

# 2018 Annual Report of the Education Leadership Partnership

Results of the collaborative work of:  
The Academy of Physical Therapy Education  
The American Council of Academic Physical Therapy  
The American Physical Therapy Association

**The Education Leadership Partnership: Action through Collaboration**



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## Background

The Education Leadership Partnership (ELP) was established in 2016 through a Memorandum of Understanding (MOU) between the American Council of Academic Physical Therapy (ACAPT), American Physical Therapy Association (APTA), and the Academy of Physical Therapy Education (APTE, formerly the Education Section of APTA).

The role of the ELP, per the MOU:

*The [Partnership] is intended to be a group with a more global perspective than that of any one organization represented on the [Partnership] or any other stakeholder. The voting members of the [Partnership] should commit to pursuing the interests of the whole profession as well as those of the Founders that appointed them. Nonvoting members likewise should commit to pursuing the interests of the whole profession as well as those of the organization with which they are associated.*

*The [Partnership] shall strive to bring together all relevant stakeholders having an interest in promoting excellence in physical therapist education. The [Partnership] will solicit input and feedback from the organizations represented on the [Partnership] as well as other stakeholders, such as clinical educators, employers, students, the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE), the American Board of Physical Therapy Specialties (ABPTS), and the Federation of State Boards of Physical Therapy (FSBPT).*

*The [Partnership] shall consider how best to achieve the various recommended actions identified in Annex A (See Annex A recommendations under sub group sections). The [Partnership] shall make recommendations to the Founders with respect to the implementation of these recommended actions. Such recommendations may identify the organization or organizations best situated to carry out the work necessary to implement an action. The [Partnership] may make recommendations to the Founders concerning amendments to this Memorandum.*

*The [Partnership] shall communicate its recommendations to the presidents of the Founders. In order to improve transparency, collaboration, and accountability, each Founder shall make the [Partnership]'s recommendations available (eg, by way of the Founder's website) to all stakeholders in physical therapy education. The Founders will make the [Partnership]'s recommendations public to stakeholders so that any group may take action on recommendations if the Founders decline to do so. The [Partnership] shall not have authority to bind or commit any Founder to use the Founder's financial or human resources in any manner.*

## Founders

Barbara Sanders, PT, PhD, FAPTA, President, American Council of Academic Physical Therapy

Gina M Musolino, President, Academy of Physical Therapy Education, 2016-2018

Sharon Dunn, PT, PhD, President, American Physical Therapy Association

## ***Voting Members and Nonvoting Participants***

A leadership committee of the ELP comprises 3 categories of members. Nine voting members represent the 3 partnering groups (3 each). Ex officio nonvoting members include representatives of the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE), the American Board of Physical Therapy Specialties (ABPTS), the Commission on Accreditation in Physical Therapy Education (CAPTE), and the Federation of State Boards of Physical Therapy (FSBPT); and 4 clinical community partners. Representatives and staff who regularly attend meetings include:

Organization	Name	Role
<b>ACAPT</b>	Zoher Kapasi (2016-2020)	Chair (July 2017-June 2018)
<b>ACAPT</b>	Nancy Reese (2016-2021)	ELP Representative
<b>ACAPT</b>	Scott Ward (2016-2019)	ELP Representative
<b>ACAPT</b>	Sandy Brooks	ACAPT Staff
<b>APTA</b>	Susan Appling (2016-2020)	ELP Representative
<b>APTA</b>	Roger Herr (2016-2019)	ELP Representative
<b>APTA</b>	Bob Rowe (2016-2021)	ELP Representative
<b>APTA</b>	Bill Boissonnault	APTA Staff
<b>APTA</b>	Steven Chesbro	APTA Staff
<b>APTA</b>	Courtney Merritt	APTA Staff
<b>APTA</b>	Brandi McIntyre	APTA Staff
<b>APTA</b>	Anne Reicherter	APTA Staff
<b>APTA</b>	Ryan Bannister	APTA Staff
<b>APTE</b>	Laurie Kontney (2016-2020)	Chair (July 2018-present)
<b>APTE</b>	Jen Mai (2016-2019)	ELP Representative
<b>APTE</b>	Sandy Quillen (2016-2021)	ELP Representative
<b>APTE</b>	Julia Rice	APTE Staff
<b>ABPTRFE</b>	Kendra Harrington	APTA Staff
<b>ABPTRFE</b>	Noel Goodstadt	ABPTRFE Member
<b>ABPTS</b>	Derek Stepp	APTA Staff
<b>ABPTS</b>	Bob Sellin	ABPTS Chair
<b>CAPTE</b>	Pam Ritzline	CAPTE Commissioner
<b>CAPTE</b>	Sandra Wise	CAPTE Staff
<b>Clinical Community</b>	Leigh Langerwerf	Community – Private Practice
<b>Clinical Community</b>	Christopher Meachem	Community – Veterans Administration
<b>Clinical Community</b>	Traci Norris	Community – Acute Care
<b>Clinical Community</b>	Susan Ropp	Community – Health Systems
<b>FSBPT</b>	Nancy Kirsch	President
<b>FSBPT</b>	Richard Woolf	FSBPT Staff

## About the ELP

The ELP webpage ([www.apta.org/ELP](http://www.apta.org/ELP)) provides public information, including annual reports of ELP activities (beginning 2017). In October 2018, the partners agreed to pursue a strategic communications plan to enable transparent, ongoing communication and information-sharing on strategic issues between the different stakeholder groups. Initial discussions about a renewed communications plan in 2019 include revisiting web-based information and news stories. Communications representatives from the 3 partners will participate in this process to ensure consistency of information being shared.

A Hub community created to support the ELP can be accessed by ELP representatives, including ex-officio members, board members of the partnering organizations, and staff assigned by the partners.

## Meetings of the ELP

In 2018 the ELP held 3 5-hour face-to-face meetings at Combined Sections Meeting (February), NEXT (June), and the Education Leadership Conference (October). In the 9 remaining months, the ELP met via conference call. Work of the group is coordinated through the Hub community.

Following are the major agenda items and actions from the 2018 ELP meetings.

