ACAPT Board Meeting

Minutes for January 21, 2014, 11:00AM-1:00PM (eastern)

1. Call the meeting to order. (Terry) 11:00 ET
   Present:
   Terry Nordstrom, PT, EdD                President
   Barbara A. Tschoepe, PT, DPT, PhD          Secretary
   Nancy B. Reese, PT, PhD, MHSA       Treasurer
   James R. Carey, PT, PhD                 Director
   Susan S. Deusinger PT, PhD, FAPTA      Director
   Stephanie Piper Kelly, PT, PhD          Director
   Rick Segal, PT, PhD FAPTA (1st hr)     Director
   Kathryn Zalewski, PT, PhD MPA       Director
   Lisa McLaughlin                     APTA Staff
   Shawne Soper, PT, DPT, MBA (1st hr)       APTA Board of Directors

   Absent:
   Barbara Sanders, PT PhD, SCS, FAPTA   Vice President

2. Passed: 8-0 Approved minutes of November 25 meeting. ATTACHMENT 1

3. Agenda modified for Rick Segal’s need to leave meeting at 12:00 pm

4. Program Growth motion review.
   Action: workgroup to share work done thus far at CSM business meeting including a work plan and timeline for this project, and present key concepts of a tentative future motion. Work plan will include: meet with the reference committee at CSM (with a clear objective of what we might see as a future motion), request time on CSM regional caucus meetings at CSM, participate in town halls, explore options for a professional community debate either at NEXT 2014, CSM 2015 or ELC 2014
   Action: Lisa to inquire what the Rothstein Roundtable topic is for NEXT 2014

5. Updates
   - Benchmark Task Force. ATTACHMENT 2
     Passed: 7-0 Approve $2000.00 for psychometric consultant to assist with Benchmark project.
     Passed: 7-0 Approve the full expense of database design per 2014 bid ($46,500) and pay full amount in 2014. This will entail a revised 2014 budget for approval at CSM board meeting.
     Action: Barb T/Lisa will confirm with Open Arc that the maintenance fee will not start until 2015 at the earliest.

   - Observation Hours Task Force. ATTACHMENT 3
     Action: Board requests that the task force revise their report to expand their summary and recommendations. Suggestions include adding information to help guide membership when evaluating their decision to request observation hours, either in the form of a statement, or as a set of questions. In report revision, the board suggests including ideas for how else member institutions might encourage prospects to learn about the field of PT other than through observation hours, and add resources to consider when making a decision.
• Identity Design Task Force.
The charge of this task force, convened in early January of this year, is work closely with the
ACAPT Board and members of OpenArc to create a new identity system that encapsulates the
spirit, brand, and value of ACAPT. Members of this task force are Susie Deusinger, John
Buford, MaryBeth Mandich, and Julia Chevan.
Action: Lisa to talk with OpenArc about including task force members ideas/expectation,
timelines, and their preparedness for group meetings.
Action: Board will not fund OpenArc to Las Vegas, Lisa to communicate this decision to Nate at
OpenArc. Encourage/welcome them to consider funding their staff to participate as a
customer service opportunity for ACAPT.

• Journal Feasibility Task Force. ATTACHMENT 4
Task force is scheduled to meet at CSM, and expect to present formal recommendation to
ACAPT Board at June meeting.

• CE Summit. ATTACHMENT 5
Action: Support group to hire an external consultant. Stephanie to work with the bid
presented by external facilitator Marsha Rhea, and explore with her the potential areas for
cost savings and bring back to CSM board meeting.

• IOM Global Forum. ATTACHMENT 6

6. ELC 2014 – Shaping the Future of Physical Therapy Education
Action: Board members will come prepared to CSM Board meeting with ideas/discussion for
ELC programing/time allocation requests and ideas of topics for 1st Annual Forum. Planning
committee is considering this to be the keynote (8-10) unopposed and Board is inquiring about
options to use full morning for the forum (8-11:30 with break at 10:00)

7. Classified ads on ACAPT site
Passed 7-0 Offer job postings and vendor ads on website as a non-dues revenue source.
Action: Terry to talk with Peggy Gleeson about this decision, as this will compete with the
Education Section web site’s classifieds area.
Action: Lisa to begin work with OpenArc for this option, and will explore guidelines from other
sections so that ACAPT can define cost structures/policies. ACAPT treasurer to lead effort to
develop polices for this non-dues revenue source.

