



# 2020 Annual Report of the Education Leadership Partnership

Results of the collaborative work of:

APTA Academy of Education

American Council of Academic Physical Therapy

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 .....	2
Partnership Education Strategy and Approach to Work .....	3
Education Strategy Plan Development: Timeline .....	4
McKinley Recommendations and Resulting Actions .....	5
Education Research Strategy Group Update .....	6
Outcomes Strategy Group Update .....	6
Essential Resources Strategy Update .....	8
Academic-Clinical Partnerships Strategy Update .....	8
Clinical Education Initiatives .....	10
Clinical Education Strategy Group .....	10
Physical Therapist Assistant Education Update .....	10
Student Debt Task Force Update .....	11
Committees, Strategy Groups, Task Forces, and Staff Contacts .....	12
Appendix .....	15

## 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 APTA Academy of 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 and academic outcomes based on feedback from academic administrators, residency and fellowship, DPT students, faculty, and clinicians at partnering clinics.
3. Essential resources for students, institutions, and clinical education sites. The work of the partnership has focused primarily on recommendations from the Excellence in Physical Therapist Education Task Force and the Best Practice for Physical Therapist Clinical Education Task Force. (See Appendix for the APTA Board of Directors action on the task force recommendations.) In 2020, McKinley Advisors were engaged to facilitate the work of the partners on the education strategic plan. In addition, the partnership addressed student debt and efforts toward diversity, equity, and inclusion in physical therapy education.

To conduct their work, the partners held monthly conference calls in 2020, with a face-to-face meeting at APTA Combined Sections Meeting and a virtual meeting during the Education Leadership Conference (held remotely due to the COVID-19 pandemic). In addition, an Education Leadership Partnership community on the APTA Hub is open to representatives of the partnership — 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 partnership is available on APTA's website at [apta.org/ELP](https://apta.org/ELP).

## The Partners' Education Strategy and Approach to Work

In 2020, the partners culminated several years of strategic data collection with a report from McKinley Advisors, which analyzed the data and presented findings and recommendations that the partners are using to develop a long-term education strategy for the physical therapy profession.

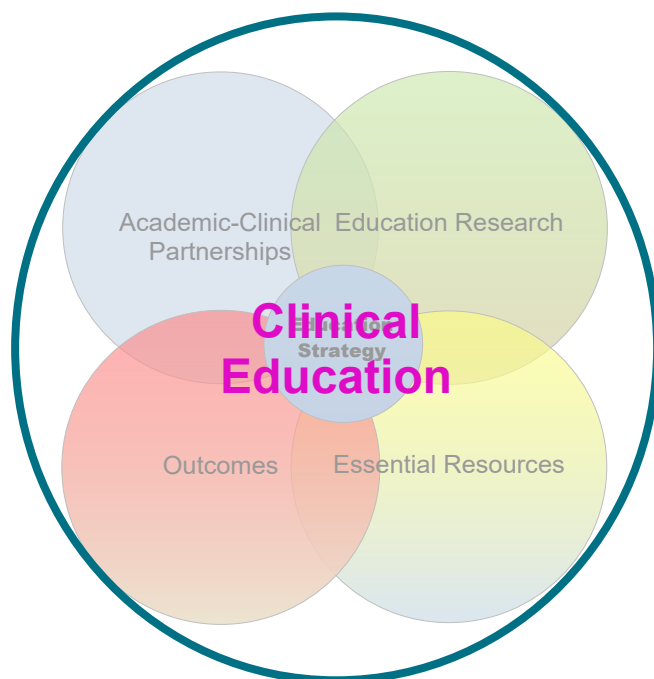
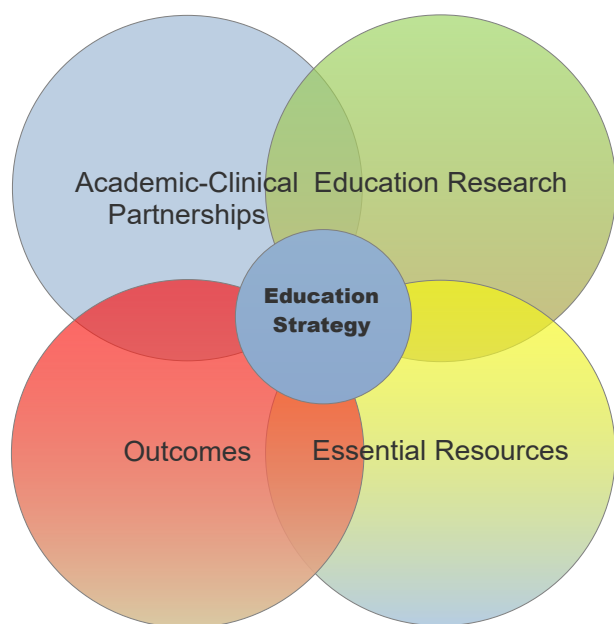
The partners' overall education strategy for their work has comprised four strategy categories — Outcomes, Educational Research, Essential Resources, and Academic-Clinical Partnerships — many in turn with their own work groups. Clinical education has been integrated into each category, as it is not seen 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 has been to identify, discuss, and prioritize related work that would help the profession develop a long-term education strategy. Given work volume and budgetary constraints, the partners intentionally chose a phased approach 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;
- The Outcomes and Essential Resources strategy groups met in 2019; and
- The strategic meeting specific to Academic-Clinical Partnerships occurred in 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