Month	Agenda Item(s):	Action(s)/Outcome(s):
January	<ol style="list-style-type: none"> <li><b>Motion:</b> That a representative of the Private Practice Section be added to the ELP Community.</li> <li><b>Motion:</b> That the partnering organizations of the ELP financially support the 2 AAMC Medical Education Research Certificate courses at the 2018 Education Leadership Meeting.</li> <li><b>Motion:</b> That the partnering organizations of the ELP support the initial nonfunded investment of \$31,000 to initiate the Grants and Mentorship in Educational Research (GAMER) program in 2018. The proposed GAMER schedule and budget will be posted on the ELP Hub.</li> <li><b>Motion:</b> That funding be provided for the Education Research Network website. This work originated in the Education Research Strategy meetings scope of work for Group 2: Community of Education Researchers. The approximate startup cost is \$3,000. To be supported initially by APTA and ACAPT, and the APTE board will determine participation in funding at its CSM meeting. Initial build will begin.</li> <li><b>Motion:</b> That a plan be developed at CSM for a strategic planning session</li> </ol>	<ol style="list-style-type: none"> <li>Approved.</li> <li>Approved. APTE will partner. Recommend that rate be increased. Other feedback from APTE was for focused advertising toward those partnering regarding research.</li> <li>Approved. APTE is willing to support GAMER with \$3,000.</li> <li>Approved.</li> <li>Approved.</li> </ol>

	with a facilitator at a later date TBD.	
February	<ol style="list-style-type: none"> <li>1. Follow-up: APTE's decision about financially supporting development of the Education Research Network website.</li> <li>2. <b>Motion:</b> That the 2017 Annual Report be adopted.</li> <li>3. <b>Motion:</b> That ELP take responsibility for the implementation of the Best Practices for Physical Therapist Clinical Education Task Force (BPPTCETF) recommendations that were forwarded by the APTA Board of Directors.</li> <li>4. <b>Motion:</b> That a Clinical Education Strategy Ad Hoc Group be created (see Figure 10 below) and meet as soon as possible (fall 2018) for strategic planning.</li> </ol>	<ol style="list-style-type: none"> <li>1. The approximate startup cost is \$3,000. APTE had agreed to provide \$1,000 toward funding to build the website.</li> <li>2. Approved.</li> <li>3. Approved.</li> <li>4. Approved.</li> </ol>
March	<ol style="list-style-type: none"> <li>1. CSM debrief.</li> <li>2. Annual Report distribution plan.</li> <li>3. CE Strategy Steering Committee update.</li> <li>4. Refined areas of work due to adoption of BPPTCETF recommendations.</li> </ol>	<ol style="list-style-type: none"> <li>1. Discussion.</li> <li>2. Discussion.</li> <li>3. Discussion.</li> <li>4. Discussion.</li> </ol>
April	<ol style="list-style-type: none"> <li>1. CE Strategic Plan Steering Committee update.</li> <li>2. New/refined categories of work being addressed.</li> </ol>	<ol style="list-style-type: none"> <li>1. Two meetings held to date.</li> <li>2. Presentation of refined categories of work from merging of recommendations from APTA's Board of Directors: (1) Excellence in Physical Therapy Education Task Force [Annex A of the MOU]; and (2) Best Practices for Physical Therapist Clinical Education Task Force. Major categories: education research; outcomes; essential resources; and academic-clinical partnerships. Clinical education is infused throughout the strategy.</li> </ol>
May	<ol style="list-style-type: none"> <li>1. Discussion: Education-related RCs.</li> <li>2. Agenda for June face-to-face meeting at NEXT.</li> </ol>	<ol style="list-style-type: none"> <li>1. No action.</li> <li>2. Identified business items.</li> <li>3. Approved.</li> <li>4. No action.</li> </ol>

	<ol style="list-style-type: none"> <li>3. <b>Motion:</b> That duplicate CSM pricing (\$325) be established for upcoming MERC workshops.</li> <li>4. GAMER update.</li> </ol>	
June	<ol style="list-style-type: none"> <li>1. <b>Motion:</b> That the ELP formally adopt strategy areas and timeline for development of identified initiatives.</li> <li>2. <b>Motion:</b> That the ELP adopt and forward expense details to each organization to assist with budget direction for 2019.</li> <li>3. Discussion: ELC 2018: planning ahead.</li> <li>4. Discussion: Communication strategy.</li> <li>5. Presentation: Education Research Strategy update.</li> <li>6. <b>Motion:</b> That the ELP adopt the action items and recommendations from the National Study of Excellence and Innovation in Physical Therapist Education: Part 2-A Call to Reform framework to guide the education research agenda.</li> <li>7. Community of Education Researchers Group (MERC/Ed Research Network) update.</li> <li>8. Data group update.</li> <li>9. Funding and infrastructure group update (GAMER).</li> </ol>	<ol style="list-style-type: none"> <li>1. Approved.               <ol style="list-style-type: none"> <li>a. Education Research Strategy (2017)</li> <li>b. Clinical Education Strategy (2018)</li> <li>c. Outcomes Strategy (2019 a)</li> <li>d. Essential Resources Strategy (2019 b)</li> <li>e. Academic-Clinical Partnerships Strategy (2020)</li> </ol> </li> <li>2. Approved.</li> <li>3. No action.</li> <li>4. Agreed to move forward.</li> <li>5. No action.</li> <li>6. Approved.</li> <li>7. No action.</li> <li>8. No action.</li> <li>9. No action.</li> </ol>
July	<ol style="list-style-type: none"> <li>1. <b>Motion:</b> That representatives from the American Board of Physical Therapy Residency &amp; Fellowship Education (ABPTRFE) and the American Board of Physical Therapy Specialties (ABPTS) be added as nonvoting ex officio members to the ELP as follows:                Director and 1 Representative from ABPTRFE; Director and 1             </li> </ol>	<ol style="list-style-type: none"> <li>1. Approved.</li> <li>2. No action.</li> <li>3. No action.</li> <li>4. Agenda items identified.</li> <li>5. No action.</li> <li>6. No action.</li> </ol>



