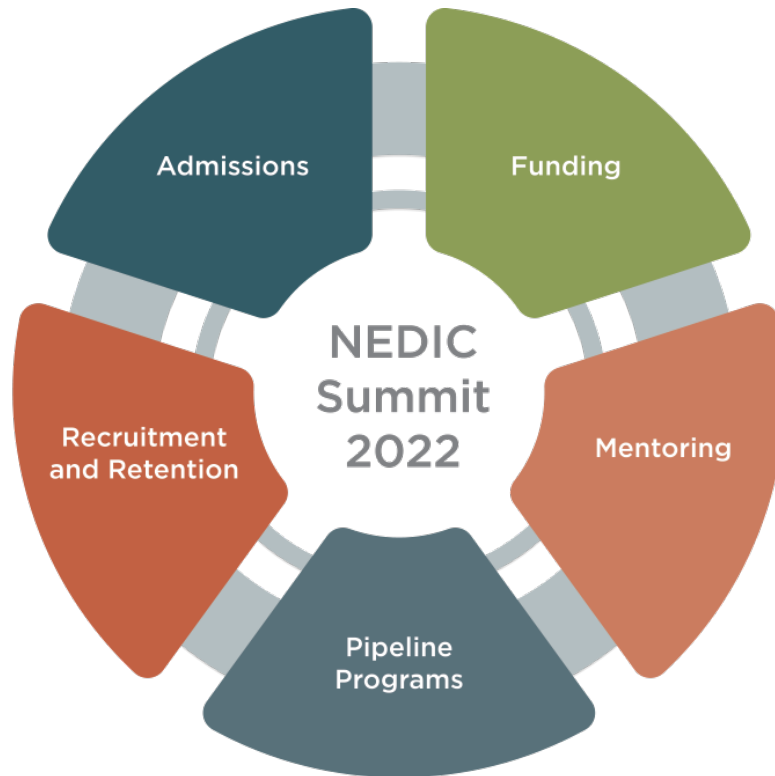




AMERICAN COUNCIL OF
ACADEMIC PHYSICAL THERAPY



**Developing Opportunities to Increase Racial &
Ethnic Diversity in Physical Therapy
Building Partnerships, Creating Spaces**

**American Council of Academic Physical Therapy
National Equity, Diversity, and Inclusion Commission
Summit 2022**

**Building Partnerships, Creating Spaces, and Developing Opportunities to Increase Racial and
Ethnic Diversity in Physical Therapy**

June 27 – June 29, 2022

SUMMIT PROCEEDINGS

The American Council of Academic Physical Therapy (ACAPT) is the professional association dedicated to excellence in physical therapist education. ACAPT members are US higher education institutions with an accredited physical therapist education program. Member institutions encompass 95% of physical therapist education programs and are champions of academic innovation, diversity, equity, and inclusion. ACAPT is the principal voice representing academic physical therapy.

In October 2020, ACAPT membership voted to form the National Equity, Diversity and Inclusion Commission (NEDIC) with a central objective of increasing "enrollment, retention, and graduation of racial and ethnic minority students (Black, Native American or Tribal Groups, Alaska Native, Native Hawaiian, and Latinx) in physical therapist professional education programs and increasing the number of racial and ethnic minorities among faculty and leadership in professional education." NEDIC was charged with creating new anti-racist and anti-bias policies, programming, and actions that will stimulate academic programs to strive for equity, diversity, and inclusion and support them in that effort. For a list of the NEDIC commissioners, please see Appendix A.

To work toward its central objective, NEDIC commissioners organized an in-person two- and one-half-day summit designed to bring together leaders in the health professions to stimulate deep conversation focused on improving the representation of individuals from historically excluded racial and ethnic groups in the physical therapy profession. The impetus for the NEDIC Summit came from a commission review of existing initiatives and documents in academic physical therapy, including the [2016 ACAPT Diversity Task Force report](#).

The NEDIC Summit was held at The Ohio State University in Columbus, Ohio, from June 27-29, 2022. Over 60 participants, including representatives from seven health professions, including physical and occupational therapy, allopathic medicine, veterinary medicine, pharmacy, athletic training, chiropractic/naturopathy, and industries including law, education, and business attended. For a list of the NEDIC Summit supporters and sponsors, please see Appendix A.

The NEDIC commissioners targeted the NEDIC Summit as an opportunity to move toward meaningful action building on prior reports which have described the state of historically excluded persons in physical therapy. Throughout the NEDIC Summit, collaborative workgroups engaged in activities focusing on crafting the foundation for future actions to transform the educational experiences of historically excluded students and faculty in physical therapy. The five workgroups focused on the following areas: admissions, post-professional, mentoring, pathway programs (originally named pipeline programs), and recruitment and retention. The NEDIC Summit was designed to use a qualitative approach to gather multi-shareholder perspectives leveraging evidence-based quality improvement tools and strategies. The culminating work resulted in a draft quality improvement project charter by each of the five workgroups. For a list of NEDIC Summit attendees and workgroups, please see Appendix A.

NEDIC Summit Agenda

Monday, June 27, 2022

3:00pm	Appetizers and Beverages available
4:00	Welcome and Sign In
4:30	Presentations by our Guest Speakers
6:00	Activity 1: Socio-ecological mapping and think, pair, share
7:00	End of Day 1

Tuesday, June 28, 2022

8:00am	Morning Review
8:15	Activity 2: Journey Mapping
10:15	Break with Refreshments
10:30	Activity 2 continued
11:30	Lunch buffet provided
12:30pm	Activity 3: Focus Groups
1:45	Activity 4: Key Drivers Diagram (KDD) Primary and Secondary Drivers
4:00	Break with Refreshments
4:15	Activity 5: Key Drivers Diagram (KDD) intervention
6:30	End of Day 2

Wednesday, June 29, 2022

7:30	Morning beverages and breakfast snacks available
8:00	Activity 6: Failure, Mode & Effects Analysis (FMEA) and Charter Building
10:15	Break with Refreshments
10:30	Activity 6 continued
1:00	Lunch buffet provided
1:15	Closing Remarks
2:00	End of Summit

Keynote Addresses Open Summit

The Summit opened with introductions of the NEDIC Commissioners and Workgroup Leaders. Summit attendees were reminded about the NEDIC Summit Covenant (see Appendix B) that each attendee was required to sign. Two keynote speakers established the tone for the Summit activities and served to educate and motivate participants.

The first keynote was delivered by Scott Willis, BAppSc(Physio), GAICD, National President of the Australian Physiotherapy Association. Scott Willis is the first Indigenous man to be elected as National President of the Australian Physiotherapy Association (APA), representing over 30,000 physiotherapists across Australia. He graduated from the University of Sydney with a Bachelor of Applied Science (Physiotherapy) before moving to the North West Coast of Tasmania, where he is co-director of a multidisciplinary clinic. He has experience in public, primary health, private practice, rural, indigenous, aged care, and occupational health sectors, having held several leadership roles. Mr. Willis has extensive knowledge and experience in policy, advocacy, and politics. He has held positions on the Board of Directors of the Division of General Practice North West in Tasmania, Tasmania's Medicare Local's Primary Health Care Strategic Advisory Council, and the Clinical Advisory Council of Primary Health Tasmania. Scott has held numerous positions within the APA, including national chair of the business group, member of the National Advisory Committee, branch councilor of the Tasmanian branch, Director of the APA Board, and Chair of the insurance and safety subcommittee. As the National President, Scott is advancing member, political, policy, and advocacy engagement that has formed a significant part of the APA's strategy.

In his keynote, Scott Willis described how reconciliation through the work of the APA has helped to define actions for the betterment of all Australians. "At its heart, reconciliation is about strengthening the relationships between Aboriginal and Torres Strait Islander people and nonindigenous peoples for the benefit of all Australians. We want to facilitate respect, trust, and positive relationships between the Tasmanian and Australian communities." Reconciliation, as Mr. Willis described, is built on 5 pillars: 1) historical acceptance of the wrongs of the past, 2) race relations that value the rights and experiences of others, 3) equal participation in life opportunities to close the gap in social and health inequities, 4) institutional integrity among political, business, and community structures to protect the rights of Aboriginal and Torres Strait Islander people, and 5) societal unity that values and recognizes Aboriginal and Torres Strait Islander cultures as a proud part of national identity. In closing, Mr. Willis called on the Summit participants to "lead from the front and be brave in this really important space."

