

# Education Leadership Partnership

## 2017 Annual Report



The Education Leadership Partnership: Action through Collaboration

*The ELP's purpose is to reduce unwarranted variation in practice by focusing on best practices in education. (Adopted February 2017)*

## Background

The Education Leadership Partnership (ELP), established in 2016 through a Memorandum of Understanding (MOU), is a collaborative effort among the American Council of Academic Physical Therapy (ACAPT), American Physical Therapy Association (APTA), and 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 Founder 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 (e.g., 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.*

### Founding Representatives/Founders:

Barb Sanders, PT, PhD, President, American Council of Academic Physical Therapy  
Gina M Musolino, President, Education Section of the APTA  
Sharon Dunn, PT, PhD, President, American Physical Therapy Association

## Voting Members and Non-Voting Participants

A leadership committee of the ELP comprises 3 categories of members. Nine voting members represent the 3 partnering groups (3 each). In addition, there are 2 nonvoting ex officio members representing CAPTE, and 3 or more nonvoting members representing the clinical community. Leadership committee members typically will serve staggered 3-year terms.

Organization	Name	Voting Member	Role
<b>ACAPT</b>	Zoher Kapasi	Y	Chair, ELP Representative
<b>ACAPT</b>	Nancy Reese	Y	ELP Representative
<b>ACAPT</b>	Scott Ward	Y	ELP Representative
<b>ACAPT</b>	Sandy Brooks		ACAPT Staff
<b>APTA</b>	Susan Appling	Y	ELP Representative
<b>APTA</b>	Roger Herr	Y	ELP Representative
<b>APTA</b>	Bob Rowe	Y	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 Reicheter		APTA Staff
<b>APTA</b>	Ryan Bannister		APTA Staff
<b>APTA</b>	Libby Ross		APTA Staff (thru 9/1)
<b>CAPTE</b>	Pam Ritzline		CAPTE Commissioner
<b>CAPTE</b>	Sandra Wise		CAPTE Staff
<b>Ed Section</b>	Laurie Kontney	Y	ELP Representative
<b>Ed Section</b>	Jen Mai	Y	ELP Representative
<b>Ed Section</b>	Sandy Quillen	Y	ELP Representative
<b>Ed Section</b>	Julia Rice		Education Section Staff

The chair of the partnership rotates annually among the 3 organizations. Roger Herr, representing APTA, served as the inaugural chair beginning June 2016. Zoher Kapasi, representing ACAPT, assumed the chair in June 2017. A representative from the Education Section will become chair in June 2018.

### Information about the ELP

A web page has been created to provide public information about the ELP. Information about the ELP can be accessed at: <http://www.apta.org/ELP/>.

### Meetings of the ELP

The ELP holds monthly conference calls (1 hour each), with face-to-face meetings (5 hours each) at Combined Sections Meeting, NEXT, and the Education Leadership

Conference. Work of the group is coordinated through a Hub community on APTA's website.

- Monthly conference calls (8) in 2017: January, March, April, May, July, August, September, December.
- Face-to-face meetings (3) in 2017: February, June, October.

### Major Agenda Items - 2017

Standing agenda items for meetings includes: Roll call; Approval of the minutes; General announcements/updates; Sub group activity updates; and Future call/meeting information.

Month	Agenda Item(s):	Action(s)/Outcome(s):
January	1. Discussion of priorities for the face-to-face ELP meeting in February at CSM.	1. Discussion. Identify priorities of the ELP, which included: Survey of ELP participants to determine perceptions on structure, function, and outcomes of the ELP to date.
February	1. Global perspective discussion. <ol style="list-style-type: none"> <li>Why does the ELP exist?</li> <li>How do we work collectively as a group?</li> </ol> 2. Future meetings discussion: Times/location/strategy 3. Discussion: APTA BOD Clinical Education Task Force Report [highlights]	1. Motion: <b><i>The ELP's purpose is to reduce unwarranted variation in practice by focusing on best practices in education.</i></b> Sent to the presidents of the groups for review and approval. 2. ELP will meet the 2 <sup>nd</sup> Friday of each month from 9:00 am to 10:00 am (ET), with the exception of February, June, and October (months with national conferences). 3. Logistics
March	1. Discussion: Stakeholders to engage in CETF recommendation feedback process. 2. Discussion: Make-up of the CE ad hoc work group (eg, numbers, representation). 3. Discussion: Strategies to solicit stakeholder feedback on CETF recommendations.	1. Agreement: Proposed stakeholders. 2. Agreement: Proposed work group make-up. 3. Agreement: Proposed feedback solicitation strategies.
April	1. Discussion on release of the CETF Recommendations from	1. Agreement 2. Approved 3. Approved

