

2019 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



"Partnering to drive excellence in physical therapy education." – Purpose statement adopted January 2019

Table of Contents

About the Education Leadership Partnership	3
ELP Education Strategy and Approach to Work.....	4
Education Strategy Plan Development: Timeline	5
Education Research Strategy Group Update	6
Outcomes Strategy Group Update	11
Essential Resources Strategy Update.....	14
Academic-Clinical Partnerships Strategy Update.....	16
Clinical Education Initiatives.....	17
Clinical Education Strategy	17
Outcomes	18
Essential Resources	18
Education Resources.....	19
Academic-Clinical Partnerships	19
Physical Therapist Assistant Education Update	20
Student Debt Task Force Update	20
Committees, Strategy Groups, Task Forces, and Staff Contacts	21
Appendix	24

About the Education Leadership Partnership

The Education Leadership Partnership was established in 2016 through a memorandum of understanding between the American Council of Academic Physical Therapy, the American Physical Therapy Association, and the Academy of Physical Therapy Education. The partnership was created to generate a more global perspective on physical therapist education than any of the organizations or other stakeholders could provide on their own. Together, the organizations share their interest and expertise in promoting excellence in physical therapist education. Since the partnership was established, more stakeholders were added to ensure a broad representation of perspectives. Nonvoting members of the partnership include representatives from the American Board of Physical Therapy Residency and Fellowship Education, the American Board of Physical Therapy Specialties, the Commission on Accreditation in Physical Therapy Education, the Federation of State Boards of Physical Therapy, and five community partners who represent acute care, health systems, physical therapist assistant education, private practice, and veterans affairs.

The partners are focused on developing a long-term strategic plan for the future of physical therapist professional and postprofessional education, to include:

1. Education research, including science and scholarship.
2. Clinical outcomes based on leaders including: academic administrators, residency and fellowship, DPT students, faculty, and clinicians at partnering clinics.
3. Essential resources for students, institutions, and clinical education sites.

To date the work of the partnership has focused on recommendations from the Excellence in Physical Therapist Education Task Force, the Best Practice for Physical Therapist Clinical Education Task Force, student debt, and efforts toward diversity, equity, and inclusion in physical therapy education. (See Appendix for the APTA Board of Directors action on the task force recommendations.)

To conduct their work, the partners hold monthly conference calls, with face-to-face meetings at Combined Sections Meeting, NEXT, and the Education Leadership Conference. In addition, an ELP community on the APTA Hub ELP is open to ELP representatives — including ex-officio members, board members of the partnering organizations, and staff assigned by the partners — for conducting work, communicating activities, and sharing resources.

Public information about the ELP is available on APTA's website at www.apta.org/ELP.

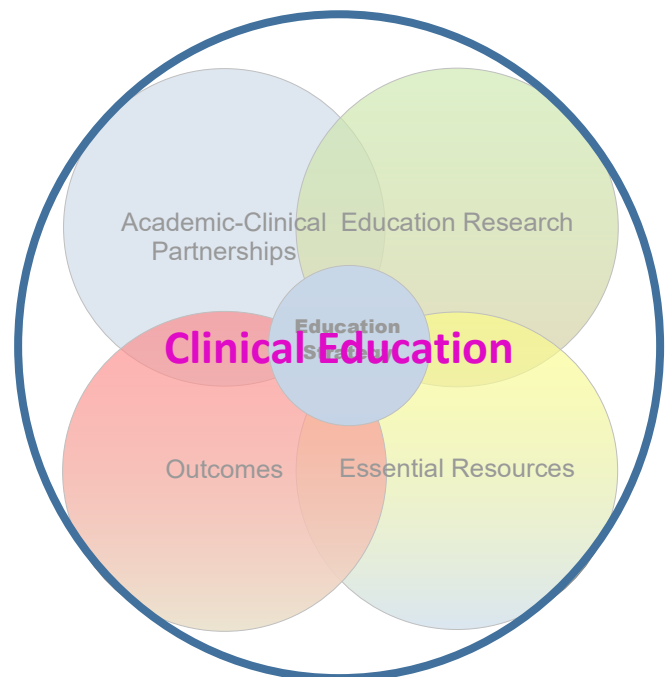
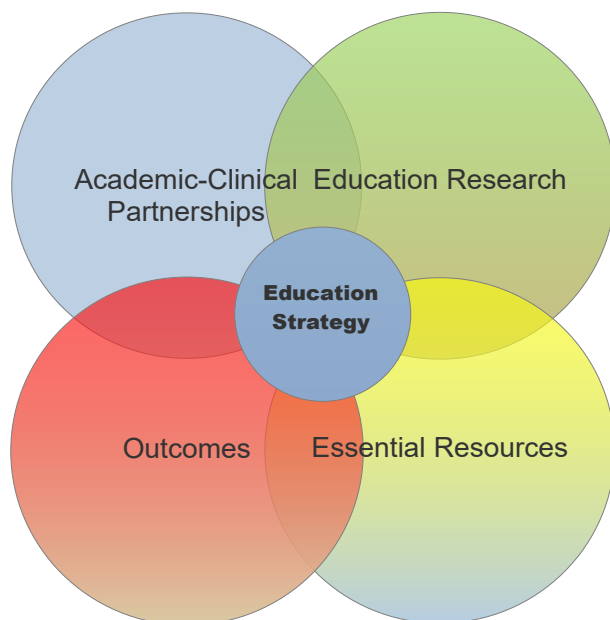
ELP Education Strategy and Approach to Work

The partners' overall education strategy for their work comprises four strategy categories — Outcomes, Educational Research, Essential Resources, and Academic-Clinical Partnerships — many in turn with their own work groups. Clinical education is integrated into each category, as it is not seen as a separate or add-on issue. In addition, a separate Student Debt Task Force was dedicated to addressing student debt.

