Academic Council Board Meeting

Minutes for June 27, 12:00PM-6:00PM (Mountain)
APTA Annual Meeting-Hilton Canyon Room C

1. Call the meeting to order. (Terry) Called to order- 12:15

Present:

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

Absent:

Susan S. Deusinger PT, PhD, FAPTA	Director
Shawne Soper, PT, DPT, MBA	APTA Board of Directors

Guests throughout the meeting in attendance and/or via polycom

1. Scott Euype – Co Chair of Clinical Education SIG
2. Susan Meyer – Consultant
3. Jodie Cormack-CE Summit steering committee
4. Peggy Gleason- President of Ed Section-
5. Mary Jane Harris - CAPTE
6. Jody Frost- APTA
7. Libby Ross- APTA
8. Corey Odom-Co-Chair of Clinical Education SIG, consulting member of CE summit steering committee
9. Valerie Teglia- CE Summit steering committee
10. Janet Bezner- APTA

2. **Passed 8-0:** Terry made a motion to approve June 6 board meeting minutes. ATTACHMENT 1

3. Clinical Education Summit Discussion (Stephanie and CE summit steering committee via conference call): Stephanie and Terry reviewed original purpose, mechanism, and planned methods of scheduled 2014 CE summit. They summarized history of where we came from and where the group plans to go moving forward. Stephanie passed out a hard copy summary of this history. Invitee types intended to be 50 participants, criteria for selection thus far reviewed. ATTACHMENT 2

Changes/additions made to original plans thus far:

- Invited members from collaborative groups to participate in the steering committee… Peggy, Mark, Corrie and Janet
- **Purpose of the Summit clarified:**
  - **Reach an agreement on best practices for CE in entry level Physical Therapist education.**
  - **Strengthen the relationships between academic and clinical faculty**
- Webinars intended to lead up to summit and should possibly include topics on innovation and emerging trends of CE that may not be addressed in concept papers (ideas included IPE in CE, simulations in CE, disparity in quality of CE, consequences of standardizing CE expectations across CE sites/academic institutions etc.)
- Summit is now scheduled for 1 ½-2 full days – decision to hold summit immediately after 2014 ELC
- 50 invitees to participate in the inner circle dialogue with each institutional member having 1 vote (either the designated voting member or a delegated voting member specific to the summit)
- The recommendations from the Summit will come back to ACAPT BOD for dissemination and possible future motions to the members at large.
- The CE Steering committee will take on the coordinating role of the webinars in preparation for the summit.

Things to do:

Action: Develop more detailed selection criteria matrix that will constitute a generalizable representation across the 50 members. Stephanie will solicit Jody Frost's assistance to develop a comprehensive and transparent matrix that is pre-determined prior to nominations. The Board recommended a delegate model within the 50 (vs. personal opinions of those selected to participate). In developing this matrix, Stephanie and steering committee will evaluate if 50 people can adequately represent the various interests that should be involved in the discussion. Should the steering committee feel this number should change, Stephanie will bring this request back to the ACAPT Board in a future meeting.

Action: Once the matrix is designed the nomination form will be developed to match the requested criteria matrix. The group was encouraged to solicit participation from individuals who might also have dissenting points of view

Action: Jody Cormack (steering committee member) will develop policies and processes on how the steering committee will facilitate the webinars, delineate how information gathered in these webinars will be connected to the summit activities and present to the Board at a future meeting.

Action: Steering committee to explore cost of technology support for summit similar to recent APTA innovation summit to engage larger participation in the dialogue and bring forward recommendations and financial ramifications of such decisions at a future meeting. (Since this cost was extremely high, a possible medication might be one way interaction vs. two way options and not the studio format but rather a video stream natural format)

4. ACAPT Bylaws: conceptual discussion. (Terry) ATTACHMENT 3

Passed 8-0: Terry made a motion to accept recommendation 1 in board packet:
Recommendation 1: That the Board appoint a Bylaw Task Force of three Academic Council Board members to draft the ACAPT bylaws for approval by the ACAPT Board of Directors no later than September 1, 2013 and submit to the ACAPT membership by September 15, 2013.

Passed 8-0: Terry made a motion to accept recommendation 2
Recommendation 2: That the Bylaw Task Force develop a draft of the Standing Rules for approval by the ACAPT Board of Directors no later than September 1, 2013 and submit to the ACAPT membership by September 15, 2013 for approval at the October 2, 2013 membership meeting of general member approval of initial standing rules is necessary.

Passed 8-0: Terry made a motion to accept recommendation 3
Recommendation 3: That the Bylaw Task Force uses the ACAPT Bylaws approved at ELC on October 3, 2009, current AC Standing Rules, work of the ACAPT Bylaw Committee, and resources of the APTA as a template for its work. The Bylaw Task Force will consider the following additional questions.

1. Questions that address the type of membership:
    a. Is it advisable to include "Individual Membership" that would include constituents such as faculty members and clinical educators? Current bylaws allow for such as non-voting members, ACAPT BOD support this option.
    b. Can we include PTA educators if they are interested and if so, how they can be included?
    c. Given the APTA Bylaws creating ACAPT, can we include educational programs that are in candidacy status and if so, how?
    d. Can we include credentialed residency and fellowship programs if they are interested and, if so, how can they be included?
2. Questions that address the current Bylaws/Guidelines:
    a. Do the current Purpose and Objectives in the 2009 Bylaws and/or the Academic Council Guidelines meet our needs?
    b. Do the Board composition and terms of office meet the organization's needs?
    c. Do the current methods for developing the business for membership meeting meet our needs?
    d. Do the defined standing committees, finance and nominating, meet our needs?
3. ACAPT BOD discussed pros/cons of term limits, encouraged task force to review during their upcoming discussions considering the small number of member institutions in the organization.

Action: Terry, Barb S and Susie will make up the Bylaw Task Force and follow timeline listed in recommendation 1, 2 and 3.

5. Foundation discussion summary with Bill Boissonnault
The foundation has 3 versions of funds… restricted endowments, unrestricted endowments, semi-restricted endowments.
Foundation planning a strategic planning meeting in September
The foundation has an endowment for education research ($100,000.00) that was established by ed section, funding guidelines – can spend interest on endowment up to approximately 3.5% , additional return is used to add to corpus of fund.
Individuals and groups can contribute to add to this endowment.
Suggestions for ACAPT:
Partner with ed section for future collaboration
Spread word that standard funding programs all are available to education research
Establish an educational research agenda and bring these ideas of the foundation
Foundation can help with marketing pieces for ACAPT website to encourage members to donate to an established fund
Action: Set ACAPT priorities; is our goal to fund ed research or the ed researcher?

Action: Rick to draft letter to Foundation on behalf of ACAPT BoD for review at the July 29, 2013 meeting
Letter will need to get to Foundation prior to their September meeting. Intent of letter to inform foundation of education research needs, share current barriers (SRC), offer suggestions for their planning and fundraising.