The second keynote address was delivered by Lori Patton Davis, Ph.D. Dr. Davis is known for her scholarship on African Americans in higher education, critical race theory, diversity initiatives on college campuses, girls and women of color in educational and social contexts, college student development, and graduate preparation. She is a Professor of Higher Education and Student Affairs at The Ohio State University and Chair of the Department of Educational Studies in the College of Education and Human Ecology. Dr. Patton Davis is also past president of the Association for the Study of Higher Education, the first Black woman to lead the organization.

She is best known for her important cross-cutting scholarship on African Americans in higher education, critical race theory, Black culture centers, Black girls and women in educational and social contexts, and college student development. She is the author of numerous peer-reviewed journal articles, book chapters, and other academic publications appearing in highly-regarded venues. She has been cited in multiple publications, and grants from the Spencer Foundation, Lumina Foundation, and American Psychological Foundation have funded her research. She has received national recognition for her scholarly contributions, including her delivery of the American Educational Research Association (AERA) 18th Annual Brown Lecture in Education Research and recognition as an AERA Fellow. Later this year, she will be inducted as a National Academy of Education member.

Dr. Patton Davis titled her keynote presentation “Critical Consciousness and Equity-Mindedness in Physical Therapy: A Call for Accountability and Action,” she used this title because she identified that these two activities and characteristics are needed in physical therapy education. Dr. Davis defined critical consciousness as identifying, critiquing, and transforming social forces that produce inequity. This characteristic requires asking critical questions and self-reflection, and generating strategies for sustained action to dismantle inequities. She identified equity-mindedness as the perspective or mode of thinking among individuals who call attention to patterns of inequity and subsequent outcomes and are willing to take personal and institutional responsibility for disrupting the patterns and their subsequent outcomes. These practices require race consciousness and awareness of the social and historical context of exclusionary practices that disproportionately affect minoritized groups. Dr. Davis identified data that describe the lack of these practices at the institutional level in higher education. Dr. Davis instructed NEDIC Summit participants that they have a unique set of skills that could fundamentally shift the landscape toward greater health equity but that it requires action and accountability. “Accountability can’t just be head work, it must also be heart work.”

PROMISING PRACTICES

- Culturally relevant pedagogy
- Hiring diverse faculty
- Conscious recruitment
- Developing resources

↑ ↓

- Learning communities
- Faculty and peer mentoring
- High impact practices
- Collaborative partnerships

PROMISING PRACTITIONERS

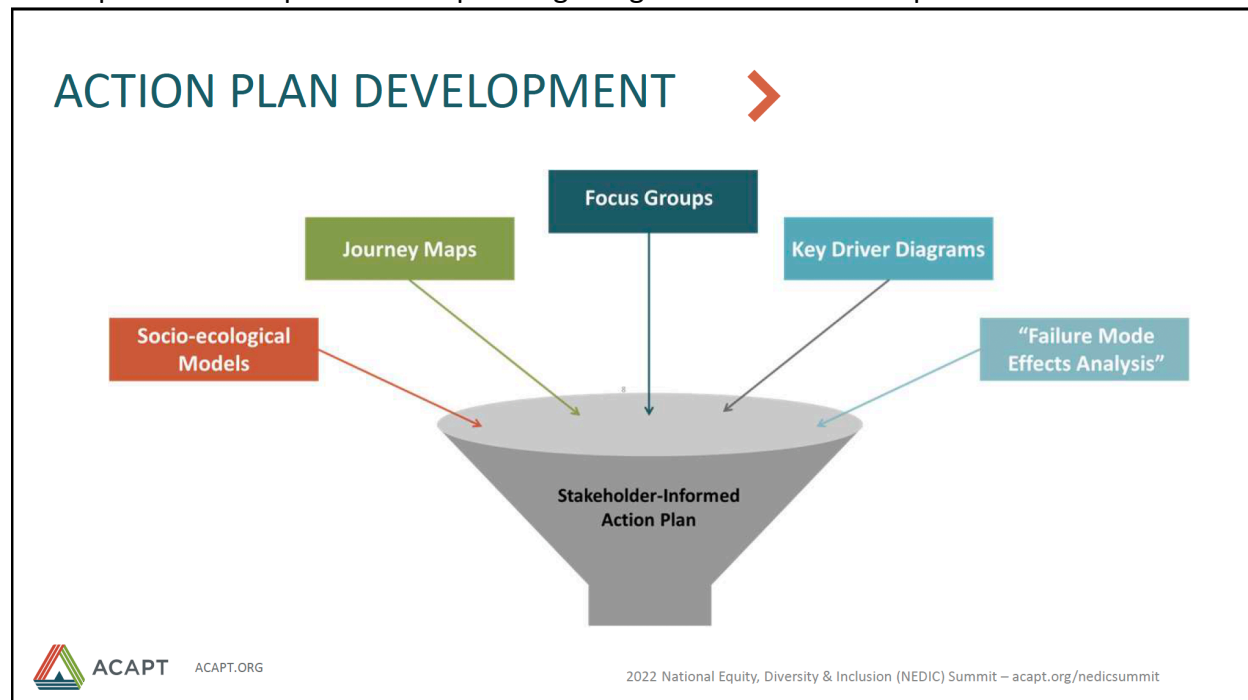
Summit Activities

The work of the NEDIC Summit and convening of activities was initiated by Dr. Kim Nixon-Cave, and Dr. Catherine Quatman-Yates, who designed the NEDIC Summit activities. In her opening remarks, Dr. Nixon-Cave reminded participants that “one word that is a dirty word at this

summit is recommendations” and that we need action and that the NEDIC Summit results will be action. Dr. Nixon-Cave outlined the three goals of the NEDIC Summit:

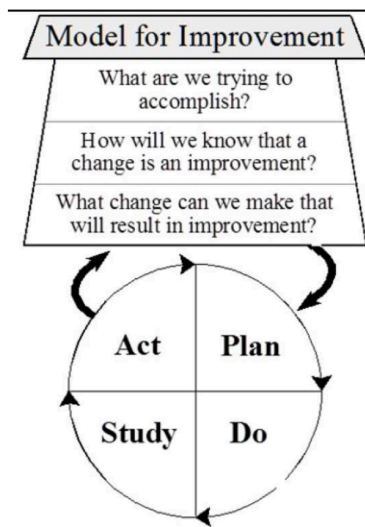
1. Identify and promulgate policy initiatives, best practices, and resources related to increasing recruitment, enrollment, retention, and graduation of racial and ethnic minority students (Black, Native American or Tribal Groups, Alaska Native, Native Hawaiian, and Latino/Hispanic) in physical therapist professional education programs.
2. Increase the number of racial and ethnic minorities among faculty and leadership in professional education and the physical therapy workforce.
3. Build partnerships to create space and develop opportunities to increase racial and ethnic diversity in the physical therapy profession.

An overview of NEDIC Summit activities by Dr. Nixon-Cave and Dr. Quatman-Yates clarified that the NEDIC Summit would be two days of work using quality improvement tools developed by the [Institute for Healthcare Improvement \(IHI\)](#) and the [LIFT Lab](#) that would result in the development of first phase action planning using the IHI model for improvement.



IHI MODEL FOR IMPROVEMENT AND QI TOOLBOX

> <http://www.ihl.org/>



Over two days, NEDIC Summit participants participated in small, facilitated group sessions in the five workgroup topics that the NEDIC Commissioners had identified in the [2016 ACAPT Diversity Task Force report](#). Sessions were facilitated by faculty and graduate students from Ohio State University and the Leading Improvement-Focused Teams Lab (LIFT Lab), facilitators are listed in the Appendix A. These facilitators were selected based on their experience and training with quality improvement tools.