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. For work volume and budgetary reasons, it was not feasible for all four groups to meet immediately, and the partners intentionally chose a phased approach to pursuing developmental opportunities to move the strategies forward. To this end, the strategy groups have met at staggered times since their formation in 2017: The Education Research strategy group met in 2017, an ad hoc strategy session specific to clinical education met in 2018, and in 2019 the Outcomes and Essential Resources strategy groups met. The strategic meeting specific to Academic-Clinical Partnerships was planned for spring 2020.

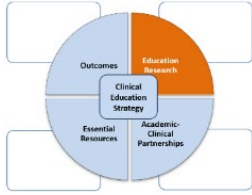
The four strategy category groups form a foundation for a comprehensive education strategy.

Clinical education is integrated throughout the strategy process.



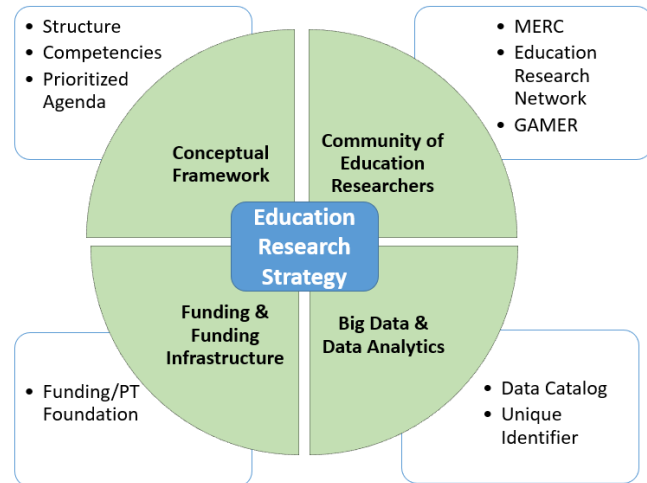
Education Strategic Plan Development: Timeline

Jan 2017	Education Research Strategy Meeting
Oct 2018	Clinical Education Strategy Meeting
Apr 2019	Outcomes Strategy Meeting
Sep 2019	Essential Resources Strategy Meeting
Mar 2020	Academic-Clinical Partnerships Strategy Meeting
2020-2021	Culmination Process for and Development of Long-Term Education Strategic Plan



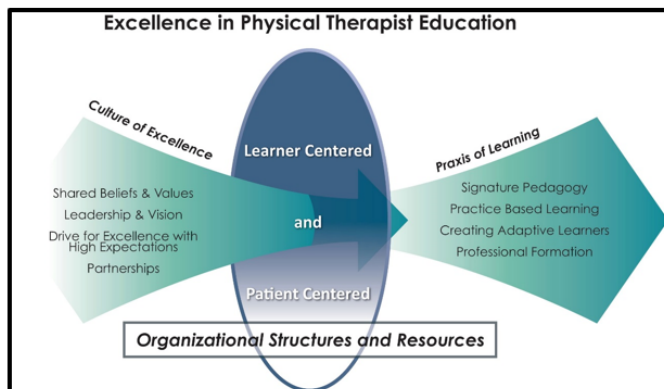
Education Research Strategy Group Update

In January 2017, the Education Research Strategy Meeting took place. Participants determined areas of pursuit that ultimately became: (1) Conceptual Frameworks and Competencies; (2) Community of Education Researchers; (3) Big Data and Analytics; and (4) Funding and Funding Infrastructure. The participants also recommended that a conceptual framework to guide education research be developed, and that a set of physical therapy-specific entrustable professional activities (EPAs) be developed to guide professional and post-professional development.

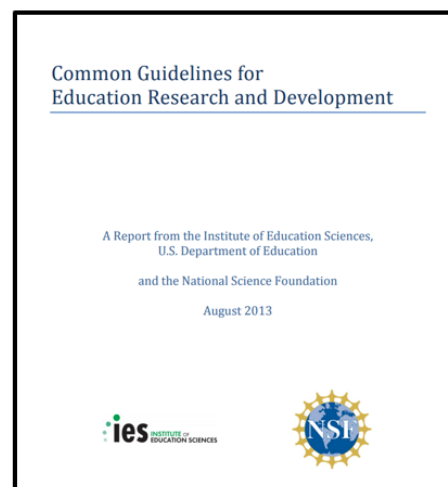


1. Conceptual Framework, Competencies, and Research Agenda

In July 2019, the Partnership formally moved to adopt both the Model of Excellence for Physical Therapist Education (Jensen et al, 2018) and the Common Guidelines for Education Research and Development as elements of the conceptual framework for education research.



From: Jensen G, Mostrom E, Hack L, Nordstrom T, & Gwyer J. Educating Physical Therapists. Slack: Thorofare, NJ. 2018



<https://ies.ed.gov/pdf/CommonGuidelines.pdf>

The partnership agreed that rather than create a new education research agenda, it would adopt the nine actions and 30 recommendations from the [National Study on Excellence and Innovation in Physical Therapist Education](#) as the framework for a research agenda. It is suggested that education researchers attempt to map their work to the associated recommendations and action items identified below.