6. RIPPS consortium report:
   Rick shared interest of RIPP consortium to use website for information and data collection. Barb T. shared that the Benchmark Task Force was looking to RIPP to participate in question development for the Benchmarking effort and that the group will be requesting OpenArc to design the database system to enable subgroups to collect specific data of interest.

   Action: Jim C and Rick to encourage RIPP consortium to offer their ideas for benchmarking to the BTF group to include in the larger ACAPT project at their Friday afternoon meeting.

7. Exercise Physiology. (Kathy)
   Kathy reported that the EP Task Force recommends that the ACAPT Board send these recommendations to CAPTE for future inclusion into PT education criteria.

   BOD discussion acknowledged that the task force believes that their report is the preferred objectives for all PT entry programs. The BOD also believes that further comments/input should be sought by the ACAPT members at this time.

   Action: Post the full report on the current AC community page inclusive of an introduction email from Kathy to solicit dialogue.
   Action: Offer details to the task force on how to proceed with a motion should they want to do this after soliciting feedback from members.
   Action: Lisa to retrieve current motion review forms and policies and share this information with Barb T. as the motion review committee chair and with all Board members as we prepare for Oct 2013 ELC.
   Action: This topic will be included as a caucus discussion topic prior to the ELC business meeting.
   Action: The full report will be forwarded to the ACAPT criteria review group representative (Scott Ward) and the APTA patient annual exam workgroup via Barb T. for consideration in these discussions.

8. Program Growth update. (Rick)-
   BOD workgroup had meeting with PTA SIG chair and both groups agree that we should include PTAs in this question. They want to explore CAPTE criteria to look at the benchmarks for qualifications for faculty. Mary Jane Harris reported on CAPTE historical activity for revoking accreditation over last several years. Question remains, do we want to raise the bar on qualifications of faculty?
   a. Are the missions of these institutions at a high enough level to match of the desire of PT education?
   b. Should there be benchmarks defined for CE sites?
   c. What should the qualifications of clinical faculty be?
   d. What other data other than BLS should be required to justify need for ed program?

   Action: Identify the Data points needed to evaluate these and other issues on the topic and get requested question edits to Barb T for potential CAPTE AR modifications by 7/15/13.

9. Terminology in clinical education: motion from ELC 2012. (Terry)
   This was originally posted on the clinical education community board received few comments, exploring a revision of the terminology.
   Action: Lisa to disseminate terminology again both on AC community board/possible website and to CE communities within ed section. A possible terminology revision motion may come forward to ELC 2013.

10. 2014 Budget. (Nancy) UPDATED BUDGET was distributed at meeting. ATTACHMENT 4 (to follow at a later date)
    New budget for 2014 presented by Nancy
    Passed 8-0 Barb S made a motion to approve updated budget distributed at meeting.

11. Management services.
    Nancy reviewed APTA management proposal. AC has confirmed APTA support through Dec. 2013.
    Passed 8-0 Nancy made a motion to contract with APTA management services for one year- Jan-Dec 2014 if we can confirm that Lisa and her staff will continue to support our efforts and that we have a right of refusal for others assigned to us.
    Action: Nancy to request written confirmation of Lisa and her staff as support for ACAPT for 2014.
    Management service expectations will be detailed at August 2013 BOD meeting.

12. Benchmarks for Excellence. (Barb T)
    Barb T reported summary of progress to date. The workgroup has explored the literature, summarized the input collected from the ELC 2011 meeting and expects to test The Engagement Theory Framework (Conrad) in the benchmark for Excellence project. This framework has also recently been used to evaluate excellence in graduate Counseling programs and closely matches ELC 2011 data and NSSE benchmarking efforts. Data is currently being synthesized and a survey instrument is being developed with the intent to introduce the pilot of the instrument at ELC 2013.

    Action: Barb T to present summary concept paper and plans for the future at the July 29th meeting with the hope to share on website with the larger community in August/September.
    Action: Benchmarking for Excellence will be one of the 4 caucus discussions in preparation for initiating the pilot project in early 2014. (Plan 15 min presentation and 15 min discussion)
    Action: Barb T/Lisa will talk with Nate at Open Arc on Friday to determine if the website can support the expected database needs of the benchmarking instrument

13. Diversity Task Force update. ATTACHMENT 5
    Jim C and Bernadette Williams-York, chair of diversity task force presented the groups progress to date.

    Passed 8-0 Terry made a motion to add a student assembly representative to this task force.

    Passed 8-0 Jim made a motion to approve motion 1: definition

    > **MOTION #1**: Move to approve the following definition of under-represented minorities (URM) in physical therapist education.
    >
    > **"Underrepresented in physical therapy means those racial and ethnic populations that are underrepresented in the PT profession relative to their numbers in the general population, as well as individuals from geographically underrepresented areas, lower economic strata, and educationally disadvantaged backgrounds."**

    Passed 8-0 Jim made a motion to approve motion 2 as amended below:

    > **MOTION #2 amended** : Explore partnerships with APTA and other health profession associations to offer admissions committee sessions <insert>…on diversity recruitment and holistic admissions>for PT education programs in national, regional, or other forums.

    Action: ASAHP, FASHP, IPEC groups, ACAPT needs to develop relationships with these groups sometime in the future.

    Action: Present the work of the diversity task force at ELC 2013 business meeting

Suggestions in prep for ELC- BoD requested that the group add a support statement to clarify what is meant by underrepresented and disadvantaged, consider using HERSA as a possible data source. Also increase information on why others groups were not included.

14. Journal. (Jim)
    Jim summarized his exploratory work on a new humanitarian focused journal as a signature piece for ACAPT. He sought feedback from Becky Craig and Laurie Hack and responses were tepid, questions related to why another one and why now. Cost is difficult to access… 40,000.00/issue for paper versions, 10,000.00/issue for online. Possible idea to be an addendum of PTEJ, however he wonders if this is a mission match. Topics might include faith and healing, justice, humanities, songs related to rehabilitation…. Digital commons from Berkley press to help with the publishing. $6,600.00/yr.
    Questions arose if this idea is in alignment of this idea with our vision and mission of the
    Suggestions: continue to think about this, as we review/clarify our new vision,
    Action: Continue discussion on this for action prior to Oct ELC.

15. Clinical Experience as Admission Pre-Requisite in PT Education (FASHP discussion from 6.3.13 Exec/Staff call). (Barb T)
    Action: Hold on this topic until July 29th meeting.

16. Education Portfolio: generative discussion. (Terry)

    Action: Terry, Barb S and Kathy will join APTA Board on this discussion at their August meeting

17. ELC business meeting agenda. (Terry)

    Forum Discussion Topics: MOOC PT Programs
    ACAPT Business- CE Summit, Caucus groups: Benchmarks for Excellence, Terminology of Clinical Education, Exercise/Wellness Report, and diversity

18. September: schedule call date –undecided
    Action: Lisa to set conference call fall dates and times soon.

19. Other: Mary Jane Harris is looking for feedback on impact of a possible change in AR date to Feb
    Action: Lisa to solicit feedback from membership once the ACAPT website is live in next month.
    Action: Put MOOC topic on hold at this point as ELC is full.
    Action: Benchmark/Program proliferation/exercise wellness group /hot topics – 2hrs caucus at ELC 2013.