	<p>Representative from ABPTS</p> <ol style="list-style-type: none"> <li>2019 Budget: Follow-up.</li> <li>Communication Strategy: Follow-up.</li> <li>Prep Agenda: Preparation for ELC Update: Clinical Education Strategy Group.</li> <li>Update: Representative from Health Systems.</li> <li>Update: Education Research Strategy Group (MERC/GAMER).</li> </ol>	
August	<ol style="list-style-type: none"> <li>Discussion: Student Debt</li> <li>Partner updates: 2019 Budget.</li> <li>Update: Clinical Education Strategy Group.</li> <li>Update: Representative from Health Systems.</li> <li>Update: Education Research Strategy Group.</li> </ol>	<ol style="list-style-type: none"> <li>No action.</li> <li>No action.</li> <li>Planning update provided.</li> <li>Justin Weatherford reported that he is no longer able to serve as the community partner from the Health Systems Council.</li> <li>No action.</li> </ol>
September	<ol style="list-style-type: none"> <li>Budget updates: 2019 Budget.</li> <li>Prep Agenda Update: Preparation for ELC.</li> <li>Update: Clinical Education Strategy Group.</li> <li>Update: Representative from Health Systems.</li> <li>Update: Education Research Strategy Group (MERC/GAMER).</li> </ol>	<ol style="list-style-type: none"> <li>No action.</li> <li>Agenda created.</li> <li>No action.</li> <li>Names have been submitted, but none have yet accepted.</li> <li>No action.</li> </ol>
October	<ol style="list-style-type: none"> <li><b>Motion:</b> That representatives from the Federation of State Boards of Physical Therapy (FSBPT) be added as nonvoting ex officio members to the ELP as follows: 1 staff (eg, VP for Education) and 1 <u>elected representative (eg, President)</u></li> <li><b>Motion:</b> That ELP reconstitute an expanded student debt task force that would provide recommendations to address the scope of the student debt</li> </ol>	<ol style="list-style-type: none"> <li>Approved.</li> <li>Approved.</li> <li>No action.</li> <li>Dates of action affirmed.</li> <li>Discussion planned to continue in November 2018.</li> <li>Discussion of renewal by June 2019.</li> <li>Susan Ropp has been named and has agreed to serve as the replacement for Justin Weatherford.</li> <li>No action.</li> <li>No action.</li> <li>Discussion of updating the current purpose statement will continue on</li> </ol>

	<p>issue, with an interim report at CSM.</p> <ol style="list-style-type: none"> <li>2019 Budget additions.</li> <li>Education Strategic Plan Updates: Education Research, Clinical Education, Outcomes, Essential Resources, Academic-Clinical Partnerships.</li> <li>Sub-group updates: PTA</li> <li>Reminder that each ELP member should review the current MOU and provide feedback on any revisions.</li> <li>Update: Representative from Health Systems.</li> <li>Update: Education Research Strategy Group.</li> <li>Discussion: Communications strategy for ELP.</li> <li>Mission.</li> </ol>	<p>the Hub, and will be discussed further in November 2018.</p>
November	<ol style="list-style-type: none"> <li>Discussion: Outcomes Strategy Meeting.</li> <li>Discussion: Essential Resources Strategy Meeting.</li> <li>Update: Recommendations for participants on the ELP's Student Debt Task Force</li> <li>Discussion: Representation of PTA education on the ELP.</li> <li>Report: Clinical Education Strategy Meeting.</li> </ol>	<ol style="list-style-type: none"> <li>Tentative date set for April 7-8, 2019.</li> <li>No action.</li> <li>No action.</li> <li>Discussion to continue at next meeting.</li> <li>Brief verbal report presented.</li> </ol>
December	<ol style="list-style-type: none"> <li>Update: Outcomes Strategy Meeting.</li> <li>Update: Essential Resources Strategy Meeting.</li> <li>Update: Student Debt Task Force.</li> <li>Discussion: PTA education representation on the ELP.</li> <li>Discussion: IASP Pain Curriculum adopted by 2018 House of Delegates.</li> <li>Update: Budget approvals for 2019.</li> <li>Update: MERC workshops at CSM.</li> </ol>	<ol style="list-style-type: none"> <li>Planning committee formed; Hub community created; criteria for nominations forthcoming.</li> <li>No update</li> <li>Task force members identified; initial meeting scheduled.</li> <li>No action.</li> <li>APTA reports they will perform a needs analysis and begin creation of an entry-level pain toolkit.</li> <li>All partner budgets for proposed ELP activities in 2019 have been approved.</li> <li>32 of 50 MERC workshop slots filled.</li> </ol>

## **APTA Board of Directors Action on Recommendations on Best Practices in Physical Therapist Clinical Education**

In November 2017, the APTA Board of Directors (Board) reviewed recommendations from the Best Practices for Physical Therapist Clinical Education Task Force, including stakeholder feedback received through an ad hoc Clinical Education Stakeholder Feedback Committee of the ELP.

The Board approved 6 recommendations, 5 specific to actions recommended by the task force, and 1 that moved the 5 recommendations to the ELP for consideration and potential adoption within its scope of work. In February 2018, the partners adopted these recommendations and agreed to include them in their scope of work.

The Board approved the following recommendations:

1. *That the physical therapy profession's prioritized education research agenda include a line of inquiry specific to clinical education.*
2. *That clinical education be incorporated into the recommendations that were approved by the Board of Directors at its November 2015 meeting and forwarded to the Education Leadership Partnership regarding education data management systems, which may include but not be limited to the following:*
  - *A unique "professional (secure, or protected) lifetime" identifier is assigned to individuals at the time of application or acceptance;*
  - *A national clinical education matching program is used for assigning students to clinical education sites;*
  - *Outcomes of care provided by physical therapist students/interns/residents are included in patient/clinical outcome registries;*
  - *Data entry and data management systems are interoperable with other data systems relevant to physical therapist education (eg, CAPTE, FSBPT, ABPTRFE, CPI, CSIF); and,*
  - *Data is accessible to researchers, academic programs, regulatory bodies, program evaluators, clinical training sites, and interested parties.*
3. *That a framework for formal partnerships between academic programs and clinical sites that includes infrastructure and capacity building, and defines responsibility and accountability for each (eg, economic models, standardization, sustainable models), be developed. Infrastructure and capacity must be developed across all stages of clinical education, to include but not be limited to:*
  - *Models of clinical supervision (eg, trainee-to-instructor ratios, academic faculty as preceptors);*
  - *Mandatory clinical instructor training, certification, and recertification;*
  - *Effective communication among all stakeholders across all phases of clinical training;*
  - *Student readiness to enter each stage of clinical education; and,*
  - *A comprehensive evaluation plan for clinical education.*
4. *That a structured physical therapist clinical education curriculum that includes, but is not limited to, the following elements be developed and implemented:*

- *Determination of a minimum and maximum amount of full-time clinical education that can be integrated into the didactic phase (prelicensure) of physical therapist professional education. Once determined, this standard shall be universally adopted;*
  - *Definition of the role of and structure for clinical education experiences within the didactic phase of physical therapist professional education programs;*
  - *Definition of essential clinical education settings, experiences, and exposure to patient and client populations that shall be required for all physical therapist students in the didactic phase of physical therapist professional education programs;*
  - *Definition of minimal student competencies required for engaging in integrated full-time clinical education experiences during professional education and postgraduate clinical internship phases, including knowledge, skills, and behaviors;*
  - *Definition of the roles of simulation and learning technologies as part of clinical education in the phase of professional education;*
  - *Definition of essential competencies for transition into entry-level (restricted license) practice, including knowledge, skills, and behaviors;*
  - *Enhancement of existing residency and certification processes to complement the total of the professional education and postgraduate clinical internship phases;*
  - *Standardized tools for measurement of expected student competencies at all phases of physical therapist education to ensure that student and graduate competencies are consistent with expected student outcomes; and,*
  - *Identification of opportunities for standardization of such factors as clinical rotation schedules and onboarding requirements that may influence program and site capacities and efficiencies.*
5. *That a long-term strategic plan for physical therapist professional and post-professional education, including staging of activities, be developed to create a work force prepared to meet the evolving needs of society. Engagement with relevant stakeholders will be critical to this effort.*
  6. *That the APTA Board of Directors' decisions relative to votes 1-5 be forwarded to the Education Leadership Partnership (ELP) for action.*