Excellence and Innovation in Physical Therapist Education, Part 2	
Table. Map of Recommendations to the Action Items	
ACTION ITEMS	RECOMMENDATIONS
1. Address the shortage of qualified faculty and of academic leadership	Recommendation 1: Cultivate shared values of excellence, trust, respect, and collaboration. Recommendation 5: Develop shared leadership models that facilitate innovation and excellence. Recommendation 6: Foster innovation and risk taking to drive the shared vision.
2. Create strong, equal academic-practice partnerships that foster excellence	Recommendation 7: Build fair, creative, and responsible partnerships between academic and clinical faculty. Recommendation 8: Make clinical faculty full partners with the academic program. Recommendation 10: Require early authentic clinical experiences that provide for teaching and learning in the context of practice.
3. Infuse the learning sciences into the preparation of academic, clinical, residency, and fellowship faculty	Recommendation 12: Implement faculty development programs grounded in the learning sciences that facilitate an understanding of, and competence in, the pedagogy of learning for and through practice. Recommendation 13: Create learning environments in academic and clinical settings that provide opportunities for situated learning experiences that are intentional, sequenced, and occur frequently across the curriculum. Recommendation 16: Foster opportunities for physical therapist educational researchers to generate an evidence-based approach to teaching and learning.
4. Develop a continuum of professional performance expectations that are grounded in key competencies and support excellence in learner development	Recommendation 14: Require academic programs to participate in residency education to enable reciprocal teaching and learning between professional and postprofessional learners in communities of practice. Recommendation 15: Establish a comprehensive, longitudinal approach for standardization of performance-based learning outcomes grounded in foundational domains of professional competence. Recommendation 25: Create a national data set that includes essential metrics of performance outcomes, structures, and processes to guide future evidence-based change.
5. Focus curriculum content on societal needs for physical therapist practice	Recommendation 2: Demonstrate learner-centered teaching and patient-centered care in all settings. Recommendation 9: Make the profession's signature pedagogy, <i>the human body as teacher</i> , visible in all environments and available for further investigation. Recommendation 11: Develop consistent, shared language about the multifactorial movement system that can be used across academic and clinical settings. Recommendation 17: Develop a comprehensive, longitudinal approach to teaching, learning and assessment of clinical reasoning abilities.
6. Devote significant resources to enhance the diversity in the profession	Recommendation 22: Academic institutions must take a leadership role to create more diverse and inclusive learning and practice environments in order for the profession to have a positive impact on addressing the social determinants of health.
7. Educate students to become moral agents as health care practitioners	Recommendation 18: Develop a strong sense of the moral foundations that underpin and are inseparable from practice in all physical therapists so that they develop the moral courage and ability to meet patients' needs. There must be faculty who have expertise in the moral foundations of practice and who collaborate with other faculty members to integrate the moral foundation of practice into learning throughout the curriculum. Recommendation 19: Prepare learners who act as moral agents and exhibit moral courage in addressing substandard practices. Recommendation 20: Act on our individual and collective responsibilities to society, or we jeopardize our status as a profession. Recommendation 21: Recognize the unique responsibility as academic programs to partner with the community in developing and implementing programs that place positive health outcomes to the community as their primary focus.
8. Achieve control of fiscal resources for physical therapist education	Recommendation 3: Develop leaders who can leverage resources to succeed in a rapidly changing health care system. Recommendation 4: Develop strong leaders with a compelling vision. Recommendation 23: Focus attention across the profession on improved graduates' outcomes, the need to reduce the cost of education to students and society, and the acquisition of resources to support physical therapist education. Recommendation 24: Stop expending resources to identify a narrow set of specific academic organizational structures or curricular models for physical therapist education; expend resources to identify the best way to achieve excellence reflected in the findings of this study and recommendations. Recommendation 26: Assure that academic programs have control of their financial resources, and that they develop economic models for revenue generation through multiple means, and move toward larger programs as one means to increase the range and depth of faculty expertise and other necessary resources. Recommendation 27: Develop strategies so that academic programs become respected, valued partners within their organizations and have influence over their resources.
9. Take decisive action to demonstrate and increase the value of clinical education in the profession	Recommendation 28: Use reasonable productivity standards in clinical education sites that recognize the contribution of the CI/student team to patient care with analysis over relatively longer time frames. Recommendation 29: Include professional and postprofessional education in the missions of clinical education sites. All clinicians at clinical education sites should contribute to clinical education. Recommendation 30: Clearly articulate the financial and other benefits from clinical education.

Publications, conference presentations, webinars, focus groups, and open forums in 2018 were used to disseminate information and gather feedback.

2. Community of Education Researchers

In order to develop educational research literacy and build a community of education research scholars, the Education Research Strategy Meeting participants recommended 3 strategies: (A) utilization of the [Medical Education Research Certificate](#) program offered by the American Association of Medical Colleges; (B) development of a Grantsmanship and Mentorship in Education Research program — known as [GAMER](#) — and modeled on the successful Training in Grantsmanship for Rehabilitation Research model; and (C) development of an [Education Research Network](#).

A. MERC Workshops

- In 2017, 2 MERC workshops were offered at the Education Leadership Conference, with 50 attendees per workshop.
- In 2018, 2 MERC workshops were offered at Combined Sections Meeting, with 50 attendees per workshop, and two additional workshops offered at ELC with 44 attendees per workshop.
- In 2019, 2 MERC workshops were again offered at both CSM with a total of 33 attendees. One workshop was offered at ELC with a total of 21 attendees.
- Data to assess outcomes of the MERC workshops will be gathered in 2020 and used to determine future MERC workshop offerings.