Upcoming meetings:
Oct 4-6, Education Leadership Conference, Portland, OR

ATTACHMENT 1 (ACBoD 6/27 minutes)

American Physical Therapy Association

Academic Council Board Meeting

Minutes June 6, 2013, 2:00PM-4:00PM (eastern)

1. Call the meeting to order. (Terry) Called to order- 2:00

Present:

Terry Nordstrom, PT, EdD	President
Barbara Sanders, PT PhD, SCS, FAPTA	Vice President
Barbara A. Tschoepe, PT, DPT, PhD	Secretary
James R. Carey, PT, PhD	Director
Stephanie Piper Kelly, PT, PhD	Director
Rick Segal, PT, PhD FAPTA	Director
Kathryn Zalewski, PT, PhD MPA	Director
Lisa McLaughlin	APTA Staff

Absent:

Nancy B. Reese, PT, PhD, MHSA	Treasurer
Susan S. Deusinger PT, PhD, FAPTA	Director
Shawne Soper, PT, DPT, MBA	APTA Board of Directors

2. **Passed (7-0)** Terry made motion to approve May 14 board meeting minutes.

3. Exercise Physiology Task Force: Kathy

   Dr. Marilyn Moffat presented Exercise Physiology Task Force report to Board. Task Force sent a survey to membership and received responses from 12 programs. This information was used in conjunction with task force member content expertise to develop report and recommended curriculum objectives.

   Highlights of report: Task force recommends that Exercise Science and Movement Science are the foundation of Physical Therapist education. The group encourages AC to accept these recommendations and design a mechanism to encourage implementation of recommended objectives as one means to strive for excellence in PT education. Board thanked Marilyn and TF for their outstanding work and the Board discussed multiple options as next steps after board members review the details of the report by next Board meeting.

   Options might include:
   Develop a motion for annual meeting accepting task force recommendations and encouraging institutions to strive toward achievement of such objectives
   Post the task force report as a guideline for institutions to consider in curriculum design

Request that CAPTE criteria group use this document during criteria revision discussions via AC representative, Scott Ward.
Share with APTA Annual Exam group for consideration of use via Barb T

Action: Kathy to write letter a thank you letter to Marilyn and TF members, confirming that they met their charge and letting them know of options the Board is considering and invite their input as the Board considers the options listed above.

Action: Hold on final decision until June meeting after all has opportunity to review report and Kathy solicits input from taskforce.

4. IPE Task Force -Terry

The IPE task force had a 50% response rate to their survey. Let's learn more of their process to gain this high rate of response.

Action: Terry encouraged Board to read this interim report that arrived the a.m. of this meeting. If questions arise, bring forward to him.

5. Transition to component status, RC02-13 and RC03-13: Terry, Nancy, Jim

Expecting upcoming decisions of House to be positive.

The Board can develop initial set of bylaws as we incorporate.

Need to select legal counsel, type of non-profit organization and where to incorporate etc.
Need to decide on management services – current agreement with APTA to offer services through 12/13. We will develop an RFP and evaluate options – expect this to take 2 months. Board will need to define scope of work of management services at August meeting. APTA Board is requesting a discussion at their August meeting on how we divide portfolio of education – HOLD on who will participate in these discussions until June meeting.

Action: Terry, Nancy, Jim serve as workgroup to select legal counsel and determine steps to officially become a component according to APTA guidelines and requirements of incorporation as a non-profit entity by July 10, 2013.

6. Program growth update-Rick

Terry's report from Laurie Hack-APTA Workforce Task Force has completed their task and is no longer active. Group, didn't explore PTA question. Mark Goldstein invited Terry and Rick to participate in upcoming APTA discussions this fall.

Action: Lisa to set up doodle poll for Salt Lake meeting with Rick, Barb S, Susie, Nancy, Holly Clynch and Kim Rouillier

Action: Rick, Barb S. and Susie to look at AAR questions and get requests to Barb T by July 15th. Barb to coordinate requests with those of Benchmark Task Force and forward to Mary Jane and CAPTE by August 1st.

ATTACHMENT 1 (ACBoD 6/27 minutes)

7. RC02-13 and RC03-13

   Feedback thus far is generally positive, a few questions, concerns have arisen regarding dues structures/amounts. Terry and Barb S continue to field questions of various groups.

8. 2014 Budget requests

   Due to Nancy ASAP

   Action: Terry to prepare email reminder to send to members prior to invoice

   Appeals document draft reviewed:

   Board requests that there be additional clarity that institutions may request a 1 time one year only exemption. Also change title to clearly define that this appeals process is intended to be for the 2013 transition year only. This document will go out with invoice scheduled to go out July 1. Should the Board feel a need to develop a permanent appeals policy, it will be written at a later date.

   Action: Terry will prepare memo to go with invoice and this appeals document.

9. Replacement for Dave Morrisette on Nominating Committee

   Appoint Carol Likens to fill the remainder of Dave's term, will go with the 2 member team until next election scheduled after annual meeting since slate is already complete.

10. Appoint Motions Review Committee

    Appoint Maura Iverson and Denise Wise to committee.

    Action: Lisa to prepare emails for Terry to sign for all volunteers.

11. National Consortium of Clinical Educators (NCCE) application

    Passed: 7-0 Jim C made motion to approve application as amended to remove the 4th bullet on the 2nd page (Question 12) related to requirement of institutions to financially support the ACCE and CE pair to attend ELC.

    Board felt it is appropriate to recommend, however, we are not in a position to require such participation.

    Action: Terry to email Corrie approving application as amended.

12. Website update:

Lisa reported on website status and Board discussed how we plan to use the website,
In March, group presented 3 possible wire frames to Lisa and Dave.

ATTACHMENT 1 (ACBoD 6/27 minutes)

One was selected and 3 weeks ago Lisa and assistant started building the pages, Lisa shared the tentative look of the site with the Board. Soft launch is scheduled for June 26th with members of Board and voluntary workgroups to be a part of the trial group. Benchmark Task Force and IPE task force will be asked to participate

Action: Lisa to continue to report to Board of status as website rolls out.

Upcoming meetings:
June 27, 2013: 12:00-5:00 PM, Academic Council Board Meeting, Salt Lake City, UT.
Oct. 4-6, 2013: Education Leadership Conference, Portland, OR.