*SS: In January 2017 the Board of Directors (Board) identified a plan to refer recommendations from the Best Practice in Physical Therapist Clinical Education Task Force report to the ELP to solicit broad stakeholder feedback. In the ELP's report to the Board on the feedback collected, the ELP requested that Board decisions relative to recommendations 1 through 5 of the task force be forwarded to the ELP for action. Submitting votes 1 through 5 to the ELP for action is consistent with action taken by the Board in 2015 relative to recommendations from the Excellence in Education Task Force report (B of D 11/15, V-11 17). The Board believes this approach will ensure inclusion and transparency in the process of addressing these recommendations.*

*(APTA Board of Directors Meeting Minutes, November 15-18, 2017)*

## ELP Education Strategy and Approach to Work

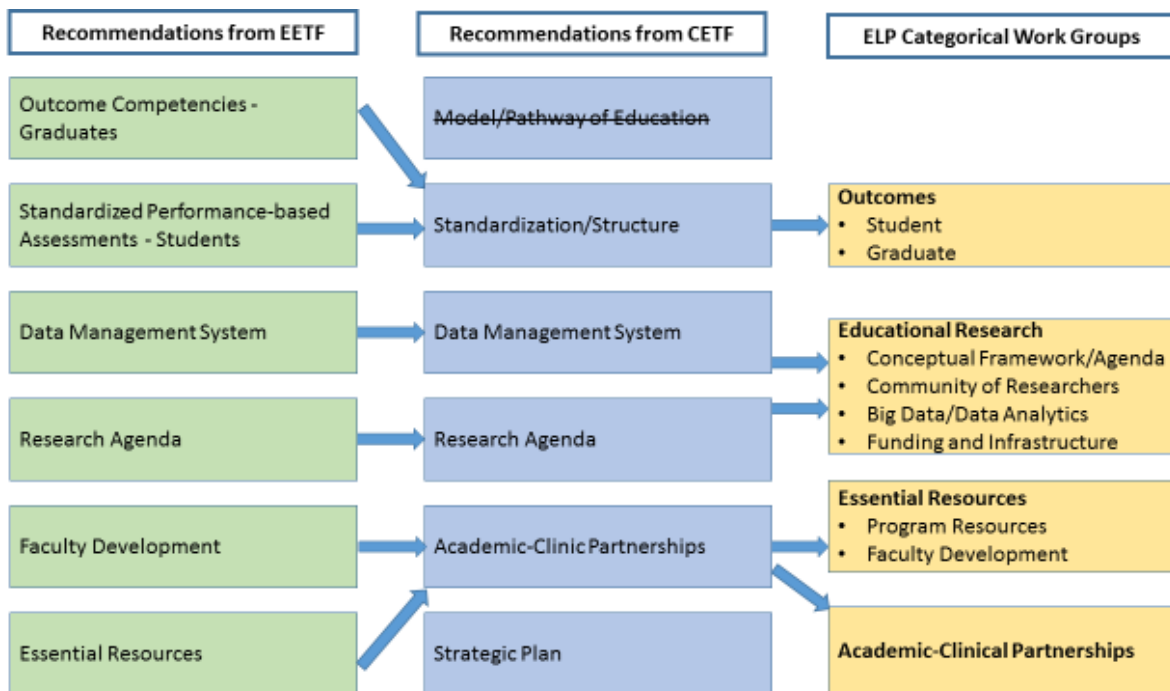
The partners originally approached major work tasks using a sub-group strategy by which an identified group of individuals addressed a specific recommendation from the Excellence in Physical Therapist Education Task Force (EETF) report, or other areas such as student debt. That approach began to change in 2018, as the concept of strategy groups for the revised domains of work were identified. Below are the strategy and sub-group work categories and members.

Strategy/Sub-Group	Members (SL=Sub-group lead; WL=Work group lead)
Data Management (Merged with Education Research in January 2017)	
Education Research Strategy Group (4 work groups)	<u>Conceptual Framework &amp; Competencies:</u> Gail Jensen <sup>WL</sup> , Steven Chesbro <sup>SL</sup> , Terry Nordstrom, Susan Appling, Laurie Kontney, Anita Santasier, Jean Timmerberg <u>Community of Education Researchers:</u> Jim Farris <sup>WL</sup> , Sandy (Rossi) Brooks, Sara Maher, Scott Ward, Julia Rice, Christine McCallum <u>Data Management:</u> Robyn Watson Ellerbe <sup>WL</sup> , John King, Tej Chana, Karen Huhn, Bruce Greenfield; Nancy Reese, Sandy Quillen <u>Fundraising &amp; Infrastructure:</u> Rick Segal <sup>WL</sup> , Bill Boissonnault (Foundation for Physical Therapy Consultants: Barbara Malm, Barb Connolly, Dario Dieguez, Edee Field-Fote)
Essential Resources	Sandra Wise <sup>SL</sup> , Scott Ward, Susan Appling, Nancy Reese, Pam Ritzline, Laurie Kontney
Faculty Development	Nancy Reese <sup>SL</sup> , Jennifer Mai, Steven Chesbro, Janice Howman (NCCE), John Buford (RIPPT), Shawn Drake (EPIC), Anne Reicherter (APTA), Justin Berry (PTAE SIG), Lisa Black (RF SIG), Claudia Gazsi (CE SIG)
Outcome Competencies (Coordinated with Education Research Strategy Group in 2018; to transition to Outcomes Strategy Group in 2019)	Bill Boissonnault <sup>SL</sup> , Bob Rowe, Zoher Kapasi, Sandy Quillen
Performance-Based Student Outcome Assessment	Steven Chesbro <sup>SL</sup> , Zoher Kapasi, Sandy Quillen, Bob Rowe
PTA Education	Roger Herr <sup>SL</sup> , Steven Chesbro, Kathy Giffin (PTA E-SIG), Lisa F. (Accreditation), Lisa S. (PTAC), Anne Reicherter (APTA), Amy Smith (PTA Caucus)
Student Debt (Transitioned to a task force in October 2018)	Steven Chesbro <sup>SL</sup> , Zoher Kapasi, Sandy Brooks, Jennifer Mai, Leisha Spaulding

In April 2018, the partners agreed to a new strategy plan to address the request from the APTA Board of Directors:

*That a long-term strategic plan for physical therapist professional and post-professional education, including staging of activities, be developed to create a work force prepared to meet the evolving needs of society. Engagement with relevant stakeholders will be critical to this effort.*

Based on the success of the model used to facilitate the work of the Education Research Strategy Meeting that was held in January 2017, the partners agreed to use a similar approach to address the long-term strategic planning process. This included merging the recommendations from the EETF that were initially adopted by the ELP, and the subsequent recommendations from the BPPTCETF. The progression from the EETF and CETF recommendations to the strategic work groups is shown below.



