

**Clinical Education**

**Special Interest Group Business Meeting Minutes**

**Saturday January 26, 2019**

**Board Reports**

**8:00 a.m.**

**Introductions**

* Co-Chairs: Jay Lamble (SCCE) and Carol Beckel (DCE)
* Recording Secretary: Elsa Drevyn
* Membership Secretary: Lisa Harrison
* Nominating Committee: Angel Holland and Susan Tomlinson

**Co-Chair Report –** Carol Beckel and Jay Lamble

* New APTE website launched on 1/21/19 (https://aptaeducation.org/)
* Task Force on Time Out of Clinic for Residency Interview – this has not been addressed as much recently due to other more pressing issues that came up before the CE SIG. However, Carol recently had a meeting with members of the Residency and Fellowship SIG (RFSIG) as well as the RFSIG chair and gathered more information regarding their concerns and perspectives. The CE SIG and the RFSIG are discussing methods to share information and hear from all parties involved in order to have a discussion regarding everyone’s concerns.
* Members have expressed some concern regarding the amount of observation hours that students require to apply to PT school and how this also affects the availability of clinical sites for PT and PTA students. The CE SIG will continue to look into this.
* There has been a lot of effort from the Clinical Education SIG, the PTA Clinical Education SIG and NCCE to communicate to members as a group.
* Recognition of Outgoing Board Members
	+ Jay Lamble – SCCE Co-Chair. Jay has contributed a great deal to the CE SIG and we will miss him.
	+ Elsa Drevyn – Recording Secretary
	+ Angel Holland – Nominating Committee Chair

**Membership Chair Report –** Lisa Harrison

* Asked all attendees to sign-in for the meeting
* We need the numbers so that we can plan the room size for next year based on those numbers.
* Total number of participants: 181.
	+ 4 – Clinical Instructors
	+ 13 – SCCE
	+ 159 – CE SIG Members

**Recording Secretary Report –** Elsa Drevyn

* No report

**Nominating Committee Report –** Angel Holland and Susan Tomlinson

* There was a great deal of interest for all of the open positions. We have the names of those that are not on the slate and will contact them for task groups
* Clinical Co-chairs candidates:
	+ Ashlee Butler
	+ Karen Bock
	+ Melisssa Lipencott
* Recording Secretary candidates:
	+ Elsa Drevyn
	+ Rachel Skolky
	+ Valeria Teglia
* Nominating Committee candidates:
	+ Gale Lavinder
	+ Laurie Neely
	+ Jessica Rodriguez-Torres
* Voting will open March 1st via email The Academy of PT Education and it will close on April 1st.
* All candidates will be notified by APTE in late April. The new Board members will begin serving on July 1, 2019.
* The current outgoing board members serve through June.

**Standing Reports**

**8:15 a.m.**

**CSM 2019 Program Report –** Kyle Covington & Skye Donovan

* Every year the number for submissions to CSM has gone up. CSM has the highest number of submissions of all conferences.
* The deadline is March 20th for submissions for the next CSM.
* 16,800 is the latest number of individuals that registered for this conference. There were less students registered for this conference than at CSM 2018 in New Orleans.
* The space for the conference is becoming a problem. If you register individually pre select the sessions that you will go to so that they can get the correct room size for each session.
* Question from the audience: Some sessions were already closed by the time that some individuals did early bird registration. He explained that we had more rooms but they were smaller. He will look into this issue.
* They don’t have a speaker for the Pauline Cerasoli lecture for next year because nobody was nominated. They will find programming to fill that time slot.

**ELC 2019 Preview –** Danielle Parker

* Last ELC reached over 1000 registrants.
* They had great feedback and are planning for next year’s ELC.
* Submission portal opens on March 15 and closes on April 18th

ELC will have its own website. The topic is “Setting Sail: Discovering a New World of Opportunities” and the website has the subtopics. They want to ensure good academic and clinical content

* The committee for ELC planning has good representation from all of the SIGs.
* The conference is October 18-20 in Bellevue, Washington.

**APTE Update –** Corrie Odom, Vice President - APTE

* Speaking on behalf of the board.