ATTACHMENT 2 (6/27 ACBoD minutes)

ACADEMIC COUNCIL BOARD MEETING

Salt Lake City, UT

June 27, 2013

Review of FLEXIBLE, SHARED VISION INITIATIVE Process

I. **Relevant Background Information**
   a. 2007 Consensus Conference followed by 15 regional forums. Report to Board of Directors of APTA was received and adopted for voluntary use by physical therapist academic and clinical educators
   b. Changes since – Medicare reimbursement, Patient Protection and Affordable Care Act, distance education regulations across states…
   c. Post-graduate education has continued to grow with increase in number of residencies

II. **INITIAL INITIATIVE:** Board of Directors of Academic Council approved initiative to develop a Flexible, Shared Vision of Clinical Education. This vision is intended to:
   a. Reflect the contemporary clinical setting
   b. Promote excellence in clinical educational experiences
   c. Sufficiently flexible to recognize the variability between individual educational programs
   d. Produce a shared vision that can be endorsed by the majority of stakeholders involved in clinical education

III. **ELC 2012** – goal to discern areas of agreement / disagreement concerning issues of educational excellence, organizational structure for clinical education, and opportunities for standardization within clinical education
   a. Activities promoted extensive conversation; however, limited agreement related to what is 'agreed upon'.
   b. Served as foundation for topics developed in Call for Papers

IV. **DEVELOPMENT AND CALL FOR POSITION PAPERS** – Topics from ELC 2012 organized into 4 topics for a call for papers. Received x submissions; however, few were broad enough to address full array of topic.
   a. Organized into 8 papers; majority of questions from position papers were included
   b. See attached summary of papers, authors and topics
   c. Due date for papers – OCT 1, 2013 with spring publication date

V. **ELC 2013 (Oct 2013)**
   a. Focus on (re-)building trust in process
      i. Open conversations including DCE's, program directors and faculty, clinical instructors / center coordinators
      ii. Topics of discussion around issues not addressed in the call for papers
   b. Announce possible name change of process?

ATTACHMENT 2 (6/27 ACBoD minutes)

VI. DISCUSSION AROUND PAPERS (April – Oct, 2014)

a. Goal of gathering feedback and determining what aspects proposed in papers have agreement at what level
b. Need for multiple strategies to broadly communicate
    i. Webinars – Open to everyone but perhaps regionally targeted. Authors / member of steering committee / board / program directors/ clinical faculty serve as facilitators? (Need to do training)
    ii. Regional consortia meetings?
    iii. Annual Conference 2014 – open sessions?

VII. SUMMIT (Oct. 2014)

a. Opportunity for stakeholders to discuss and reach recommendations regarding items raised in the position papers.
b. Current proposal is for each AC member institution to have one voting member along with 50 additional stakeholders

VIII. ADDITIONAL DISCUSSION AROUND DECISIONS FROM SUMMIT

a. Webinars
b. Regional consortiums?
c. CSM 2015?
d. Annual 2015?

IX. ELC 2015… – Any motions resulting from process will be approved by the Academic Council

DISCUSSION ISSUES:

- Process as outlined – is it clear?
- Suggestions for improving / altering the process?
- Structure / function of summit?

ATTACHMENT 2 (6/27 ACBoD minutes)

May 23, 2013

Dear ;

Congratulations on your selection to author a position paper for this important process of "Developing a Shared Vision of Clinical Education." I am excited to have such a diverse group of authors representing multiple academic institutions and clinical communities who will be writing about a diverse mix of topics.

I appreciate your patience while waiting for specific instructions related to your paper. As I mentioned in the announcement letter, given the strength and variety of proposals, the steering committee quickly recognized that our initial plan for acceptance of four papers was not the most feasible and effective way to move this process forward. Through extensive review of the proposals and personal conversations with many of you, we have developed a plan that we believe we bring forward some of the most relevant topics for discussion with an eventual goal of reaching some level of agreement across the physical therapy profession.

Included with this letter you will find several important pieces of information. The first is an format outline format for the clinical education special issue of *Journal of Physical Therapy Education* (JPTE). Each authoring group will find a paragraph describing the intended focus of your paper. For some, a list of questions from the initial call for papers is provided to outline specific topics that should be addressed within your paper. This outline should make it clear what topics you are to address, as well as those being addressed by other authors. The last page of this document includes some specific formatting and structural requirements for the paper beyond those that are outlined the *JTPE* Guide for Authors (also attached). One important alteration from JPTE guidelines includes a limit on the length of the papers to 12 pages.

Given the delay in distributing with these guidelines, we are extending the deadline for the papers to Oct. 1, 2013. Timely submission is important for us to meet our goal for a spring publication. Please note that being selected as an authoring group does not guarantee publication – all submitted papers will go through the normal JPTE review process with the publication decision in the hands of the JPTE editors.

Please provide an updated list of each member of your authoring team with title and affiliation to lisamclaughlin@apta.org by June 6th, 2013. Once compiled, this list will be distributed to all authoring groups.

Thank you for your commitment to the profession of physical therapy and the betterment of clinical education. Please feel free to contact me should you have any additional questions.

Sincerely,

ATTACHMENT 2 (6/27 ACBoD minutes)

Journal of Physical Therapy Education

Special Issue Clinical Education

INTRODUCTION and OVERVIEW EDITORIAL

FRAMING ARTICLE – Jette et al (Article 1) Posit evidence-based recommendations for the need of a more cohesive model of clinical education using a conceptual framework for examining clinical education quality. Provide an in-depth overview of the framework described in your proposal. Summarize models used in other health care professions and explore benefits, limitations, and challenges inherent in the various structures, processes and outcomes. Make recommendations for standardization within the physical therapy profession of appropriate structures, processes and outcomes.

EFFECTIVE FOUNDATION FOR COLLABORATION -- Panzarella et al (Article 2) Focus on answering the questions below through a position paper that argues for a sound affiliation agreement and collaborative relationship, regardless of the nature of the collaborative relationship and model being implemented.

What are the core components that should be included in a standard affiliation agreement within this model?

What are the requisite functional elements of a collaborative agreement between an academic institution and its affiliated teaching clinical practices, including responsibility for curriculum, financial arrangements, and requisite personnel and support structures?

Should there be financial disbursements or some other renumeration from academic institutions to teaching clinical practices, to individual clinical faculty, or both? How might this arrangement vary with the different model(s) being used?

What are fair and reasonable financial arrangements between an academic institution and a teaching clinical practice for the provision of learning opportunities for physical therapy students?

What is a reasonable caseload for a clinical instructor to maintain when supervising a student? Should the caseload vary based on the developmental level of the student?

What is a reasonable ratio of students to clinical instructor at any given time within a given clinical teaching practice? Should this ratio vary based on the developmental level of the student?

What are the standard student clearances and capabilities for work within a teaching clinical practice and how should they be documented?

ATTACHMENT 2 (6/27 ACBoD minutes)

EFFECTIVE STRUCTURE for COLLABORATIVE RELATIONSHIPS – Posit evidence-based recommendations for an effective collaborative relationship between academic institutions and teaching clinical practices and practitioners. Key questions that should be considered included are listed below.