The merger of the recommendations forwarded to and adopted by the ELP from these 2 task force reports resulted in 4 categories of work: Outcomes, Educational Research, Essential Resources, and Academic-Clinical Partnerships. Members recognized that clinical education should be integrated throughout any strategic planning process, and not seen as an educational process that was separate, or considered an add-on issue. They agreed that the concept of education across the learning continuum should not separate didactic education from clinical education. (Figures 1 and 2) They also recognized that all efforts must be integrated as a component of the larger whole.

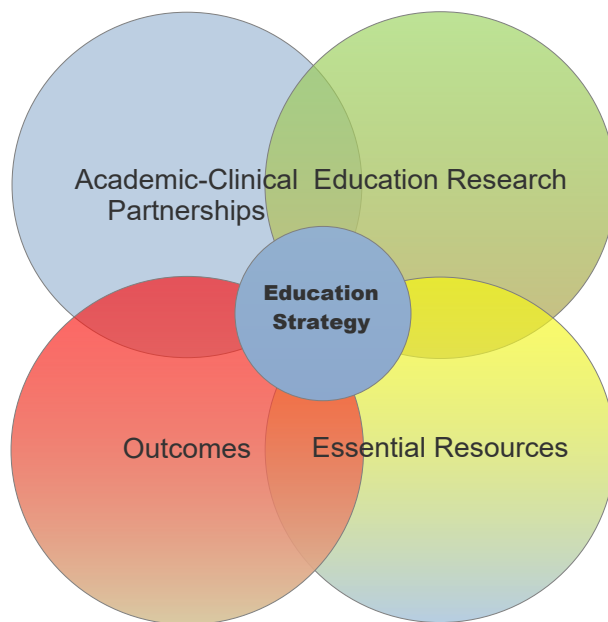
The intent of these strategy groups is to identify, discuss, and prioritize related work that would help the profession achieve its long-term education strategy. While there is an expectation that a long-term strategy can best be constructed after the meetings of the

4 category groups, the partners recognize that there is an opportunity to pursue developmental opportunities to move this strategy forward before it is fully constructed.

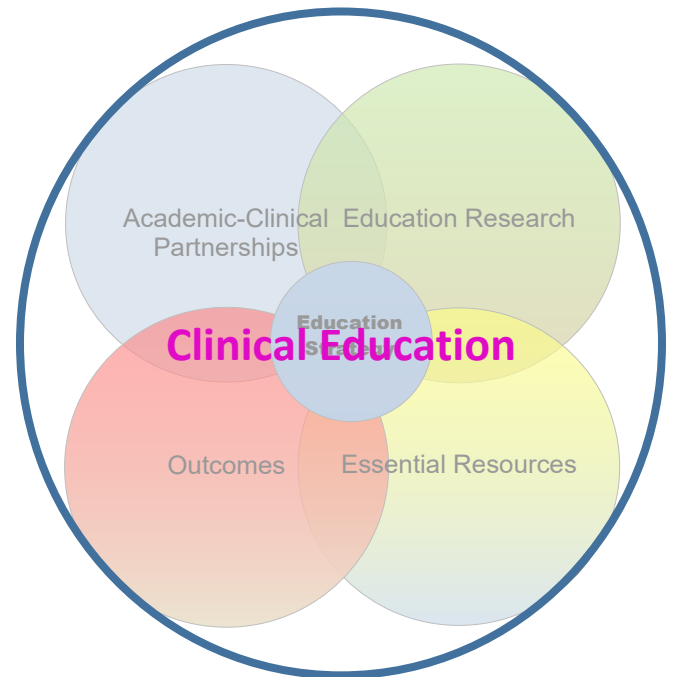
The partners agreed to hold a Clinical Education Strategy Meeting in October 2018, with the intent of bringing together a group of stakeholders to consider clinical education specific issues related to the 4 strategic categories.

The partners agreed to plan, fund, and facilitate 2 strategy groups meetings in 2019: Outcomes in spring and Essential Resources in summer or fall. The strategic meeting specific to Academic-Clinical Partnerships was planned for spring 2020.