	<p>the APTA BOD, and specific representation on the ad hoc work group.</p> <ol style="list-style-type: none"> <li>2. Motion: To add a representative from the Health Systems Council to the ad hoc work group.</li> <li>3. Motion: To add a representative from the Private Practice Section to the ad hoc work group.</li> </ol>	
May	<ol style="list-style-type: none"> <li>1. Election of a new chair.</li> <li>2. Discussion: Budget plans for FY 2018; Year-end report.</li> <li>3. Discussion: Funding for Medical Education Research Certificate (MERC) program.</li> <li>4. Discussion: Structure of the ad hoc committee on clinical education.</li> </ol>	<ol style="list-style-type: none"> <li>1. Zoher Kapasi, ACAPT representative, elected chair.</li> <li>2. Continue budget discussion and year-end report discussion in June.</li> <li>3. ACAPT and APTA agreed to fund 2 MERC courses at ELC. Laurie Kontney, Ed Section representative, will submit request to the Ed Section's Board.</li> <li>4. Roger Herr, APTA representative, appointed chair of the CE ad hoc committee.</li> </ol>
June	<ol style="list-style-type: none"> <li>1. Discussion: ELP specific budget plans for FY 2018 (MOU language, confirm 2017 budget timeline and processes; year-end report).</li> <li>2. Discussion: ELP communication strategies moving forward.</li> <li>3. Discussion: Adding 3 community partners to the ELP as outlined in the MOU.</li> <li>4. CE ad hoc committee update.</li> </ol>	<ol style="list-style-type: none"> <li>1. Representative to discuss ELP specific budget needs with their respective boards; 2017 annual report of ELP activities to be reviewed in February 2018.</li> <li>2. Consider development of a logo, communication liaisons, strategy to disseminate information about ELP activities.</li> <li>3. Nominations are to be submitted to the ELP by the September meeting.</li> <li>4. No action.</li> </ol>
July	<ol style="list-style-type: none"> <li>1. 1-page summary of the minutes from June submitted for review.</li> <li>2. CE ad hoc committee update, including activities and membership.</li> </ol>	<ol style="list-style-type: none"> <li>1. No action.</li> <li>2. No action.</li> </ol>

August	<ol style="list-style-type: none"> <li>1. Proposed MERC MOU update for CSM 2018.</li> <li>2. CE ad hoc committee updates.</li> </ol>	<ol style="list-style-type: none"> <li>1. No action.</li> <li>2. No action.</li> </ol>
September	<ol style="list-style-type: none"> <li>1. CSM 2018 MERC MOU update.</li> <li>2. CE ad hoc committee updates.</li> <li>3. Addition of 3 community members to the ELP.</li> <li>4. Discussion on preparation for the face-to-face meeting at ELC.</li> <li>5. Essential Resources Sub Group provided Support Statement regarding CAPTE and students pursuing their own clinical sites.</li> </ol>	<ol style="list-style-type: none"> <li>1. Motion: ELP partners have until COB on September 11, 2017 to revise the current MOU language and approve. ACAPT and APTA committed to move forward, regardless.</li> <li>2. No action.</li> <li>3. Nominations closed. Vote to occur at the October meeting.</li> <li>4. Draft agenda created.</li> <li>5. SUPPORT STATEMENT: Recruitment and development of new clinical sites is the domain of the Director of Clinical Education. The DCE/ACCE works with clinical sites to establish contractual relationships. Student placement at clinical sites is also the domain of the DCE/ACCE. Concern has been expressed regarding individual students contacting clinical sites to either establish a new site or to secure individual placement at the site. There is also concern that some DPT educational programs encourage their students to contact clinical sites for this purpose. Students directly contacting potential clinical education sites or established sites to secure a position is disruptive to patient care and productivity. This is a relationship between the educational institution and the clinical site, not just between the student and the clinical instructor. Therefore, a CAPTE policy is necessary (to be forwarded to CAPTE).</li> </ol>