Applebaum et al (Article 3) Focus on answering questions below through a position paper that argues for each academic program establishing formal relationships with a core of local/regional clinical and community partners. Brief descriptions of several program implementation models within and/or outside of PT will be described.

McCallum et al (Article 4) Focus on answering questions below through a position paper that argues for establishment of regional network for administration of physical therapist clinical education curriculum. Brief descriptions of several program implementation models within and/or outside of PT will be described.

> *What is the most effective structure for implementation of a clinical education curriculum across the academic and clinical settings including placement of students? Implementation issues could include assignment of students to clinical sites, communication strategies, clinical faculty development opportunities, and evaluation of student performance.*
>
> *What role should clinical practice facilities and instructors play in curriculum development, establishment of student performance expectations and design of learning experiences within this collaborative relationship?*
>
> *What mechanisms best facilitate communication during a clinical education course on student-specific achievement of performance expectations?*
>
> *What will be the most efficient and effective strategy to assign students to clinical teaching practices?*

EFFECTIVE IMPLEMENTATION AND SEQUENCING – Posit evidence-based recommendations for an effective sequence of clinical education at different stages of the professional curriculum. Key questions that should be considered are listed below.

Rapport et al (Article 5) Focus on answering above questions through a position paper that argues for the year-long internship as a model to prepare the entry-level student to enter the physical therapy workforce at a level of competence beyond the typical new graduate. Early, integrated clinical experiences that serve to prepare students to enter internship will be addressed. Brief descriptions of several program implementation models will be described.

Moffat et al & Hakim et al (Article 6) Focus on answering the above questions through a position paper that argues for an integrated model of clinical education as a model to prepare entry-level generalists with broad-based knowledge and skill. The distinction between the pre-licensure education and development and post-licensure specialty development will be address. Brief descriptions of several program implementation models will be described.

What are the student performance expectations for entry into clinical education?

What is the goal of the clinical education component of the curriculum within the context of physical therapy education?

What constitutes entry-level competence?

What are student performance expectations (cognitive, psychomotor, and affective) at graduation?

How does clinical education contribute to student achievement of the performance expectations?

What is the most effective structure (eg. Integrated with classroom based, full-time immersion, etc) at different stages of the curriculum?

What is the distinction between core, requisite learning experiences and elective, advanced experiences? What are the student performance expectations required for each?

What is the distinction between pre-licensure education, training & outcomes and post-licensure education, training and outcomes?

What requirements (if any) should there be for advanced / specialized learning experiences?

EFFECTIVE CLINICAL TEACHING AND PRACTICE ENVIRONMENTS -- Recker-Hughes et al (Article 7) Posit evidence-based recommendations for quality indicators associated with effective clinical educators and practice environments that facilitate student learning and development of clinical skills. Key questions that should be considered include:

What are the qualifications and characteristics of a clinical practitioner necessary for participation as a clinical instructor?

What are the characteristics of a clinical practice necessary for participation as a teaching clinical practice?

What are the characteristics of clinical teachers and clinical practice setting that are most conducive to student learning?

How does clinical instructor caseload or ratio of students influence the effectiveness of clinical teaching?

What are the responsibilities of the academic institution and of the clinical practice setting for ongoing development of clinical teaching skills?

ATTACHMENT 2 (6/27 ACBoD minutes)

What mechanism(s) effectively allow academic institution evaluation of teaching clinical site performance (eg. Role of site visits, role of CCCE, student-provided assessments of the learning environment and overall learning experience)

PREPARING FOR THE FUTURE – Duesinger et al (Article 8) Posit evidence-based recommendations for how clinical education needs to change to meet the contemporary societal needs as outlined by the listed imperatives in your proposal. Propose changes in clinical education impact on required setting types, patient types, entry-level performance, and collaboration between academic, clinical and community sites.

ATTACHMENT 2 (6/27 ACBoD minutes)

Guide to Authors: Special Issue Clinical Education

In general, authors should follow guidelines as outlined in the *Journal of Physical Therapy Education*. Information provided below is intended to provide additional clarification for the authors. Information in normal text is from JPTE guidelines; whereas, information in *italics* is text added for clarification.

Position Papers: Authors should adopt and defend a position on some issue of current concern and importance to physical therapy educators.

> **Background and Purpose:** A brief introduction states the purpose of the article.
>
> **Position and Rationale:** The position and the author's rationale for taking that position are elucidated. Issues should be stated clearly and theoretical foundations with literature citations for the rationale are stated. *Authors are encouraged to explore clinical education literature from within and outside of physical therapy, including documents developed from past clinical education consensus processes. Authors should state their primary position with supporting literature as well as addressing positions relative to the questions posed in the outline document.* The logic of the argument and stance on the position should be clear.
>
> **Discussion and Conclusion:** *A discussion may include brief descriptions of program implementation models when applicable*. A conclusion should summarize the position relative to the concern or issue addressed. An abstract is required.

Submission requirements are as outlined in the *Journal of Physical Therapy Education* Guide for Authors with the exception of the length of the manuscript to be submitted. ***Articles should be limited to 12 typed, double-spaced pages of text.***

Bylaws of American Council of Academic Physical Therapy

Preamble:

Believing that physical therapy education is under the auspices of physical therapy educators, and believing that physical therapy education is a collaborative effort of multiple stakeholders in the education community, we hereby propose the following By-Laws to dictate structure and governance of the American Council of Academic Physical Therapy.

Article I. Name

The American Council of Academic Physical Therapy, hereinafter referred to as the Council, shall be a distinct entity within the American Physical Therapy Association, hereinafter referred to as the Association.

Article II: Purpose

To advance the enterprise of academic physical therapy by promoting the highest standards of excellence in academic programs/departments/schools. For the purposes of the Council and its activities, academic physical therapy includes all aspects of physical therapy education, including clinical education, and post-professional education.

Article III. Objectives

The objectives of the Council shall be to:

A) Provide mechanisms for colleagues across institutions to work together to develop, implement and assess new and innovative models for curricula, clinical education, teaching/learning, scholarship/research, mentoring, and leadership.

B) Define the dimensions and metrics of quality and excellence within academic physical therapy to enhance academic programs/departments/schools.

C) Provide mechanisms for active and ongoing involvement of physical therapy educators and researchers to impel relevant decision-making at the institutional and national levels regarding academic policy and practice, accreditation, educational quality, professional licensure and other similar issues.

D) Establish and influence policy and legislation related to academic physical therapy through collaboration with organizations and institutions that represent health professional education.

E) Provide resources, mentorship and leadership to those seeking change and improvement in academic programs/departments/schools.

Article IV. Membership

Section 1: Qualification of Members

A) Institutions of higher education located in the United States of America with a physical therapist education program that is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE.)

B) The institution will be represented by one academic administrator or other designated full-time core faculty member (as defined by CAPTE) in the Program.