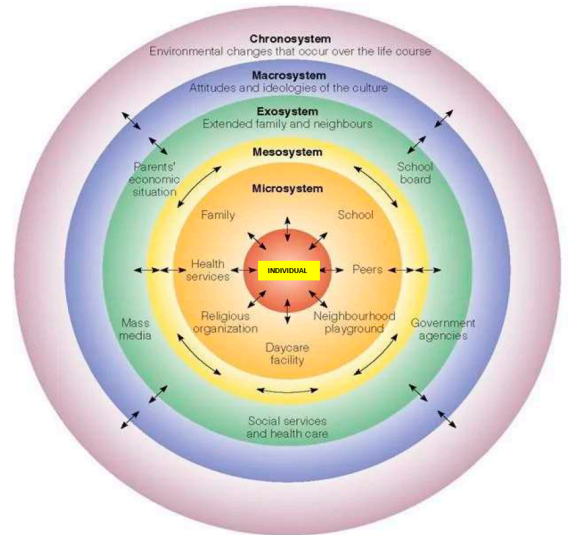
Activity 1: Socio-ecological Mapping and Think, Pair, Share

In the first activity, participants used socio-ecological mapping based on ecological systems theory of Urie Bronfenbrenner¹ to identify factors that impact individuals from historically excluded racial and ethnic populations entering and staying in the profession of physical therapy. Bronfenbrenner's ecological systems theory views development and conceptualizes the relationships between humans and their environment as a complex system of relationships impacted by multiple levels within the surrounding environment.

¹ Bronfenbrenner U. Toward an experimental ecology of human development. *Am Psychol.* 1977;32:513–531. doi:10.1037/0003-066X.32.7.513.

SOCIO- ECOLOGICAL SYSTEMS MODEL

- Bronfenbrenner's Ecological Systems Theory
 - The Bioecological Model
- Conceptualizes inter-relationships between humans and their environment
- Looks at the effect of the interaction between the characteristics of the individual, the community, and the environment that includes the physical, social, and political components
- Conceptual framework that allows a better understanding of the effects social justice issues
- Systems Thinking –it is possible to achieve a deeper understanding of a phenomenon by examining its parts in relation to the whole



In the activity, participants were assigned to random groups. Each participant received a worksheet (Appendix C), completed it individually, then shared and completed it again in a pair, and finally shared it and completed it again with the entire group. The worksheet directed participants to consider the questions “what factors do you think at each level of the system impact an individual from racial and ethnic minority populations entering and staying in the profession of physical therapy” and “how does the impact of traditions, culture, and social issues influence the interactions and relationship of the socio-ecological model on individuals and physical therapy.”

At the end of this session, all of the worksheets were submitted to the NEDIC Commission to be used in the analysis of NEDIC Summit artifacts.

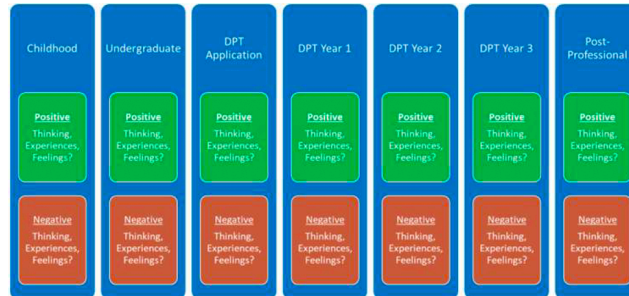
Activity 2: Journey Mapping

Participants completed a journey mapping activity designed to enable participant engagement in empathetic group brainstorming about potential facilitators and barriers to success based on real-world and imagined realities. Journey mapping is commonly used in customer engagement analyses to understand better a customer's thoughts, needs, and perceptions at various stages. The goal was to develop themes for the different phases of professional training, engagement, and growth across a PT's career pathway.

Summit participants were provided with three personas of individuals (Appendix C). They visualized the path each navigated, leading to a knowledge of the profession, into higher education, and through enrollment in a physical therapy program and as a post-professional physical therapist.

ACTIVITY

- 1) Persona A
- 2) Persona B
- 3) Persona C



At the end of this session, all of the map concepts were submitted to the NEDIC Commission to be used in the analysis of NEDIC Summit artifacts.

Activity 3: Focus Groups

Focus groups were used as a third activity to collect participant insights and perspectives through group interaction, exploring the complex issue of increasing the representation of students and faculty from historically excluded racial and ethnic groups. The working groups were divided into subgroups of 6-8 individuals, and participants shared opportunities, facilitators, challenges, and barriers to facilitating increased representation in pathway programs, recruitment and retention, admissions, mentoring, and post-professional physical therapy (Appendix C).

This session was recorded, and at the end, the recordings were submitted to the NEDIC Commission to be used in the analysis of NEDIC Summit artifacts.

FOCUS GROUPS (N=10)

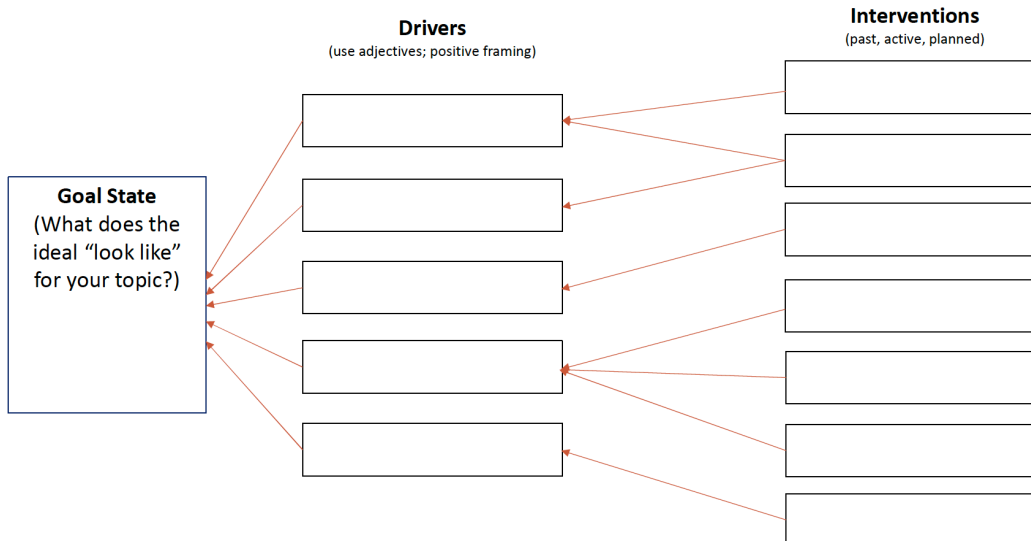
1. Participation is voluntary
2. Discussion will be recorded (results will be de-identified)
3. There are no right or wrong answers
4. Respect the opinions and experiences of others
5. Try to stay on topic
6. Provide examples and descriptors, but try to be concise and preserve the opportunity for all who are comfortable sharing to have time to share



Activity 4: Key Drivers Diagram Primary and Secondary Drivers

Through the use of key [driver diagrams](#), participants collectively considered the different components (drivers) needed to achieve the desired goal state (aim) of increased representation of students and faculty from historically excluded racial and ethnic groups. A key driver diagram is a visual display of what drives or is thought to contribute to achieving the central aim. Interventions were identified and mapped to target the identified drivers.