October	<ol style="list-style-type: none"> <li>1. Discussion: Opportunities to enhance the work and decision making of the ELP.</li> <li>2. Discussion: Budget plans for FY 2018.</li> <li>3. CE ad hoc committee findings and recommendations.</li> <li>4. Addition of 3 community members to the ELP.</li> </ol>	<ol style="list-style-type: none"> <li>1. Motion: The ELP when agreeing to new projects and activities, a deadline for agreement of the parties to participate should be set and should one or more groups decide not to participate, the other partners may proceed (Adopted); Partners should work collectively to make sure members are fully aware of ELP and its activities; other.</li> <li>2. Budget discussions for the upcoming year will occur annually during the June meeting.</li> <li>3. Motion: Submit the report, as presented, to the APTA BOD (Adopted).</li> <li>4. Two identified individuals will be contacted regarding participation. One offer is still forthcoming.</li> </ol>
November	No meeting – Veteran’s Day	
December	<ol style="list-style-type: none"> <li>1. Discussion: APTA Board action on recommendations of the CETF; Next steps/processes.</li> <li>2. Addition of 3 community partners to the ELP.</li> <li>3. Monthly meeting (date/time) for January 2018.</li> <li>4. Discussion: MERC workshops for 2018 ELC.</li> <li>5. Discussion: Funding for Grants and Mentorship in Educational Research (GAMER).</li> <li>6. Discussion: Outcomes work group; ACAPT Graduate Outcomes Task Force, and Student Readiness Panel.</li> </ol>	<ol style="list-style-type: none"> <li>1. No action.</li> <li>2. Justin Weatherford (Health Systems); Christopher Meachem (VA Medical System), and Traci Norris (Acute Care), were added as non-voting members of the ELP.</li> <li>3. Next meeting scheduled.</li> <li>4. Motion: That the partnering organizations of the ELP financially support 2 MERC courses at ELC 2018 (Postpone until January 2018).</li> <li>5. Motion: That the partnering organizations of the ELP support the initial non-funded investment of \$31,000 to initiate GAMER in 2018 (Postpone until January 2018).</li> <li>6. The Outcomes sub group will add members of ACAPT’s Graduate Outcomes Task Force and Student Readiness Panel.</li> </ol>



## Ad Hoc Committee on Stakeholder Feedback of BPPTCETF Recommendations

**BACKGROUND:** At its January 2017 meeting, the APTA Board of Directors (Board) considered 6 recommendations proposed by the Best Practice for Physical Therapist Clinical Education Task Force (BPCETF) and adopted a revised version of the BPCETF's recommendation 6. The revised motion as adopted by the Board read as follows:

That APTA design a plan for dissemination of the Best Practice in Physical Therapist Clinical Education Task Force report for receiving widespread stakeholder input prior to consideration by the APTA Board of Directors for adoption at the November 2017 Board of Directors meeting.

*(B of D 1/17, V-4)*

The rationale for the Board's action was based on an appreciation for the need to further engage all relevant stakeholders regarding Recommendations 1–5.

The Board asked the Education Leadership Partnership (ELP) to collect stakeholder feedback on the recommendations of the BPCETF, with a report due in October 2017.

### ELP ACTIONS/ACTIVITIES

The ELP reviewed the BPCETF report, and given the 6-month deadline to gather information the ELP created an ad hoc committee consisting of individuals from 13 key stakeholder groups to assist in outreach to all stakeholder groups. In addition, significant staff and volunteer resources were allocated to accomplish this task (Table 1).

The ad hoc committee met 10 times between May 3 and October 18, 2017. Activities of the group were managed in a Hub community, and Adobe Connect was used for virtual meetings. Members were provided an overview of the charge and a copy of the BPCETF report, and then were given an outreach assignment for at least 2 stakeholder groups.

The ELP discussed the stakeholder feedback process at 9 monthly meetings between February and October 2017, including face-to-face meetings in February, June, and October. The ELP accepted the findings of the ad hoc committee at its meeting in October (Appendix B: ELP Ad Hoc Committee).



