****

**Clinical Education Special Interest Group (CESIG)**

**Open Forum**

**Education Leadership Conference 2018**

**Jacksonville, FL**

**October 13, 2018 8:00 to 10:00 a.m.**

8:00 a.m. Call to Order

Introductions of the board members

* Jay Lamble – Clinical Co-Chair
* Carol Beckel – Academic Co-Chair
* Lisa Harrison – Membership Secretary
* Elsa Drevyn – Recording Secretary
* Angel Holland – SIG Nominating Committee
* Susan Tomlinson – SIG Nominating Committee

PAC Representative – Marcia Smith – last meeting for Marcia who has been with PAC for four years.

* Successes these past year:
	+ Elimination of Medicare cap.
	+ First phase of the opioid legislation completed.
	+ PTA inclusion in Tricare.
	+ “Prosper act” hasn’t passed yet – it is a house bill – it will eliminate loan forgiveness for those working in underserved areas. Will provide access to ??? don’t support this bill.
* She encouraged everyone to participate in early voting – support our representatives and senators. We need funds to establish relationships with people in congress. You need to know who your representatives are.
* Please contribute to PAC

8:10 a.m. CESIG Board Reports

* Nomination Committee – Angel Holland and Susan Tomlinson
	+ Susan to pass clipboard if you are interested in more information about the board positions or are interested in running
	+ Call for candidates – 2 year positions
	+ Open positions:
	+ Clinical Co-Chair (SCCE or CI):
		- The Co-Chairs shall develop the agenda and preside at all meetings, communicate with the Section for Education Executive Board, and oversee activities of the CESIG.
		- The Co-Chairs shall create and appoint all task forces and special advisory committees necessary to accomplish the functions of the CESIG.
		- The Co-Chairs shall submit an annual written report of the activities of the CESIG to the Section, and participate in Executive Board meetings for the section.
		- The Co-Chairs shall be responsible for coordination of educational programming with the Section Programming chair
* Recording Secretary –
	+ - The Recording Secretary shall be responsible for keeping and distributing the minutes of proceedings of all meetings.
		- The Recording Secretary shall be responsible for all notices to members of the CESIG.
		- The Recording Secretary shall maintain records of all official actions of the CESIG
		- The Recording Secretary shall prepare an attendance roster for CESIG business meetings and distribute to the Co-Chairs.
		- The Recording Secretary shall prepare an orientation packet for new officers, including a roster of officers, Rules of Order for the CESIG and standing rules of the Section for Education.
* Nominating Committee –
* The Nominating Committee shall present a slate of two or more qualified candidates, if possible, for the appropriate offices annually at the CESIG

 business meeting.