1) Institutions with an accredited physical therapist education program that offer one or more expansion programs shall have one institutional representative selected by the Institution.
2) Institutions with two separately accredited physical therapist education programs may have one designated representative for each of those accredited physical therapist education programs.
3) The designated representative from any institutional member must be a member in good standing of the Association.
4) If the designated representative is no longer at the institution, a new representative must be designated within three months.

Section 2: Rights and Privileges of Members

A) All Institutional Members:

1) To attend all meetings
2) To speak and debate
3) To make and second motions
4) To vote
5) To hold office
6) To serve as Chairs of committees

Section 3: Admission to Membership

A) Institutional Members: Applications for admission to institutional membership in any category shall be submitted in writing to the Council's Board of Directors. The Council's

Board of Directors shall admit to membership in the appropriate categories those who meet the prescribed qualifications and pay required dues.

Section 4: Good Standing

A) Institutional Members:

1) Makes timely payments of all Council dues. A member whose dues have not been received by the due date shall be considered to be in arrears and shall have all membership privileges suspended. If the dues are not received within thirty (30) calendar days after the due date, the membership shall be revoked.
2) An Institutional Member whose membership has been revoked due to loss of Accreditation may reapply for admission if "Accreditation" status is reinstated.
3) An Institutional Member whose membership has been revoked due to nonpayment of dues may be readmitted upon reapplication and payment of dues.

Article V. Meetings

Section 1: Annual Meeting

A) At least one Annual Meeting shall be held for the purpose of conducting the Council's business and other activities in accordance with the Purpose and Objectives of the Council, including the power to:

1) Amend or repeal these bylaws;
2) Amend, suspend, or rescind the standing rules;
3) Enact and, where appropriate, enforce policies of the Council;
4) Approve all resolutions and opinions in the name of the Council;
5) Reverse or modify decisions of the Council's Board of Directors.

Section 2: Special Meeting(s)

A special meeting can be called upon written petition of 50% of the voting Council membership.

Section 3: Meeting Notice

Written notification of the time and place of the meeting shall be sent to all Institutional Members at least 90 days before the scheduled meeting.

Section 4: Voting Members

Representatives of Institutional Members are the voting members at the Annual Meeting.

Section 5: Quorum

A quorum shall consist of a majority of the total number of the Institutional Members.

Section 6: Minutes

All meeting minutes shall be submitted to all members of the Council as well as the Association within 45 days of the date of the meeting.

Article VI. Board of Directors

Section 1: Composition

A) The Board of Directors of the Council shall consist of the President, Vice-president, Secretary and Treasurer and five (5) Directors. As sub-councils are approved, an additional Director position will be added to the Board of Directors for each approved Sub-Council.

B) The Executive Committee of the Council shall consist of the President, Vice-president, Secretary, Treasurer, and one Director who shall be elected annually by the members of the Board of Directors**.**

Section 2: Qualifications

Only officially designated representatives of Institutional Members or the representative of Sub-councils are eligible to serve on the Board of Directors.

Section 3: Officers

A) President

a) The President shall preside at all meetings of the Board of Directors and Executive Committee.

b) The President shall be responsible for relations with groups or individuals external to the Council, within or outside of the Association (e.g. Association headquarters, chapters, educational associations, etc).

c) The president shall submit an annual written report of the activities of the Council at the Annual Meeting.

B) Vice President
   a) The Vice President shall serve as the Presiding Officer at Meetings of the Council.
   b) The Vice President shall assume the duties of the President if the President is absent or incapacitated.
   c) The Vice President shall assume assignments as delegated by the President, the Executive Committee, or the Board of Directors.
   d) The Vice President shall be responsible for the Bylaws

C) Secretary
   a) The Secretary shall be responsible for keeping and distributing the minutes of all meetings of the Council, Executive Committee and Board of Directors.
   b) The Secretary shall be responsible for all notices to members of the Council.
   c) The Secretary shall maintain records of all official actions of the Council, Board of Directors and Executive Committee.

D) Treasurer
   a) The Treasurer shall be responsible for presenting the annual budget to the Board of Directors, maintaining complete and accurate financial records, and providing a written, annual financial report at the Annual Meeting of the Council.
   b) The Treasurer shall serve as the Chair of the Finance Committee of the Council.
   c) The Treasurer shall provide for an audit of the financial record of the Council at least annually.
   d) The Treasurer shall provide required financial reports the Association.
   e) The Treasurer shall provide financial reports to the Board of Directions at least quarterly
   f) The Treasurer shall keep accurate records of all receipts and disbursements related to the workings of the Council.

Section 4: Tenure

A) Members of the Board of Directors shall assume office in January at the beginning of their term of office.
B) The term of office of each member of the Board of Directors shall be for three years or until a successor is elected.
C) No member shall serve more than two complete consecutive terms on the Board of Directors or more than two complete consecutive terms in the same office.

D) Vacancies: In the event that a position on the Board of Directors becomes vacant, the vacancy shall be filled in the manner prescribed in the standing rules, with the exception of the office of President. In the event that the office of President becomes vacant, the vice president shall fill that position and the office of vice president shall be filled as prescribed in the standing rules.

Section 5: Duties

A) Board of Directors

a) Carry out the mandates and policies of the Council. Between Annual Meetings the Board of Directors may make and enforce such policy on behalf of the Council as is not inconsistent with the mandates and policies determined by the Council.

b) Foster the growth and development of the Council.

c) Direct all business and financial affairs of the Council, including approving an annual budget.

d) Be responsible for creation, appointment, purposes and activities of such committees as it deems necessary.

e) Be responsible for the program, time, and place of the Annual meeting of the Council.

B) Executive Committee

a) Provide for such staff as necessary to accomplish the Purpose and Objectives of the Council and assure that staff fulfills its duties and responsibilities.

b) Prescribe, oversee and publish these bylaws.

c) Prioritize the business of the Board of Directors.

d) Be responsible for all of its property and funds, and provide for an annual audit by a certified public accountant.

e) The Executive Committee may act in lieu of the Board of Directors between meetings of the Board of Directors.

Section 6: Conduct of Business

A) Board of Directors

The Board of Directors shall meet not less than twice a year. Seventy-five (75) percent of the members shall constitute a quorum. The President may call a special meeting of the Board of Directors and must call a special meeting on written request of a majority of the members of the Board.

B) Executive Committee

The Executive Committee shall meet not less than twice a year and shall exercise the power of the Board of Directors between its meetings. Four (4) members shall constitute a quorum.

Article VII. Besides such other committees as shall be created by the Board of Directors, the following will be Standing Committees

A. Section 1: Finance Committee
B. Section 2: Nominating Committee

Article VIII: Elections

A) The Board of Directors shall be elected by Representatives of Institutional Members in a manner prescribed in the Standing Rules.
B) The Nominating Committee shall be elected by Representatives of Institutional Members in a manner prescribed in the Standing Rules.
C) The Director from a Sub-council is elected by that Sub-council.
D) Election of officers may be conducted in person or electronically.