B. GAMER

- In 2018, 10 individuals participated in the inaugural GAMER workshop as the four-day kickoff to this new initiative.
- The second GAMER workshop in Fall 2019 included nine participants.
- In June 2019, the Partnership approved development of a plan by the GAMER Committee that could include international participation with the expectation that costs for international participants who were not members of any partnering organization would not be subsidized by the partners.
- The cost to participate in GAMER for members of APTA, ACAPT, or APTE was \$2,000 in 2018 and 2019. The partnership subsidized approximately an additional \$3,000 per participant to cover program costs.
- To provide preliminary data on the outcomes of this initiative, GAMER participants from 2018 were surveyed and 2019 completed an evaluation upon workshop completion. Resulting data were compiled and presented to the Partnership, with suggestions for potential improvements to the planned 2020 workshop.

- **Mini-GAMER:** At the Education Leadership Meeting in October 2019, a one-day preconference course titled “Education Research: How to Begin Your Journey” (dubbed Mini-GAMER) was supported by the Partnership. This course required an application process and filled its maximum enrollment of 20 participants. Although not required, for many participants this course serves as a precursor to GAMER.

C. Education Research Network

- The Education Research Network initiative was launched with both mentored networking meetings for individuals interested or engaged in education research and establishment of a mentorship database to link education research mentors with individuals interested in mentorship. Network breakfasts with focused roundtable discussions were held at CSM and ELC in 2018 with approximately 120 individuals attending one or both.
- Networking roundtables were held at CSM 2019 in collaboration with the Academy of Physical Therapy Education’s Scholarship of Education Special Interest Group, with approximately 39 attendees. ELC 2019 used a reception format that anecdotally was not as positively received than the roundtables.
- At the end of 2019, 21 mentors or mentees had registered for the [Education Research Network Mentorship Program](#).
- At the request of roundtable participants, a [listserve](#) to connect Network participants was set up. At the end of 2019, approximately 122 individuals were signed up.

3. Big Data and Data Analytics

One of the charges accepted by the Partnership was that a comprehensive and progressive data management system for physical therapist education be established, and that clinical education be incorporated into the education data management systems.

- Phase I of the development of a data catalog was initiated and includes data from a number of sources (ABPTS, CSIF, CPI, ELI, CAPTE, PTCAS, RF-PTCAS, PTACAS, ABPTRFE, PTA-APP, CCIP, PTJ, APTA Learning Center, APTA iMIS). Plans for data change/upgrade, accessibility to researchers, data available to researchers, process for accessing available data is in progress.
- Consideration is being given to a common mechanism through which past conference abstracts for poster and platform presentations can be accessed. Currently, the past 10 years of NEXT abstracts are available through APTA’s journal Physical Therapy at [Annual Conference Abstracts](#); recent Education Leadership Conference [abstracts](#) are available for the last five years; Combined Sections

Meeting abstracts may be available through section/academy websites or their journals.

4. Funding and Funding Infrastructure

Develop a prioritized research agenda with identified mechanisms for research funding and support.

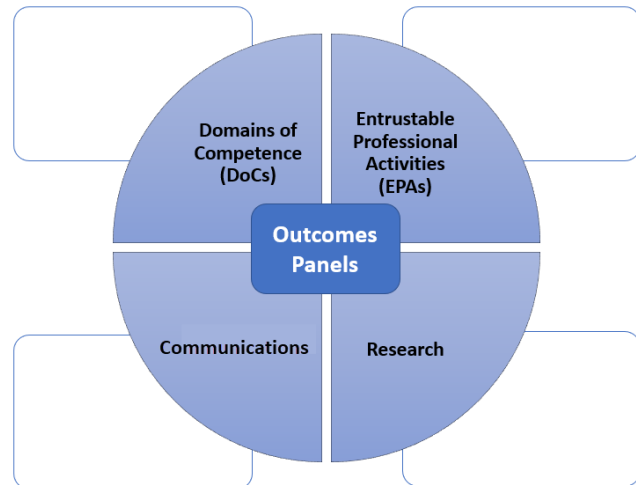
- Existing funding opportunities within the Foundation for Physical Therapy Research were identified, including Promotion of Doctoral Studies (PODS I and II).
- Funds within the Foundation that support [education research](#) were identified, including the Bella May Scholarship Fund, the Mildred L. Wood Endowment Fund, and the Education Endowment Fund from the Academy of Physical Therapy Education.



Outcomes Strategy Group Update

In April 2019, a two-day Outcomes Strategy Meeting was held. The 23 physical therapist participants representing strong stakeholder representation were asked to identify ideal competency frameworks to meet the needs of the physical therapy profession and to identify outcome competency expectations of graduates entering clinical practice. At the conclusion of the strategy meeting, the work of the group fell into four categories, each of which would use a volunteer panel to continue the efforts. These were:

1. Domains of Competence.
2. Entrustable Professional Activities.
3. Research.
4. Communications.



1. Domains of Competence

Domains of competence are statements of the complex knowledge, skills, attitudes, behaviors, and values applied to specific situations.

- Six models using domains of competence from different health professions were considered, with the [Competency Profile for Physiotherapists in Canada](#) considered best with some modifications.

2. Entrustable Professional Activities

Entrustable Professional Activities (EPAs) are observable and measurable concrete clinical activities that represent the day-to-day work of a professional that require proficiency in multiple competencies. They should be executable within a given time frame and completion of the activity leads to a recognized outcome. These professional practice activities can be “entrusted to a sufficiently competent learner or professional.”

- The Strategy Meeting participants developed a preliminary list of 36 EPAs they felt represented what physical therapists entering practice should be able to do.
- The EPA panel would:
 - Draft 10-12 EPAs that are specific to physical therapists entering practice, and representative of professional activities that every PT should be able to do.
 - Map each EPA to the competencies critical to performance of that EPA.
 - Describe the EPA as well as the expected behaviors and clinical vignettes for each EPA.