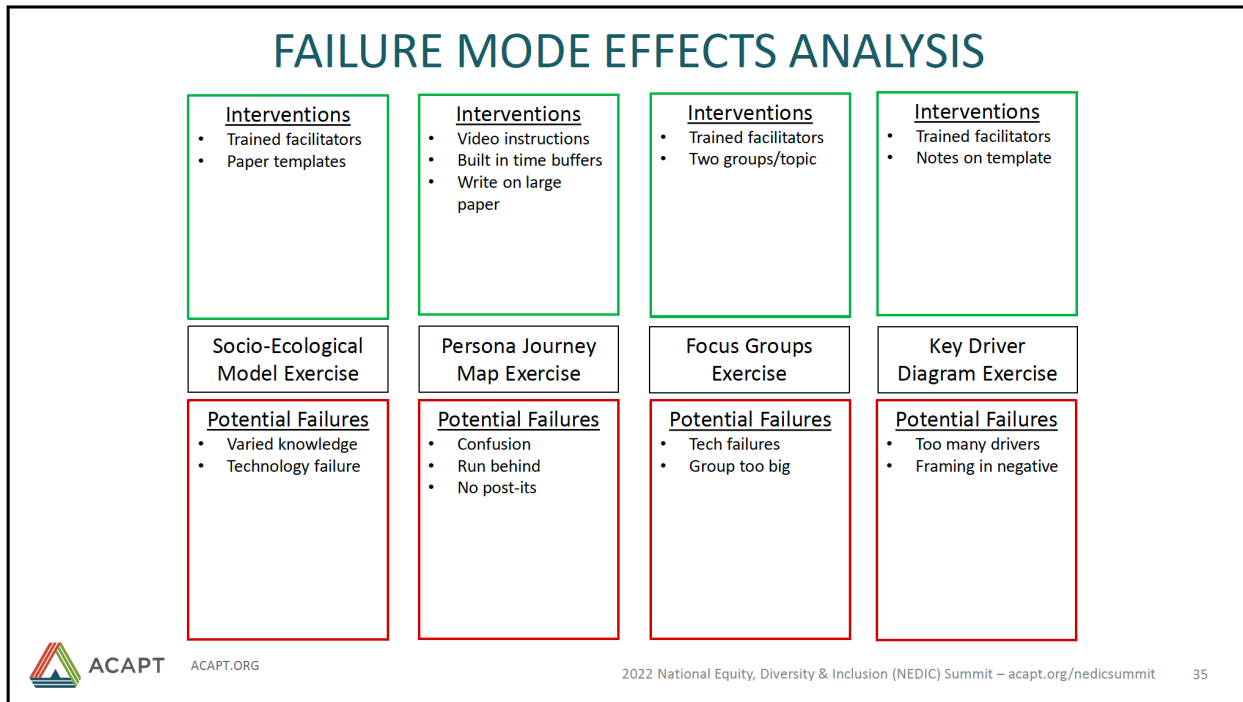
KEY DRIVER DIAGRAMS BY TOPIC



At the end of this session, all of the key driver diagrams were submitted to the NEDIC Commission to be used in the analysis of NEDIC Summit artifacts.

Activity 5: Failure, Mode and Effects Analysis and Charter Building

Participants' final activity was a [Failure Mode and Effects Analysis \(FEMA\)](#) and creating an improvement project charter. FEMA is a common process analysis tool that uses a step-wise approach to identifying all possible failures in a quality improvement design. The purpose of FEMA is to identify the parts of the process that are most in need of change to prevent potential failures proactively. Participants discussed the risk of failure in reaching the desired goal state and brainstormed interventions to help mitigate the risk of these potential failures.



Summit participants then considered all activities they had engaged in. This ultimately led to the creation of a draft improvement [project charter](#). This charter included the rationale and roadmap to guide future shareholder work. In completing a draft charter, participants in the 5 workgroup focus areas considered the expected outcome of future work, drafted an aim statement, and defined outcome measures and process outcome measures.

At the end of this session, all of the FEMA documents and charters were submitted to the NEDIC Commission to be used in the analysis of NEDIC Summit artifacts.

Summit Conclusion

The NEDIC Summit concluded with each of the 5 workgroups presenting their drafts of the improvement project charter to all summit attendees and a summary of all the Summit activities and next steps by Dr. Kim Nixon-Cave.

NEDIC Summit Artifact Analysis

Recognizing that quality improvement requires analyzing rich data to inform change best, the two NEDIC Summit designers, Dr. Kim Nixon-Cave and Dr. Catherine Quatman-Yates engaged in an intentional process and qualitative analysis methodology to review the artifacts and to identify primary themes. Using standard qualitative analytical methods such as content analysis, textual data collected from the summit was coded and categorized to summarize and develop primary themes. Weekly debriefing sessions were scheduled for the two primary analysts. Monthly sessions to update the NEDIC commissioners who were engaged in the next steps for the post-Summit activities through the formation of task forces.

Primary Themes / Key Drivers

Based on the analysis of artifacts collected from the Summit, seven themes were identified by Dr. Nixon-Cave and Dr. Quatman-Yates as the key drivers that contribute directly to increasing representation among faculty and students from historically excluded racial and ethnic groups.

Key Driver #1: Economic Resources (Student)

Accessible and ample economic resources are necessary to support the application to and completion of the DPT degree.

Evidence from the Summit activities indicated that economic resources are a barrier for potential students to have the desire, ability, and opportunity to start and complete a DPT degree. In particular, students from historically excluded racial and ethnic groups may have additional challenges given intersectionalities with other social factors, including a lack of familial/generational wealth, need for familial and institutional support to help navigate applications for scholarships and funding mechanisms, have to focus on work in addition to going to school (and especially if they have family members they have to support), and have a large concern in general related to earning potential relative to debt they may incur.

Key Driver #2: Economic Resources (Professional)

Accessible and ample economic resources are necessary to support progression towards post-DPT training, education, and leadership advancement.

Summit participants indicated a great need to increase racial and ethnic representation in leadership positions within the profession (e.g., faculty, advocacy, research, service positions). Coupled with the financial challenges that may limit individuals' ability to pursue a degree, the post-DPT salaries are low compared to other professions (e.g., physician assistants, nursing doctorates, pharmacy, primary care physicians, hospital or school administration positions). This applies to clinicians, faculty, and many clinical managerial positions. Mechanisms are needed to improve the cost-benefit ratio for

individuals coming out of DPT programs to advance into leadership positions. Information from the activities implied that there needs to be a focus on creating space and opportunity for individuals from diverse backgrounds while addressing the related economic issues. There is a need to create pathways with financial incentives to facilitate individuals from diverse backgrounds to seek leadership opportunities as well as take advantage of post-professional training and education. Given the range of post-DPT professional avenues, this team may need to be larger to represent a range of views and potential professional advancement areas.

Key Driver #3: PT Education and Career Advancement Pathways

Compelling mechanisms are compulsory to facilitate awareness, facilitation, and implementation of PT education and career advancement opportunities for the profession.

Summit participants identified a lack of pathways to foster individuals from historically excluded racial and ethnic groups to become aware of the PT profession and/or advance into leadership positions. Pathways are needed to help potential students and clinicians to develop networks, and professional and emotional support, and explore and leverage opportunities to join the profession and advance into leadership positions and roles. There is a need to create and implement opportunities and resources that are forward-thinking, proactive, longitudinal, and complementary at local institutional levels and at the national level to support ongoing development and advancement opportunities for underrepresented groups in the PT profession.

Key Driver #4: Mechanisms that Empower Individuals to Persevere and Thrive

Develop and implement systems and processes to facilitate PT students and professionals' existing resilience and grit.

Throughout the activities, resilience, grit, and perseverance were noted as key life skills that individuals from underrepresented groups use to survive and thrive in the face of the added challenges of the current culture of healthcare and the PT profession. In addition to the typical academic challenges and robust development and advancement stages that are necessary for all individuals in the PT profession, it is noted that individuals from underrepresented communities entering and staying in the profession may need extra training, support, and resources to facilitate their ability to persevere and enjoy a successful career in PT. In addition, options for academic review/remedial courses to help prepare students from underrepresented groups who may have had less opportunity and exposure to the rigor of classes and types of skills needed to make smooth transitions from high school to college and from college into DPT programs. Specific areas to consider building mechanisms for include: sponsorship, coaching, mentoring, training to support emotional agility, professional communication strategies, proactive stress management/resilience-building strategies, and ways to build self-awareness and confidence.

Key Driver #5: Perception of Physical Therapy as a Valued and Diverse Profession

Proactive cultivation of global visibility and social and cultural acceptance of PT as a valued and diverse profession is required.

Summit participants indicated that there is a need to further cultivate the global view, visibility, and cultural acceptance of PT as noble and diverse profession. It was noted that some cultures in particular may not even be aware of physical therapy as a potential pathway within healthcare and instead advocate and support their family members to pursue more classically “high-profile” professions (e.g., medical doctor, lawyer, engineer). It is important to note that many underrepresented individuals are first-generation college-goer in their families and do not see individuals that look like them in the profession. The lack of awareness of the profession in the family and culture impacts the individual’s career choice.

Key Driver #6: A Culture of Belonging within the Physical Therapy Profession

Proactive strategies are necessary to facilitate, recognize and maximize a sense of acceptance and connectedness as members of the PT Profession.

