What is the estimated number of institutional members?
4. Purpose of the proposed consortium:
5. Objectives of the proposed consortium:
6. Meetings:
 - a. When will the Consortium meet, e.g. CSM, ELC, separate time?
 - b. How will the Consortium meet, e.g. teleconference, Web-based, in-person.

Governance and Leadership

7. A Consortium must have at least a Chairperson and a Secretary. Will this Consortium have any additional leadership or governance structures?
No (Skip to question 8)

Yes (Continue to question a)

(a) What will be the leadership structure (e.g., board of directors, additional officers, etc.)?
8. All Consortium participants must be affiliated with an institutional representative of the Academic Council. Will there be any other qualifications to hold office in the Consortium?
No (Skip to question 9)

Yes (Continue to question a)

(a) What is/are those qualification(s)?
9. What would be the terms of office for the Offices within the Consortium?
10. A Consortium must have a designated liaison to the ACBoD. If that liaison will be someone other than the Chairperson, who will that Liaison be and how will they be designated?

Academic Council-Consortium Relationship and Support

11. Dues: At this time, Consortium may not charge dues. Does the Consortium anticipate charging dues in the future? If so, please describe what those dues would be used for?
12. Financial Support. Approved consortia receive \$1,000 per year from the Academic Council to support the work of the consortium. If the consortium anticipates the need for additional funding during a year, the consortium must submit an itemized budget detailing the funding

ATTACHMENT 2

4/24 meeting minutes

being requested and describing the activities for which the funding will be used. All budget requests must be approved by the Board of Directors of the Academic Council and are due to the Treasurer of the Academic Council by June 1 for funding to be provided for the subsequent calendar year. Does the Consortium anticipate expenditures exceeding \$1,000 for the upcoming calendar year? If so, please attach an itemized budget request to this application.

Application must include

Signed by at least 5 AC Representatives from Institutions that are participating in this Consortium.

ATTACHMENT 2

4/24 meeting minutes

ADDENDUM 2

To: APTA Board of Directors

From: Academic Council, APTA

As you know, the Academic Council (AC) has been asked to provide input on the optimal relationship between CAPTE and the APTA. As we understand it, there are three basic options under consideration: (1) the status quo; (2) CAPTE becoming a completely autonomous organization; or (3) some type of hybrid between those two options

As the representative organization for entry-level physical therapist education programs, the AC has a strong interest in the outcome of the dialogue and decisions concerning this proposal. We understand the changing nature of regulation in higher education and the stresses CAPTE may encounter in attempting to respond to concerns of CHEA and USDE. The AC supports CAPTE's role in protecting the public and maintaining standards in PT education. It is critical to the Academic Council that CAPTE and APTA maintain a mutually beneficial and collaborative relationship built on a foundation of shared commitment to highest quality education and practice that will best serve the profession of physical therapy. This concern arises from the possibility that one model for the relationship between CAPTE and the APTA would be similar to that which now exists between FSBPT and APTA. While the relationship between FSBPT and APTA is significantly improved and effective, the history of the relationship between them has been contentious and even adversarial at times. At this critical juncture in our history, we believe it is important to avoid a contentious, adversarial relationship between APTA and CAPTE or between APTA, CAPTE and the AC.

We aspire to assist our professional community in creating or refining a relationship between CAPTE and APTA that assures that all of the stakeholders shared interest in excellence in professional education are met. To achieve this, we recommend that the following conditions be included in the final outcome:

1. **Financial Stability:** We hope that long term decisions about CAPTE and its relationship to APTA will not bring additional financial burden to academic programs and assures the long-term financial viability of CAPTE. Financial security coupled with effective and efficient use of financial resources for both organizations should be paramount in the final decision. Accreditation and other fees paid by institutions must support activities that relate to the accreditation processes and improvements in that process and not be directed toward general operations of APTA. Whatever the relationship between the APTA and CAPTE, detailed financial statements of the operations of CAPTE should be available to the communities of interest to assure programs of how funds are used.
2. **Quality outcomes and quality control:** We firmly believe that CAPTE should have an independent governing board with wide representation from all communities of interest to provide both oversight and assure accountability.
3. **Transparency:** Any resolution to this question should provide the utmost transparency in order to eliminate any perceived or real conflicts of interest between CAPTE and the APTA. The integrity of the accreditation process must be maintained at all costs. All aspects of governance,