* + Process for nomination:
* Confirm your interest with the nominating committee:
	+ Angel Holland, PT, DPT, EdD: amholland@uams.edu
	+ Susan Tomlinson, PT, DPT: tomlinsos@arcadia.edu
* Complete the consent form and submit to apte@apta.org
* Deadline: December 1, 2018
* [https://goo.gl/forms/KmzPomTDxLtyesRt1](https://urldefense.proofpoint.com/v2/url?u=https-3A__goo.gl_forms_KmzPomTDxLtyesRt1&d=DwMFaQ&c=27AKQ-AFTMvLXtgZ7shZqsfSXu-Fwzpqk4BoASshREk&r=9AShN8sOUR2G2KfIBdElKojtrW6flDRZILh0ubjI7H8&m=keXBW9uY8zyhzYhOxdxjoOEJIyP9Ww-4eQ5-ABnQELg&s=VgQDHO2lzYcJo6E4D8iFMz9N7ndflgprvUy3jqE8BQU&e=)
	+ At the APTE level there are positions that will be open as well –
* Secretary
* Treasurer
* Professional Development Representative-At-Large
* Nominating Committee Member
	+ Deadline for awards is coming up. We all know someone who should be nominated. There are not a lot of nominations right now. Carol really encouraged participants to go to the website (<http://aptaeducation.org/awards/index.cfm>) and look at the qualifications. Look at yourself as well for potential nominations. The deadline has been extended to the end of the month, **October 29th**.
	+ Awards:
* Award for Leadership in Education: honors an individual who exemplifies excellence in academic and clinical teaching
* Adopt-A-Doc Scholarship Award: support for doctoral student in support of PT and PTA faculty preparation
* Polly Cerasoli Lectureship: lecture provided at CSM 2020
* Linda Crane Memorial Lecture Award: lecture provided at CSM 2020
* http://aptaeducation.org/awards/index.cfm
* Reminder of New/Updated Clinical Education Terminology – Jay Lamble and Lisa Harrison –
	+ Please refer to Erickson, et al “Recommendations from the Common Terminology Panel of the American Council of Academic Physical Therapy” PTJ 98, 9: 754-762
	+ Remember that the glossary changes are also dependent as to what your facility’s requirements are.
	+ The language is intended to make things easier and standardized.
	+ Common changes are:
		- SCCE now CCCE
		- DCE only, no ACCE
		- DCE: Academic faculty member who is responsible for planning, directing and evaluating the clinical education program for the academic institution including facilitating clinical site and clinical faculty development
		- Preceptor: refers to PT or non-PT who takes part in some aspect of the clinical education as permitted by law. It is an individual who provides short-term specialized instruction, guidance and supervision for the physical therapist student during a clinical education experience. It is not the clinical instructor. The question was asked regarding the time that a student spends with the preceptor during the clinical experience. Can that time count towards the hours for the experience? If it is part of the structured learning experience and if it is reasonable it shouldn’t be a problem.
		- Internship: A terminal full-time clinical education experience that provides recompense to participants in accordance with federal labor laws under the Fair Labor Standards Act. It is a violation of federal law to use this term if we are not paying students. The term should be changed sooner rather than later in all of our documentation since we do not pay our students to do their clinical rotations.
* Residency: A post-professional planned learning experience in a focused area of practice. Similar to the medical model, a residency program is a structured education experience (both didactic and clinical) for physical therapists following professional education and licensure that is designed to significantly advance the PT’s knowledge, skills, and attributes in a specific area of practice. It combines opportunities for ongoing mentoring, with a theoretical basis for advanced practice and scientific inquiry based on a Description of Specialty Practice, or valid analysis of practice / comprehensive needs assessment for that specific area of practice When board certification exists through the ABPTS for that specialty, the residency training prepares the physical therapist to pass the certification examination following graduation
* Fellowship: A post-professional planned learning experience in a focused advanced area of practice. Similar to the medical model, a fellowship is a structured educational experience for the physical therapists that combines opportunities for ongoing mentoring with a theoretical basis for advanced practice and scientific inquiry in a defined specialty area of practice. A fellowship candidate either has completed a residency program in a related specialty area or is a board-certified specialist in the related area of specialty. *Fellowship training is no appropriate for new physical therapist education program graduates.*
* The PTA terminology is forthcoming

8:15 a.m. Open Discussion

8:30 a.m. Discussion regarding Impact of Residency Interviews during clinical placements

* Tiffany Enache – DCE at University of New Mexico
* Cecelia Glittenberg – Director of Neurological Physical Therapy Residency at A.T. Still University – Mesa, AZ
* Kevin Shaddock – Current Resident at Brooks Rehabilitation Institute Geriatric Residency
* Chrissy Ropp – SCCE OSF Rehabilitation Services
* Tiffany drafted the letter last year regarding time missed during clinical education due to residency interviews. This was prompted by a student who had a number of residency interviews and requested five days off during the first two weeks of the experience. This caused her to have to postpone the experience by two weeks. She took her concern regarding time off for residency interviews to the consortium and they developed a letter for the residency board regarding the conflict between residency interviews during clinical rotations.