Summit participants identified a culture of belonging as critical to ensuring individuals from historically excluded groups feel connected and integral to the profession. Self-efficacy struggles and imposter syndrome may be prevalent, especially early in training and at transition points within the professional journey. A lack of belonging can impact students' mental health from historically excluded groups, especially if they have endured deeper levels of trauma earlier in their lives. Cumulatively, these factors can compound one another, leading to an increased risk of loneliness and isolation rather than a sense of belonging. Thus, there is a need to identify and address areas where activities to improve a sense of belonging could be emphasized and advanced.

Key Driver #7: Systemic Discrimination and Racism Mitigation

Effective strategies are needed to acknowledge, recognize, and mitigate the impact of discriminatory practices and policies in partnership with the larger community, organization, and societal efforts.

In each Summit activity, participants noted that racism and stereotypes intersect with all of the other key drivers at every level, from student to professional. There are clear barriers that impede an individual from seeking a career in physical therapy and staying in the profession. Policies, systems, and practices were identified as discriminatory in nature. Examples include application review processes, admission practices and guidelines based on systemic racist institutional practices and policies. This driver is

important to develop effective strategies to acknowledge, recognize, and mitigate the impact of discriminatory practices and policies within the PT profession and to contribute to and leverage the efforts of other organizations and professions working to address systemic discrimination for other healthcare and educational organizations and society at large.

Taskforce Formation

Key drivers identified through the Summit craft the foundation for future actions that will transform the experiences of historically excluded students and faculty in physical therapy. NEDIC acknowledges that some key drivers may be outside the commission's charge and may be best addressed through actions more directly supported by the American Physical Therapy Association. However, several of the above key drivers are consistent with the commission's role in developing policies, programming, and actions that will stimulate academic programs to strive for equity, diversity, and inclusion. It is further recognized that future work will continue to require input and assistance from several key invested parties. Thus, NEDIC has charged four task forces to continue this work. In charging the task forces, NEDIC acknowledges a lack of consistent terminology and the evolving nature of language within the sphere of diversity, equity, and inclusion.

PT Education and Career Advancement Pathways Task Force

The purpose of Key Driver #3/PT Education and Career Advancement Pathways Task Force is to utilize the data and information gathered during the NEDIC Summit to examine, create, and implement pathways for historically marginalized and excluded racial and ethnic groups to join and advance within the physical therapy profession's leadership positions and roles (e.g., faculty, advocacy, research, and service positions), inclusive of institutional and national level resources that support the ongoing development and advancement opportunities for these groups.

Task Force Chair: Paula Johnson, PT, DPT, MBA - Messiah University

NEDIC Commissioner Task Force Liaison: Elizabeth Locke, PT, PhD, MS

Task Force Members:

Jaime Gonzalez, PT, DPT - Midwestern University-AZ

Quinton Huguley, SPT - Rutgers, The State University of New Jersey

Neva Kirk-Sanchez, PT, PhD - University of Miami

Nancy R. Kirsch, PT, DPT, PhD, FAPTA - Rutgers, The State University of New Jersey

Rupal M. Patel, PT, PhD - Texas Woman's University

Shirley Smith, MA - University of South Florida

A Culture of Belonging Within the Physical Therapy Profession Task Force

The purpose of the Key Driver #6/A Culture of Belonging Within the Physical Therapy Profession Task Force is to find mechanisms to ensure that students and faculty from historically marginalized and excluded racial and ethnic groups in physical therapy experience (a sense of) belonging.

Task Force Chair: Kimberly Varnado, PT, DPT, DHSc, FAAOMPT - College of Saint Mary
NEDIC Commissioner Task Force Liaison: Dawn S. Brown, PT, DPT, EdD

Task Force Members:

Julian Magee, PT, DPT, ATC - Washington University in St. Louis
Keshrie Naidoo, PT, DPT, EdD - MGH Institute of Health Professions
Charlene Portee, PT, PhD, FAAPT - Alabama State University
LaDarius Woods, PT, DPT, PhD - Alabama State University

Student Economic Resources Task Force

The purpose of the Key Driver #1/Economic Resources (Students) Task Force is to examine the economic resource issues influencing the ability of individuals from historically marginalized and excluded racial and ethnic groups from gaining admission to and successfully completing a DPT degree.

Task Force Chair: DeAndrea Bullock, PT, DPT - Emory University

NEDIC Commissioner Task Force Liaison: Matthew Nuciforo, PT, DPT, PhD

Task Force Members:

Amber Brown, PT, DPT - ANB Legacy, LLC
Lori M. Bordenave, PT, DPT, PhD - A.T. Still University of Health Sciences
Gustavo Kennedy Martinez, PT, DPT - FisioSSN
Bridget Ochuko, PT, DPT, MPH - Washington University
Rob Tilman, PT - The American Academy of Physical Therapy

Systemic Discrimination and Racism Mitigation Task Force

The purpose of the Key Driver #7/Systemic Discrimination and Racism Mitigation Task Force is to utilize the data and information gathered during the NEDIC Summit and examine how systemic discrimination influences the ability of individuals from historically marginalized and excluded racial and ethnic groups from successfully entering and staying in the physical therapy profession, this may include but is not limited to application review processes, admission practices and guidelines.

Task Force Chair: Tara Dickson, PT, DPT, PhD - Tufts University, Phoenix

NEDIC Commissioner Task Force Liaison: Ndidiamaka (Didi) Matthews, PT, DPT

Task Force Members:

Laurel Daniels Abbruzzese, PT, EdD, FNAP - Columbia University
Tiffany Adams, PT, DPT, MBA - Duke University
Anita Campbell, PT, DPT - University of Missouri
Prisca Collins, PT, PhD - Florida Southern College
Ellen Wruble Hakim, PT, DScPT, MS, FACCWS - University of Delaware
Michael Harris-Love, PT, MPT, DSc, FGSA, FAPTA - University of Colorado, Denver
Diana Lautenberger, MA - Association of American Medical Colleges

Each task force will utilize data from the NEDIC Summit and collect, review, and analyze additional available data relative to their work. The IHI model for improvement will guide task force work. Task force members will work towards developing policies, guidelines, best

practices, standards, and/or resources for adoption and implementation within academic physical therapy.

NEDIC and Task Force members will provide to ACAPT institutional members updates on progress at key milestones. ACAPT encourages all institutions to enhance diversity, increase the inclusiveness of the academic community and promote greater equity throughout their campuses. As collective members of academic physical therapy education, we are committed to advancing actions that support accessibility and opportunity for individuals from groups historically excluded within our profession.

APPENDIX A

NEDIC Commissioners

Dawn S. Brown, PT, DPT, EdD, Governors State University, 2021 - present
Julia Chevan, PT, DPT, PhD, MPH, Springfield College, NEDIC Co-Chair, 2021 - present
Senobia Crawford, PT, MEd, PhD, Hampton University, NEDIC Co-Chair, 2021 - 2022
Elizabeth Locke, PT, PhD, MS, Kean University, 2022 - present
Matthew Nuciforo, PT, DPT, PhD, Rosalind Franklin University, 2022 - present
Ndidiamaka (Didi) Matthews, PT, DPT, University of Southern California, 2021 - present
Kim Nixon-Cave, PT, PhD, MS, FAPTA, University of Pittsburgh, 2021 - 2022
Bernadette Williams-York, PT, DSc, GCS, University of Washington 2022 - present

NEDIC Summit Supporters and Sponsors

The Summit was supported by a generous grant from The Josiah Macy Jr. Foundation

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NPTE Final Frontier
Physical Therapy Division, School of Health and Rehabilitation Sciences, The Ohio State University
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Rizing Tide
Rosalind Franklin University
Springfield College Department of Physical Therapy
Texas State University Department of Physical Therapy
The Ohio State Wexner Medical Center
The Physical Therapy Learning Institute
TherapyEd
University of California, San Francisco
University of Kentucky
University of Miami
University of New England Department of Physical Therapy
University of North Carolina at Chapel Hill
University of South Florida
University of Southern California

Upstate Medical University – College of Health Professions
Washington University Physical Therapy
Western University of Health Sciences

NEDIC Summit Workgroup Leaders

DeAndrea Bullock, PT, DPT, Emory University
Kimberly Varnado, PT, DPT, DHSc, FAAOMPT, College of Saint Mary
Lisa VanHoose, PT, PhD, MPH, FAPTA, Baylor University
Paula Johnson, PT, DPT, MBA, Messiah University
Tara Dickson, PT, DPT, PhD, Tufts University-Phoenix