<b>Jan. 2017</b>	Education Research Strategy Meeting
<b>Oct. 2018</b>	Clinical Education Strategy Meeting
<b>April 2019</b>	Outcomes Strategy Meeting
<b>Sept. 2019</b>	Essential Resources Strategy Meeting
<b>March 2020</b>	Academic-Clinical Partnerships Strategy Meeting
<b>April 2020</b>	Appointed Strategic Planning Subgroup Work Begins
<b>June 2020</b>	McKinley Advisors Engaged to Synthesize Work to Date on Education Strategic Plan
<b>Aug. 2020</b>	McKinley Findings and Recommendations Presented to Partnership
<b>Oct.-Nov. 2020</b>	McKinley-Facilitated Virtual Planning Sessions With Partnership
<b>Dec. 2020</b>	Revision of Timeline and Continued Planning Subgroup Work With McKinley
<b>First Half 2021</b>	Review and Launch of McKinley Stakeholder Survey
<b>Second Half 2021</b>	Report on Stakeholder Feedback

## McKinley Advisors Recommendations and Resulting Actions

A highlight of the partners' accomplishments in 2020 was a report presented by McKinley Advisors based on review of the reports and outputs from the strategy groups' meetings over the past four years.

McKinley is a consulting group that focuses its services on nonprofits, providing strategic guidance, research, and insights to inform organizational decisions and the steps needed to implement them. The partners engaged McKinley to lead the disciplined process necessary for a sound strategic framework that will guide the future of physical therapist professional and postprofessional education.

McKinley's work identified themes and trends, and provided recommendations on processes the partners can use to develop a long-term strategic plan for education.

The process recommended by McKinley comprised three main components:

- Situation assessment.
- Strategy development.
- Implementation and evaluation.

### Situation Assessment

Given the influences of the economic and political landscapes that emerged after many of the strategy groups met, not to mention the overwhelming impact of the COVID-19 pandemic in 2020, it was recommended that the partners revisit the external environment and reassess key recommendations considering new situational trends and issues.

### Strategy Development

To translate outputs into a strategic framework, it was recommended that the partners review the subgroup outputs with strategic filters to identify:

- What tradeoffs are necessary within the proposed scopes of work.
- What the partners might have to forgo in order to accomplish the goal with the resources available.

### Implementation and Evaluation

McKinley Advisors recommended that the partners:

- Identify resources and stakeholders.
- Get stakeholder ownership and buy-in.
- Prioritize near-term goals.
- Identify more transformative scopes of work to achieve in the longer term.

To inform the partners' work, McKinley Advisors presented a "straw model" framework to the partners to guide development of an electronic survey to stakeholders (planned for January-February 2021). Following the survey, the expectation is for the partners to refine and finalize the framework and present to the APTA Board of Directors in 2021.

On the following pages are summaries of the activities of the strategy groups through 2020.