**Figure 1.** The 4 category groups will develop a foundation for a comprehensive education strategy.



**Figure 2.** Clinical education is integrated throughout the strategy process.



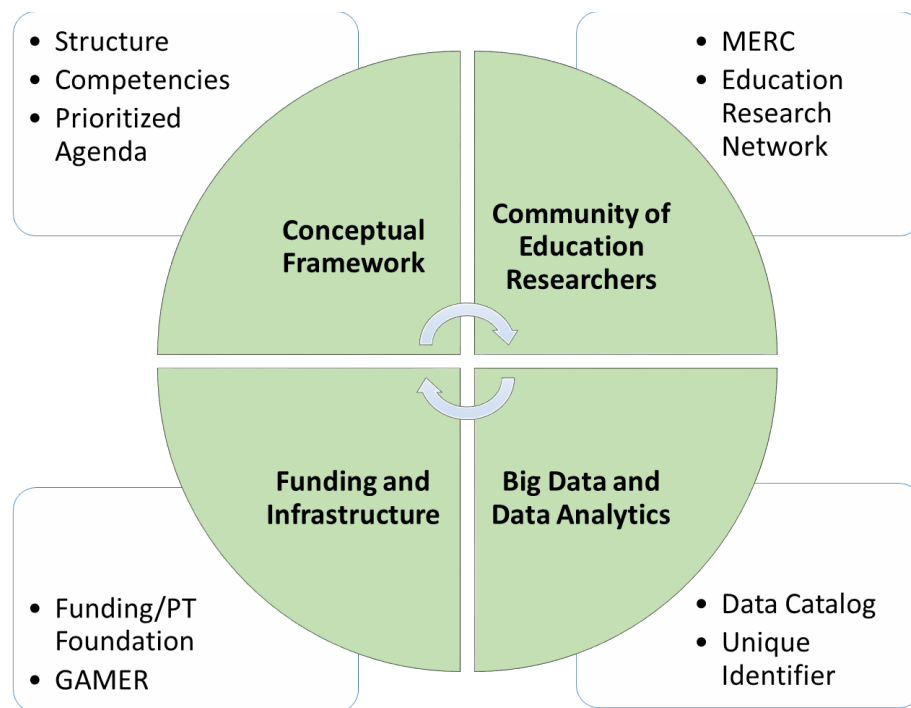


## Education Research Strategy Meeting Updates

A group of 24 stakeholders representing the ELP, education researchers, Foundation for Physical Therapy Research staff, and APTA staff engaged in preparatory work ahead of a facilitated, 2-day Education Research Strategy Meeting (ERSM) held on January 29-30, 2017. The ERSM was facilitated by Angela Rosenberg, PT, DrPH, and was grounded in the recommendations of an article by Jensen and colleagues (an outcome of an ACAPT task force assigned to look at education research) titled “Education Research in Physical Therapy: Visions of the Possible.”<sup>1</sup>

Participants were placed into 4 work groups, which were identified by Jensen and colleagues<sup>1</sup> for building education research capacity: (1) Conceptual framing of educational research, (2) Community of education researchers, (3) Big data and data analytics, and (4) Funding and infrastructure. Each group created a description of work, identified short-term goals, and discussed methods to achieving their goals. The group recognized that this work was interrelated and needed to be strategically aligned to advance the profession’s education research efforts. (Figure 3)

**Figure 3.** Education Research Strategy categories of work and prioritized activities.



This group communicated through the ELP Hub Community, conference calls, email, and face-to-face meetings at CSM, NEXT Conference, and ELC.



## Work Group Outcomes

- Conceptual Framework/Competencies
  1. Published a [point of view article](#) in *Physical Therapy* (January 2018) titled “Entrustable Professional Activities (EPAs) as a Framework for Continued Professional Competence: Is Now the Time?”
  2. Host a webinar on April 18, 2018, titled [Entrustable Professional Activities: Lessons from Medical Education](#). Speakers were Carol Carraccio, MD, and Robert Englander, MD. Gail Jensen, PT, PhD, served as the moderator.
  3. Four focus groups with physical therapist professionals were held during NEXT 2018 specific to competency-based education. Groups included CIs, CCCEs/SCCEs, DCAs, and PDs. Findings were used to further develop 2 upcoming presentations at ELC 2018 and CSM 2019.
  4. Presented “Competency-Based Education in Medicine and Pharmacy: Learning from Others,” a presentation at the 2018 Education Leadership Conference.
  5. Submitted the proposal “Competency-based Education: Exploring Opportunities for our Future,” which was accepted for presentation at CSM 2019.
  6. [Adopted actions and recommendations](#) from the National Study on Innovation and Excellence in Physical Therapist Education to serve as the foundation of a research agenda for future work. (Adopted by the partners at the June 2018 ELP meeting.)
- Community of Education Researchers
  1. Facilitated programming to support education research literacy. The ELP began licensing and sponsoring the Association of American Medical Colleges’ (AAMC) [Medical Education Research Certificate](#) (MERC) courses in 2017. The first 2 courses were held at ELC in 2017 with the maximum number of registrants (50). MERC sessions were offered at CSM and ELC in 2018. Courses offered were:
    - Measuring Educational Outcomes with Reliability & Validity (50 registrants)
    - Program Evaluation and Evaluation Research (50 registrants)
    - Data Management & Preparing for Statistical Consultation (44 registrants)
    - Qualitative Research (44 registrants)
 To date, 92 individuals have completed MERC courses, with 20 eligible to receive a certificate from AAMC.

2. Initiated the development of the *Education Research Network*. This multisite network of mentors was established to organize the profession's education research mentor resources and to facilitate connections with prospective mentees.

- *Network breakfasts* with focused roundtable discussions were held at CSM and ELC in 2018. Approximately 120 individuals attended one or both. (Pictured below are participants at the ELC 2018 breakfast.)



- *Network database* of mentors and mentees, which enables those seeking mentorship in education research to review profiles describing experience and interests of self-identified mentors.
- Data Management and Analysis
    1. This work group has identified the need to construct a data catalog that identifies existing data resources, accessibility of data, and interoperability among identified data sources. APTA has identified funding for this project and began Phase I of this work in 2018.
  - Funding and Infrastructure
    1. Met with the *Foundation for Physical Therapy Research* to discuss education research funding options, and to clarify availability of opportunities. The Foundation updated its website to clearly identify funding opportunities that could be specific to education research. Current grant opportunities within the Foundation with an education focus include the Bella May Scholarship Fund and the Mildred L Wood Endowment Fund. Additionally, research support is available through 2 levels of Promotion of Doctoral Studies (PODS) scholarship awards.
    2. Held the inaugural *Grantsmanship and Mentorship in Educational Research* (GAMER) program, based on the successful *Training in Grantsmanship for Rehabilitation Research* (TIGRR) workshops, with the goal of supporting the development of education researchers by providing mentorship and skill building opportunities specific to grant seeking. Ten mentees, supported by 8 onsite mentors, 9 institutional mentors, and 3 funding experts, met September 20-23 at the Medical University of South Carolina for the workshop. Rick Segal, PT, PhD, served as project

director. (Pictured below are the mentees, onsite mentors, and funding experts who participated in the program, as well as a list of mentees, mentors, and projects.)



Mentee	Title Of Project	Institutional Mentor	Primary Mentor	Secondary Mentor
Karla Bell, Thomas Jefferson University	Connecting Health Professional Behavior and the Patient Experience for Sexual and Gender Minorities through Inclusive Cultural Competency Education	Susan Wainwright, PT, PhD	Mostrom	Chesbro
Jennifer Furze Creighton University	Bridging the Gap: Exploring Excellence in Pediatric Physical Therapy Education	Gail Jensen, PT, PhD	Uijtdehaage	Jette
Lorna Hayward Northeastern University	An Integrated Model of Intraprofessional Education: Facilitation of PT- PTA Preferred Relationship	Debra Selheim, PT, PhD	Jensen	Chesbro
Kelly Macauley Husson University	Using Simulation-based Learning Activities to Replace Clinical Education Time	Karen Huhn, PT, PhD	Nordstrom	Mostrom
Keshrie Naidoo MGH Institute of Health Sciences	An Ecological Approach to Mentoring Racial and Ethnic Minority Physical Therapy Students	Pam Levangie, PT, DSc	Chesbro	Royeen
Mary Jane Rapport University of Colorado/APTA	Use of an ICF-Based Script Concordance Test to Determine Growth in Clinical Reasoning During Pediatric Physical Therapy Residency: A Mixed Methods Study	Gail Jensen, PT, PhD	Uijtdehaage	Segal
Chris Sebelksi Saint Louis University	Leadership Competencies: a 360 degree assessment of students in the clinical environment	Gretchen Salsich, PT, PhD	Nordstrom	Jensen
Melissa Tovin Nova Southern University	The Effect of Didactic and Community-Based Interprofessional Education on Interprofessional Core Competencies, Knowledge and Attitudes	Patrick Hardign, PhD	Jette	Wise
Shira Weiner Touro College	Development of a DPT & interprofessional pain course and train the trainer module	Louis Primavera, PhD	Wise	Segal
Amy Yorke University of Michigan Flint	Developing Collaborative Physical Therapists (DCPT)	Elizabeth Mostrom, PT, PhD	Royeen	Jensen