NEDIC Summit Participants

Ajit Chaudhari, PhD, FACSM, The Ohio State University
Amy Heath, PT, DPT, PhD, Western Michigan University
Amy J. Bayliss, PT, DPT, Indiana University
Andrew Maccabe, DVM, MPH, JD, American Association of Veterinary Medical Colleges
Anita Campbell, PT, DPT, University of Missouri
Brianna Chesser, PT, MPT, EdD, Grand Valley State University
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Julian Magee, PT, DPT, ATC, Washington University in St. Louis
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Laurel Daniels Abbruzzese, PT, EdD, FNAP, Columbia University
Lori M. Bordenave, PT, DPT, PhD, A.T. Still University of Health Sciences
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Mark Reinking, PT, PhD, ATC, FAPTA, Regis University – President of ACAPT
Mary Romanello, PT, PhD, APTA/Commission on Accreditation in Physical Therapy Education
Mia Gonzales Dean, PT, MBA, MS, FACHE, DriQ Health
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Neena K. Sharma, PT, PhD, University of Kansas Medical Center
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Peggy Gleeson, PT, PhD, Texas Woman's University
Prisca Collins, PT, PhD, Florida Southern College
Remi Wanjiru Onifade, PT, DPT, MEd, National Association of Black Physical Therapists
Robert Tillman, PT, The American Academy of Physical Therapy
Roger Herr, PT, MPA, Visiting Nurse Society in New York – President of APTA
Ronald Barredo, PT, DPT, EdD, FAPTA, Tennessee State University
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Shirley Smith, MA, University of South Florida
Stephanie Piper Kelly, PT, PhD, University of Indianapolis
Tobey DeMott-Yeates, PT, DPT, Northwestern University
Victoria Moerchen, PhD, University of Wisconsin-Milwaukee
Zohar Kapasi, PT, MSPT, PhD, FAPTA, MBA, PhD, Medical University of South Carolina

NEDIC Summit Facilitators from The Ohio State University and the LIFT Lab (Leading Improvement-Focused Teams for Advancing Health Systems Outcomes)

Catherine Quatman-Yates, PT, DPT, PhD, Lead Facilitator
John Buford, PT, PhD, Professor and Director, Physical Therapy Division
Adam Lemaster
Gabriel Alain, PT, DPT
Jackiethia Butsch, C-CHW, C-CP
James Crick, PT, DPT
Lauren Teuschler, MS
Leeann Lower-Hoppe
Lindsay Harmon-Matthews, PT, DPT, OCS, MPH
Lisa Juckett, PhD, OTR/L, CHT
Maeghan Williams
Rachel Bican, PT, DPT, PhD
Riley Summers
Timothy Rethorn, PT, DPT
Tyler Beauregard, MS, AT, ATC, CSCS

APPENDIX B



AMERICAN COUNCIL OF
ACADEMIC PHYSICAL THERAPY



NEDIC Summit 2022

Building Partnerships, Creating Spaces, and
Developing Opportunities to **Increase Racial
and Ethnic Diversity** in Physical Therapy

PARTICIPANT COVENANT

This covenant conveys an agreement for participants of the “NEDIC Summit 2022” about the expectations regarding Summit participation, communication, and professional behavior. The National Equity Diversity and Inclusion Commission (NEDIC) planned the Summit to bring together professionals of diverse backgrounds and expertise who will convene over 2 1/2 days in collaborative workgroups to build partnerships, create space, and develop opportunities to increase racial and ethnic diversity in the Physical Therapy profession. NEDIC Summit 2022 participants will construct the foundation for best practices and identify resources to transform the racial and ethnic diversity of our profession and the educational experiences of racial and ethnic minority students and faculty in physical therapy.

As such:

ACKNOWLEDGEMENT

- I acknowledge that diversity encompasses a wide and varied array of differences that include but is not limited to race, ethnicity, language, religion, age, disabilities, sexual orientation, gender, gender identity, socioeconomic status, and others. However, for the purpose of the NEDIC Summit, the focus is on students, faculty, and leaders of underrepresented racial and ethnic groups (e.g., **Black, Native American or Tribal Groups, Alaska Native, Native Hawaiian, and LatinX**) throughout the profession of physical therapy.
- I acknowledge the purpose of the NEDIC Summit is to increase the representation of racial and ethnic (e.g., **Black, Native American or Tribal Groups, Alaska Native, Native Hawaiian, and LatinX**) minority students in physical therapist professional education programs and increase the number of racial and ethnic minorities among faculty and leadership in physical therapy professional education and the physical therapy workforce.

- I acknowledge that during the NEDIC Summit the Commissioners will assign me to one of the following facilitated workgroups led by experienced facilitators:
 - Pipeline Programs
 - Recruitment and Retention
 - Admissions
 - Mentoring
 - Post-Professional

- I acknowledge that I may receive an invitation to join a post – Summit Task Force on one of the five topics from the Summit to help develop best practices and resources that will transform the educational experiences of underrepresented racial and ethnic minority students, faculty, and leadership in physical therapy. Post-Summit Task Forces will be funded by ACAPT and will work through the summer of 2023, culminating in the presentation of the best practices and resources to ACAPT members at ELC 2023.

PARTICIPATION

- I agree to be an **active participant** as an invited member of NEDIC Summit 2022, which includes active listening, reflective engagement, and thoughtful discussion.

- I agree to maintain **active participation** as an invited member of NEDIC Summit 2022 through ELC 2023 should I accept an invitation to join one of the post – Summit task forces

- I agree **active participation** as an invited member of NEDIC Summit 2022 can be a personal gain in terms of personal illumination; the profession’s gain in terms of transformation of the future of physical therapist education; and a societal gain that informs future policies, procedures, and best practices.

COMMUNICATION

- I agree to discuss challenging topics, agree or disagree, share my expertise, and remain open to the expertise, views, and perspectives of others.

- I acknowledge, I may confront difficult topics of discussion, but will get comfortable with being uncomfortable with honesty, humbleness, and humility that maintains the value and respect of self and others.

- I will act in a manner that validates the value of every participant, speaker, NEDIC commissioner, and the physical therapy profession.

- I agree to think/speak broadly about the future of physical therapist education and limit comments that refer specifically to the individual needs/details of my academic program, my practice, or my experience.
- I agree to share expertise from an individual and/or institutional perspective, but acknowledge I, alone, am not representative of an entire group.
- I agree to be firm enough to stand my ground, but flexible enough to hear the perspectives of others.
- I agree to approach all discussions with curiosity, openly ask questions, and honestly seek clarification and understanding.
- I agree to speak when recognized by the facilitation leaders and to avoid interrupting speakers.

CONFIDENTIALITY

- I will maintain the confidentiality that may result from the sharing of personal/academic institution-specific sensitive information. This information will remain within the boundaries of the NEDIC Summit program and will not be shared with others beyond those participating in this Summit.
- I will maintain the confidentiality that may result from the sharing of personal opinions or ideas. I may share thoughts/ideas with others outside of the Summit, but agree to maintain the confidentiality of the individual that proposed/shared the original concept.
- I understand to capture the integrity of discussions and recommendations during the NEDIC Summit, the plenary session and workgroup sessions will be audio recorded and made available only to the Commissioners and post-Summit Task Force members to inform the construction of the best practices and resources for adoption by ACAPT members in 2023.

Printed name

Signature

Date

Please see the next page for additional information

Contact Information:

Name: _____

Area of specialization:

Organization: _____

Address: _____

Alternate address: _____

Telephone:

• Office _____

• Cell _____

Email:

• Primary _____

• Secondary _____

Appendix C
Materials for the Summit Activities

Activity 1 Socio-ecological Mapping and Think, Pair, Share

Socio-ecological Systems Model Worksheet

Systems Level	What factors do you think at each level of the system impacts an individual from racial and ethnic minority populations entering and staying in the profession of physical therapy?	How does the impact of traditions, culture, and social issues influence the interactions and relationship of the SEM on individuals and physical therapy?
Microsystem-Individual The microsystem closet to the individual contains the strongest influences and encompasses the interactions and relationships of the immediate surroundings.		
Mesosystem-Family immediate environment The mesosystem looks beyond the immediate interactions and includes those individuals that has direct contact with such as work, school, church, and neighborhood. encompasses the interactions between the individual microsystems.		
Exosystem-Community- extended environment The exosystem does not directly impact the individual but exerts both negative and positive interactive forces on the individual such as community contexts and social networks.		
Macrosystem-Society The macrosystem includes societal, religious, and cultural values and influences.		
Chronosystem Contains both internal and external elements of time and historical content.		