Article IX: Finance

Section 1: Fiscal Year

The fiscal year of the Council shall be the same as the Association.

Section 2: Limitations on Expenditures

No officer, employee, or committee shall expend any money not provided in the budget as adopted, or spend any money in excess of the budget allotment, except by order of the Council's Executive Committee. Neither the Board of Directors, nor the Executive Committee shall commit the Council to any financial obligations in excess of its current financial resources.

Section 3: Dues

A) The Dues shall be as follows:
   a) Institutional Members
      i) Dues shall not exceed $2,500 per year.

B) Dues shall be for 12 months of membership.

C) Dues changes shall be approved by the Council.

D) The Council may impose assessments in order to preserve the fiscal solvency of the Council.

Section 4:

The Council shall submit its annual financial statements, tax returns, and audit report to the Association when and as directed by the Association.

Article X. Sub-Councils

A group of institutional representatives or a group of individuals that represent a constituency of academic physical therapy may petition the Council to form a Sub-council as prescribed in the standing rules. Each Sub –council shall have one voting member on the Council's Board of Directors. Sub-council fees shall be as stipulated in the Standing Rules.

Article XI. Consortia

The Council may establish consortia as prescribed in the standing rules.

Article XII. Dissolution

A) The Council may be dissolved by a two-thirds vote of the members present at any Annual Meeting, a quorum being present, providing a 90-day notice of such pending action has been given to the members.

B) All property and records of whatsoever nature in the possession of the Council shall, after payment of all bona fide debts, be turned over to the Association.

C) If the Council is dissolved for the purpose of merging with an existing entity or newly formed entity, all property and records of whatsoever nature in the possession of the Council shall, after payment of bona fide debts, be turned over or conveyed to the existing or newly formed entity with which it is merged.

Article XIII. Parliamentary Authority

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* govern the Council in all cases to which they are applicable and in which they are not inconsistent

with these Bylaws, Standing Rules of the Council, and any special rules of order adopted by the Council.

Article XIV. Amendments

A) The Bylaws may be amended at any annual business meeting of the Council by two-thirds of those present and voting.

B) Notification of a proposed amendment shall be given to the membership at least 30 days prior to the annual business meeting and in compliance with the Council's revision process.

C) Copies of the Amendments shall be provided to each Council member following approval by the Council's Board of Directors.

D) If the intent of an amendment is editorial or to bring the Council's bylaws into agreement with those of the Association, the amendment shall be made as required by the Vice-President and shared with the Board of Directors. The Vice-President shall notify the Council's membership that such amendment**s** have been made.

E) Amendments to the Council's bylaws become effective upon approval in writing by the Council's Executive Committee and Board of Directors. (Exception: changes in Council dues become effective on the first of the Council's next fiscal year following approval.)

Proviso One: Election of Board of Directors to arrive at staggered terms of office for the Board:

At the first election:

The President and Treasurer shall be elected to a three-year term.

The Secretary shall be elected to a two-year term.

The Vice-president shall be elected to a one-year term.

Two Directors receiving the first and second most votes shall be elected to a three-year term, Two directors receiving the third and fourth most votes shall be elected to a two-year term. One director receiving the fifth most votes shall be elected to a one-year term.

Proviso Two: Standing rules shall be adopted at the first full meeting of the Council.

Proviso Three: Admission to membership

Initial membership shall be granted to those Institutions whose designated representatives sign the petition forming the Council, pay timely dues as stipulated at inception of the Council, and meet membership qualifications as stated in the Bylaws.

Proviso Four: First Dues Payments

First dues payment cycle shall begin on June 30, 2010 and members shall have until October 31, 2010 to pay those dues.

Proviso Five: Charter Members

Members who join the Council until February 18, 2010 are considered Charter Members.

Proviso Six: Interim Board

The ACAPT Organizing Committee shall continue as the Governing Board of the Council until the next meeting of the Council.

ATTACHMENT 5 (6/27 ACBoD minutes)

American Physical Therapy Association

Academic Council

Committee/Task Force Report – June 11, 2013

Name of Committee/Task Force: Diversity Task Force

Purpose (charge): Define "under-represented minorities" in physical therapist education and affirming a rationale for promoting a diverse student population and workforce in physical therapy. The task force's efforts will culminate in the development of related resources and recommended strategies to enhance minority student recruitment in physical therapy. The task force may survey PT education programs on minority outreach, recruitment, and retention initiatives; and summarize best practices. It may also review the literature to identify successful tactics adopted by other health profession institutions. The task force will explore and promote partnership opportunities for APTA, Academic Council, the Student Assembly, PT education programs, and other organizations to advance student diversity initiatives.

Members:
Bernadette Williams-York: Alabama State University (chair)
Salome Brooks: Springfield College
James Carey: University of Minnesota (Academic Council Liaison)
Jesus Dominguez: University of Southern California
Victoria Moerchen: University of Wisconsin-Milwaukee
Denise Wise: The College of St. Scholastic

Summary of accomplishments to date:

- Met via web conference three times and at CSM 2013 in San Diego.
- Elected a chair of the task force.
- Developed a proposed timeline for completion of charge (June 2015).
- Conducted a literature review relative to minority student recruitment and retention in physical therapy and other health professions.
- Reviewed national data regarding the declining number of minority students, graduates, and faculty represented in PT education.
- Identified challenges and barriers to minority student recruitment.
- Identified reasons why decline in minority PT faculty is problematic.

- Recognized the need to partner with the APTA Student Assembly and other organizations to achieve goals.
- Developed proposed definition of under-represented minorities (URMs) in PT education.
- Developed draft survey of PT education programs regarding minority student recruitment and retention initiatives.
- Discussed the value of using non-cognitive factors in a holistic admissions process as a way to achieve greater diversity
- Approved exploration of a minority student recruitment video in conjunction with the APTA department of minority and women's initiatives

Remaining activities (including budget implications):

- Identify any additional gaps in data and data collection needs.
- Finalize and disseminate survey to PT education programs relative to minority student recruitment and retention initiatives.
- Discuss APTA Board of Director's Operational Plan on Cultural Competence and any opportunities for collaboration.
- Explore development of a minority PT student survey with Student Assembly.
- Define end products that fulfill charge set by the Academic Council.

Do you have any questions for the Academic Council Board (questions to give the task force clarity on direction or input on controversial or challenging activities):

Motions, if any, that the task force is proposing:

MOTION #1: Move to approve the following definition of under-represented minorities (URM) in physical therapist education.

"Underrepresented in physical therapy means those racial and ethnic populations that are underrepresented in the PT profession relative to their numbers in the general population, as well as individuals from geographically underrepresented areas, lower economic strata, and educationally disadvantaged backgrounds."

INTENT: The URM definition was developed in response to the charge established by the Academic Council. The definition may be used to

- drive changes in what data is collected by PT education programs,
- help to give credence to arguments for greater diversity,
- focus the limited resources of APTA and the Academic Council, and

- achieve greater racial and ethnic diversity in PT education and the profession.

