

ACAPT National Consortium of Clinical Educators (NCCE)

Business Meeting

Saturday, October 3, 2015 12-1:30

Called to order 12:15

- I. Brief Introductions
 - a. Who we are – approved by ACAPT to be an advisory group on clinical education
 - b. Institutional membership and have academic and clinical pairs through ACAPT
 - c. There are 202 members in ACAPT with potential 404 members in NCCE
 - d. Key to collaborate and communicate with other stakeholder groups
 - e. Board members were introduced
 - f. Vision - Moving towards having a representative from each of the different regions of the country; working towards having a balance of directors at large coming from each of the regions over a period of time

- II. NCCE – approved in 2013 as a consortium and spent past two years working on organization
 - a. Member pairs ACCE/DCE (academic member) and 1 clinical faculty member – academic member must enroll institutional pair; and maintain currency of information
 - b. Strength of impact comes from balanced membership
 - c. Creating efficient systems that allow us to focus on fostering excellence
 - i. E.g. CESIG discussion on March Mailing and student placement at ELC
 - d. A collective commitment to the greater good
 - e. Action that perpetuates progress

- III. Organizing for Action
 - a. Structure – Board
 - i. Communication infrastructure needed – this will be a work in progress
 - b. Process - e.g. development of bylaws, voting process, motions to ACAPT
 - i. ACAPT has been very supportive
 - c. Function

- IV. NCCE Relationships
 - a. Explanation of our relationship to CE SIG – CE SIG members are individual members that belong to CE SIG and Ed Section; if we would leave our institution we're still members of these two entities; As a member of NCCE – we are representing our programs and clinical partners. Clinical partners also representing all clinical partners of that program. If we leave our institution then someone else will be named in our place to serve as the NCCE member
 - b. Regional and local level will have the loudest voices. Need to define a way to engage communication at these levels in order to have a stronger voice
 - i. Chair voiced a need for local issues to be heard, build around existing partnerships in order for a stronger voice to occur, greater focus on quality, less duplication, ensure representation of entire community.
 - c. ACAPT asked Donna Applebaum and Corrie Odom to create a regional liaison structure; ACAPT felt this necessary to enhance communication; ACAPT came up with structure

and shared this; Donna and Corrie asked them to wait until our organization has a chance to form; Krissy Grubler and Eight Directors at Large given charge to look at this and make proposal. As a demonstration of how engaged the Board Members are they were able to get a first draft together within hours of being given the charge

- d. Donna walked through how to join NCCE, using this link:
<http://www.acapt.org/index.php/consortia>
- e. Aware that there have been some glitches with the website
- f. There are now 84 teams currently
- g. The Board commits to keeping the website updated; minutes and presentations will be on the website as well

V. Short Term Priorities:

- a. Creating bylaws – Christine McCallum will be leading this effort
- b. Communication mechanisms within and outside NCCE and ACAPT
- c. Post-Summit Involvement – many other consortia and groups have already taken action; NCCE tapped to be involved throughout the post recommendations; three broad categories:
 - i. Culture of Teaching and Learning
 - ii. Curriculum Design and Innovation
 - iii. Student and Graduate Expectations

VI. Other Priorities “from the floor”

- a. State Authorization Reciprocity Act – introduced by Chair
- b. Observation hours – introduced by Chair
- c. Questions from floor:
 - i. Are there other consortia under ACAPT? –8 other consortia currently; offered to look at these other entities to assist Christine McCallum (and her team) as they go through the task of developing bylaws
 - ii. Requesting more information on regional structure – Stephanie Kelly responded – way for ACAPT to communicate across clinical educators; wants NCCE to have this as well; divisions came from HLC; Each consortia has a liaison to the Board; know that the NCCE may need a different approach due to size; Corrie Odom said that there is a consortia application on the ACAPT website if interested
 - iii. Ask for Board Members to share their vision for NCCE – Donna encouraged attendees to go to website to see position statements; Board member responses – decrease variance in level of students; variance in time frames; consistency being sought; looking to help with training of clinical faculty; belief in win-win relationships; being a part of group to improve clinical-academic partnership; opportunity to give back to clinical sites, support them and the whole system; excited to be a part of clinical education and participate in something unique and get involved; didn't want to miss out on the conversation; giving a voice to those who are working in the “trenches”; fostering relationships; passion for clinical education; developing specific objectives for clinical education; look to standardization; in love with our profession; passion to watch student transformation from student to clinician; we're all on the same team; relief from burden of student placement – plan, commit; action; eager for collaboration across stakeholders; humbled and honored; develop a national clinical education research agenda; being change agents; all stakeholders in clinical education are at the table in this organization;

contact Krissy if interest in running for a position; want to take advantage of opportunities for action; partnership between academic and clinical faculty to deliver the curriculum – need to examine what that should be as we go forward; clinical faculty – aren't always viewed as faculty but need to be and recognize the importance of that; need to have these conversations

- iv. What is the role of the clinical partner? We created this structure as a way to have balance; they are a spokesperson; going to be a work in progress in order to define roles; specific role will evolve; train the future of our profession; has to be a partnership
- v. How will business be taken care of? ELC meetings will be primary meeting; however will need to establish this; need to be sensitive to clinical partners with respect to funding, they will need flexibility in order to have a voice; encourage academic programs to help support clinical faculty in having that voice
- vi. Can NCCE talk about – what does the entry level PT look like? Current wide variety of levels; need to think about what Curriculum should look like? Post Clin Ed Summit work –will work on this; encourage Board to look at move towards communication across regions, attendee asked to look at current consortiums and NOT DIVIDE them up; organizing committee – vision would be for academic partners to support clinical partners AND be an APTA member, etc.

Meeting adjourned at 1:30PM