## Education Research Strategy Group Update

The Education Research Strategy group met in January 2017, per the staggered schedule of the four strategy categories. 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 be developed to guide professional and post-professional development.

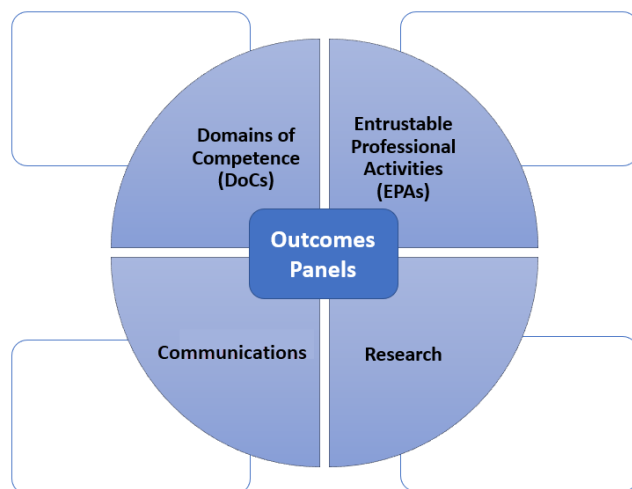
Details of the group's subsequent activities are found in the 2019 Annual Report of the Education Leadership Partnership.

## Outcomes Strategy Group Update

The Outcomes Strategy Group first met in April 2019, tasked with identifying ideal competency frameworks to meet the needs of the physical therapy profession and identifying outcome competency expectations of graduates entering clinical practice. The group determined that the work fell into four categories:

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

Volunteer panels were established for each category to continue the efforts.



In 2020, a Reactor Panel was established to provide feedback on the work by the volunteer panels. Reactor Panel participants were selected to ensure feedback from key stakeholders who would be involved in or affected by entrustable professional activities associated with competency-based education across the continuum of physical therapy education, including continued professional development.

Introductory materials were posted for the Reactor Panel in November, and two virtual meetings were conducted in December.

Following is a summary of the work of the volunteer panels for the four categories:

### 1. Domains of Competence

Domains of competence are statements of the complex knowledge, skills, attitudes, behaviors, and values applied to specific situations. In aggregate they constitute a general description framework for the profession. The Competency Profile for Physiotherapists in Canada was used as the primary model, with some modifications to align with physical therapy in the United States.

In 2020:

- The Domains of Competence Panel developed a draft of 77 competencies deemed essential for physical therapists entering clinical practice regardless of setting. The competencies were organized into seven domains.
- Work was presented to the Reactor Panel, with feedback expected in January 2021.

## 2. Entrustable Professional Activities

Entrustable professional activities are observable and measurable concrete clinical activities that represent the day-to-day work of a professional that require proficiency in multiple competencies. They represent what every physical therapist entering clinical practice should be able to do. 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.” From a preliminary list of 36 entrustable professional activities that the Strategy Meeting participants developed, the Entrustable Professional Activities Panel would draft 10-12 EPAs, map each EPA to the competencies critical to performance of that EPA, and describe the EPA and the expected behaviors and clinical vignettes for it.

In 2020:

The EPA Panel expanded to include representatives from residency education and continued professional development.

- Panel members worked toward consensus on the points along the learner continuum where EPAs would be developed, and provided support for development of those EPAs.
- Ten EPA Panel members attended the course “The Ins and Outs of Entrustable Professional Activities” to gain insight on developing EPAs and a curriculum that uses them.
- Participants were prepared for curriculum development, teaching, and assessment with EPAs, and for the planning and execution of faculty modules.
- EPA Panel members identified the need for upcoming work to identify the necessary data to be collected during the pilot of a competency-based education program using EPAs, working collaboratively with the research panel.

## 3. Research

The purpose of the Research Panel is to leverage the recommendations and work from the meetings of the Education Research, Clinical Education, and Outcomes Strategy Groups to develop a research agenda for competency-based education in physical therapy, using the [National Study on Innovation and Excellence in Physical Therapy Education](#) as the foundation of the research agenda.

In 2020:

- A research agenda was developed and presented to two focus groups that consisted of individuals with educational research experience.
- Research Panel members identified the need for upcoming work to identify the necessary data to be collected during the pilot of a competency-based education program using EPAs, working collaboratively with the EPA Panel.