3. Research

The purpose of the Research Panel is to develop a research agenda for competency-based education in physical therapy.

- The Research Panel would leverage the recommendations and work from the meetings of the Education Research, Clinical Education, and Outcomes Strategy Groups.
- In June, the partners endorsed utilization of the [National Study on Innovation and Excellence in Physical Therapy Education](#) as the foundation of the research agenda.

4. Communications

The purpose of the Communications Panel is to provide consistent communication on the work of the panels, ensure that all stakeholders are aware of what is being explored, provide frequent avenues for feedback, emphasize that what is being created would be voluntary rather than mandatory.

The following mechanisms for communication were planned:

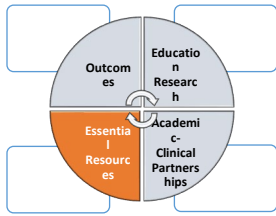
- May: Web resources for stakeholders
- June: Virtual town hall (June 14, 8-9:30 a.m. CT)
- July: Virtual town hall (July 30, 7-8:30 p.m. ET)
- August: Virtual town hall recording available with feedback solicited
- September: Virtual town hall recording available with feedback solicited
- October presentation of findings at ELC (October 17)

In June, the partners formally endorsed the initial work of the Outcomes Group in developing domains of competence and entrustable professional activities for physical therapist graduates at entry level into the profession, with this work serving as a

potential model for subsequent work on entry of PTA graduates into practice and other benchmarks in the continuum of learning for the profession.

Tentative Timeline for Outcome Panels Work

- August 2019: Refine the Canadian Physiotherapy domains of competence (DOCs).
- September 2019-March 2021:
 - Develop EPAs to cover proposed competencies;
 - Critically map five-seven competencies most critical to an entrustment decision on each EPA.
 - Develop milestones or levels of performance for each competency
 - Develop descriptions, expected behaviors, and clinical vignettes for each EPA.
- Beginning in 2021: Call for 10 programs to volunteer to pilot the EPAs.



Essential Resources Strategy Group

The Essential Resources Strategy group met in September 2019. The Essential Resources Strategy group met in September 2019. The purpose was to identify essential resources necessary to initiate and sustain quality entry-level physical therapist education programs now and in the future to inform the ELP strategic planning process. To that end, the meeting's objectives were:

1. Identify the current state of essential resources in each area (e.g., sufficient numbers and quality or qualification, any standardization, major concerns).
2. Identify what is optimal and what are the current deficiencies (i.e., the gaps) in order to initiate or sustain a high-quality physical therapy education program.
3. Identify action steps that can be recommended in order to close those gaps.

Attendees were divided into four topic groups: (1) faculty, program directors, and curriculum; (2) clinical education, directors of clinical education, and site coordinators of clinical education; (3) finances, facilities, and research; and (4) student services. The groups identified: (1) challenges; (2) potential evidence for best practices or other data to address these challenges; (3) action items or resources to be developed; (4) an estimated timeline for completion of action items; (5) anticipated outcomes for action items; and (6) a means of measuring progress or success of action items.

At the end of the meeting the entire group prioritized each small group's action items to forward to the steering committee as those recommended to address first. Following is a summary of the top three action items per group.

Group 1: Program Director, Faculty, and Curriculum

1. Creation of focused modules for "just in time" learning.
2. Study current models of DPT education (4+3, 3+3, freshman-entry, weekend, distance) and impact on student debt and ROI.
3. Expand opportunities for DPT to terminal academic degree (PhD, EdD, etc.); may include dual-degree programs.

Group 2: SCCE, DCE and Clinical Sites

1. Determine aspects of clinical education curriculum that can be standardized across didactic and clinical content components in order to increase quality and efficiency. Aspects that can be standardized include:

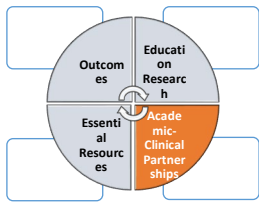
- Types and length of experiences.
 - Terminology and naming conventions of clinical experiences.
 - Clinical education course credit hours.
 - Student readiness assessment tools and entrustable professional activities as recommended during previous strategy meetings.
2. Explore alternatives to traditional clinical education experiences such as:
 - Interprofessional experiences.
 - Telehealth.
 - Simulation and/or standardized patients.
 - Pro bono clinics.
 - Other innovative models such as virtual reality or immersion experiences.
 3. Define the attributes of a value-based, quality academic-clinical partnership supported by data and best evidence, including:
 - Study of the current role of SCCE.
 - Needs of current clinical sites.
 - Assessment process of clinical partnership.
 - Incentives to reach sites not currently engage.

Group 3: Finance, Facilities and Research Supports

1. Collect data annually – salaries/rank, equipment (purchasing, maintenance, replacement), facilities, IT/technology, faculty development/travel, student support (support services, scholarships).
2. Create and implement CAPTE standard that requires any institution that has a PT program to have an office or other central unit for research support (IRB, grants management).
3. Collect data via annual survey on entering student debt and debt specific to DPT education; look at graduate income/debt ratio.

Group 4: Student Affairs Supports

1. Develop relationships for information sharing/education with professionals in student affairs/student affairs organizations. Consider recommendation that CAPTE add a standard relative to student affairs.
2. Need data analysis of current status:
 - Financial aid.
 - Accommodations.
 - Faculty skill and comfort on student supports.
3. Report /summaries of best practices perspectives on inclusivity that uses existing evidence to create recommendations/guidelines/summaries of action.