**Activities Completed in 2018**

* **New** Logo working group
	+ Rebranding Task Force: Kai Kennedy, (Chair), Dan Erb, Kathy Giffin,

Trent Jackson, Laura Smith, Corrie Odom, Julia Rice (Exec Dir)

* + The process for the new logo was put in motion a year ago and a lot of effort went into it. The distribution of the new logo is not fully complete.
* **New** Website working group
	+ Dan Erb (Chair), Emmanuel John, Kai Kennedy, Stephanie Weyrauch, Julia Rice, John Bond (consultant)
* **New** Distinguished Educator in Physical Therapist Assistant Education Award
* Funding for Education Research
	+ Increased funding for Adopt-a-Docs ($3000), Academy’s research grant ($25,000), Educational Research Endowment ($500k to Foundation for Physical Therapy Research (FPTR).
		- * Question from the audience: the money for the research award, does it have to be one large award or can it be two smaller ones? The board has had some discussion on this and it can be changed.
* Adopt-a-Doc criteria changes (post-professional doctorate support)
	+ Now includes clinical faculty and clinicians (not just academic faculty).
* Bylaw Amendments - They are continuing to work on Bylaws, Policies and Procedures. There were 15 bylaw amendments done last night. The bylaws review process will be ongoing.

**Activities Continuing in 2019**

* Appointment of Special Advisory Committee (Fall 2018) to investigate how the funds will be utilized for research and members can refer to the minutes for more on this.
* The committee made a recommendations to APTE President on allocation of $500,000 endowment to Foundation for Physical Therapy Research (FPTR).
* Strategic Planning is coming up on March 9-10 in Houston, TX. If you have clear ideas of where you would like the academy to go, send these ideas to them.
	+ - Jay will be the Clinical Education SIG representative to this committee.
* APTA will no longer support Executive Management resources for components and chapters. This means each component and chapter will need to hire their own management services by 2020. There was a Development of Request for Proposal (RFP) and negotiation of a new Academy administrative management contract. They are in the process of hiring a new Executive Director.
* They have created a member Abstract Reviewer Pool to support reviews of conference platform/poster abstracts and educational programming abstracts. They are working on communicating these opportunities better as they are encouraging members to be part of this group.
* They are always looking for individuals to participate in new committee appointments.
* She recognized the 50th year anniversary of PTA education and mentioned that they had a very well attended PTA SIG meeting.

**ELP Update –** Steven Chesbro, Vice President, Education - APTA

* He asked the audience if they had heard about ELP before and it they knew what its role was. He explained that if you are a member of the APTA, APTE or are affiliated to ACAPT, then you are a member of ELP.
* He presented some background on how ELP originated. Initially the different groups, NCCE, APTE (formerly the Education Section) and ACAPT wanted to work more collaboratively and decided to create a mechanism to make that happen.
* The different task forces that were working on creating this mechanism for collaboration realized that clinical education was not represented and they moved to change that. They acknowledged that clinical education was an integral component that needed to be part of this group.
* They realize that there are current issues in clinical education that need to be addressed while they also work on future plans.
* They acknowledge that communication has been a problem and they have been working on improving dissemination of information. The APTE board members get a copy of all of the agendas and minutes of ELP. He encouraged everyone to reach out to their SIG if they have questions.
* Question from the audience: Can he discuss strategies for disseminating information? They are working on developing a good communication strategy amongst the parties involved and how to disseminate the information to the members. They are discussing the original purpose of this partnership today during a meeting at CSM to continue to work on how to best address everyone’s needs.
* Carol acknowledged the challenges of good communication. She referred them to the website and encouraged everyone to post any concerns or questions.
* Audience member: some information in the website is for members only and this needs to be reconsidered. Also some of the resources need to be available to non-members.
* Carol mentioned that they have been working on this issue. e.g. the new SCCE handbook was password protected and they recognize that this needs to be available to everyone.
* Carrie Odom mentioned that the APTE Board of Directors created a new policy to have non-members access some components.
* Scott Euype mentioned that members should have more benefits than non-members.
* Carol acknowledge that there has to be a balance between membership benefits and what needs to be accessible to members and non-members.

**Update from APTA –** Anne Reicherter, Director Academic and Clinical Affairs -

APTA

* She started 18 months ago and they have built great partnerships in the clinical education space. She acknowledged that we need to work together and that we are a partnership. She asked the audience to please share the slides from today’s presentation with anyone from the clinical education community not present.
* CESIG, PTAESIG, NCCE, and Clinical Education Technology Work Group have been working collaboratively with APTA.
* Addressing the issues with Medicare and Students reimbursement was a group effort
* CPI Training Modules and Post-tests – there has been close communication on this issue.
* Quick Click Guide available on Clin Ed HUB, CPI Help Center, on new APTE website in the Clinical Education area – it is easy to navigate in order to access information and it will be posted in the APTE website. The quick click guide is completely open access. She thanked individuals for the feedback on the accessibility and ease of use.
* Training modules open access at:

<https://help.liaisonedu.com/Clinical_Assessment_Suite_Help_Center/CPI/PT/03_CI/01_APTA_PT_Training>

* Post-tests located at:

<http://learningcenter.apta.org//Student/Catalogue/BrowseCatalogue.aspx?query=cpi>

* Quick Click Guide (with screenshots) is located at:

[https://help.liaisonedu.com/@api/deki/files/4608/CPI\_Quick\_Start\_Guide\_ScnShots\_20190120.pdf?revision=1](https://help.liaisonedu.com/%40api/deki/files/4608/CPI_Quick_Start_Guide_ScnShots_20190120.pdf?revision=1)

* The Education Leadership Partnership of APTA, APTE, and ACAPT held the Clinical Education Strategy Group meeting in October in Alexandria, VA. Donna Applebaum and Anne were co-chairs.
* Question from the audience: the PDF that used to be on the website explaining definitions, etc. doesn’t seem to be available and it was very helpful.

Anne mentioned that they are working with individuals at the CPI and they are looking at copyright issues and what information can be provided and shared.

* Anne acknowledged the members of the Clinical Education Technology Education Work Group:
	+ The two groups are: the CPI/reports enhancements group and the CPI training modules revisions group. Both work groups are made up of volunteers:
	+ These groups are comprised of APTE and ACAPT members, APTA staff, and CPI/CSIF staff across the breadth of clinical education. They will be assisting the APTA with the 2019 initiatives.
	+ They are looking at what output can be used from the CPI data for CAPTE and institution reporting.
	+ If anyone has an interest in working in these projects let her know. They will be including students and are looking for program directors and chairs.
	+ The training slides have not been updated in a long time and are very long, these individuals will be working on that.
* Educational Leadership Institute Fellowship (ELI):
	+ Intended for aspiring and early career physical therapist and physical therapist assistant education program directors.
	+ If you know a faculty member or PD that can benefit from leadership training, they can access information at the website.
	+ ELI is a collaboration of APTA, APTE, ACAPT
	+ Application for 2019 cohort due March 17, 2019.
	+ You can visit them at <http://www.apta.org/ELI/> or the Education Booth in the Exhibit Hall to learn more.
	+ Her contact information is: Anne Reicherter PT, DPT, PhD, Director of Academic & Clinical Affairs annereicherter@apta.org

**Liaison International CPI/CSIF update –** Deb Erdner, Vice President, CAS Operations – Liaison International

* They have 75 employees now. She says that they have heard the concerns and will be making changes.
* They are giving the CPI and CSIF their full attention and it will take a while to address everything. They look at tickets every day, what the issues are and how quickly they can correct them. They are also looking at how they can communicate better when the issues are resolved.
* They want to improve their metrics and have expanded the team in order to fulfill the needs.
* Total number of PT programs using CPI = 264
* Total number of PTA programs using CPI = 373
* Total number of clinical sites in CPI = 51,287
* Total number of CSIF completed in web = 6029 (Full Completion) and 3158 (Key Field Complete)
* Total number of CSIF started in web = 7593
* They will meet with whoever needs their assistance at a time that is convenient for that individual.
* Their team includes: Kate Donnelly, senior customer solution manager. Kate Owen, Senior Customer Solution Manager, Grace Ciolek, Mika Cronan, Dashny Joseph, Taj Tucker, Client Solutions Specialists. They also have a new account manager, Ann Donnelly.

E-mails: ptcpiwebsupport@liaisonedu.com

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csifwebsupport@liaisonedu.com

Phone: 1-857-304-2045

CPI/CSIF Help Center: <https://help.liaisonedu.com/Clinical_Assessment_Suite_Help_Center>

* Questions from the audience: many programs had their access shut down without notice around Christmas time, which is when students are finalizing their clinical experiences. There was no communication in advance. Deb explained that they sent blast emails to communicate with everyone and some of these go to spam. She said that in the future they will blast email as early as possible. Audience member clarified that she was talking about individual institution being locked out not due to maintenance. Steven Chesbro made it clear that communication has to improve and that it is unacceptable to shut the CPI down during these time frames. Steven clarified that APTA and Liaison International are working as partners. He encouraged individuals to also communicate with him if there are issues.
* Audience member: some issues happen after hours. Suggested expansion of hours. Liaison International has been discussing this and are looking at their budget in order to make this possible. They also discussed having scheduled office hours based on individual requests.
* Donna Applebaum mentioned that she was concerned about blast emails not being received by everyone. She is concerned that it may be a database issue. Liaison International said that they will look into this and are currently testing some different systems.
* Lisa Harrison stated that she has never received a blast email from liaison. She had individuals raise their hands to see how many had been receiving blast emails but not many individuals raised their hands.
* Deb mentioned that a previous customer representative, Greg Awarski, used Outlook to send mass e-mails and this is not a possibility now due to the amount of people involved. This is also something that they are working on.
* Carol encouraged everyone to continue to email all relevant individuals for assistance if they have issues or concerns with the CPI.