Key points of the letter included:

* + Accountability to the experience and the patients. We need to put patients’ needs ahead of our own needs.
	+ Appreciation – CIs donate their time to us. CIs should have as predictable of a schedule as possible.
	+ Road blocks – some CIs may not be able to allow the time off, whether is because productivity, schedule, etc.
	+ CI apprehension – CIs don’t want to deny the time off, but it may be a hardship for them to allow the student to have the days off. It shouldn’t be the CI’s decision. it should be a conversation between the student, the residency program and the school
	+ Continuity and risk – it is a disruption of the learning experience.
	+ Professional image – pursuit of residency in a different setting than the current clinical rotation could risk the relationship between the clinical facility and the school.
	+ Students at risk – they may be an excellent candidate for the Orthopedic residency but struggling in inpatient, missing time may place them at risk.
	+ On the academic side the dilemma is that we want to support students who want to pursue the residency but not at the expense of the clinical experience.
	+ Some DCEs don’t give any days off.
* Cecelia, Director of Residency:
	+ Understands concerns from both sides. They do interviews primarily online. They don’t have the students come to campus for the interviews. At CSM they recommended to take advantage of technology for interviews. Some residencies have other requirements that are components of the interview but these can also be done online.
	+ Another proposal was to create set dates for interviews.
	+ More discussion needs to happen on this topic.
* Kevin, Geriatric resident at Brooks:
* He had three interviews and each was a different process.
* There was a concern about the time to be missed. The NPTE exam was also another component. He only had one in-person interview. He reached out to DCE. He was given the days off but had to make up the time during the weekend.
* He feels that there is a difference in doing an online or skype interview vs an in-person one. He didn’t feel that he could present himself as well via a Skype interview.
* Chrissy, SCCE:
* How the student approaches the clinic with this request is a factor. Do they assume or do they ask? It is a respect issue on how it is approached and communicated to the facility. Typically these are exceptional students and it is usually not a problem because the handle the situation well.
* When she proposed weekend interviews, it was not well received. Residency programs didn’t want to ask clinicians to come in on weekends for interviews.
* You need to add the NPTE exam date to the request for time off and in addition to that, some students also ask for extra time to prepare for the exam.
* There should be a cap on how many days are allowed for the residency interviews.

Questions from the audience:

* DCE – last year was her first year having a high number of students requesting time for interviews. Has anyone considered having a very specific time frame for the interviews e.g. the month of December?
	+ Schools have different start times for the residencies. This can be a consideration in the future
* If there are various start times, it would be ideal to get some coordination from the CE SIG and Residency SIG to manage and channel this issue
* Carol responded that there has not been that discussion but this is not out of the question. We can take that back to the APTA board to create a task force.
* SCCE – “as an institution I feel that I am as important as the residency”. “You need to have your license for the residency. I expect a lot from my students in the final experience and when the students take the test in the final experience, it takes away from their focus”. “There are time constraints for the test but we should value everything that we do for the students and we shouldn’t devalue the clinical experience”.
	+ Response from the panel: thank you for that perspective because we are all as important. We need to focus on the clinical rotation as part of the educational process and not as inferior to the residency opportunity.
* SCCE – they are being asked for days off for professional conferences in addition to the other issues. What are the students hearing from the school?
	+ As DCE we are hearing a lot of push for residencies but we are asking that the student discuss this ahead of time with the school and the clinic so that everyone is involved in the conversation.
	+ We want to encourage the students to go to the professional conferences if they are presenting, not just attending, this is important.
	+ The programs need to share their policies with the facilities so that the clinical sites are aware of each program’s policies on this issue.
	+ Carol said that we will meet with the residency SIG and have this collaborative discussion and have a report by CSM.

9:00 a.m. Payment for Placement Task Force - Christine McCallum and Cindy Flom-Meland (Co-Chairs)

* 70 people answered the call for this task force.
* They have now created a task force of 12 members with a mix of DCEs, SCCEs and CIs.
* In addition to this, they have 41 members serving in an advisory capacity and are not yet sure how these individuals will be utilized.
* They anticipate more information at CSM as they are just getting started.