ATTACHMENT 2

4/24 meeting minutes

ADDENDUM 2

policies, and processes must be communicated to the communities of interest in such a way that there is absolutely clear understanding of the role of each of the parties in accreditation.

4. **Risk Management:** Any resolution must assure that all risk management concerns for CAPTE and the APTA are addressed, including resources to legal counsel for CAPTE. Clear delineation of lines of communication and decision-making will be critical to mitigate risk as well as avoid conflict of interest. Similar to the need for transparency, clear communication regarding all aspects of governance, policies and processes is essential, including identification of the appointment process of members of the independent governing board, oversight processes, committees and rules of operation. One aspect of financial stability is to assure that whatever the relationship between CAPTE and the APTA, that CAPTE has adequate financial and other resources in the hopefully rare case of legal action involving CAPTE.

Please accept the Academic Council's offer for continued dialogue and communication in the deliberation and resolution regarding the relationship between CAPTE and the APTA.

ATTACHMENT 2

4/24 meeting minutes

ADDENDUM 3

Proposed Position of the AC to the recent decision of CAPTE (and FSBPT) on PTA's performance and education on Grades I and II peripheral mobilization.

As a collective group representing the academic community responsible for physical therapist professional education, the Academic Council of Physical Therapist Education (AC) is in opposition of the FSBPT decision to include test questions related to Grades I and II peripheral mobilization on the PTA exam beginning in late 2013 as this is not accepted scope of work of the PTA. Furthermore, the AC is also in opposition of CAPTE's recent decision, that it is "not inappropriate to train PTA in assisting the PT in delivery of grades I and II movements." We oppose CAPTE's position that includes, "if taught within a PTA program, the program must provide evidence of evaluation of psychomotor skill performance." After careful consideration of the evidence and course of events that led to both of these decisions, the academic community does not believe that PTAs should be taught, tested or perform peripheral joint mobilization of any grade as this intervention requires continuous examination and evaluation and clinical decision making that is only commensurate with the education of the physical therapist. Encouraging the education and use of peripheral joint mobilization by PTA's exceeds the scope of work defined for the PTA and challenges the safety of our patients and efficacy of such interventions within the plan of care of the physical therapist. We respectfully request CAPTE and FSBPT to reconsider their positions at this time.

ATTACHMENT 2

4/24 meeting minutes

ADDENDUM 4

Response of the PTE-21 team (Jensen, Gwyer, Hack, Mostrom, Nordstrom)
to the Academic Council
March, 15, 2013

Status of project to date as well as dissemination plan for findings or interim report

The project was originally funded by APTA for \$50,000 for two visits. In March 2012 the research team requested and received \$12,125 in additional funding to add one additional clinical site and one additional academic site.

The team completed selection of the four sites following a period of an open national nomination process based on criteria derived from the literature and feedback from the educational community during presentations at ELC.

Four visits have been completed. The sites that are participating in the study and the visit dates are shown here.

Site	Visit
Good Shepherd Penn Partners, Philadelphia, PA	October 1-2, 2012
Madonna Rehabilitation Center, Lincoln, NE	November 12-13, 2012
MGH Institute of Health Professions, Boston, MA	February 4-6, 2013
University of Delaware, Newark, DE	March 11-12, 2013

The research team held a planning meeting in Washington DC in June, 2012 to finalize the research protocol, including the site visit procedures, interview guides and plans for field observations. The team has retained a transcription service, the interview recordings from the completed visits have been transcribed, and are being coded. Each visit generates anywhere from 20 to 28 transcription files in addition to the field notes taken during the observations of teaching/learning sessions. The four completed visits exceeded the team's expectations for the quality and richness of the data and we are enthused about the potential for our results. The team held a second team meeting December, 2012 in Washington DC to continue work on open and axial coding and to move forward with plans for further analysis and constructing case summary records. In addition to coding, case records are being created based on the case summaries.