**New Business**

**9:00 a.m.**

**CMS Update –** Kara Gainer, Director of Regulatory Affairs, and Justin Elliott, Vice President of Government Affairs

* Kara provided some background information on the recent issue that came up with CMS: some individuals reached out to CMS with questions regarding billing for services provided by students in the hospital setting and this created some confusion. The three therapy organizations, APTA, AOTA, and ASHA reached out to CMS for clarification. CMS agreed to meet in order to clarify. On November 15th, during that meeting, the question was posted regarding the use of students and billing in the hospital setting. The representative from CMS was very definitive that you couldn’t bill for student services.
* As a result, another meeting followed up on December 11th between CMS and the three therapy organizations. John Thomas and Lawrence Wilson were part of this meeting. They informed everyone that nothing has changed. They made sure to clarify that they were supportive of students participating in patient care in the hospital setting. They all agreed that a letter needed to be written and distributed for clarification.
* On December 20, 2018, CMS provided to the three therapy organizations, APTA, AOTA, and ASHA a [letter clarifying the agency's views related to therapy students in hospitals (.pdf)](http://www.apta.org/uploadedFiles/APTAorg/Payment/Medicare/Supervision/CMSClarificationTherapyStudentsinHospitals_121818.pdf)
* CMS has not changed its policy regarding the Medicare Hospital Conditions of Participation and the provision of services by students in hospitals, including therapy students providing rehabilitative services in hospitals and IRFs
* There is no Medicare Hospital Condition of Participation, specifically 42 CFR 482.56, or interpretive guidance that prohibits therapy students from providing therapy services as part of their training program
* CMS believes that clinical training in hospitals is essential for educating future therapists and other health care professionals.
* CMS notes that per 42 CFR 482.56, the director of a hospital's rehabilitation services must have the necessary knowledge and expertise to supervise and administer the services, and must ensure the services are organized and staffed to ensure the health and safety of patients. The director's responsibilities extend to all therapy students providing services in the hospital as part of their training program.
* Therapy student services furnished under the supervision of a qualified therapist or therapy assistant may count toward the intensive rehabilitation therapy program requirement.
* The Medicare Conditions of Participation require hospitals to comply with all federal, state, and local laws related to the health and safety of patients, ensure medical staff is accountable to the governing body for the quality of care provided to patients, and have an organized medical staff responsible for the quality of care provided to patients by the hospital. Students that provide services and care to patients in the hospital as part of the training program, their supervisory faculty, and any hospital staff acting as student preceptors are subject to these levels of oversight as well as any standards and requirements established by their training programs and by any national organizations, such as American Physical Therapy Association, American Occupational Therapy Association, and American Speech-Language-Hearing Association.
* For more information: <http://www.apta.org/Payment/Medicare/Supervision/>
* This issue is considered resolved.
* Of some concern is the fact that SNF payment is going to be caped and a SNF that takes a lot of students will meet the cap very quickly. They are looking at an alternative policy for students.
* She asked for suggestions on ideas on how to exempt students from the cap. They will only have one shot as the rules come out.
* Carol mentioned that the new website will have forums instead of listserves and this could be a good place to post ideas.
* Question from the audience: why are SNFs billing students’ services as concurrent, can it be billed different. The answer is that it doesn’t have to be billed as concurrent but this is how most SNFs bill for the students’ services. It is difficult to figure out how to change it.
* Question from the audience: can the chart on student services be updated? Kara said that they will update it but will do so in coordination with OT and ST.

**Placement Process Task Force –** Cindy Flom-Meland & Christine McCallum

* The first face to face meeting for this task force happened at ELC and again this week. They looked at the literature on PT and PTA placement as well as in other professions. They also looked at internal models. It is a complicated issue and they came up with 15 different themes that play into this process.
* They are putting together a paper and a presentation at ELC to come up with recommendations.