**Table 1.** Members and staff who contributed to the feedback process

<b>ELP Members</b>	<b>Ad Hoc Committee</b>	<b>Staff</b>
Jennifer Mai – Ed Section	Roger Herr – APTA/ELP [Chair]	Libby Ross
Laurie Kontney – Ed Section	Nancy Kirsch – FSBPT	William Boissonnault
Nancy Reese – ACAPT	Ellen Wruble – Council of Health Systems	Sandra Wise
Robert Rowe – APTA	Bill Rien – Private Practice Section	Brandi McIntyre
Roger Herr – APTA	Jay Lamble – CE SIG/Ed Section	Rachael Crockett
Scott Ward – ACAPT	Scott Euype – Clinical Community	Sandy Rossi
Susan Appling – APTA	Doreen Stiskal – CAPTE	Steven Chesbro
William Quillen – Ed Section	Tammy Burlis – ABPTRFE	Courtney Merritt
Zoher Kapasi – ACAPT	Laurie Kontney – Ed Section/ELP	
	Peggy Gleeson – CAPTE	
	Donna Applebaum – NCCE/ACAPT [Co-chair]	
	Scott Ward – ACAPT/ELP	
	Ronald Barredo – ABPTS	

## Sub Groups of the ELP

In 2016, the ELP determined that it would work in sub groups to begin its task.

<b>Sub Group</b>	<b>Members (<sup>SL</sup>Sub group lead/<sup>WL</sup>Work group lead)</b>
Data Management	Merged with Education Research in January 2017
Education Research Agenda (Four work groups)	<p><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.</p> <p><u>Community of Education Researchers:</u> Jim Farris<sup>WL</sup>, Sandy (Rossi) Brooks, Sara Maher, Scott Ward, Julia Rice, Christine McCallum.</p> <p><u>Data Management:</u> Libby Ross<sup>WL</sup>, John King, Tej Chana, Karen Huhn, Robyn Watson Ellerbe<sup>WL</sup>, Bruce Greenfield; Nancy Reese. [Ross<sup>WL</sup> thru September]</p> <p><u>Fundraising &amp; Infrastructure:</u> Rick Segal<sup>WL</sup>, Bill Boissonnault, Gina Musolino</p> <p>(Foundation for Physical Therapy Consultants: Barbara Malm, Barb Connolly, Dario Dieguez, Edee Field-Fote)</p>
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	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 L. Stejskal (PTAC), Anne Reicherter (APTA)
Student Debt	Steven Chesbro <sup>SL</sup> , Zoher Kapasi, Sandy (Rossi) Brooks, Jennifer Mai, Leisha Spaulding

## Sub Group: Education Research (merged with Data Management)

### Recommended Actions from Annex A

- That a prioritized educational research agenda be developed with identified mechanisms for research funding and support.
- That a comprehensive and progressive data management system for physical therapist education that is accessible to stakeholders and includes the following be established:
  - A curriculum management system to track core outcome competencies, assist with monitoring curricular requirements and modifications, and facilitate reporting.
  - Standardized performance-based outcomes.
  - Existing datasets that need to be integrated and consolidated.
  - New data needs, as identified.

### Activities

A group of 24 stakeholders representing the ELP, education researchers, Foundation for Physical Therapy 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 four 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 & 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 professions education research efforts.

This group communicated through the ELP Hub Community, conference calls, email, and face-to-face meetings at the Combined Sections Meeting (CSM), NEXT Conference, and the Education Leadership Conference (ELC).

### Outcomes

- Conceptual Framework/Competencies
  1. Published a point of view article in *Physical Therapy* titled “Entrustable Professional Activities (EPAs) as a Framework for Continued Professional Competence: Is Now the Time?”<sup>2</sup>
  2. Began work on a webinar for physical therapy educators to learn more about EPAs, and the experience of using them in medicine as a component of competency-based medical education.

[Note: The Outcome Competencies sub group participated in this work.]