The coded data, as well as all other data we have collected will be used to develop written descriptive and interpretive case studies of the curricular and organizational elements of physical therapist education that have merit for enhancing education and professional development. We will then conduct an iterative survey (Delphi style) that will focus on the stakeholders' views about feasibility of specific changes, their perspectives on the possibility for improvement thought the changes, and barriers they perceive might arise when implementing the changes.

We anticipate at least two manuscripts based on the careful analysis of data to identify themes, resulting in a rich description of what is working in physical therapist education based on the academic and clinical exemplars and a third manuscript on the results of the iterative survey. In addition, we will prepare presentations for physical therapy, educational research, and higher education. The data from this first phase will also be used to enlighten the next stage of the research.

Detailed proposal for next phase of data collection

Eleven academic institutions and ten clinical agencies responded to our national call for nominations. The academic institutions represented diversity in terms of the type of institution, geography, size of institution and program, and role in residency education, as some examples. The clinical agencies exhibited a similar level of diversity, although almost all applications were from large hospital-based practices. We were impressed not only by the diversity of respondents but also by their uniformly excellent applications and the presence of qualities that merit further investigation and study. The *Carnegie Preparation for the Professions* studies across law, clergy, engineering, medicine and nursing, on which our work is based, have found good saturation of data based on eight to sixteen sites.¹⁻⁵ We believe this will also be true in the case of physical therapy and intend to add six cases to the analysis.

The six sites selected for the second phase will be a purposive sample to ensure that we have adequate breadth and depth to provide a comprehensive view. For example, both clinical sites in year one were large health systems. Adding a small practice site would provide the opportunity to understand excellence in a site with fewer resources, typical of many of the sites used in physical therapist education. Again, neither of the academic sites in the first year were based in large medical centers, so adding such a site will also add breadth. It is also possible that we will need to vary our sites to include academic-clinical partnerships in addition to academic or clinical sites. The decisions on criteria for the next sites will be based on the final analysis of data from the four visits in year one. The goal will be to include sites that allow a comprehensive assessment of the unique features of physical therapist education, including the blend of cognitive and psychomotor emphasis that requires collaboration across the academic and clinical portions of education.

Data from six more sites will also add to the curricular and organizational elements that can lead to excellence. This will allow us to develop a comprehensive survey of all physical therapist educational programs to be able to describe the prevalence of these elements in current educational practice.

Anticipated outcomes for next phase

We anticipate that the primary outcome of this second stage will be a book that provides detailed case analyses, a description of current physical therapist education, and recommendations for educational change and transformation based on the findings from all ten cases. We will also be building upon the theoretical work that is part of the *Carnegie Preparation for Professional Practice* studies. Our unique contribution to this body of work is our exploration of the bridge between academic and clinical sites that is so important to our educational process. In addition we anticipate more presentations and publications. The five Carnegie studies all included recommendations for educational reform for the targeted profession. Many of these recommendations are currently being enacted across these professions.¹⁻⁷

Detailed financial plan for next phase

We have been able to greatly maximize the \$62,000 that we have received to date from the APTA. None of the researchers has received any salary support. A conservative estimate of those savings to date is at least \$250,000. We believe that a total of \$97,000 will be sufficient for the full study of all ten sites. The money will be spent on the additional visits, team meetings, consultants, and the second survey of all physical therapist education programs. Again, no salary will be paid to the researchers

We anticipate another \$20,000 from the APTA, bringing their total contribution for the project to \$82,000. Therefore, we need an additional \$15,000. We are asking the Academic Council for \$7500.

