

BUSINESS MEETING AGENDA

October 13, 2017 • 1:30 - 5:00 PM

Hyatt Regency, Ballroom, Columbus, OH

A. Call to order 1:30pm

a. Establishment of quorum 213 members, 107 for quorum. Quorum established.

- b. 2016 Business Meeting minutes approved.
- c. Mike Sheldon, Jim Farris and Mary Shall appointed to committee to approve the business meeting minutes for 2017

Carol Likens: Time Keeper

Reference Committee: Carol Likens, Marcia Smith and Catherine Ortega

A. PT PAC presentation

1:45pm

Marcia Smith provided a brief presentation on issues impacting the profession, opportunities before the end of the year, the connection between issues and the PT-PAC, and how these correlate to goals of raising nearly \$19,000 at ELC.

B. State of ACAPT: President's Report

1:55pm

Barb Sanders provided a summary of achievements of the past year by ACAPT leaders, reminded members of the impact and ongoing work by the Education Leadership Partnership (ELP), and work ahead.

C. Business 2:10pm

a. Treasurers report

Nance Reese, ACAPT Treasurer, provided a summary of the financial position of ACAPT outlining a breakdown of expenses and revenues as of August 31, 2017.

- b. Motions:
 - i. AC-1-17: <u>Proposed bylaws revisions</u>:
 - o Article V, Section 4C was approved to discuss separately from the remaining bylaws in the proposed bylaws revision.

No person shall serve more than two three complete consecutive terms on the Board of Directors or more than 2 complete consecutive terms in

the same office. A member who has completed their terms of office is eligible to run again after taking off at least one election cycle.

The motion to amend the article as written above was defeated.

Article V. Officers, Board of Directors, Executive Committee
Section 6: Conduct of Business, A) Board of Directors:

The Board of Directors shall meet not less than twice a year. Seventy five percent (75%)—A majority of the members of the Board 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.

Approved as amended above

Article V. Officers, Board of Directors, Executive Committee,
Section 6: Conduct of Business, 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. Eighty percent (80%) A majority of the Executive Committee members shall constitute a quorum.

Approved as amended above

Article VII: Elections and Voting:

The Representatives shall elect the members of the Board of Directors and the a members of the Nominating Committee. Elections shall be conducted online or in such other manner as the Board of Directors may provide. Elections shall be conducted each year in advance of the Annual Meeting, at such time as the Board of Directors may provide.

Approved as amended above

o Article VII: Elections and Voting:

On petition of at least 5 Member Institutions, a qualified consenting member shall be placed in nomination for a position as an officer, director, or as a member of the Nominating Committee to serve as a nomination by petition. Such a petition must be filed with the Secretary no later than 14 days after the list of candidates prepared by the Nominating Committee has been distributed to members. A candidate nominated by petition shall be afforded similar opportunities for publication of candidacy to the membership as those afforded a candidate nominated by the Nominating Committee, except that this individual shall be identified as nominated by petition.

Additional language above approved

D. Break with Exhibitors

3:00pm

E. Continuation of Motions

3:30pm

i. AC-2-17: Common Terminology

That the following be adopted:

That the Physical Therapist Clinical Education Glossary be adopted and used for discussion and description of physical therapist clinical education.

Approved

ii. AC-3-17: <u>Definition of Integrated Clinical Education</u>

That the following be adopted:

That the following definition of integrated clinical education (ICE) be adopted as the definition for use within the profession:

Integrated clinical education is a curriculum design model whereby clinical education experiences are purposively organized within a curriculum. In physical therapist education, these experiences are obtained through the exploration of authentic physical therapist roles, responsibilities and values that occur prior to the terminal full time clinical education experience. Integrated experiences are coordinated by the academic program and are driven by learning objectives that are synchronous aligned with didactic content delivery across the curricular continuum. These experiences allow students to attain professional behaviors, knowledge and/or skills within a variety of environments. The supervised experiences also allow for exposure and acquisition across all domains of learning and include student performance assessment.