8. Topics for February 3 ACAPT Board Meeting at CSM. ATTACHMENT 7
Action: Add budget/ELC/GJ Forum topic discussions to CSM board meeting
Action: Terry to pull together a draft outline for orientation of new board members and he will
reach out to new board members (Zoher Kapasi and Mike Sheldon) to prepare them for CSM
board meeting.
Action: Nancy to be board buddy for Zoher, Stephanie to be board buddy for Mike.

9. Blast of the Week (BOTW) topics for February & March
Week of February 10: CSM wrap
Week of February 17: IOM Report shared by Holly Wise
Following weeks TBD, but could include Reach 100 promotion, highlighting ACAPT Task Forces
and Consortia.

Upcoming meetings:
February 3, 8:30 am – 3:00 pm, ACAPT Board Meeting, Las Vegas, NV
February 3, 3:30 – 4:30 pm, ACAPT Member Reception, Las Vegas, NV
February 3, 4:30 – 7:30 pm, ACAPT Member Meeting, Las Vegas, NV
1. Call the meeting to order. (Terry) 11:10 ET
   Present:
   Terry Nordstrom, PT, EdD      President
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   Stephanie Piper Kelly, PT, PhD   Director
   Rick Segal, PT, PhD FAPTA   Director
   Kathryn Zalewski, PT, PhD MPA   Director
   Lisa McLaughlin   APTA Staff
   Shawne Soper, PT, DPT, MBA   APTA Board of Directors

   Absent:
   Barbara Sanders, PT PhD, SCS, FAPTA   Vice President

2. PASSED: minutes of October 3 and October 6 board meeting minutes. (Terry) ATTACHMENT 1

3. Updates.
   • Benchmarking Task Force –Barb T reviewed attachment 2. Board members shared feedback they
     received at the annual meeting. Members have different opinions of what they are hoping for in
     benchmarking.
     Action: Barb T to talk with taskforce about possible follow-up presentation at CSM business meeting
     with the intent to provide full outline of scope of project and seek additional input, report back to Board
     at next meeting.
     Action: Barb T to confirm cost of psychometrics consultant after upcoming task force meeting, review
     overall costs of database development and confirm budget allocations with Nancy prior to next Board
     meeting.
     Action: Barb T/Jim C will reach out to Stuart Binder again, as RIPPT chair, prior to next Board meeting to
     invite collaboration and explore feasibility to include this group’s interests within the Benchmarking
     survey for R01 institutions.
   • CAPTE – Barb T reviewed attachment 3
     Action: Lisa to invite Claire Peel CAPTE Chair to ACAPT Board meeting at CSM
     Action: Rick Segal to reach out to invite Marty Hinman who will serve as CAPTE representative to
     participate in offering input to future ACAPT position paper/proposals on program proliferation.
     Action: Rick’s group charged to define type of data we might recommend in the evidence list for a
     needs assessment criterion, and what thresholds for "need" should be used to deem the application or
     self-study bona fide and share with our criterion representative (Scott Ward) and in criteria revision
     forums at CSM.
     Action: Encourage all members of ACAPT to participate in CSM open forum on criteria revisions. Lisa
     to help task force promote this participation via website.
     Action: Barb T to notify Marty Hinman/Claire Peel of ACAPT Board representation on CAPTE SP
initiatives. 1. Pre-accreditation processes (impacts concerns of proliferation)- Terry N  2. Develop an alternative process for re-affirmation for established programs with consistent outcomes, clean history- no progress reports etc.- Barb T.

**Action:** Terry and Stephanie to encourage dialogue through PTEP on future communication channels between CAPTE and ACAPT as new CAPTE organization plans progress.

• **Observation Hours – Kathy S reviewed attachment 4**
Since literature was void to help task force make recommendation, multiple options were considered. Question arose as to the role of a task force in collecting additional information when literature is void and it was decided that this was beyond the scope of a task force. Instead, individual members might choose to pursue scholarly activities to address literature void in a particular area.

**Action:** Kathy to craft a recommendation statement from the task force to share with members that includes but not limited to....career analysis is important prior to application to DPT programs, however, there are multiple ways to accomplish this analysis and encourage additional research in this area to bring to Board by next meeting.

• **Journal Feasibility Task Force – Jim C**
The task force is comprised on 9 members, they are evaluating multiple options and next face to face meeting is scheduled at CSM.

• **CE Summit- Stephanie**
Articles are on schedule, webinars are planned and will be training facilitators at CSM. No need for Board volunteers at this time.
Steering committee meeting to select stakeholder group is scheduled in next few weeks
Making decisions on who will be facilitator at the meeting.

**Action:** Stephanie and her group to review Susan Meyer’s contract agreement, explore budgetary implications of hiring a facilitator outside the profession for the summit and bring back to Board at next meeting.