ATTACHMENT 2

4/24 meeting minutes

Budget over the entire project

Travel:	Expended	Planned	Total
Ten site visits @\$3-4500	12000	27000	39000
Eight team meetings @3500	9000	21000	30000
Materials and Supplies:			
Audio recorders	670		670
Other Direct Costs:			0
Transcription costs (\$1000 per visit)	4200	6000	10200
Delphi Survey		1000	1000
Final survey	0	1000	1000
Consultants:			
4 consultants @ \$1,500 each, 4 consultants @ \$1,500 each & 1 consultant @ \$3,000		15000	15000
TOTAL	25,870	71,000	96,870

References

1. Foster C, Dahill L, Golemon L, Tolentino BW. *Educating Clergy: Teaching Practices and Pastoral Imagination*. San Francisco, CA: Jossey-Bass, 2006.
2. Sullivan W, Colby A, Wegner JW, Bond L, Shulman L. *Educating Lawyers: Preparation for the Profession of Law*. San Francisco, CA: Jossey-Bass, 2007.
3. Sheppard S, Macatangay K, Colby A, Sullivan W. *Educating Engineers: Designing the Future of the Field*. San Francisco, CA: Jossey-Bass, 2009.
4. Benner P, Sutphen M, Leonard C, Day L. *Educating Nurses: A Call for Radical Transformation*. San Francisco, CA: Jossey-Bass, 2010.
5. Cooke M, Irby D, O'Brien B. *Educating Physicians: A Call for Reform of Medical School and Residency*. San Francisco, CA: Jossey-Bass, 2010.
6. Colby A, Sullivan W. Formation of Professionalism and Purpose: Perspectives from the Preparation for the Professions Program. *University of St. Thomas Law Journal*. Vol 5:404-427, 2008.
7. *Educating Nurses and Physicians: Toward New Horizons: Advancing Inter-Professional Education in Academic Health Centers*. Macy Foundation Summary. [http://www.macyfoundation.org/docs/macy_pubs/JMF_Carnegie_Summary_WebVersion_\(3\).pdf](http://www.macyfoundation.org/docs/macy_pubs/JMF_Carnegie_Summary_WebVersion_(3).pdf)

ATTACHMENT 3
4/24 meeting minutes

April 2, 2013

TO: APTA Board of Directors
FR: Academic Council Board of Directors
RE: CAPTE and FSBPT Decisions on PTA and Joint Mobilization

The Academic Council Board of Directors and its members have been observing the ongoing discussion that has occurred following the Federation of State Boards of Physical Therapy (FSBPT) decision that they would include items on joint mobilization on the PTA examination based on the recently completed practice analysis. Subsequently, the Commission on Accreditation in Physical Therapy Education (CAPTE) issued a position that, in part, read that it is “not inappropriate to train PTA in assisting the PT in delivery of grades I and II movements.” That position included a statement that the PTA program must provide evidence that they have evaluated the students’ psychomotor skills in performing this therapeutic intervention.

Given that we are the entity within the APTA that represents the academic programs that prepare entry-level physical therapists, and that these decisions affect how we prepare those future physical therapists, we believe we should express our views relative to the decisions by CAPTE and FSBPT. Our graduates must understand current best practice, must understand how to appropriately direct and supervise physical therapist assistants, and must understand the relationship between what a state practice act might permit, what could be permitted within a clinical practice setting, and what their ethical obligations are to their patients/clients. The decision by CAPTE is contrary to what the profession has determined to be best practice because it is directly contrary to the APTA position, “*PROCEDURAL INTERVENTIONS EXCLUSIVELY PERFORMED BY PHYSICAL THERAPISTS HOD P06-00-30-36.*” It provides a sanction for physical therapists in a clinical practice setting to expand the scope of work of the physical therapist assistant beyond what the profession has described as best practice and it unnecessarily complicates the physical therapists responsibility to their patients/clients. The Academic Council Board of Directors supports the APTA position. Thus, we disagree with CAPTE’s position and believe that they should reverse the decision, especially that portion of the position that says it is “not inappropriate” to train a PTA to perform grades I and II movement.