3. The [call for applications](#) for GAMER in 2019 was announced in November 2018. (See the call for applications below.) Up to 16 mentees will be selected to participate. Applications are due by June 15, 2019.

## ***Grantsmanship and Mentorship in Education Research***

**November 14-17, 2019**

**Medical University of South Carolina (MUSC), Charleston, SC**

This 4-day intensive workshop provides participants with the expertise and support to be successful at the national level in obtaining funding for education research. We bring together a nationally recognized group of mentors and consultants as faculty, including representatives from potential funding agencies, to support participants work. The workshop provides guidance in developing robust and theoretically grounded research agendas, research design and analysis (multiple methods), identifying “best-bet” funding sources, grant writing and budgeting, and creating intra- and inter-institutional collaborative research networks and projects. Some didactic sessions are included but the **centerpieces of the workshop are one-on-one mentoring and the opportunity for participants to interact with a community of scholars and representatives from organizations that fund education research.**

4. APTA created a [Visiting Scholar in Education Research](#) position to support the development of a community of education researchers. Tracks for the visiting scholar position include postdoctoral and sabbatical options. Mary Jane Rapport, PT, DPT, PhD, professor of physical therapy at the University of Colorado-Denver, was selected to serve in this 1-year partially paid sabbatical position.



## Clinical Education Strategy Meeting

To continue to move the education strategic planning process, the partners invited multiple education stakeholders to identify best clinical education practices and improve on them. Significant resources had recently been invested by ACAPT, through the Clinical Education Summit of 2014, and APTA, through the Best Practices for Physical Therapist Clinical Education Task Force, to conduct a comprehensive investigation of current clinical education models and the opportunities and challenges associated with them. The purpose of this meeting was to bring multiple stakeholders together and build upon previous work to develop a strategic action plan that could be incorporated into the larger plan (Figures 1 and 2). The partners agreed that a coordinated strategy would increase the likelihood of a desired outcome.

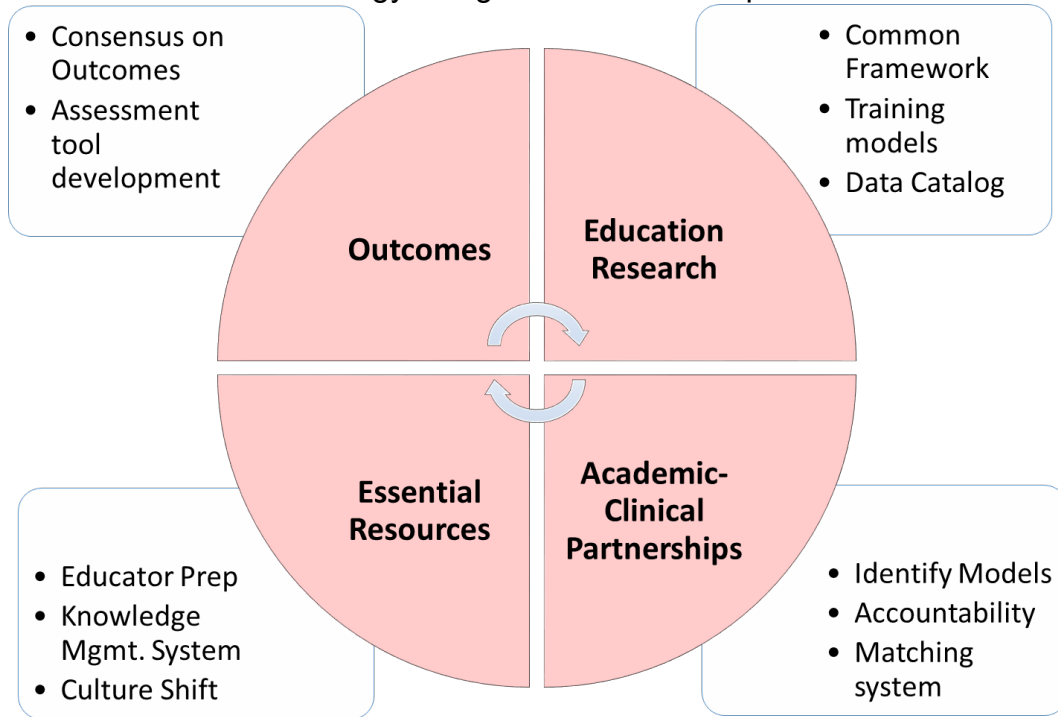
On October 28-29, 2018, representatives from ACAPT, APTA, APTE, and others met in Alexandria, Virginia, to collectively develop short- and long-term clinical education action plans. The meeting was facilitated by Angela Rosenberg, PT, DrPH, president of the consulting firm Inside Out Leadership. Participants were split into 4 groups to address the goals of the meeting. Donna Applebaum and Anne Reicherter served as co-coordinators for the meeting. (Pictured below are participants at the meeting.)