For integrated clinical education experiences to qualify towards the minimum number of full-time clinical education weeks required by accreditation (CAPTE) standards, it must be full time and supervised by a physical therapist within a physical therapy workplace environment or practice setting.

Approved as amended above

iii. AC-4-17: Rescinding Terminology for Clinical Education Experiences

That the following be approved:

That Terminology for Clinical Education Experiences (AC 2-13) be rescinded. **Approved**

iv. AC-5-17: Parameters of Integrated Clinical Education

That the following be adopted:

That the 8 parameters presented as baseline expectations for integrated clinical education be adopted and disseminated for use by physical therapist educational programs.

These include:

- 1. Integrated clinical education may occur in any academic term prior to the completion of the didactic coursework leading to the completion of a terminal full time clinical education experience.
- 2. Integrated clinical education experiences will have specific desired outcomes that correspond to course and/or programmatic objectives.
- 3. Integrated clinical education experiences may be represented as a component of a didactic course or a standalone course that occurs in a synchronous aligned fashion with other didactic coursework.
- 4. Integrated clinical education experience time frames are developed by the academic program based upon the course and/or programmatic objectives. Integrated clinical education may include full time and/or part time experiences.
- 5. Integrated clinical education experiences may occur in a variety of learning environments including campus or community based clinical or non-clinical settings, based upon the course and/or programmatic objectives. Integrated full time clinical education experiences that qualify for a program's minimum number of clinical education weeks shall be completed in a physical therapy workplace environment or practice setting.
- 6. Integrated clinical education experiences shall include student assessments that are designed to link to the course or program objectives with expected student progression in professional behaviors, clinical knowledge, and/or skills.
- 7. Integrated clinical education experiences are coordinated by a faculty member of the academic program, in partnership with a coordinator from the clinical education site.
- 8. Integrated clinical education experiences are typically supervised by a course instructor and a preceptor. The preceptor may be an academic course faculty member, a clinical instructor, or other healthcare professional at the site the student is engaged in the experience, depending upon the course and/or programmatic objectives. Integrated full time clinical education experiences that qualify for a program's minimum number of clinical education weeks shall be supervised by a licensed physical therapist.

Approved as amended above

v. AC-6-17: Student Readiness

Motion to add Code of Ethics to item 14. Approved

That the following revised language be adopted:

That the list of KSAs and their recommended level of competency be published as a guideline for considering student readiness prior to entering first full time clinical experiences.

Approved as written above

vi. AC-7-17: Movement System Position Statement

That the following be adopted:

The American Council of Academic Physical Therapy endorses the concept that the movement system is core to physical therapist practice, education, and research. ACAPT, therefore, supports inclusion of the movement system as: (1) an identifiable element in every physical therapist educational program, and (2) a visible component of each program's public-facing web presence (e.g., as part of a program description, program goals, curricular threads or proposed graduate outcomes).

Approved

vii. AC-8-17: <u>Best Practices for Physical Therapist Clinical Education</u>

That the following be adopted:

ACAPT opposes Recommendation 1 in "Best Practice for Physical Therapist Clinical Education" ("That formal preparation for practice includes physical therapist professional education, followed by a clinical internship and mandatory postprofessional residency, and is accomplished through a process of staged licensure and specialty certification") on the grounds that it would result in removal of the most significant portion of clinical education from academic oversight and accountability.

Approved

viii. AC-9-17: Resilience

That the following be adopted:

ACAPT will develop a plan to enhance academic programs awareness of to the mental health and wellness needs of DPT physical therapy students and identify best practices for by academic programs to support and improve students' health and well-being.

Approved as amended above

F. New Business 4:20pm

None

G. Presentation of Awards

4:30pm

Pam Levangie recognized for her service as Director to the ACAPT Board Anne Thompson recognized for her service to the Nominating Committee

H. Swearing In Of New Officers

4:45pm

Mary Blackinton, Director

Denise Bender, Nominating Committee Member

I. Adjournment 5:00pm