The FSBPT decision to include this content area on the PTA examination does not necessarily mean that PTA programs should teach the psychomotor skills associated with that therapeutic intervention. In this regard, we believe that CAPTE went beyond what was necessary to respond to the FSBPT decision. PTA programs could include learning outcomes in the cognitive domain relative to joint mobilization such that PTA graduates would be able to answer questions on the PTA examination sufficient for entry-level practice without teaching the associated psychomotor skill and attendant clinical judgment necessary to perform joint mobilization given the FSBPT decision. It is also in the best interest of patients/clients and PT-PTA communication if the PTA has an understanding of joint mobilization such that they can effectively participate in clinical care as described by APTA policy, Direction And Supervision Of The Physical Therapist Assistant HOD P06-05-18-26.

We understand that the FSBPT and its member agencies have, as their primary responsibility, to protect the public and, given the findings of the recent analysis of practice, they have a reasonable basis to conclude that they should include joint mobilization as part of the national examination for the PTA. However, given that a PTA performing joint mobilization has been determined to not represent best practice, we believe that the FSBPT should instead work with its member agencies to more clearly define the scope of work of the PTA to exclude joint mobilization as a therapeutic intervention that can or should be provided by the PTA. The recent analysis of practice survey also leads the Academic Council to recognize that physical therapist and PTA education programs must do a better job of providing graduates a clear understanding of what components of physical therapy can and should be performed by a PTA, specifically joint mobilization.

We would like you to forward this letter to CAPTE and to the FSBPT. We appreciate the opportunity to assist the Board and the APTA in advancing the practice of physical therapy.

Sincerely,

Academic Council Board of Directors

ATTACHMENT 4

4/24 meeting minutes

Below is an outline of what our subgroup (Susie, Nancy, Barb and I: or Rick and the Boardettes) would like to discuss at the April 24th meeting.

1. We will discuss with the Council Board about trying to collaborate with APTA Board on growth of programs issue.
2. We would like someone from the Council board to present our plan/desire for collaboration with APTA Board on this issue.
3. We would ultimately like to put together a data-driven white paper but most data are currently needed (see below for some ideas of needed data)
4. Collaboration with APTA would be to gather data and potentially later do a collaborative document.
5. We believe the Academic Council Board should put together a proposal containing recommended next steps for presentation to the APTA Board of Directors.

Draft Strategy for Addressing Growing Number of Programs

Background

1. The number of newly forming programs and existing programs significantly increasing their class size is growing.
2. The evidence for need for such significant increase in numbers of Physical Therapists is debatable.
3. There is already as shortage of faculty qualified to promote excellence within existing faculties, let alone newly forming ones.
4. There already is a shortage of qualified program heads for existing programs let alone newly forming ones.
5. CAPTE enforces minimal standards and that is the only non-economic check on newly forming programs.
6. The reputation and standing of Physical Therapy in the national healthcare and academic community could be put at risk.

Potential Strategies

1. Strengthen/increase research on PT workforce using better models than used in the past.
2. Strengthen documentation of **qualified** faculty and administrator shortages.
3. More rapidly push forward our excellence in Academic Physical Therapy agenda
4. Work with CAPTE and other stakeholders to strengthen the minimal criteria for accreditation
5. Survey relevant communities such as the public, top academic institutions and other professional groups about their perceptions of Physical Therapy.

ATTACHMENT 5

4/24 meeting minutes

April 18, 2013

Memo to: Academic Council Board of Directors

From: Jim Carey

Re: Journal

I propose that the AC consider starting a new journal.

Mission: provide a venue for a broad range of authors (faculty, researchers, clinicians, students, administrators, legislators, etc) to publish scholarly peer-reviewed papers and artistic works on humanitarian topics that advance the visibility, understanding and delivery of rehabilitation.