#### **4. Communications**

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

In 2020:

Updates were provided on-site at APTA Combined Sections Meeting in February and virtually at the Education Leadership Conference in October.

A call for 10 programs to volunteer to pilot the EPAs is expected to begin in 2021.

#### **Essential Resources Strategy Group Update**

The Essential Resources Strategy group met in September 2019, per the staggered schedule of the four strategy categories. The group's 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 partners' strategic planning process. Details of the group's activities are found in the 2019 Annual Report of the Education Leadership Partnership.

#### **Academic-Clinical Partnerships Strategy Update**

A Clinical Education Strategy Meeting was held in October 2018. Recommendations from this meeting were transferred into subsequent strategy meetings including the Academic-Clinical Partnerships Strategy Meeting held in March 2020.

Following were three recommendations put forward by the A-C Partnership Subgroup during the Clinical Education Strategy Meeting in October 2018:

1. Define models of quality and effective academic – clinical partnerships.
2. Develop a mechanism to hold academic programs accountable for creating partnerships. The entire group voted on all of the recommendations, and this was one of the least supported recommendations.
3. Develop a national clinical education placement management system to be used by partners to maximize the effectiveness of the clinical placement process for both PTs and PTAs.
  - The Placement Process Task Force, a joint effort of ACAPT's National Consortium of Clinical Educators and the Academy's Clinical Education Special Interest Group, released its final report in 2020 providing evidence about current placement management and recommendations for future practices.

The March Academic-Clinical Partnerships Planning Group meeting resulted in recommendations to optimize academic-clinical partnerships for physical therapy education:

Subgroup	Recommendations
<b>Characteristics and Models</b> of quality and effective academic-clinical partnerships	<ul style="list-style-type: none"> <li>• Reframe overall message regarding clinical-academic partnerships so that clinic is first.</li> <li>• Adopt model for clinical-academic partnerships.</li> <li>• Assess outcomes of model implementation.</li> <li>• Create resources for development and implementation of partnership model.</li> <li>• Identify resources to address regulatory and societal barriers.</li> </ul>
<b>Organizational Partnerships</b> for PT education	<ul style="list-style-type: none"> <li>• Develop an open network of stakeholders to share knowledge and resources that support the provision of patient-centered care based on foundational qualities and values including:               <ul style="list-style-type: none"> <li>○ Shared vision</li> <li>○ Not exclusive</li> <li>○ Equitable benefits</li> <li>○ Clear roles and responsibilities</li> <li>○ Collaboration across the education continuum</li> <li>○ Built of existing networks/partnerships</li> </ul> </li> </ul>
<b>Entry-Level/ Professional Curriculum</b>	<ul style="list-style-type: none"> <li>• Foster a culture of shared responsibility of best practice in physical therapy education through the establishment of quality standards in the entry level DPT curriculum.</li> <li>• Define outcomes for entrance into the Terminal Clinical Experience(s) for all students no matter what setting.</li> <li>• Explore more standardized educational practices in PT education.</li> <li>• Engage faculty from both academic and clinical settings to work together on clinical courses.</li> <li>• Expand CAPTE definition of “integrated clinical education” to reflect current practice environments.</li> </ul>
<b>Postprofessional Curriculum</b>	<ul style="list-style-type: none"> <li>• Reimagine the educational model to fulfill professional obligations to society and explore cultural expectation of residency training for a doctoring profession.</li> <li>• Standardize performance-based outcomes across the learning continuum, grounded in domains of professional competence.</li> <li>• Normalize community of practice/ layered learning across learner continuum (fellow, resident, DPT student, etc.)</li> <li>• All professional PT programs collaborate with clinical partners to provide residency/ fellowship education.</li> <li>• All PT programs rethink relationship with clinical partners so that education accelerates the transformation in healthcare delivery needed to fulfill our contract with society.</li> <li>• All residency/ fellowship programs have core faculty that have the qualifications necessary to oversee and initiate both educational and practice aspects of a program’s curriculum.</li> <li>• Develop and implement optimal collaborative partnerships for practice-based learning, grounded in learning science that is financially responsible for all stakeholders.</li> </ul>