**Dissemination of the Common Terminology Glossary –** Vicki LaFay

* Clinical Education Summit October 2014 resulted in development of a vision for clinical education and the ACAPT Board prioritized Summit recommendations
* It led to formation of 3 clinical education strategic initiative panels:
	+ Common Terminology, Integrated Clinical Experience, Student Readiness
* The ACAPT Common Terminology Panel was tasked in 2015 to develop a glossary for physical therapist clinical education. The work of this panel culminated from a consensus-based process of review of the literature, document analysis of core and historical professional documents, focus group discussions, and an online comment period.
* The ACAPT Board approved the glossary in June 2017 with ACAPT membership approving the glossary in October 2017 at the Educational Leadership Conference.
* The work of this panel culminated from a consensus-based process of review of the literature, document analysis of core and historical professional documents, focus group discussions, and an online comment period. The journal Physical Therapy published the recommendations from the common terminology panel in September 2018.
* The information is available at:
	+ <https://www.acapt.org/about/our-leadership/clinical-education-panels>
	+ <https://academic.oup.com/ptj/article-abstract/98/9/754/5040253?redirectedFrom=fulltext>
* There are 4 categories (clinical education infrastructure, sites, stakeholders and assessment) with 34 final terms
* A number of new terms were introduced and changes made to several existing and well-entrenched terms
* There are also recommendations related to the types of documents that would need to be updated and related sources/owners was included
* The original panel was not tasked to initiate a dissemination plan
* This information is publicly available to share with clinical partners.
* They will now work to move from publication to dissemination
* A Panel Dissemination Task Force was approved by ACAPT on December 2018 & constitutes the original members from the prior panel
* ACAPT is supportive of the structured approach and impetus to drive the approved terminology forward
* The charge for the panel is:
	+ - (1) prioritizing dissemination and implementation processes of the clinical education common terminology glossary,
		- (2) developing and/or recommending a series of strategic communications of key changes to clinical education common terminology to relevant stakeholders, and
		- (3) developing a timeline for these implementation and communication efforts.
	+ Without an entity identified and tasked to work toward achieving implementation of these recommendations, it is unlikely that the terminology will be fully integrated in a timely manner (or at all), or with clarity in communication to all stakeholders.
* ACAPT has assigned a dedicated communications liaison for entities outside of ACAPT
* The first live meeting of the Task Force was here at CSM
* They have a two prong approach:
	+ - Providing concise "snapshots" of key terminology changes rolling out over the course of the next year to clinicians/clinical sites.
		- And focus on digestible bites of information about the terminology shift through DCE March 1 mailing materials, through regional consortia and state chapters, through ACAPT and APTA blasts, tweets, etc...
	+ This implementation plan requires synchronous information dissemination to all clinical education stakeholders for success.
	+ They are developing a timeline for communication and follow up with other entities where core documents and resources reside
	+ She reviewed some of the main terms: Preceptor, Site Coordinator of Clinical Education, Clinical Experiences, Internships.
	+ She acknowledge the work by the members of the task force, ACAPT, the NCCE and Shawne Soper.
	+ Comment from the audience: use regional consortiums to help disseminate information.
	+ Question from the audience: what about the term ACCE. She stated that DCE is the preferred term but they understand that some institutions dictate the use of other terminology.

**Clinical Assessment Tool Discussion/Feedback –** Carol Beckel

* Carol brought up the discussion regarding the need to revise the CPI or come up with a new tool. There is not a task force to assess the need to do either one of these and she created a poll to assess everyone’s opinion on this issue.
* She had them break into small groups and concentrate in discussing the following questions:
	+ What are the strengths of the current APTA clinical assessment tool (CPI)?
	+ What are the weaknesses of the current APTA clinical assessment tool (CPI)?
	+ What would be your top priority (priorities) in developing a new clinical assessment tool?
	+ Please submit your group responses to the following link:
		- <https://slu.az1.qualtrics.com/jfe/form/SV_9oE7USL6QVb4tIV>
	+ Link will remain open until 11:59 p.m. Feb 8, 2019
* She encouraged everyone to share this poll with their consortiums
* Final points:
	+ CHECK OUT THE NEW CESIG PAGE ON THE NEW APTE WEBSITE
	+ KEEP AN EYE ON THE HUB FOR OUTCOME FROM SURVEY
	+ WE WILL SEE YOU AT ELC 2019 IN BELLEVUE, WASHINGTON, OCTOBER 18-20
* Meeting adjourned at: 9:58 am