BACKGROUND: An under-represented minority (URM) is defined as a minority group whose percentage of the population within the profession is lower than their percentage of the population in the country. APTA does not currently have a policy relative to the definition of a URM.

The task force reviewed the definitions of URMs for the following health profession education associations (Addendum A):

- American Association of Colleges of Osteopathic Medicine (AACOM)
- American Association of Colleges of Pharmacy (AACP)
- American Dental Education Association (ADEA)
- Association of American Medical Colleges (AAMC)
- Association of Schools and Colleges of Optometry (ASCO).

The URM definition adopted by AAMC was deemed by the group to be the most flexible and relevant to the PT profession because it allows for changes to the demographics in the US population and profession in the future. The AAMC definition of underrepresented in medicine is, "Underrepresented in medicine means those racial and ethnic populations that are under-represented in the medical profession relative to their numbers in the general population."

The task force also included the following criteria in the URM definition:

- educationally disadvantaged backgrounds (eg, first generation college students)
- low socio-economic status
- geographically under-represented areas (eg, Appalachia)

.

Other health profession education associations also include or plan to include related criteria in their respective URM definitions in an effort to be comprehensive and in anticipation of pending Supreme Court case decisions on Affirmative Action. APTA is following AAMC's plans to add new questions to the American Medical College Application Service (AMCAS) application relative to applicant's socio-economic status.

The task force decided not to specify particular racial and ethnic categories in the URM definition so that it would remain relevant, regardless of changes in the demographics of the US population and profession. Males were not included because their numbers in the PT applicant pool and student body had steadily increased over the past five years. Other criteria, such as sexual orientation and religion, were not included because they were deemed less urgent and more difficult to track. Additional criteria may also potentially

dilute the ability of the association and council to make a difference. Finally, the aspects of diversity included in the URM definition reflect Academic Council's perceived impetus for creating the task force, as confirmed by Jim Carey.

MOTION #2: Explore partnerships with APTA and other health profession associations to offer admissions committee sessions for PT education programs in national, regional, or other forums.

INTENT: The purpose of the sessions or workshops would be to help PT education programs understand alternative admissions models and marketing strategies to help the profession achieve greater diversity in a post-Affirmative Action environment. Invited attendees could include program directors, admissions committee members, and admissions staff.

BACKGROUND: The US Supreme Court is expected to announce rulings on key cases in June 2013 that may prohibit the use of race-conscious admissions policies. According to the Chronicle of Higher Education, the "Fisher v. Texas case presented the question of whether an institution of higher education is allowed to use race in admissions even when the use of 'race-neutral' alternatives produce a fair amount of racial diversity by themselves." If race-conscious admission practices are banned, PT education programs may need guidance on how to achieve a diverse student body that will later meet the needs of a diverse patient population."

AAMC, ADEA, and AACP currently offer admission workshops to their respective member institutions on related topics. APTA previously offered similar workshops to members at PT education programs in the past under the direction of Johnette Meadows.

On June 10, 2013 APTA hosted representatives from multiple health profession associations to discuss the AAMC Admissions Initiative, its implications for other professions, related initiatives at each association, and opportunities for collaboration. Dr. Henry M. Sondheimer, Senior Director of Medical Education Projects at AAMC, provided an overview of the initiative. The group plans to collectively explore a possible interprofessional meeting for administrators, faculty, and staff in 2015.

In addition or in lieu of an interprofessional workshop, related programming could be offered in conjunction at national APTA meetings, such as at the Combined Sections Meeting (CSM) or Educational Leadership Conference (ELC).

Addendum A

Definitions of Underrepresented Minorities in Selected Health Profession Education Associations

American Association of Colleges of Osteopathic Medicine (AACOM)

AACOM officially defines URM for data purposes as African American, Native American/American Indian/Alaska Native, and Hawaiian/Pacific Islander race and Hispanic/Latino ethnicity for URM. Some of the COMs use first gen college, Appalachian, etc. In our single count, multi-racial aren't counted, nor are non-citizens/non-permanent residents whatever their r/e. And we talk about whether there should be distinctions within Asian Am populations – between SE Asian (relatively new to the US) and the long-present Asian populations that are well represented in medicine.

American Association of Colleges of Pharmacy (AACP)

The AACP ad hoc Committee on Affirmative Action and Diversity reported that there is under representation among Black/African-American, Hispanic origin (any race), and American Indian /Alaskan Native student groups in pharmacy schools. Asians and whites are not considered to be underrepresented minority students in pharmacy.

American Dental Education Association (ADEA)

ADEA currently defines underrepresented minority (URM) dental students as including black/African Americans, Hispanics, and Native American/Alaska Natives as distinct from Asian Americans who are minorities in the U.S. population but are overrepresented in their numbers of dental school students. ADEA is considering whether to also add socio-economic status (SES) to the definition.

Association of American Medical Colleges (AAMC)

On March 19, 2004, the AAMC Executive Committee adopted a clarification to its definition of "underrepresented in medicine" following the Supreme Court's decision in Grutter. The AAMC definition of underrepresented in medicine is: ***"Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population."***

Adopted by the AAMC's Executive Council on June 26, 2003, the definition helps medical schools accomplish three important objectives:

- a shift in focus from a fixed aggregation of four racial and ethnic groups to a continually evolving underlying reality. The definition accommodates including and removing underrepresented groups on the basis of changing demographics of society and the profession,

- a shift in focus from a national perspective to a regional or local perspective on underrepresentation, and
- stimulate data collection and reporting on the broad range of racial and ethnic self-descriptions.

Before June 26, 2003, the AAMC used the term "underrepresented minority (URM)," which consisted of Blacks, Mexican-Americans, Native Americans (that is, American Indians, Alaska Natives, and Native Hawaiians), and mainland Puerto Ricans. The AAMC remains committed to ensuring access to medical education and medicine-related careers for individuals from these four historically underrepresented racial/ethnic groups.

Association of Schools and Colleges of Optometry

In June 2004, the ASCO Board of Directors passed a motion to adopt the ASCO's Diversity Task Force definition of "Underrepresented in Optometry" as a guiding point for its diversity initiative. This definition will enable optometry schools and colleges to develop outreach, attainment and retention activities that support diversity. Each school/college will determine which groups in its geographic region are considered "Underrepresented in Optometry." The underrepresented in optometry definition enables ASCO and its member institutions to address the critical challenges of diversifying the profession and improving optometric care for all by educating a culturally competent workforce.

Definition:

"Underrepresented in Optometry" means those racial and ethnic populations that are underrepresented in the optometric profession relative to their numbers in the general population.

- The interpretation of "underrepresented" may be regional or local; consequently, the identification of "underrepresented" groups might vary geographically.

- The definition allows for adding and/or removing underrepresented groups based on the changing demographics of society and the profession.