

Clinical Education SIG meeting at ELC - 10/13/17

- **Reports:**

- **Gina Musolino - Section update and Tri-board**

- **Alicia Tilley** reporting for Gina Musolino-

- Publisher for Journal of PT Education has changed. This was communicated to members via email. The next issue with the new publisher will start with issue IV.
- There are six SIGs in the Education Section
- Education Board has moved forward with the name change to: **Academy of Education**

- **Jennifer May;**

- Thanked everyone for their feedback. Looking for ways to collaborate with ACAPT.

- **Marcia Smith - PT-PAC Trustee**

- Reported on Congressional bills that are still being considered (Tri-Care, elimination of the Medicare Therapy cap, PT Workforce bill to incentivize loan forgiveness) as well as the APTA campaign to #Choose PT First before soliciting PAC donations from members.
- Asked members to alert them to anyone politician in their district that is PT friendly so that they can be supported when they run for congress.
- We are not supporting PAC as a profession very well.
- Asking for support from each member

- **Candy Bahner - CAPTE**

- Introduced herself, she has taken over Ellen Price's position as the Lead PT programs Specialist.
- CAPTE is overseeing a total of 671 accredited/developing PT and PTA program. There are currently 240 accredited and 27 developing DPT Programs. In addition there is one accredited international PT program. There are 363 accredited and 40 developing PTA programs.
- Upcoming CAPTE Workshops:
 - CSM 2018: DPW on February 19, 2018 and SSW is February 20th and 21st, 2018 in New Orleans, LA
 - NEXT 2018: DPW and SSW will be held on June 24th and 25th, 2018 in Orlando, FL
- CAPTE's Assessment Task Force developed a Module on Assessment that is now available through APTA's Learning Center.

- **Nancy Kirsch – FSBPT**

- Federation director
- Capte and the Federation will have a meeting at 10:30 tomorrow to work on following issues:
- Federation has sent a response to the ELP taskforce on the Clinical Education Recommendations....

- FSBPT is concerned that there not be unwarranted limitations in access to care and not to prohibit qualified candidates to enter the profession but to assure that candidates are qualified.
- The new School registration process is going well. Students are accessing the FSBPT site earlier and easier. This will give students access to the exam information earlier which is helpful in preparation for the exam. The new process limited the students' difficulty with putting in their school information correctly. If anyone experience difficulty accessing the site the federation staff will help.
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- The Federation is trying to create the ultimate pathway to registration. They are testing it in TX and CO in order to have an alternate path for the credentials which will move the process much faster.
- Licensure compact is up and running with 10 states being part of it.
- The practice analysis has been completed. The standard setting has been completed and new forms of the exam are ready for the January exam. They had a big group of volunteers review the questions.
- Some of the things that have changed for the exam:
 - ◆ They have separated lymphatic system from Cardiopulmonary.
 - ◆ Reduced musculoskeletal content.
 - ◆ There is a slightly higher standard for PT and PTA. It could take about four more questions to get a passing score (600) in PT exam and 3 for PTA. This may affect first time pass rate.
 - ◆ Some examples of the rationale for these changes:
 - shorter stays and higher acuity of patients,
 - direct access,
 - changes in payment structures,
 - more informed patients,
 - patients that function more independently
 - ◆ This will go into effect in January 2018.
- **Anne Reicherter /(Courtney Merritt) Kate Owen from liaison International- CPI / CSIF update**
- Anne Reicherter is the director of academic affairs but she was previously a DCE and has been part of this group for many years
- There has been a transition at APTA: Libby Ross took a different position.
- They have a technology group that addresses the concerns on CPI and CSIF.
- Her email address is: annereicherter@apta.org
- She will be at the ELI booth if anyone has any questions.
- Scholarship: If you need to change CPI for research purposes, you will need to get approval by the APTA. The CPI is for the longer internships but if you need to alter it for shorter ones, get approval. Look at the FAQ page. That approval can go into the publication when you do your research.