The group used the previous works of others (eg, ACAPT Clinical Education Summit, PTE-21, APTA Excellence in Physical Therapist Education and Best Practices in Clinical Education task forces, and APTA Prioritized Education Research Agenda) as a foundation and guide. The specific goals of this meeting were to reach some level of consensus regarding: (1) desired clinical education outcomes; (2) identification of

clinical education essential resources; (3) description of academic-clinical education partnerships; and (4) integration of clinical education priorities into the current education research strategic initiatives of the ELP. (Figure 4)

**Figure 4.** Clinical Education Strategy categories of work and prioritized activities.



### ***Draft Action Items by Group***

#### ***Outcomes***

Participants: Jean Timmerberg (coordinator), Sandy Brooks (staff coordinator), Tammy Burlis, Amy Heath, Lisabeth Kestel, Traci Norris, Debra Parson, Bob Rowe

Sub-group themes:

1. Clinical education curriculum
2. Benchmarks (across learning continuum)
  - a. Entry to program(s)
  - b. Entry-to-practice
  - c. Postprofessional
3. Site and educator characteristics
  - a. Environment
  - b. All faculty
4. Clinical assessment tools (across learning continuum)
  - a. ICE
  - b. Competency-based, EPA

Elevator speech: *Everyone involved in the continuum of learning is valuable. We want to describe the attributes all stakeholders should have and develop a tool to assess those qualities.*

Prioritized action items:

- #1 Develop consensus on outcomes for the following:
  - a. Entrance into program
  - b. Entrance: first clinical experience
  - c. Entrance: terminal clinical experience
  - d. Entrance to practice (general and setting/population specific)
  - e. Continued competence
  - f. Educators (CI, SCCE, DCE, faculty)
  - g. Clinical environment
- #2 Develop assessment tool(s) to determine if the learner/educator/facility/program has achieved the desired outcomes

### *Essential Resources*

Participants: Carol Recker-Hughes (coordinator), Julia Rice (staff coordinator), Donna Applebaum, Ron Barredo, Carol Beckel, Debbie Ingram, Brendon Larsen, Reva Rauk, Chrissy Ropp, Adrian Suratos, Tawna Wilkinson

Sub-group themes:

- 1. Communication infrastructure
- 2. Faculty development (knowledge/skills)
  - a. Academic
  - b. Clinical
- 3. Resources allotted to clinical education
  - a. Clinician
  - b. Productivity
  - c. Human
  - d. Financial
- 4. Use of technology

Elevator speech: *Increase clinical education quality and capacity through a culture shift toward valuing and engaging all stakeholders in continuous professional development from student throughout physical therapy career.*

Prioritized action items:

- #1 Develop consistent and continued preparation for all physical therapy educators
- #2 Create a “one-stop shop” knowledge management system for CE resources
- #3 Develop marketing for a clinical education culture shift

### *Academic-Clinical Partnerships*

Participants: Shawne Soper (co-coordinator/academics), Christopher Meachem (co-coordinator/practice), Anne Reicherter (staff coordinator), Janice Howman, Zoher Kapasi, Laurie Kontney, Jason Lewis, Jenny Rodriguez, Amy Smith, Robyn Tynan

Sub-group themes:

1. Culture and characteristics of partnerships
2. Clinical education placement process
3. Clinical education capacity
  - a. Culture
  - b. Infrastructure
4. Culture of excellence in clinical education

Elevator speech: *Academic-clinical partnership is the foundation of clinical education. Excellence in clinical education partnership promotes multilevel relationships devoted to collaboration, accountability, capacity, and mutual benefits.*

Prioritized action items:

- #1 Define models of quality and effective academic–clinical partnerships.
- #2 Develop a mechanism to hold academic programs accountable for creating partnerships as defined in #1.
- #3 Develop a national clinical education placement management system to be used by partners to maximize the effectiveness of the clinical placement process (PT and PTA)

### *Education Research*

Participants: Christine McCallum (coordinator), Steven Chesbro (staff coordinator), Marissa Birkmeier, Karen Huhn, Angela Stolfi

Sub-group themes: This sub-group built on the work previously conducted through the Education Research Strategy Group.

Elevator speech: *We set the foundation for clinical education research by recommending:*

- *Adopting a conceptual framework;*
- *Cataloguing and disseminating previous work; and*
- *Developing training for academic and clinical educators*

Prioritized action items:

- #1 Recommend that the ELP adopt the Jensen et al conceptual education model as the educational research framework and use the [Common Guidelines for Education Research and Development](#) (Dept of Ed August 2013 resource, A Report from the Institute of Education Sciences, US Department of Education



and the National Science Foundation) to develop the research agenda. Primary research question: “What are best practices for clinical education?”

#2 Develop *accessible* training for educational researchers specifically for clinical education and academic faculty.

#3 Develop a catalog of clinical education research.

### *Outcomes Strategy*

The purpose of the Outcomes Strategy Meeting, tentatively planned for spring 2019, is to prioritize and plan the work that determines the characteristics of excellence in learners across the continuum, educators, and learning environments, that ensures the outcomes necessary to develop PTs and PTAs who will meet societal needs. The preliminary objectives of the strategy meeting are:

- To address the topic of outcomes across the continuum of learning;
- To raise the bar and develop standards that exceed the minimal expectation for outcomes;
- To develop unique identifiers that track outcomes; and
- To establish accountability from all stakeholders.

The partners appointed a planning committee in December 2018. The planning group will work to identify themes to be addressed and will solicit recommendations for participants from the partners and other stakeholder groups.

Planning committee members: Jean Timmerber (co-coordinator), Sandy Brooks (co-coordinator), Bob Rowe, Christopher Meachem, Leigh Langerwerf, Sandy Quillen, Steven Chesbro, Traci Norris, Zoher Kapasi

### *Essential Resources Strategy*

Other than holding the sub-group on Essential Resources at the Clinical Education Strategy Meeting, setting a tentative date (summer or fall 2019), and naming a staff co-lead (Julia Rice, executive director, APTE), no other action was taken in 2018 specific to this strategy group.

### *Academic-Clinical Partnerships Strategy*

Other than holding the sub-group on Academic-Clinical Partnerships at the Clinical Education Strategy Meeting and setting a tentative date (spring 2020), no other action was taken in 2018 specific to this strategy group.

## Sub-Groups of the ELP

In 2016, the ELP determined that it would work in sub-groups to begin its task. Since the adoption of the current strategy in 2018, sub-group activity was modified to accommodate the current approach to work. Sub-group work continuing in 2018 included:

- Outcome competencies
- Performance-based student outcome assessment
- Physical therapist assistant education
- Student debt

## Sub-Group Updates

### Outcomes

- Coordinated with work of the Education Research Strategy Group.

### Performance-Based Student Outcome Assessment

- Presented “Prepare for Holistic Admissions Take-off: Perspectives from 5 Physical Therapy Programs”, a panel presentation at the 2018 Education Leadership Conference. Jacksonville, Florida.

### Physical Therapist Assistant Education

- Met 6 times in 2018 to discuss issues related to PTA education, including, among others: curriculum, degree awarded, faculty, clinical education, accreditation, and PT-PTA relationship. The partners initiated a discussion in October to revisit the role of the ELP to address issues of PTA education. That discussion was planned to continue at the January 2019 meeting at CSM.

### Student Debt

- Following APTA’s initial response to RC 11-16, which included development of the [Financial Solutions Center](#), the partners determined that it would be in the profession’s best interest to continue to investigate the effect of student debt on the profession. Creation of a task force was approved, with the co-chairs appointed by the partners in December.