****

**ORAL HISTORY SNAPSHOTS**

**Reflections of Key Leaders Across Time**

*Dr. Peter Altenberger, thank you so much for your participation in ACAPT’s oral history project! What is your overall impression of ACAPT’s impact in the education community and how does it differ from the Academic Administrator’s Special Interest Group which preceded ACAPT?*

ACAPT’s has brought like-minded individuals together under one umbrella to discuss issues that as individuals we had tried to convey through different vehicles. We need to have rich discussions among people with different ideas and different backgrounds and to look toward the future to discuss how we want education to look in 5-10 years. By separating ACAPT from the general activities housed under the APTA umbrella and changing its structure, it singled out a voice for just education alone. ACAPT has raised the stakes about education, created focused opportunity for deliberate discussion of issues and given everyone more opportunity to voice their perspectives.

*What specific topics do you remember ACAPT addressing in its early years ?*

Discussions about rankings (e.g. *US News and World Report*) their meaning and our response led to appointment of the Benchmarks Task Force. Members also talked about admissions, the criteria that should drive pre-requisites, and what messages students should have about when to put down a deposit. We discussed clinical education because we have many issues in that area. Creating the Summit and discussing differences in different parts of the country were important, but the bigger topic is what is clinical education is going to be like in the future. We are fooling ourselves if we assume a status quo. We also have debated how many programs is the right number, how many students should be in each program and what the faculty structure should look like. There have been many conversations about many topics - it has been a great opportunity to have those conversations!

*You have led the benchmark project since its inception. Can you detail the development, operation and progress of this initiative and how it was decided to focus the effort on engagement?*

In 2011, people were discussing how to define and measure excellence in education. The Task Force on Benchmarks was then created in 2012. For a year, we dove deeply into the literature and decided to use engagement theory because it is used in many institutions to measure undergraduate and graduate quality. We integrated criteria generated at ELC with the literature to create a survey to measure educational outcomes. During 2014-2015, we pilot-tested this instrument with just the programs within the task force and interviewed students afterwards to gain their impression about the questions. A statistician analyzed the questions, and, after multiple iterations, we launched a full version of the survey for data collection in 2016-2017 for all ACAPT members. We also created an electronic portal for each program to access their own data. Unique to our process in comparison with others is to survey both students and faculty to allow the programs to compare both perspectives about curriculum characteristics and educational outcomes. A complete breakdown of the survey development can be found in the Journal of Physical Therapy Education.

*What survey strengths and problems did programs identify and what is its current status?*

The biggest response was “Oh no, not another survey!” – a sign of survey fatigue. But there were several strengths, including that the survey: 1) was created internally by PT educators to measure our own quality, 2) gathers data from the whole gamut of PT education, not just one aspect, 3) affords comparisons between faculty and students as well as the rest of the survey pool, and 4) generates data that can be used to show program growth and development. There were concerns from people who felt that 1) quality is only measured through publications or grant dollars, 2) the survey too long, 3) students must complete it at graduation when they do not want to do a survey, and 4) that subsets of questions are needed to meet the needs of select groups (e.g. clinical educators), and 5) that the value of the data is unclear. Participation was the biggest concern, with only 50-60% of programs involved and only 50% of students participating in those programs. ACAPT has formed committees and groups to look at certain aspects of academic physical therapy, but it is hard to make decisions without data. I have shared how I personally use this data to forecast the future in my own program, and believe we need to keep doing this annually to change our culture into one where we all share information because we want to improve ourselves and the whole profession. We should push the envelope from just meeting expectations to exceeding them and change our culture to one that embraces this goal. Through an annual survey, we have a real opportunity to create data that allows us to make better decisions. In 2018, after a full-scale review of the process, the ACAPT Board put a moratorium on the project to re-evaluate the process and the instrument, mainly because of the participation rate, and make changes to increase its effectiveness.

*Where would you want ACAPT to go in the next 2-5 years?*

I hope ACAPT will grow in its voice in several areas: 1) defining and promoting excellence, 2) considering the future of clinical education and how to shape and evolve it, and 3) truly being data driven in education. I would love to see ACAPT establish 1) a Center for Educational Research Outcomes that distributes surveys, manages annual data collection and creates a culture of educational assessment, and 2) a pool of educational research support funds for more scholarship in teaching and learning that uses large data sets of education outcomes to help us be at the forefront in understanding what students want to do in their careers and avoid limitations like debt burden. We need to have dedicated groups of individuals doing outcomes research so that surveys, whether about clinical education, student debt or outcomes, come to programs from the same source. Then, we can create a culture in which assessment is a good thing and used to get data to drive decisions. With a 20% annual change in program leadership, we must continually demonstrate why ACAPT membership (and its surveys) is important and promote participation on all levels.

*Peter, thank you for this important conversation about where ACAPT might move in the future and how a new culture of assessment is needed. On behalf of ACAPT and its Board, thank you also for your leadership of the benchmarking initiative.*