To be unique, I don't see this journal focusing on research papers. Rather, I see it as a literary and artistic effort to ignite intellectualism in the masses. The possible intellectual topics are as infinite as the mind (e.g. presence/absence of justice in rehabilitation reimbursement, suffocation of knowledge by over-regulation, celebration of rehab advancements, education as an "enzyme" to catalyze beneficence, responsibility toward rehab in third-world countries, evolution of the axillary crutch and a profession, documentations vs. emotions of a therapist, etc). Promotion of such intellectualism, leading to excellence in education, was part of the original rationale for forming the AC.

My own mind sees essays as the primary vehicle but prose, poetry, visual art, music, and dance could also be methods for moving the mind. On-line publication as an electronic journal with audio and video links could make all these possible.

There are at least four existing journals dedicated to humanism in health care: *Medical Humanities* (<http://medhum.med.nyu.edu/>), *Journal of Medical Humanities* ([http://www.springer.com/new+%26+forthcoming+titles+\(default\)/journal/10912](http://www.springer.com/new+%26+forthcoming+titles+(default)/journal/10912)), *The Yale Journal for Humanities in Medicine* (<http://yjhm.yale.edu/about/aboutus.htm>), and *Medical Humanities Review*. But these journals show no attention to rehabilitation.

Yes, there might be some overlap with APTA's *PTJ* and *JPTE* but, because of the emphasis described above, I think there would be little redundancy across these journals. There would be an editorial board and an appropriate team of reviewers to do rigorous peer review. Soon, I would hope an impact factor would be generated. I do not have a title in mind. I do think that all rehab professionals should be eligible to contribute. The idea of a special annual issue inviting patients to contribute is alluring. I would lean toward an open-access journal with no charges to the author or the readers. However, I will admit not knowing the budgetary impact. This and other important details would come if the idea goes to the next level of contacting APTA resources on these matters.

The question is – do we see enough value to pursue this any further?

ATTACHMENT 6

4/24 meeting minutes

APTA Academic Council Task Force on Interprofessional Education

The Academic Council Board of Directors created the Task Force on Interprofessional Education at the January 21, 2013 Board meeting.

Motion: V-1 That a task force be established to investigate where we are as an educational community on interprofessional education and to use that baseline information to produce recommendations/suggestions/ideas for use in physical therapist education.

Support statement:

This has become a priority for all health professions and investigating our status as a profession is necessary. The task force will be comprised by Holly, and people who were interested in serving as the IOM representative from AC will be contacted for their interest in serving on the task force.

Task Force Members

Holly Wise (Academic Council Representative to IOM Global Forum on Innovation in Health Professional Education)

Beth Davis

Z Annette Iglarsh

Cheryl Resnik

Motion:

The Task Force on Interprofessional Education is charged to advance physical therapy as an integral component of interprofessional education and practice through collaboration with other organizations nationally and internationally.

The Task Force will pursue the following activities to meet this charge (target date for completion):

Compile, collect and analyze data on current and projected interprofessional education initiatives in physical therapist programs (Report due by June 1, 2013 for the June 2013 Academic Council Board Meeting;

Develop means to disseminate information on interprofessional education among physical therapy education programs (September 1, 2013 for the October Academic Council meeting);

Make recommendations for further collaborative efforts to meet the charge to the Task Force programs (September 1, 2013 for the October Academic Council meeting).

Support Statement: National and international efforts to improve health care through interprofessional education and practice are proceeding rapidly. The physical therapy education and practice communities are part of those efforts, often as a key partner and, more frequently, in a less minor role or absent from the

ATTACHMENT 6

4/24 meeting minutes

initiatives. Because of the role rehabilitation and physical therapy play in improving health care, it is essential that the profession become more involved in efforts on interprofessional education and practice. The task forces initial charge and activities will aid the profession's efforts. It is expected that the task force will make recommendations for the profession's ongoing efforts in this arena.