Academic-Clinical Partnerships Strategy Update

In 2019, the Academic-Clinical Partnerships Planning Group prepared for the group's March 2020 meeting to discuss:

- Characteristics and models of quality and effective academic-clinical partnerships.
- Developing a mechanism to hold academic programs accountable for creating partnerships.
- Developing a national clinical education placement management system to be used by partners to maximize the effectiveness of clinical placements of PTs and PTAs.
- Outline and dissemination of the evidence-based value of a clinical education partnership (productivity, patient satisfaction, outcomes, CI professional development, etc.).
- Entry-level curriculum.
- Postprofessional curriculum.

A meeting is planned for 2020. Activities related to academic-clinical partnerships within the Clinical Education Strategy group are described under Clinical Education Initiatives, beginning on page 17.

Clinical Education Initiatives

The profession of physical therapy seeks to identify best clinical education practices and improve on them. Significant resources have recently been invested by ACAPT, APTA, and APTE's CE SIG and PTAE SIG to do a comprehensive investigation of current clinical education models, and the opportunities and challenges associated with them.

After receiving recommendations from the Best Practices for Physical Therapist Clinical Education Task Force and the Excellence in Physical Therapist Education Task Force, the ELP continues its work to develop and implement a structured physical therapist clinical education curriculum.

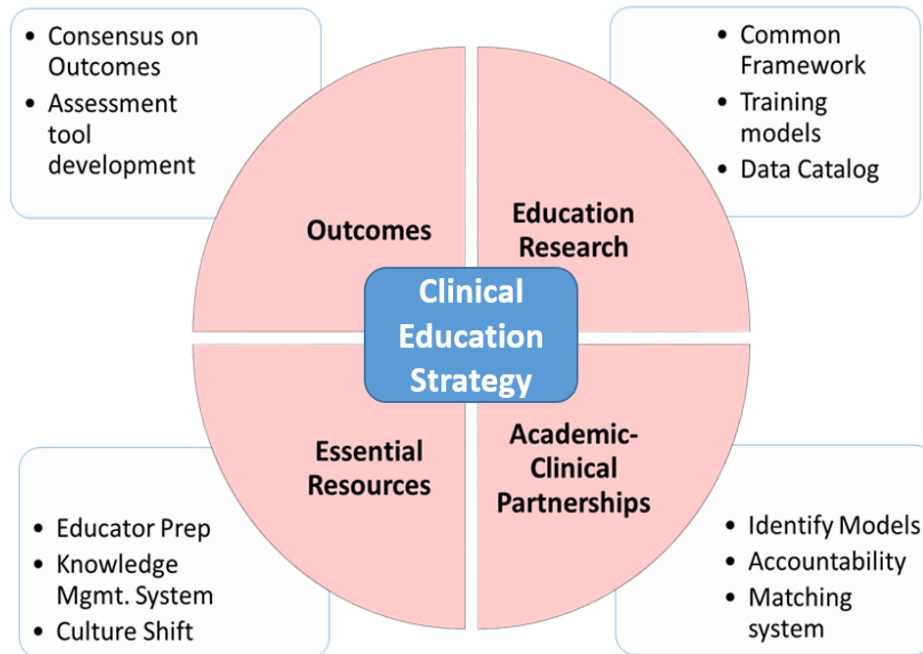


Clinical Education Strategy Group

In response to the APTA Board of Director's request that the ELP facilitate the development of a proposed long-term strategic plan for the future of professional and postprofessional physical therapist education, the Clinical Education Strategy Group (CESG) was charged in 2018 to develop a series of prioritized recommendations that should be considered.

The CESG had four working groups, representing each of the previously identified clusters of strategic planning focus: outcomes, essential resources, education research and academic-clinical partnerships.

Clinical Education Strategy Ad Hoc Group (Oct. 2018)



Outcomes

Agreed to the following recommendations in 2019:

- *Action #1:* Develop consensus on outcomes for the following: students, educators, and environment.
- *Action #2:* Development of assessment tool(s) to determine if the learner/educator/facility/program has achieved the desired outcomes.

In June 2019:

- Work was moved into ELP Outcomes meeting.
- Focus was on student learner outcomes.
- Recommended near future focus on student assessment and assessment tools to bridge the gap.

Essential Resources

- Filtered findings from the Clinical Education Strategy Group and Essential Resources Strategy Group to inform the work of the Academic-Clinical Partnerships Strategy Group.
- Framework for “one-stop shop” (Rec 2) is under development, beginning with data repository. Stakeholder feedback on proposed one-stop shop knowledge management system has been moved to the Big Data/Data Analytics portion of Education Research.

- Moved the next phase of the data projects (i.e., database functionality and access to resources) to the Big Data/Data Analytics portion of Education Research.
- Identifying the needs for clinical faculty development was moved to the Essential Resources Strategy Group.
- Marketing for CE culture: Need confirmed for formal infrastructure for clinical education administration, with a priority on communication across entire clinical education community.
 - Conversations begun among national leadership group (PT/PTA).
 - Identified need for comprehensive database of program DCE/ACCE contacts that will be maintained, to assist with necessary communication.
 - Financial support/resources will be necessary to effectively put this in place.
 - Need communication plan for dissemination of APTA magazine article and other necessary messaging to all education stakeholders.
 - Beginning work to describe the current clinical education culture was moved to the Academic-Clinical Partnerships Strategy Group (see page 14).

