Academy of Physical Therapy Education

Clinical Education Special Interest Group (CESIG)

Education Leadership Conference 2019

Bellevue, Washington

*Hyatt Regency Bellevue-Evergreen A-F*

Saturday, October 19, 2019

8-10am PDT

* Board members were introduced –
	+ - Karen Bock – Clinical co-chair
		- Elsa Drevyn – Recording secretary
		- Susan Tomlinson – Nominating committee
		- Laurie Neely – Nominating committee
	+ Board members unable to attend:
		- Carol Beckel – Academic co-chair
		- Lisa Harrison – Membership secretary
* Open Forum Attendance – electronic check in did not work
* PAC Representative Paul Hildreth – encouraged attendees to contribute to PAC with any amount. He reminded members that they can designate how they want their contribution distributed but that PAC is bipartisan. The law dictates that the money from APTA membership dues cannot be used for PAC. PAC’s goal is for 55%-member participation.
* Comments from APTE President – Pam Levangie

Adopt-A-Doc Scholarship is now available to everyone pursuing a doctoral education.

* Susan Tomlinson and Laurie Neely introduced Nominations and described the open positions. Karen Bock reviewed the CE SIG’s mission to involve and serve academicians and clinicians.

A sign-up sheet was passed around for anyone interested in becoming involved. In addition, a google document link was provided as an alternative for interested members.

**APTA Updates**

* Outcome Strategy Initiatives (ELP) - Steven Chesbro and Jean Timmerberg

Steve Chesbro

In the Educational Leadership Partnership (ELP) all members of ACAPT and APTA are represented.

Two task forces were developed that provided recommendations to ELP. Work groups were then created to address the following recommendations by the task forces:

-The development standardized outcomes measures for students and graduates

-Educational research

-Essential resources for programs and faculty development

-Academic clinical partnerships

Outcomes Strategy Summary:

The first step is to define the outcomes expectations for clinicians entering clinical practice.

They came up with a framework to define these outcomes, but a core set of competencies had to be discussed.

Domain of Competencies (DoCs) were described as: statements of the complex knowledge, skills, attitudes, behaviors, and values applied to specific situations. They looked at several models that defined DoCs including the Canadian model.

Entrustable Professional Activities (EPAs) are one framework for the assessment of competencies. They were defined as discrete tasks with a beginning and an end, that have a product, and are entrustable. They represent the critical activities of a physical therapist, are used as workplace assessments and are a framework for assessment. An EPA is an activity that we do as PTs in the clinic/workplace.

The medical model uses an entrustment scale to determine where the individual is at.

The medical model was explained as they utilize EPAs as a framework for assessment.

There are four panels that are working on this: DoCs Panel, EPAs Panel, Research Panel and Communication Panel. They will then create a Reactor Panel that will provide feedback and include members from all the stakeholders.

The EPA group will then draft the EPAs based on the recommendations from the Reactor Panel. The research panel is using research to make sure that they are following the right steps. This information will then need to be disseminated.

The Reactor Panel will reach out to the regional consortia, ACAPT, APTE and other stakeholders to recommend individuals that will provide input and agree to an 18 months commitment.

The timeline expectation is that by the end of this year the DoC Panel will have their first reactor panel and the EPA Panel will have its reactor panel by Spring.

It will then need to be piloted. It has taken medicine about 14 years to develop theirs.

The CPI was discussed and there will be a psychometric review of the CPI to decrease redundancy and its increase its effectiveness.

Questions from the audience:

Question: regarding EPAs, how can programs assess students within the didactic curriculum and during clinical experiences since it was said that it could only be tested in the workplace?

Answer: the EPAs are a workplace assessment. The utilization of the EPAs will be voluntary. At this time, they are trying to standardize outcomes, but it will up to the programs how to go about it.

Q: how is this affected by the length of the curriculum.

A: competency based is not time based.

Q: what is the timeline of when the call will go out to the consortia and will guidelines be provided for the reactor panel?

A: Currently they are operationalizing the guidelines to make sure that the instructions are very clear and that all settings are represented. Individuals need to be very clear on what is going to be asked from them.

Q: Is CAPTE involved?

A: medicine strongly recommended not to have an accreditation member. However, they are an important member for feedback and are included in the reactor panel but not in the development process.