- Her role includes: program director to the ELI. PT CPI and PTA CPI, faculty and student affairs. Assisting members with identifying resources. Duties assigned by the VP to education and the VP to practice, e.g. clinical education task force. She is also still trying to implement PTNow into the academic curriculum.
- Kate Owen: They have been adding support staff to help with CPI and CSIF. Greg is training new people so response time is taking longer.

Customer Numbers listed below (as of 10/10/17):

- i. # of PT CPI Web Customers: 217 (New customers = 2)
- ii. # of PTA CPI Web Customers: 214 (New customers = 16)
- iii. # of PT CSIF Web Customers: 177 (New customers = 15)
- iv. # of PTA CSIF Web Customers: 146 (New customers = 23)

CSIF (Clinical Site Information Form) Web Numbers listed below:

CSIFs Unstarted, Started, Key Fields Complete & Full Complete (as of 10/10/17):

- i. Total # of Sites: 46,806
 - ii. Total # of Active Sites: 38,981
 - iii. Total # of Inactive Sites: 7,825 (no clinical assessment activity in the past 4+ years)
 - iv. Total # of CSIFs Unstarted: 32,090
 - v. Total # of CSIFs Started/Key Fields Complete: 9,124
 - vi. Total # of CSIFs Full Complete: 5,592
 - vii. % of CSIFs that are 'Started' and 'Key Fields Complete' = 20%
 - viii. % of CSIFs that are 'Full Complete' = 12%
 - ix. % of CSIFs that are 'Started', 'Key Fields Complete', and 'Full Complete' = 32%
- Email tickets are taking a bit longer because of the training of new staff but the calls are being answered promptly
 - New enhancements: separate tab for reports with subtab to compare to national benchmarks.
 - In January there will be new additions and enhancements
 - **April Newton - ELC 2017 Program Report / 2018 Preview**
 - They had 901 registrations for ELC this year. Ran out of program and flashdrives due to the large number but they are getting them and will distribute to anyone who didn't get it.
 - Scholarships were offered to clinicians to attend ELC. They had 120 applications for 40 awardees. The Education Section provides 20 and ACAPT provides another 20. She encouraged everyone to share applications with their clinical partners. The applications come out in July.
 - ELC has increased programming through the years. They now want to increase the PTA programming.

- Anything IPE related will be strongly considered.
- ELC will be in Jacksonville next year, October 9-14. After that it will be in Seattle. They try to move around regionally.
- Please provide feedback about the conference. Evaluations will be available to provide the feedback.
- She recognizes that we need a larger room for the CE SIG meeting.
- Danielle Parker will be moving into April's position.

- **Tonya Apke - CESIG Membership Report**
- Tonya has figured out a way to track membership which has been difficult in the past.
- She encouraged everyone to fill out a survey at: tinyurl.com/ydhp29sh
- If anyone want to join CE SIG, they have to first become a member of the Education Section.
Then they need to send an email to Julia Rice at APTA in order to get access through the listserv, to be added to HUB. It is a two-step process in order not to miss any communication from the SIG.

- **Cindy Utley / Angel Holland - CESIG Nominating Committee Report**
- Three positions are available: academic co-chair, membership secretary, nominee committee. She passed the forms detailing the requirements and qualifications. She encouraged anyone interested to fill them out and explained that the nominations will be announced at a later time.

- **Donna Applebaum / Jay Lamble - Update from Ad Hoc Committee for Best Practice in Clinical Education Task Force**
- She is the co-chair ad hoc for ELP. Donna presented the results of the feedback process reported by the 'Best Practice in Clinical Education Task Force' last night.
- She provided some historical background on the development of the task force.
- Last April, the task force released their report to the board who appointed them.
- The APTA board decided to have the ELP weigh in before the board would vote on it.
- The ELP created an ad hoc committee to assure transparency.
- There were many feedback mechanisms. The data came in in September. They took a look at the data and analyzed it.
- The brief version:
 - Recommendation #1, dealing with preparation of PT student, was the least supported of all.
 - #2 standardization of clinical education, had good support.
 - #3 regional partnerships, had very good support.
 - #4, data management, had pretty good support. There were some concerns relating to national match and security with data.
 - #5, educational research agenda, was very well supported.
- Five themes emerged:
 - 1. Research is needed.
 - 2. There are system issues e.g. onboarding, etc.