Education Research

- Clinical education research questions came out of Outcomes Strategy Meeting; there is a need to coordinate these and other research initiatives that inform how we move forward.
- Need for data on clinical education capacity (supply/demand) is still under discussion, with respect to how this may inform placement process recommendations

Academic-Clinical Partnerships Strategies

Academic-clinical partnership is the foundation of clinical education. Excellence in clinical education partnership promotes relationships on individual, organizational, regional, and national levels devoted to collaboration, accountability, capacity and mutual benefits.

The ELP seeks to build a framework for formal partnerships between academic programs and clinical sites that includes infrastructure and capacity building, and defines responsibilities and accountability for each partner, including economic, standardization, and sustainable models.

Activities in this area are to be carried out by the Academic-Clinical Partnerships Strategy Group, scheduled to meet in March 2020.

Physical Therapist Assistant Education Update

Discussion that initiated in October to revisit the role of the ELP to address issues of PTA education continued at the January 2019 meeting at CSM. Katherine Giffin, PTA, MEd, was added to the ELP Leadership Committee.

Student Debt Update

In early 2019 the partners established a Student Debt Task Force to examine the issues influencing physical therapy student debt, including ratio of debt to income, financial aid, cost of education, reimbursement for clinical services, curricular issues, and the impact of student debt on physical therapy programs. This examination would inform a recommendation to the ELP regarding potential actions to address these issues. The result of the task force's efforts in 2019 was a comprehensive report that was released in February 2020.

The objectives of the report were to:

- Describe the different avenues available to physical therapy students for financial aid.
- Inform educators as to the options available for student financial aid.
- Make sure programs and students are aware of the financial literacy resources available through APTA.
- Help students understand the financial structure of the institutions they consider attending by recommending that schools provide information to the students, including a recommendation that CAPTE include this in the "AAR."
- Create a common template for all schools to use related to reporting the real costs of education that includes a link to the financial aid calculators on APTA's site enrich.apta.org/tools. Template may include:
 - Cost of tuition.
 - Additional costs or fees to be considered.
 - Clinical education (including travel) costs.
 - Cost of living in the area of the institution.
- Establish public relations material to provide career and financial information to prospective students beginning in middle school.

In addition to an overview of the situation and circumstances surrounding student debt in physical therapy education, the report includes a compendium of ways that students fund their education; examples of curricular models that have accelerated programs and the impact those programs have on student costs; common questions of prospective physical therapy students and potential sources for answers; recommended data sets of information that should be easily accessible to students from DPT programs; and a glossary of terms. The report is accessible on the APTA Education Leadership Partnership webpage: [APTA.org/ELP](https://www.apta.org/ELP).

Committees, Strategy Groups, Task Forces, and Staff Contacts

ELP Leadership Committee

Voting members

From APTA:

Susan Appling, PT, DPT, PhD (2019 Chair)

Anthony DiFilippo, PT, DPT, MEd
Robert Rowe, PT, DPT, DMT, MHS

From ACAPT:

Zoher Kapasi, PT, MSPT, MBA, PhD
Nancy Reese, PT, PhD, MHSA
John Buford, PT, PhD

From APTE:

Laurie Kontney, PT, DPT, MS
Carol Beckel, PT, PhD
Chalee Engelhard, PT, EdD, MBA

Nonvoting members

From ABPTRFE:

Noel Goodstadt, PT, DPT
Kendra Harrington, PT, DPT

From ABPTS:

Marie Johanson, PT, PhD
Derek Stepp

From CAPTE:

Candy Bahner, PT, DPT, MS
Pamela Ritzline, PT, EdD

Clinical Community Representatives:

Christopher Meachem, PT, DPT (VA)
Traci Norris, PT, DPT (AACPT)
Susan Ropp, PT, DPT (Health Systems Council)
Leigh Langerwerf, PT, DPT (PPS)

From FSBPT:

Nancy Kirsch, PT, DPT, PhD
Richard Woolf, PT, DPT

From PTA Education:

Katherine Giffin, PTA, MEd

Strategy Groups

Academic-Clinical Partnerships

Characteristics and Models of Academic-Clinical Partnerships

Christopher Meachem, PT, DPT, Shawne Soper, PT, DPT, MBA, Laurie Hack, PT, DPT, PhD, MBA, FAPTA, Eddie Traylor, PT, DPT, Brendan Larsen, PTA, BS, Patricia Brown, PT, DPT, MS, Scott Euype, PT, DPT, Peter McMenamin, PT, DPT, MS, Barbara Wallace, Katie Myers, PT, DPT, Bill Boissonnault, PT, DHS, FAPTA

Organizational Partnerships for PT Education

Janice Howman, PT, DPT, MEd, Traci Norris, PT, DPT, Anthony DiFilippo, PT, DPT, Kathy Mairella, PT, DPT, Carol Beckel, PT, PhD, Roger Herr, PT, MPA, Laurie Kontney, PT, DPT, MS, Derek Stepp, BA

Curriculum: Entry-Level

Susan Ropp, PT, DPT, Jean Timmerberg, PT, MHS, PhD, Donna Applebaum, PT, DPT, MS, Chrissy Ropp, PT, DPT, Nancy Reese, PT, PhD, FAPTA, Jamie Greco, PT, DPT, EdD, Matt Calendrillo, PT, DPT, Anne Reicherter, PT, DPT, PhD

Curriculum: Postgraduate

Greg Hartley, PT, DPT, Leigh Langerwerf, PT, DPT, Melinda Earnest, PT, DPT, Ray Arreguin, PT, DPT, Bob Rowe, PT, DPT, DMT, MHS, Susan Appling, PT, PhD, Gail Jensen, PT, PhD, FAPTA, Mike Bourassa, PT, DPT, Kendra Harrington, PT, DPT, MS

