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**ORAL HISTORY SNAPSHOTS**

**Reflections of Key Leaders Across Time**

*Thank you so much, Dr. Kapasi for helping to document the history ACAPT! Let me start by asking you how you originally became involved in ACAPT?*

I vividly remember my first ELC conference in 2008 at which the Academic Council was formed! I was asked by Susan Herdman to attend the meeting and vote as her proxy, and I have not missed a single meeting since then! My formal involvement with ACAPT began when I was appointed to the ACAPT Finance Committee after unsuccessfully running for Treasurer. In 2011-2014, with Nancy Reese as Treasurer, we developed ACAPT’s initial investment policy. I was then elected to the ACAPT Board of Directors and have served as Vice President and Secretary. By serving on the Board, I felt I could make a larger impact because it has a pivotal role in shaping the direction of education. I also have served on the Education Committee of the Private Practice Section and APTA’s PT Education Taskforce, and we made a difference there. Every way you serve makes a difference but being part of the Board has been a great and influential way to serve my profession.

*Has ACAPT addressed the diversity in our profession?*

It is a challenge, but one we are willing to embrace. The health professions average 7% of underrepresented minorities, so there is a lot of work to do. Very early on, I was the Board liaison to the ACAPT Diversity Task Force that considered why we do not have a more diverse student body and therefore a more diverse pool of practitioners. That group published two papers from its very robust work. More importantly, the Arizona chapter used that work to pass a motion in the House of Delegates adopting the definition of URM for our profession that will drive a series of mandates to increase representation. It boils down to building a pipeline of students who want to be in our profession and perhaps also become faculty. But this pipeline needs to be built early in middle school or in early high school so that children from minority communities don’t miss health professions that are extremely satisfying and high paying (and beyond being a physician or a nurse). Currently, only 4 out of every 10 providers are physicians and nurses; the remaining 6 are providers like physical therapists, occupational therapists and physician assistants. We must promote those options within our underrepresented minorities.

*What do you think about ACAPT’s initial decisions to have institutional membership and focus on PT (and not PTA) education?*

Every professional organization must focus, and I believe that ACAPT made the right choice initially to focus only on PT education. Then the Education Section could handle PTA education. But, now we have two parallel education organizations within our profession and it creates confusion. I would make PT and PTA education both components of ACAPT to best achieve how each type of practitioner is deployed in practice. I also believe that ACAPT also made the right choice to build its structure around institutional membership. This does not exclude others from participating and the invitation to participate needs to be broadcast more widely to faculty members and the clinical community as well as to Program Directors. The message of ACAPT must permeate our entire education enterprise!

*What do you think ACAPT’s impact has been on the education community and on the profession so far and what should its focus be now?*

ACAPT has had a huge impact! Education is now up front and center within APTA and our professional community. People now recognize that we shape the future of our profession through the students we enroll to become future practitioners. With input from the clinical community, the academy can apply its 30,000’ view of societal trends to ensure that our profession is in the right place when the future arrives. ACAPT has embraced the creativity and excitement of the entire academic community to help achieve its goals and is moving in the right direction(s). ACAPT also has begun a leadership academy and I believe this must be a strong focus in the next 2-4 years. People are looking for value in health care, and PT is a value option. We must look towards team-based care with PTs serving as family care providers for musculo-skeletal conditions. This will take leadership; we have an important voice that must be exercised, and we need leaders to exercise that voice on behalf of our profession – door-to-door with MDs and other health care providers.

*Do you see an interface between the ACAPT leadership institute and other leadership initiatives being developed in the profession?*

Each of these are targeting different audiences. ELI is for emerging program directors, but I envision something for experienced academic leaders because leadership training is on-going. I have participated in several leadership institutes and have always come away with a nugget that makes a difference in my performance and growth. We need different programs for different career level(s) and develop programs for senior leaders, perhaps through ELI or as a new initiative.

*Do you have any memorable anecdotes that demonstrate how the culture of ACAPT developed?*

ACAPT’s culture is extremely open with programs of different sizes from different kinds of institutions, and we have created a very inclusive culture. Mike Sheldon, who is from an institution in Maine, has played an important role in showing leadership from a small regional institution. He has served in many different capacities and has brought his talent for and interest in policy to all. For those of us who are more likely to say: “let’s get it done, policy be damned”, Mike brought order and respect for proper protocol (even though we teased him!). His work shows that the ACAPT culture is one of respect for different views and different institutions. ACAPT is not an exclusive organization; it needs all voices!

*Thank you, Dr. Kapasi for this opportunity to tap your impressions honor your leadership in ACAPT and hear your thoughts and your visions for the future for ACAPT.*