9:05 a.m. Update from Liaison International – Kate Owen and Rika Judd

* Total number of PT programs using CPI = 259
* Total number of PTA programs using CPI = 372
* Total number of clinical sites in CPI = 51,287
* Total number of CSIF completed in web =
	+ 6029 (Full Completion)
	+ 3158 (Key Field Complete)
	+ Total number of CSIF started in web = 7593
* Since June: there have been challenges with customer services.
* They now have 4 members in the team with three more coming.
* She asked to give them a call if you haven’t heard from them.
* They have updated all phone numbers. There were some wrong numbers circulating.
* Any plans to have extended hours and weekends?
	+ Answer: not as of right now but that can be a conversation in the future.
* They are putting together a mailing list and you must join the mailing list in order to receive updates and information.
	+ **https://goo.gl/forms/MR04xgVLkVWKDdPB3**
	+ They will be available today in the Exhibit Hall and ready if you want to sign up to a mailing list.
	+ We all need to go to the website and sign up for an updated mailing list because the system has been there for a long time and it is hard to tell who is active.
* Is there a way to email all users?
	+ Answer: not right now
* Could they create a mechanism so that they can email all users? Could they bring it to the APTA for discussion?
	+ Answer: they agreed to do that.
* Could they not email through their invoice mechanism?
	+ Answer: it is a different department and cannot be done that way.
* Are there any updates on the data extraction to get an aggregate report form the CPI?
* Answer: the system was on a platform that was outdated. They are currently upgrading it. It will allow them to make some corrections and improvements. This is a priority for the company.

New APTE president: Pam Levangie. She became the president in May.

* She welcomed everyone and thanked them for being involved.
	+ - She told the audience that APTE is here to support them and to contact her with any questions or ideas.
		- She reminded the audience that October 29th is the deadline for the awards. It is an opportunity to recognize deserving individuals.

9:15 a.m. Update on Changes to CPI Training – Anne Reicherter Director of academic and clinical affairs. Her email address is: annereicherter@apta.org

* She just started in this position about a year ago.
* She provided some background on her experience, including that she has been a member of the Education Section which is now the Academy of Physical Therapy Education. She was a member of this section as a clinician and has been a member of this community for a very long time. She made the point that she is “not in the shoes” of the clinical educators, but she has been in the past, so she can relate.
* She told the audience that she was in the clinic 3 and half years ago full time so she is aware of what is like to be a clinician and having students.
* She thanked the three groups present today: ACAPT, APTE, Education Leadership Partnership (ELP) that are working together and she is grateful for that.
* She mentioned that Clinical Education is a multi-faceted environment.
* Transitioned PT and PTA CPI Training Modules to Clinical Assessment Suite Help Center at Liaison International
	+ - <https://help.liaisonedu.com/Clinical_Assessment_Suite_Help_Center/Customer_Support_and_Resources/Webinars_and_Downloads/CPI_Training_Files>
* Post-test on APTA Learning Center
	+ - type CPI into the Learning Center search bar
* The Education Leadership Partnership’s (ELP) Clinical Education Strategy Group (CESG) has four main goals:
* **Outcomes**
* **Clinical Education Research**
* **Essential Resources**
* **Academic-Clinical Partnerships**
* The outcomes are our clinical partners and Clinical education is a great vehicle.
* She mentioned that later this months, at the APTA, there will be about 25 stakeholders getting together to strategize, using the documents from the summit, to coordinate and discuss clinical education and where to go from here. She mentioned that this involves both, PT and PTA education.
* She stated that due to the growth of Liaison, the goal was to improve communication and they will continue to get input from everyone.
* She stated that she is aware of the challenges and that they are trying to create as many tools as possible.
* She stated that we all need to continue to be nimble in technology.

Questions from the audience:

* DCE – she mentioned that she appreciated that they added the post-test and then asked: Are there going to be CEUs? Is there going to be improved communication between learning center and liaison.
	+ Answer: The interface between the learning center and Liaison will not be rebuilt; they are working on building better software so that the post-test will be within the Liaison system.
* How can we use a better software to integrate that portfolio? Are they working on it? When there is someone who is a CI for the first time, the academic side we don’t want to ask for a certificate every time because that CI is not in the system. We are asking CIs that are already doing so much to submit their certificates to us instead of them being automatically registered. Are the academic programs going to be the ones who have to create a profile for those CIs?
* Can DCEs submit that information to a common clearinghouse?
	+ This will be taken under consideration but will require work to develop a system outside of the CPI.
* DCE – This is not a new system, it has been there for 10 years. The system is broken. It needs to be more efficient. “I am not following this conversation, the CPI is not new. It is not meeting the needs of clinical sites. I would like to put forward a motion to create a task force for a new instrument and for a new way to house information”. There may be the need for a new tool. Are there other systems that can handle what we need? There are people in the room that can make this happen.
	+ Carol – This is not a business meeting, so we cannot accept a motion. She assured the audience that the CE SIG board will talk to APTE and leadership in the NCCE to begin consideration of this suggestion.
* DCE – “this is ridiculous. I don’t think that the DCE needs to have this responsibility. We need the product that we were promised. The CPI needs to be responsible. We needed this yesterday”.
* DCE- “I followed the instructions. You cannot find the post-test. It says ‘no longer available’ but if you click on it, it is available. Can we fix this?” “If we lose the ability to show that first time CIs are trained, then we have lost the standardization of the tool. This needs to come back to the APTA Learning Center. This was a poor decision from the APTA and people will walk away from the CPI and use different tools.”
	+ Anne asked her to send her a screenshot of what she was describing. She said that they had tested it and it had worked but that she will have have the individuals at the learning center work on it.
* DCE – “We are going to lose standardization, if we can’t prove that someone took the course and if a student fails, they can ask: how do you know that the CI knew how to grade me?”.
* Question: Why did this change occur? – The initial email said that it was based on feedback. Where is the data that moved this change?
	+ Anne: The data points were from multiple years based on feedback from groups like this one and from people that don’t attend these meetings and from PTA educators.
	+ Steven Chesbro- He acknowledged that this situation has been bad. He said that this conversation needed to happen before the change. He mentioned that there were problems at The Learning Center. When the two systems (Liaison and APTA) separated they didn’t anticipate the problems with the separation. He acknowledge that they could have communicated better and that the transition could have been done better. He assured everyone that this was a conversation that will take place on Monday.
* Question: could everything be put back the way it was for now?
	+ answer: no
* What is the plan to update the CPI?
	+ Answer: We are working with tools in general, not just the CPI to update definitions.
* DCE – we lost our standardization. It is very confusing to ask the CIs to go to different sites to complete training. Question: We received notification that if a CI had taken the training in the past, the certificate was going to disappear. Is that still true? Are the certificates going to be housed at the learning center? It shouldn’t be the DCE’s role to keep up with the certificates. What is happening to the post-test, is it still being taken off the site on March 2019?
	+ Answer: Anne’s understanding is that the post-test was closed from the Learning Center and once the course is closed, the certificate is only available for six months, The Learning Center is not a repository. The Learning Center reloaded, so it is a new test within the system.
	+ Question: So there is no way for us to verify that someone took the training if they took it years ago?
	+ Answer: no
* DCE: You have to call The Learning Center to get the certificate?
	+ Answer: If they have been a CI for five years, you know that they have taken the post test.
* Suggestion: Could the current Technology Work Group to be the start of this task force?
* Clinician – stated that this was her first meeting and that the lack of communication on this issue is disturbing. “The lack of thinking about the impact on clinicians is disturbing.” She stated that she doesn’t like the CPI and that if she asks her CIs to do more towards this, they will say no. “Please listen to what has been said, you need to include the voices of the stakeholders on this Monday meeting”.
* DCE – “we don’t think that the DCE should store certificates, the CIs should. We need to do something now or we are going to lose all of these CIs. We need to create their profile for now. The interim solution is for the DCEs to create the profile and that way we don’t all need to verify their training”.
* Donna Applebaum – she thanked Steven for acknowledging that this didn’t go well and that it is being prioritized for a Monday conversation. She asked about the possibility for a short and long term solution? Suggested that this should be an ELP charge, and asked for them to look at the bigger picture of expected outcomes and to outline the priorities in clinical education, of which an assessment tools is one of them. She suggested that this issue is going to rise to the top for ELP since it is a huge and pressing issue. She reinforces that all groups are very committed to this conversation.
* APTE President, Pam Levangie, spoke and assured the audience that “things are going to happen”. She encouraged the audience to channel the energy and frustration into volunteerism. She stated: “You need to be a voice in the solution”.

Carol adjourned the meeting at 10:00 a.m.

* We hope to see you at the CESIG Business Meeting at CSM 2019 in Washington D.C.
	+ January 24 – 26, 2019