Activity 2 Journey Mapping

Persona #1-MJ

Background and Demographics

- Non-binary (pronouns they/them)
- Race/ethnicity: Hispanic
- Family was just barely above the poverty line growing up
- Strict Catholic upbringing, non-practicing Catholic as an adult who describes himself as spiritual but not religious
- Parents moved to the U.S. as children and both completed high school (mom in traditional pathway, dad GED). Both parents primarily speak Spanish, but Gabe is comfortably bilingual Spanish/English
- Very private about sexuality and personal life
- Siblings- 3 brothers and 2 sisters all graduated high school but none went on to college
- No family in healthcare

High-level Notes about PT Professional Journey

- Attended local elementary school in the inner-city.
- Attended local high-school and excelled. Parents pushed for him to become a physician or lawyer. Met with high school career counselors discussed various careers.
- During undergraduate training he pursued a liberal arts major with an interest in science at a local community college while working almost full-time for about 5 years. Volunteered at local hospital in various departments.
- Observed in PT in various settings (outpatient and acute) and eventually got a rehab aide position.
- Married and became a single parent before deciding to apply to PT schools
- Focused on taking pre-req courses and transferred to a local university obtaining a BS in health science
- Applied to several DPT programs and had one interview. Was not admitted to any program and applied the next year and was accepted to school in another state.
- Attended the DPT program and went through orientation the first day. Only minority student in the class.
- Struggled the first semester with anatomy and have very few friends in the class.
- Completed clinical education with mixed experiences in rapport with his clinical instructors and cultures of the clinics he was assigned to
- Completed DPT program and took a position back home to help with family finances
- Graduated with significant six-figure debt from both undergraduate and graduate programs.
- Considered participating in a residency program for ortho but decided to work and just took the exam and obtained OCS.
- Attended APTA meeting in last year of DPT and after graduation a local state chapter meeting. Did not join APTA due to finances and not feeling comfortable at meetings.

Persona #2-Lisa

Background and Demographics

- Gender/pronouns: Female (she/her/hers)
- Race/ethnicity: Black
- Parents' education: Mother: master's degree attained, Father: master's degree attained
- Mother was a nurse (died when Lisa was in high school); Father in sales
- No siblings
- SES: middle class
- Sexual assault survivor
- Religion: regular attends a local community non-denominational church

High-level Notes about PT Professional Journey

- Decision to pursue PT: a neighbor mentioned it might be a good fit the summer before college because she played sports and enjoyed science
- Pre-PT School: applied to one PT school, was involved in the pre-PT club where she learned about what was needed to be a successful applicant for PT school. Was able to volunteer at a nearby hospital, was able to work as a PT Aide in the school student health center during undergraduate.
- During PT School: was 1 of 4 Black students in class of approximately 75 students. No academic or clinical issues. Struggled with concerns about leaving PT school to attend med school during second year that contributed to mental health struggles through the remainder of PT school
- Post PT School: Struggled with concerns regarding acceptance as a PT by older white patients (common clientele at the time), specialized 3 years after graduation in emerging field of women's pelvic health. Married with three children with spouse who also works full-time.

Persona #3-Jordan

Background and Demographics

- Male (he/him)
- Multi-racial/ethnicity
- Grew up in a single parent household – with mother and 2 brothers
- Most of childhood and adolescence lived in poverty – lived in hotels, abandoned houses, cars; family was on welfare and received government assistance;
- Sexual assault survivor from a local religious leader in early childhood; began to identify as an atheist in early adulthood
- Very isolated and shy due to socioeconomic status and not wanting to bring attention to himself or family – lacked a sense of belonging
- Was academically gifted – was in first cohort of international baccalaureate program in high school; the only Black student of the eight students who tested into this program
- Was athletic – played basketball and recruited for college scholarship
- Competed for four years on college basketball team with a major in business

High-level Notes about PT Professional Journey

- Competed for 2 years on college basketball team with a major in business and minor in biology before sustaining a severe knee injury
- From adverse circumstances, with a lifelong goal of helping underserved, marginalized, and minoritized people and communities
- Got very close to athletic trainer and became a student athletic trainer for 2 years and was advised by the athletic trainer that he would have more career opportunities as a physical therapist
- Pursued DPT in a program with predominately white and financially well-off classmates
- The only Black student in class; no professors of color; no mentors
- Did not have a sense of belonging in this program – never picked to be in study groups
- Graduated with significant six-figure debt from both undergraduate and graduate programs at Northwestern University – no one guided me on how to apply for student aid especially grants and scholarships
- Practiced for several years in orthopaedic and sports clinic, became a Board-Certified Clinical Specialist in Orthopaedic Physical Therapy (OCS) before pursuing a Doctor of Education (EdD) in Higher Education Administration with the goal of becoming a professor in a physical therapy program

Activity 3 Focus Groups

Topic-Pipeline programs

Introduction

You have been invited to participate in this focus group based on your experience with Pipeline programs to introduce and recruit underrepresented students to the profession of physical therapy. We invite you to share your knowledge, experience, and expertise so we can learn about pipeline programming specifically designed for racial and ethnic minority (Black, Latino/Hispanic/Hispanic, American Indian/Alaska Native, and Native Hawaiian) students.

Let's start by thinking back to when you first got involved with the issue of increasing the diversity of the physical therapy profession, specifically from the perspective of pipeline programs. Why did it matter?

Transition Questions:

1. Tell us about your experience with pipeline programs for physical therapy?
 - a. Prompt questions
 - i. What was the goal, mission? What were the outcomes?
 - ii. Can you give me an example of aspects of the pipeline program and/or activities?
 - iii. Who was the program designed for i.e., students, elementary, high school, college, faculty?

Key Questions:

1. Tell us about opportunities and facilitators you found in developing and/or hosting a pipeline program.
2. Tell us about challenges and barriers you found in developing and/or hosting a pipeline program.
3. Tell us about the resources and/or funding you used or needed for the pipeline program.

Ending Questions:

1. One of the objectives of this Summit is to bring together individuals with experience, expertise, and a desire to increase the racial and ethnic diversity in the physical therapy profession. What are your thoughts on developing a collaborative network to facilitate increasing diversity at all levels in PT, educational programs, residency/fellowship programs, doctoral programs, faculty, and leadership positions?
2. Our final activity is that you have the opportunity to give advice to the PT community on how they can address the goals of this Summit, which is to build partnership, create space and develop opportunities to increase racial and ethnic diversity in physical therapy. You have been given three index cards and on each of the cards write one statement of advice that you would give to the PT community on how to achieve the goals of this Summit especially related to pipeline programs.

Topic: Admissions

Introduction

You have been invited to participate in this focus group based on your experience with the admissions/admission process to recruit underrepresented students to physical therapy educational programs. We invite you to share your knowledge, experience, and expertise so we can learn about the admissions processes and/or program specifically designed for racial and ethnic minority (Black, Latino/Hispanic, American Indian/Alaska Native, and Native Hawaiian) students.

Let's start by thinking back to when you first got involved with the issue of increasing the diversity of the physical therapy profession, specifically from the perspective of admissions. Why did it matter?

Transition Questions:

1. Tell us about your experience with the admissions/admission process in terms of admitting students from ethnically/racially diverse backgrounds.
 - a. Prompt questions
 - i. What was the goal, mission? What were the outcomes?
 - ii. Can you give me an example of aspects of the admissions/admission process?
 - iii. Who was the program designed for i.e., pre-PT, DPT and post-professional PT?
 - iv. Any special practices you used or changes you made to your admissions/admission process to increase the diversity of your applicant pool and subsequently your class. (i.e. holistic admissions, contemporary admissions processes)

Key Questions:

3. Tell us about opportunities and facilitators you found in developing an admissions process or program.
4. Tell us about challenges and barriers you found in developing an admissions process or program.
5. Tell us about the resources and/or funding you used or needed for the admissions process/program.
 - a. e.g., HRSA, HCOP, training programs, etc.