**Liaison International update:** Ann Donnelly and Dona Applebaum

Ann Donnelly provided an update on the new staff at Liaison International (LI), explaining that they are in frequent communication and meet every week by phone.

LI realized that the number one priority had to be costumer service. They have made significant strides in that area and currently their response rate for calls is one minute, the average talk time is five minutes, and email response rate is now 9.36 hours.

They are utilizing Google analytics which allows them to compare cycles of CPI utilization by the programs to strategically plan the best time to work on their systems upgrades while minimizing disruption.

In June they were invited by the APTA to do a tour of a hospital. This provided them with the opportunity to observe firsthand the complexity of the day to day operations in the clinic.

Following the tour, there were focus groups that involved students, DCEs and CIs. The focus groups were asked what they liked and did not like from the technology and communication perspective of utilizing the CPI. They were also asked to provide suggestions. This feedback created the roadmap for improvements. This is the first time that this level of collaboration has ever happened.

Their accomplishments so far:

* Their customer service now has extended hours. This will be re-evaluated in December
* They have streamlined the billing process which has made it easier for their customers
* There is now a password reset tool that was not available before
* They now use Google analyst to strategize upgrades
* There is a lot of data in the CPI and a lot of duplication. The system now will not allow duplication of emails.
* The process to generate reports is working more effectively.
* They will get an alert if the system is unavailable for more than one minute
* They have upgraded the software to improve stability
* An expand ‘all’ bottom is now available
* The comment box size has increased
* Group emails can now remove individual emails

What is coming:

* The ‘significant concern’ box will be able to be unchecked
* They will remove individual sign off in each section so that there is only one sign off at the end of the evaluation
* There will be a pre-sign off that will allow the CIs to review and make changes before their final sign off.
* They realized that the E-learning modules were very long. They have developed a self-paced online course that has videos and step by step instructions.

Donna Applebaum:

* LI have developed initiatives for data storage and cleanup. The student evaluation is owned by the program not by LI and this information should be migrated from LI to the program. There will be a timeline of about a year for the schools to pull the data from LI. There have been 181,398 PT evaluations completed in the CPI and 238, 765 PTA evaluations. LI will still archive the data, but they need to make some room in their system. The programs will be instructed on how migrate the data.
* Q: can liaison store the data if the programs pay for it.
* A: they haven’t considered this.
* Q: how will CIs have a record of their students.
* A: data won’t go away. This clean-up will make it easier to access new data. It is also important for schools to have the information just in case something happens to LI’s server.
* Q: how long should a program hold on to the CPIs.
* A: it is up to the programs and Anne Reicherter consulted with CAPTE who suggested to check with the program’s self-study to know what each program dictates.
* There was a suggestion to do a survey on what data the programs want to have stored at LI may be more effective in storing data.
* A: this will be discussed and explored by LI and APTA
* There was a comment on how difficult it is for some institutions to deal with the technical issues and the storing of information.
* A: the conversation has just started, and LI is getting a sense of how programs feel about data migration.
* A participant thanked LI for fixing the training models and pointed out that the instructions are very clear but stated that it is difficult to change user role
* A: suggested for her to come by LI’s booth and provide suggestions.
* EXXAT offered to partner with them.
* Comment by a member that the data should be available to utilize it to answer big questions, because fragmentation is not a good idea.
* Comment in support of collaborating with EXXAT
* A participant inquired about a survey that was done regarding the CPI and wanted to know how the data was utilized.
* A: yes, there was a survey from the CE SIG which led to these conversations and to collaboration in order to enhance the process with the CPI.
* Concluded by encouraging feedback and ideas

**Open Forum:** Moderated by Karen Bock

* Q: A participant asked the audience for ideas on how to deal with fee for service sites and how to get students to be more hands on at these sites.
* A: suggestions to communicate with the sites and ask them for their definition of entry level at that particular clinic. It was also suggested that the students may need to be better prepared on what to expect at these sites as they will have the mentoring and potentially a lot of supervision because of the nature of the site.
* A participant indicated that he begins by stating that “it is a teaching facility” with every new patient/student interaction which led to next comment of another participant.
* A participant mentioned her dream of having a sign at sites saying “we have a PT clinical education program”