• **Motions:**
  • **Program Growth: Rick S reviewed attachment 5**
Rick shared that the task force goal is to take a revised ACAPT position to the house in 2014. Main motion deadline with support statement is due in March 2014.

**Action:** Shawne to share with the APTA Board as a heads up in December.

**Action:** Group to bring forward tentative language for a motion prior to the January 21, 2014 APTA Board meeting. Language suggestions to include: stronger statement that past HOD motion, include recommendations on resources/quality of faculty/program director qualifications/needs assessment data/CE availability. Engage in dialogue with Marty Hinman as CAPTE representative on this effort to clarify what CAPTE can and can’t do within their organizational guidelines/accreditation requirements.

• **URM – Jim C reviewed attachment 6**
Board discussed benefits/drawbacks going forward to House in 2014 as URM is missing workforce and health disparities data. Motion would include a recommendation to recruit students that will ultimately increase individuals of URM within the field

**Action:** Bring to reference committee at CSM to explore harmony and/or conflicts with current APTA policies/positions. Request that Shawne join the discussion as APTA liaison to ACAPT.

• **Non-profit status- Terry updated group that our initial decision to be a 501-C3 is not possible after legal counsel review of our organization priorities. Instead we are moving forward as a 503-C6. No significant consequence to our long term plans.**

• **Website Launch – Lisa reviewed status of the website**

**Action:** Lisa to announce official launch to members on 11/29/13. It is expected that this website will
ATTACHMENT 1

help with timely and ongoing communication. Lisa to look into how to push information to members as part of site.

4. ACTION: Appoint a task force to work on identity design with OpenArc. (Terry) ATTACHMENT 7
   • Action: Board to appoint a task force (via interest call to members) to finalize look and feel of the website moving forward and to help with decisions/processes on what information is uploaded to the website. Explore how to integrate the newsletter task force into this group.

5. ACTION: Appoint Nancy as Graham Session Representative. (Nancy)
   Approved 8-0 Nancy will be supported to attend Graham Session as ACAPT representative.

6. ACTION: Appoint alternate IOM Representative. (Nancy)
   Approved 8-0 to appoint an alternate IOM representative, with the expectation that this will increase costs to fund a 2nd person to attend meetings.

7. ACTION: Consortia Governance: possible motion to form a board or member work group to review guidelines and application for formation. (Terry) ATTACHMENT 8
   Hold discussion until next meeting.

8. ACTION: Appoint Federal Affairs Liaison (FAL). (Terry) ATTACHMENT 9
   Approved 8-0 An ACAPT Board member will be appointed each year for a 1 yr. appointment to attend the Federal Affairs Forum as the ACAPT liaison.
   Action: Terry to ask Barb S. if she is willing to serve in this capacity for 2014.

9. Upcoming meetings:
   January ACAPT Board conference call- January 21, 11-1 PM ET
   February 3, 8:30 am – 3:00 pm, ACAPT Board Meeting, Las Vegas, NV
   February 3, 3:30 – 4:30 pm, ACAPT Member Reception, Las Vegas, NV
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January 2014 – Benchmark Task Force Report to ACAPT Board

Activities since October 2013 annual meeting:

- Task Force reviewed comments that Board members received from annual meeting
- Group continues to develop benchmark survey questions for the 3 sections of the survey: demographics, comparison indicators, learning impact data as defined by engagement theory framework
- Had planning call with Open Arc on database development. Requested Nathan provide additional detail on product description/timelines prior to project initiation, discussed option to meet with task force during CSM Tues. am meeting to review expectations/timelines. Requested that he explore options to communicate with CAPTE database and webofscience database and to bid any costs associated with this communication.
- Barb T and Jim C had phone conference with Stuart Binder (RIPPT chair) to confirm collaboration interest/explore options for collecting benchmark data that will meet both the ACAPT Benchmark and RIPPT consortium goals. Consortium is hoping to collect scholarship productivity/citation data from webofscience database vs. self-report. They are expecting to have their questions defined by CSM. They are also checking on cost for an automatic database transfer option. Dependent on the questions, some may be used for all programs and others will be specific to RI institutions. Barb T/Jim C will try to attend part of their Monday 1-3 meeting to answer any questions they might have on the benchmark project.
- Beginning plans for our Benchmark “Communication Campaign” presentation at CSM Business meeting (45 min)
- Psychometric consultant bid is $2000.00 to help with content and construct validity of the instrument.
  - **ACTION needed**: approve this budget request.
- Barb/Nancy reviewed 2014 budget allocations for this project. Group expects completion of database development in 2014, however, full cost of project is not defined in current budget. Board approved the full project cost in 7/29/13 meeting (with exception of psychometric consultant).
  - **ACTION needed**: We will need to review/adjust budget or project accordingly.
ACAPT (Academic Council of the American Physical Therapy Association)
Volunteer Observation Hours Prereq Task Force Summary Report

Charge: This task force was charged with exploring volunteer hours as part of the prerequisite requirements for entry-level Doctor of Physical Therapy (DPT) programs.