- 3. Economics: student debt, debt to income.
- 4. Curriculum and educators resources.
- 5. PT practice: looking at the model and how we prepare PTs. Specialization and whether it should happen.
- ELP meets on Sunday to get the report and then they will present it to the board and we will see what the board thinks.

- **Kathy Griffin – chair of PTA education SIG**
 They are looking at how PTA education is supported and developed and where there may be gaps.
 They are also looking at how to focus on PTA educators, clinical and academics.
 They are looking for volunteers to help with gathering the data, etc. forming a task force.

- **ELP WORK GROUP** – they are working on faculty development. It is not fully developed but looking for volunteers.

OPEN FORUM DISCUSSION TOPICS

- **Interprofessional collaboration (Request from HPA Section):**
 - *What interprofessional collaboration is occurring clinically?*
 Cindy presented the question to the group and the following are examples of how different schools/settings are implementing IPE:
 - IPE curriculum being implemented in a pro-bono clinic
 - Upstate medical University in Syracuse, hired someone as director of IPE making their vision move forward because this individual is totally dedicated to this role. They have representation from college of medicine, nursing and health professions. They provide faculty development in the clinic with CIs and preceptors.
 - UC has an ‘Ignite program’ for health sciences, PAs, PTs and OTs, psychologist. They meet for four days and they have been able to see visible changes in their students as a result.
 - Another school has a community outreach program that pulls from many profession to go to the community.
 - A different setting has an IPE class and seminar series. It includes first and second year students. Their nursing sim lab works with RN student and SLP students. They also do community outreach with a variety of health care profession
 - Washington University in St. Luis center of IPE has two positions that are dedicated to IPE. The students from the different professions work and learn from each other. They also have the opportunity to work with actors playing the role of members of a different profession. They continue to grow their IPE program and are looking for grant funding for IPE.

 - *What are the barriers to engaging in it?*
 - Time and scheduling
 - Physical space

- *Ideas and / or needs to make participation more feasible.*
- Chapel Hill – suggested that the schools should reach out to their clinical site partners who may be able to help with some of the issues. The clinical sites can help in bringing students together from different disciplines. So look at your clinical partners
- Program chairs need to provide release time for the faculty members to work on this.

■ **Requested time off from full-time clinical experiences for residency (Request from Northwest Intermountain Consortium)**

- They received concerns from clinical partners regarding the time that the students in their final internships are taking off to do residency interviews. It is perceived as lack of interest from the CIs.
- They are suggesting that the residency programs should consider using technology to conduct interviews. E.g. skype. They could also conduct the interviews on weekends.
- Do we want to put a statement forward as a SIG regarding this issue and present it to the Residency Board?
 - Students are missing multiple days, residency programs don't seem concerned and feel that it is professional development.
 - A Residency program suggested that they do many of their interviews at CSM and they are also open to using technology
 - A CCCE present at the meeting said that she had her first request recently. She saw it as a professional development but was then taken back when she found out that the school had already approved the time off without consulting with her.
 - The NW consortium wants to take it to the Residency group.
 - Cindy mentioned that the consortium already wrote a very well written letter that could be circulated and will be sent out for members review.
 - Cindy wanted to know how many would support the concept of sending this letter and the majority of the room was in agreement.
 - Another participant suggested that the students need to engage in professional communication when requesting the time off instead of the DCE doing it for them.
 - Another DCE in the room was not in agreement with this suggestion because she had had a bad experience with students communicating the incorrect information to CIs. She doesn't allow these type of requests come from the students, they have to come from her.

■ **Clinical Education manual for CCCEs:**

Cindy mentioned that it has been in the works for a long time but has not moved forward. The original one was done in 2009. She feels that it needs to be started from scratch and is looking for interested people to help and have it ready by CSM.