Staff Lead: Steven Chesbro, PT, DPT, EdD

Clinical Education

Outcomes

Jean Timmerberg, PT, MHS, PhD, Tammy Burlis, PT, DPT, Amy Heath, PT, DPT, PhD, Lisabeth Kestel, PT, DPT, Traci Norris, PT, DPT, Debra Parson, PT, DPT, Bob Rowe, PT, DPT, DMT, MHS, Sandy Brooks, BA, IOM

Essential Resources

Carol Recker-Hughes, PT, PhD, Donna Applebaum, PT, DPT, MS, Ron Barredo, PT, DPT, EdD, FAPTA, Carol Beckel, PT, PhD, Debbie Ingram, PT, EdD, FAPTA, Brendon Larsen, PTA, BS, Reva Rauk, PT, PhD, Chrissy Ropp, PT, DPT, Adrian Suratos, PT, DPT, Tawna Wilkinson, PT, DPT, Julia Rice, BA, CAE, IOM

Academic-Clinical Partnerships

Christopher Meachem, PT, DPT, Shawne Soper, PT, DPT, Janice Howman, PT, DPT, MEd, Zoher Kapasi, PT, PhD, Laurie Kontney, PT, DPT, MS, Jason Lewis, PT, DPT, Jenny Rodriguez, PT, DPT, MHS, Amy Smith, PTA, BS, Robyn Tynan, PT, MSPT, Anne Reicherter, PT, DPT, PhD

Research

Christine McCallum, PT, PhD, Marisa Birkmeier, PT, DPT, Karen Huhn, PT, PhD, Angela Stolfi, PT, DPT, Steven Chesbro, PT, DPT, EdD

Education Research

Conceptual Framework & Competencies Work Group

Gail Jensen, PT, PhD, FAPTA (work group lead), Steven Chesbro, PT, DPT, EdD (sub-group lead), Terry Nordstrom, PT, EdD, FAPTA, Susan Appling, PT, DPT, PhD, Laurie Kontney, PT, DPT, MS, Anita Santasier, PT, PhD, Jean Timmerberg, PT, MHS, PhD

Community of Education Researchers

Jim Farris, PT, PhD (work group lead), Sandy (Rossi) Brooks, Sara Maher, PT, MPT, DScPT, Scott Ward, PT, PhD, FAPTA, Julia Rice, Christine McCallum, PT, PhD

Data Management

Robyn Watson Ellerbe, PhD, MPH (work group lead), John King, Tej Chana, Karen Huhn, PT, PhD, Bruce Greenfield, PT, BSPT, PhD, FAPTA, Nancy Reese, PT, PhD, MHSA, Sandy Quillen, PT, DPT, PhD

Fundraising & Infrastructure

Rick Segal, PT, PhD, FAPTA (work group lead), Bill Boissonnault, PT, DPT, FAPTA (Foundation for Physical Therapy Consultants: Barbara Malm, Barb Connolly, PT, DPT, EdD, FAPTA, Dario Dieguez, PhD, Edee Field-Fote, PT, PhD, FAPTA)

Essential Resources

Faculty, Program Directors, Curriculum

Susan Appling, PT, DPT, PhD, Nanette Hyland, PT, PhD, Chalee Engelhard, PT, EdD, Reva Rauk, PT, PhD, Darcy Reisman, PT, PhD, FAPTA, Peggy Gleason, PT, PhD

Clinical Education, DCE, SCCE

Carol Recker-Hughes, PT, PhD, Janice Howman, PT, DPT, MEd, Tara Haj, PT, DPT, Debbie Ingram, PT, EdD, FAPTA, Kathy Mairella, PT, DPT, MA, Greg Hartley, PT, DPT, Jamie Dyson, PT, DPT, Donna Applebaum, PT, DPT, Brandon Larsen, PTA

Finances, Facilities, Research

Scott Ward, PT, PhD, FAPTA, Gammon Earhart, PT, PhD, FAPTA, Pamela Ritzline, PT, EdD, Deb Larsen, PT, PhD, FAPTA, Lisa Saladin, PT, PhD, FAPTA

Student Services

Jen Mai, PT, DPT, PhD, Kathryn Hutchinson, PhD, Melinda Earnest, PT, DPT, ATC, Lisa VanHoose, PT, MSPT, MPH, Jane Sullivan, PT, DHS, MS, Mary Jane Rapport, PT, DPT, PhD, FAPTA, Terry Nordstrom, PT, EdD, FAPTA

Meeting facilitators: Angela Rosenberg, PT, DrPH (Inside Out Leadership), Sarah Berke (staff lead; APTE)

Student Debt Task Force Members

Co-chairs:

Susan Appling, PT, DPT, PhD

Mark Reinking, PT, PhD, ATC

Steve Tippett, PT, PhD

Members:

Fred Gilbert, PT, DPT

Noel Goodstadt, PT, DPT

Lynne Hibbard, PT, DPT, Vice President, APTA Student Assembly, 2018-2019

Cameron Massumi, PT, DPT, President, APTA Student Assembly, 2018-2019

Patrick Pabian, PT, DPT

Dave Pardieck

Brad Thuringer, PTA

Staff Contacts

- ACAPT: Sandy Brooks, Executive Director
- APTA: Steven Chesbro, PT, DPT, EdD, Vice President for Education
- APTE : Sarah Berke, Executive Director

APPENDIX

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)