- 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)<sup>3</sup> courses in 2017. The first two courses were held at ELC. The maximum registration of 50 participants was met. MERC sessions are scheduled for CSM 2018, and planned for ELC 2018.
  2. Initiated the development of the *Education Research Network*. This multi-site network of mentors was established to organize the profession's education research mentor resources, and to facilitate connections with prospective mentees.
- 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. The APTA has identified funding for this project and anticipates hiring a consulting firm to complete this project in 2018.
  2. Met with AAMC to investigate benefits and options to developing a unique identifier.
- Funding & Infrastructure
  1. Met with the Foundation to discuss education research funding options, and to clarify availability of opportunities. Current grant opportunities within the Foundation with an education focus include the Bella May Scholarship Fund, the Mildred L Wood Endowment Fund. Additionally, research support is available through two levels of Promotion of Doctoral Studies (PODS) scholarship awards.
  2. Proposed a grant writing workshop titled *Grants and Mentorship in Educational Research* (GAMER) that is based on the successful *Training in Grantsmanship for Rehabilitation Research* (TIGRR) workshops. The goal of GAMER is to support the development of education researchers by providing mentorship and skill building opportunities specific to grant seeking.

### Plans for 2018

- Host a webinar on April 18, 2018 titled *Entrustable Professional Activities: Lessons from Medical Education*. The speakers will be Carol Carraccio, MD, and Robert Englander, MD. Gail Jensen, PT, PhD will serve as the moderator.
- Submit proposals related to competency-based physical therapist education for ELC 2018, and CSM 2019.
- Facilitate the development of a prioritized research agenda that prioritizes the urgent needs of the profession, using resources such as the *Physical Therapy Education in the 21<sup>st</sup> Century* study.

- Host 4 MERC workshops (2 at CSM and 2 at ELC).
- Operationalize the Education Research Network website.
- Contract with a vendor to complete a data catalog specific to physical therapist education.
- Identify opportunities for creation of a unique identifier.
- Host the first GAMER workshop from September 20-23, 2018, at the Medical University of South Carolina.

## Sub Group: Essential Resources

### Recommended Action from Annex A

- That essential resources to initiate and sustain physical therapist education programs that include, but are not limited to, faculty, clinical sites, finances, and facilities, be determined.

### Activities

Sub group discussions focused on the need to identify the essential resources necessary to develop and sustain a good physical therapist education program and the essential resources necessary to be a great physical therapist education program.

1. Identify what data needs to be gathered to establish a baseline for these elements. The initial list includes:
  - a) Faculty--academic & clinical faculty; support for clinical facilities in your program; access to clinical facilities;
  - b) Faculty to student ratios;
  - c) Space;
  - d) Equipment;
  - e) Fiscal resources;
  - f) Research infrastructure and productivity;
  - g) Institutional support;
  - h) Governance; and
  - i) Culture

Discussed need to identify what work is already happening across the educational landscape relative to essential resources (eg, CAPTE standards, ACAPT Benchmarking Program). Identified need for data availability and comparison, including: budgets, faculty numbers, credit hours/time to complete, student numbers, faculty degrees/readiness, faculty/staff workload, diversity, and student debt.

### Outcomes

- Creation of an initial list of resources to be identified.

### Plans for 2018

- The group held on some action in 2017 pending the outcome of the recommendations from the CETF (ie, APTA Board action, and ELP action on adoption and alignment/integration into the current scope of work).

## **Sub Group: Faculty Development**

### Recommended Action from Annex A

- That needs for faculty development in the area of content expertise and best practices in professional education are identified with coordinated mechanisms developed to address faculty needs.

### **Activities**

Sub group discussion has focused on faculty development needs across the continuum of physical therapy education (PTA, PT, RFE), across job responsibilities (ie, core faculty, associate faculty, clinical faculty, ACCE/DCE, etc.), and at different points on the career pathway of an educator (early, mid, late career). Major topics include the faculty workforce (eg, faculty vacancies, faculty retirement, faculty qualifications), and faculty support resources (eg, curriculum resources).

### **Outcomes**

Faculty resources on the Educators web page on the APTA website were reviewed and updated in many places. Links to this web page were added to the ACAPT and Education Section web pages.

### **Plans for 2018**

- Create a plan for determining how best to gather data on current and future shortages of physical therapy academic and clinical faculty.
- Identify development needs for existing and future academic and clinical faculty that are not being currently addressed.



## Sub Group: Outcome Competencies

### Recommended Action from Annex A

- That a concise set of outcome competencies for physical therapist graduates be identified and adopted. These competencies should be: at the highest level possible, essential, and rigorous. The competencies also should be responsive and adaptive to current and future practice, and should not focus on profession-specific skills, but rather on skills necessary to function as members of the health care team.