Ending Questions:

6. One of the objectives of this Summit is to bring together individuals with experience, expertise, and a desire to increase the racial and ethnic diversity in the physical therapy profession. What are your thoughts on developing a collaborative network to facilitate increasing diversity at all levels in PT, educational programs, residency/fellowship programs, doctoral programs, faculty, and leadership positions?
7. Our final activity is that you have the opportunity to give advice to the PT community on how they can address the goals of this Summit, which is to build partnership, create

space and develop opportunities to increase racial and ethnic diversity in physical therapy. You have been given three index cards and on each of the cards write one statement of advice that you would give to the PT community on how to achieve the goals of this Summit especially related to admissions to PT educational programs?

Topic: Recruitment and Retention

Introduction

You have been invited to participate in this focus group based on your experience with recruiting and retaining underrepresented students to physical therapy educational programs. We invite you to share your knowledge, experience, and expertise so we can learn about the recruitment process and/or program as well as retention activities specifically designed for racial and ethnic minority (Black, Latino/Hispanic, American Indian/Alaska Native, and Native Hawaiian) students.

Let's start by thinking back to when you first got involved with the recruitment/retention for physical therapy to increase the diversity of the physical therapy profession, specifically from the perspective of recruitment and retention. Why did it matter?

Transition Questions:

1. Tell us about your experience with the recruiting and retaining students from ethnically/racially diverse backgrounds for the physical therapy profession and/or PT educational programs.
 - a. Prompt questions
 - i. What was the goal, mission? What were the outcomes?
 - ii. Can you give me an example of aspects of the program and/or activities?
 - iii. Who was the program designed for i.e., pre-PT, DPT and post-professional PT?
2. Tell us about any special practices you used or changes you made to your recruitment process and retention activities for your educational program.

Key Questions:

3. Tell about opportunities and facilitators you found in the recruitment process/program and retention activities.
4. Identify any challenges or barriers you found while developing your recruitment process/program and during retention activities.
5. Tell us about the resources and/or funding you used or needed for the recruitment process/program and retention activities.
 - a. e.g., HRSA, HCOP, training programs, etc.

Ending Questions:

6. One of the objectives of this Summit is to bring together individuals with experience, expertise, and a desire to increase the racial and ethnic diversity in the physical therapy profession. What are your thoughts on developing a collaborative network to facilitate

increasing diversity at all levels in PT, educational programs, residency/fellowship programs, doctoral programs, faculty, and leadership positions?

7. Our final activity is that you have the opportunity to give advice to the PT community on how they can address the goals of this Summit, which is to build partnership, create space and develop opportunities to increase racial and ethnic diversity in physical therapy. You have been given three index cards and on each of the cards write one statement of advice that you would give to the PT community on how to achieve the goals of this Summit especially related to recruitment and retention.

Topic: Mentoring

Introduction

You have been invited to participate in this focus group based on your experience with Mentoring programs to introduce and recruit underrepresented students to the profession of physical therapy. We invite you to share your knowledge, experience, and expertise so we can learn about the mentoring program specifically designed for racial and ethnic minority (Black, Latino/Hispanic, American Indian/Alaska Native, and Native Hawaiian) students.

Let's start by thinking back to when you first got involved with the issue of increasing the diversity of the physical therapy profession, specifically from the perspective of mentoring. Why did it matter?

Transition Questions:

1. Tell us about your experience with the mentoring students from ethnically/racially diverse backgrounds for the physical therapy profession and/or PT educational programs.

Prompt questions

- a. What was the goal, mission? What were the outcomes?
- b. Can you give me an example of aspects of the mentoring program and/or activities?
- c. Who was the program designed for i.e., pre-PT, DPT and post-professional PT?
2. Tell us about any special programs or approaches you used to mentor students about the profession of physical therapy.

Key Questions:

3. Tell us about opportunities and facilitators you found in mentoring individuals about physical therapy.
4. Identify any barriers and challenges you found while mentoring individuals about physical therapy.
5. Tell us about any techniques or practices you used when mentoring.
6. Tell us about the resources and/or funding you used or needed for the mentoring program.

Ending Questions:

7. One of the objectives of this Summit is to bring together individuals with experience, expertise, and a desire to increase the racial and ethnic diversity in the physical therapy profession. What are your thoughts on developing a collaborative network to facilitate increasing diversity at all levels in PT, educational programs, residency/fellowship programs, doctoral programs, faculty, and leadership positions?

8. Our final activity is that you have the opportunity to give advice to the PT community on how they can address the goals of this Summit, which is to build partnership, create space and develop opportunities to increase racial and ethnic diversity in physical therapy. You have been given three index cards on each of the cards write one statement of advice that you would give to the PT community on how to achieve the goals of this Summit especially related to mentoring.

Topic: Post-Professional Physical Therapy

Introduction

You have been invited to participate in this focus group based on your experience as a professional and your leadership roles and responsibilities. As you know we invited participants to this Summit to share knowledge, experience, and expertise on increasing the diversity of the physical therapy profession specifically for racial and ethnic minority (Black, Latino/Hispanic, American Indian/Alaska Native, and Native Hawaiian) students.

This focus group is to discuss the post-professional space in physical therapy defined as post-graduation from entry-level DPT programs. The post-professional aspect of physical therapy has not had as much attention or discussion as compared to pre- physical therapy such as recruiting students or students in DPT programs. There is data that indicates there is significant lack of diversity in the post-professional space which is directly related to the lack of diversity in students entering and graduating from PT educational programs. This focus group is to examine the career span of physical therapists especially for individuals from diverse backgrounds with an eye on opportunities in residency/fellowship programs, leadership opportunities, clinical leadership, and faculty opportunities.

Key Questions:

1. Based on the definition of post-professional physical therapy:
 - a. What factors are important to consider in discussing the issue of diversity in the post-professional physical therapy?
 - b. What are the opportunities and facilitators?
 - c. Identify any barriers and challenges that may be a factor.
2. Tell us about the resources and/or funding that you think may be needed in the post-professional physical therapy space.
3. Do you think there is a welcoming environment to diverse individuals in the post-professional physical therapy space?

Ending Questions:

4. One of the objectives of this Summit is to bring together individuals with experience, expertise, and a desire to increase the racial and ethnic diversity in the physical therapy profession. What are your thoughts on developing a collaborative network to facilitate increasing diversity at all levels in PT, educational, residency/fellowship programs, doctoral programs, faculty, and leadership positions?

5. Our final activity is that you have the opportunity to give advice to the PT community on how they can address the goals of this Summit, which is to build partnership, create space and develop opportunities to increase racial and ethnic diversity in physical therapy. You have been given three index cards and on each of the cards write one statement of advice that you would give to the PT community on how to achieve the goals of this Summit especially related to post-professional PT.

Activity 4 Key Drivers

Procedures for key driver activity

1. Goal State:
 - Together as a group, create a goal state
 - What the ideal would look like assuming the end product is achieved “create a picture using words”
 - Remind group to stay in positive framing
 - You can use whatever you would like to help brainstorm the Goal State such as project a draft goal on a notes page on the screen, have people brainstorm on big post-its on the wall, or break them down into subgroups and combine in group discussion
2. Key Drivers:
 - Restate what key drivers are
 - Adjectives to describe drivers that must be in place to achieve that goal state
 - Remind group to stay in positive framing, can come up with more or less themes than the template shows
 - Can come from consensus, knowledge of thing and/or literature/hypothesis of sorts
 - Work as a group to lump the brainstormed drivers into themes
 - Finalize a set of drivers in the group’s digital template
3. Interventions:
 - Restate what interventions are:
 - Activities that will target identified key drivers
 - Finalize set a intervention in the group’s digital template, making sure to map them with arrows toward the drivers they are targeting

Modified Failure Mode Effects Analysis

Failure Mode Effects Analysis Purpose:

- In building a road map, this tool allows the team to create a robust plan by analyzing each planned intervention for potential barriers and designing interventions to help mitigate the risk of these potential failures.
1. List out interventions from the group’s finalized key driver diagram template.
 2. Potential Failures and Interventions to Prevent Failures: Brainstorm potential failures and interventions to prevent failures for each intervention from the KDD.
 3. Finalize the group’s input into the digital template.
 4. Begin drafting charter.