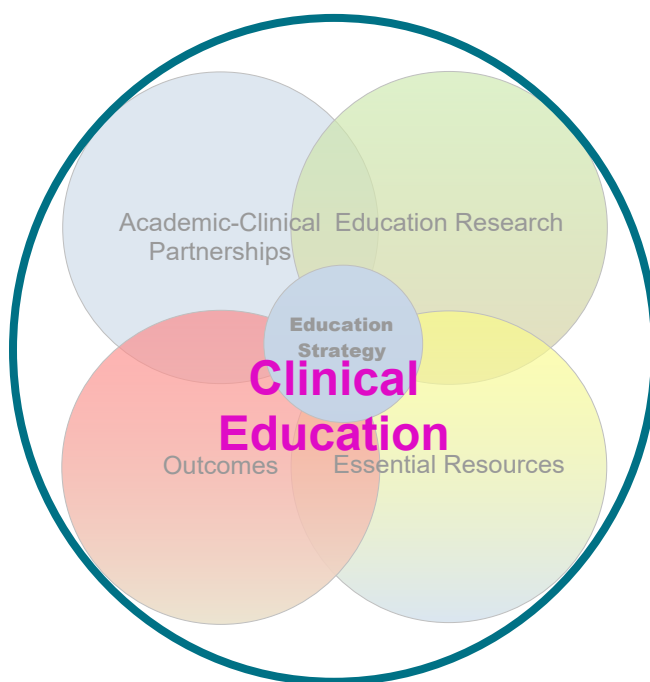
## Clinical Education Initiatives

The profession of physical therapy seeks to identify best clinical education practices and improve on them. Significant resources have been invested by ACAPT, APTA, and the APTA Education's Clinical Education SIG and PTA Education 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 partnership 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 partners 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 was charged in 2018 to develop a series of prioritized recommendations that should be considered. Those recommendations were developed and in 2019 the work related to them was incorporated into the four strategic planning groups: outcomes, essential resources, education research, and academic-clinical partnerships. Details of the Clinical Education Strategy Group's recommendations and activities are found in the 2019 Annual Report of the Education Leadership Partnership.



## Physical Therapist Assistant Education Update

The partnership continued to consider how its efforts may be applicable to PTA education as well as physical therapist education. Highlights included sharing a report, "PTA Education Trends," that was completed in 2020 by an APTA Education task force. The task force had been established in 2018 to review data and determine trends affecting PTA education. The report included documents reviewed by the task force, an overview of trends in PTA education, survey results on the state of PTA education, and areas for consideration for future review and research.

In addition, the Reactor Panel established by the Outcomes Group included five PTA clinicians and five PTA educators.

## Student Debt Task Force Update

A comprehensive report developed by the Student Debt Task Force was released in February. It examines 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 will inform a recommendation to the Education Leadership Partnership regarding potential actions to address these issues.

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](https://enrich.apta.org/tools). The 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://apta.org/ELP).

## Committees, Strategy Groups, Task Forces, and Staff Contacts

### Education Leadership Partnership Leadership Committee

#### Voting members

From APTA:

Susan Appling, PT, DPT, PhD (2016-2021;  
2019-2020 Chair)  
Anthony DiFilippo, PT, DPT, MEd (2019-2020)  
Skye Donovan, PT, PhD (2020-2022)  
Robert Rowe, PT, DPT, DMT, MHS (2016-2021)

From ACAPT:

Nancy Reese, PT, PhD, MHSA (2016-2021;  
2020-2021 Chair)  
John Buford, PT, PhD (2019-2022)  
Mary Dockter, PT, PhD (2020-2023)  
Zohar Kapasi, PT, MSPT, MBA, PhD (2016-2020)

From APTA Education:

Carol Beckel, PT, PhD (2020-2022)  
Chalee Engelhard, PT, EdD, MBA (2019-2022)  
Laurie Kontney, PT, DPT, MS (2016-2020)  
Christine McCallum, PT, PhD (2020-2022)

#### Nonvoting members

From ABPTRFE:

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

From ABPTS:

Marie Johanson, PT, PhD  
Julie Peterson, PT, DPT  
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 and Subgroups

#### Academic-Clinical Partnerships

- **Characteristics and Models of Academic-Clinical Partnerships**

Christopher Meachem, PT, DPT (co-chair), Shawne Soper, PT, DPT, MBA (co-chair), 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, Sandy Brooks

- **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 Reichert, 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

- **Strategy group co-leads:** Donna Applebaum, PT, DPT, MS, and Christopher Meachem, PT, DPT
- **Staff Lead:** Steven Chesbro, PT, DPT, EdD
- **Meeting facilitator:** Angela Rosenberg, PT, DrPH (Inside Out Leadership)

## 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
- **Essential Resources**  
Carol Recker-Hughes, PT, PhD, Donna Applebaum, PT, DPT, MS (chair), 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
- **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
- **Strategy group lead:** Donna Applebaum, PT, DPT, MS
- **Staff co-leads:** Anne Reicherter, PT, DPT, PhD, and Julia Rice, BA
- **Meeting facilitator:** Angela Rosenberg, PT, DrPH (Inside Out Leadership)

## Education Research

- **Conceptual Framework & Competencies Work Group**  
Gail Jensen, PT, PhD, FAPTA, Steven Chesbro, PT, DPT, EdD, 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, Sandy Brooks, Sara Maher, PT, MPT, DScPT, Scott Ward, PT, PhD, FAPTA, Christine McCallum, PT, PhD
- **Data Management**  
Robyn Watson Ellerbe, PhD, MPH, 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 (chair), 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)
- **Strategy group lead:** Gail Jensen, PT, PhD, FAPTA
- **Staff co-leads:** Steven Chesbro, PT, DPT, EdD, and Sandy Brooks
- **Meeting facilitator:** Angela Rosenberg, PT, DrPH (Inside Out Leadership)

## 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, MS, 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 (co-chair), Lisa Saladin, PT, PhD, FAPTA (co-chair), Sandy Brooks

- **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

- **Strategy group co-leads:** Deb Larsen, PT, PhD, FAPTA, and Lisa Saladin, PT, PhD, FAPTA

- **Staff co-leads:** Steven Chesbro, PT, DPT, EdD, and Sarah Berke

- **Meeting facilitator:** Angela Rosenberg, PT, DrPH (Inside Out Leadership)

## Outcomes

- Donna Applebaum, PT, DPT, MS, Bill Boissonnault, PT, DHSc, Karen J. Bock, PT, MPT, Patricia Hulsey Bridges, PT, EdD, Steven Chesbro, PT, DPT, EdD, Robin L. Dole, PT, DPT, EdD, Lisa Dorsey, PT, MBA, PhD, Peggy Gleason, PT, PhD, Katherine "Katie" Lee-Ward Helton, PT, DPT, Jeremy Duane Houser, DPT, Gail M. Jensen, PT, PhD, FAPTA, Diane Jette, PT, DSc, FAPTA, Craig Johnson, PT, MBA, Zoher Kapasi, PT, PhD, MBA, Sara Knox, PT, DPT, PhD, Ana Lotshaw, PT, PhD, Tara Jo Manal PT, DPT, FAPTA, Rebecca S. McKnight, PT, MS, Traci Norris PT, DPT, William S. (Sandy) Quillen, PT, DPT, PhD, Anne Reicherter, PT, DPT, PhD, MMSc, Bob Rowe, PT, DPT, DMT, MHS, Jason Sanders, PT, DPT, Jean Fitzpatrick Timmerberg, PT, PhD, MHS

- **Strategy group lead:** Jean Timmerberg, PT, PhD, MHS

- **Staff Co-Leads:** Steven Chesbro, PT, DPT, EdD, Sandy Brooks

- **Meeting Facilitators:** H. Carrie Chen, MD, PhD, Patricia O'Sullivan, EdD

## Student Debt Task Force Members

- **Co-chairs:**

Susan Appling, PT, DPT, PhD  
Mark Reinking, PT, PhD, ATC  
Steve Tippet, 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, PhD  
Dave Pardieck, Retired, Bradley University  
Brad Thuringer, PTA  
Staff: Sandy Brooks

## 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)