### Activities

The sub group joined the Education Research sub group to focus on entrustable professional activities (EPAs), as noted above.

### Outcomes

1. Published a point of view article in *Physical Therapy* titled “Entrustable Professional Activities (EPAs) as a Framework for Continued Professional Competence: Is Now the Time?”<sup>2</sup>
2. Began work on a webinar for physical therapy educators to learn more about EPAs, and the experience of using them in medicine as a component of competency-based medical education.

### Plans for 2018

- Host a webinar on April 18, 2018 titled *Entrustable Professional Activities: Lessons from Medical Education*. The speakers will be Carol Carraccio, MD, and Robert Englander, MD. Gail Jensen, PT, PhD will serve as the moderator.
- Submit proposals related to competency-based physical therapist education for ELC 2018, and CSM 2019.
- Plan to coordinate efforts with the ACAPT’s Student Readiness Panel and Benchmarking Work Group.

## **Sub Group: Performance-Based Student Outcome Assessment**

### Recommended Action from Annex A

- That the adoption of a system of standardized performance-based assessments that measure student outcomes and establish benchmarks be developed and promoted.

### **Activities**

The sub group focused much of its work on supporting the development of holistic admissions review processes.

### **Outcomes**

1. Facilitated the development and implementation of a 90-minute session at the 2017 Education Leadership Conference titled *Making the Case for Holistic Admissions: Perspectives from Dentistry (ADEA), Medicine (AAMC), and Nursing (AACN)*.<sup>4</sup>
2. Facilitated the development and implementation of a 90-minute session at the 2017 Education Leadership Conference titled *Holistic Admissions in Action: Case Examples from Dentistry and Medicine*.<sup>4</sup>
3. Facilitated the development and implementation of a pre-conference workshop for the 2018 Combined Sections Meeting titled Holistic Admissions Review Workshop for Physical Therapist Education Programs.

### **Plans for 2018**

- Conduct the holistic admissions review course (#3 above).
- Submit proposals related to holistic admissions review for ELC 2018, and CSM 2019.

## **Sub Group: Physical Therapist Assistant Education**

### Recommended Action from Annex A

- That the feasibility of addressing issues related to physical therapist assistant education be explored.

### **Activities**

The sub group met regularly to discuss opportunities to include PTA education in the work of the ELP. Priority topics have included coordination and communication about priorities, and PTA education needs identification (eg, possible meeting or summit to focus on PTA education).

### **Outcomes**

1. Worked to facilitate inclusion of PTA education specific topics into the work of other ELP sub groups.
2. Facilitated education related discussions among the PTA sub group, the PTAE SIG, and the PTA Caucus.

### **Plans for 2018**

- Coordinate efforts to determine best strategies for moving PTA education work within the ELP structure.
- Determine interest and options for stakeholder engagement in a big picture discussion about the future of PTA education, similar to the Clinical Education Summit, Excellence in PT Education Task Force, and Best Practices for PT Clinical Education Task Force work.

### **Sub Group: Student Debt**

The work did not originate from Annex A of the MOU. The ELP decided to create this work group after RC 11-16 was passed in the House of Delegates. The work of the sub group was driven by APTA staff assigned follow up on this motion, and was led by Leisha Spaulding, Vice President for Business Operations. Regular updates were provided to the sub group.

#### **Activities**

APTA conducted 4 surveys related to student debt:

- 1) PT Programs
- 2) PTA Programs
- 3) PT Graduates from 2013-2015
- 4) PTA Graduates from 2013-2015

#### **Outcomes**

APTA distributed a survey to PT and PTA program directors. Response rates to these surveys was 38% for PT programs, and 21% for PTA programs.

APTA delivered an online survey to 13,601 PT graduates and 4,815 PTA graduates. There were 2,839 PT and 588 PTA respondents which equates to a 21% and 12% response rate respectively.

#### **Plans for 2018**

APTA staff will be working in 2018 to market the new financial literacy program and debt refinancing option. In addition, staff will:

- Conduct a statistical analysis of survey data to investigate potential relationships between the variables.
- A follow-up survey to the recent PT and PTA graduates may be conducted to help uncover underlying implications of student debt on the physical therapy profession.

Due to APTA's significant involvement in this issue, this sub group will determine in early 2018 if it needs to continue as a standing sub group of the ELP.

Approved February 24, 2018