Members:
Denise Bender, PT, JD (University of Oklahoma)
Robert ‘Tony’ English, PT, PhD (University of Kentucky)
Julie Hartmann, PT, DSc, GCS (Gannon University)
Renee Mabey, PT, PhD (University of North Dakota)
Joyce Maring, PT, EdD (George Washington University)
Lisa McLaughlin (APTA Liaison)
Jeanne O’Neil McCoy, PT, DPT, MS, NCS (University of Illinois at Chicago)
Tambre Phillips, PT, DPT, MBA, NCS (Emory University)
Robert Swen PT, DPT, OCS (Loma Linda University)
Kathryn Zalewski, PT, PhD, MPA (University of Wisconsin-Milwaukee/ACAPT Board Liaison)

Summary of Activities:
- Convened September, 2013 after the ACAPT began hearing from some members that clinical facilities were having difficulty with student observation hour requests
- Initial Conference Calls 09-12-13 or 09-13-13 to:
  - Introduce task force members and discuss roles
  - Discuss background information and task force charge
  - Brainstorm questions for the ELC (Educational Leadership Conference) 2013 Open Forum discussion
  - Schedule follow-up meetings
- PTCAS Course Prerequisite Summary shared on September 9, 2013 by Libby Ross, MA (APTA Director, Academic Services)
- Multiple subsequent e-mail exchanges among task force members
  Presentation/Discussion at ELC Open Forum (October 3-6, 2013 in Portland, OR)
    - Background and Membership Overview
    - Assumptions:
      - Observation hours prior to entering PT help provide the student confirming or disconfirming experiences about joining the profession.
      - Students are largely finding observation placements without participation from a PT program.
      - Shared Summary PTCAS Data 2013-2014 Cycle
        - 141 PTCAS programs require observation hours; 130 of these report hours on PTCAS website
        - Range 10-240 hours; Average 60 hours; Median 50 hours
        - Among programs that use observation hours:
          - 1.8% not required but considered
          - 11.9% not required but highly recommended
          - 55.9% required and must be verified by a PT
• 27.9% required and no verification required
• 0.5% ‘Other’
• i.e. 83.9% of programs currently require observation hours

o Shared Focus Group Reflections:
  ▪ Observations hours are becoming more difficult for students to find and more difficult for clinicians to provide.
  ▪ Hours are becoming less diverse, more representative of outpatient orthopedic practices.
  ▪ Larger hospital organizations have placed new additional restrictions on students completing professional observations (e.g. criminal background checks).
  ▪ How might we track the impact of observation hours on potential applicants who subsequently choose other careers?

o ELC Open Forum Discussion Questions:
  ▪ Are the preliminary reflections of the focus group consistent with experiences of the ACAPT membership?
  ▪ What is it that programs hope observation hours provide our candidates?
  ▪ How are programs/admissions committees currently using information collected from observation hours?
  ▪ Are there other experiences programs have implemented that accomplish what we believe observation hours are attempting to accomplish?

o ELC Open Forum Discussion:
  ▪ For students, there is increased difficulty accessing facilities (e.g. risk management, demands on clinicians’ time, criminal background checks, immunization requirements, training programs, time requirements).
  ▪ For clinicians/facilities, increased time demands make it difficult to provide observation hours.
  ▪ Do observation hours relate to greater program/professional commitment? A stronger student/clinician? Better clinical performance?
  ▪ Do the physical therapists who work with the students for observation gain enough information to write credible letters of reference?
  ▪ Alternatives exist to achieve and assess professional knowledge, separate from or with fewer observation hours (e.g. essays, questionnaires versus reference letters).
  ▪ Summary: Attendee discussion reflected a diversity of opinions and supported task force discussion points. The discussion validated the concern about conflict between students wanting observation hours and DPT student clinical education experiences. No group consensus emerged regarding recommendations to manage resource conflicts.

o Related article summaries were shared with ELC Open Forum Attendees:
    • Key Points: Range 0-150 required observation hours. Observation hours significantly impact career decisions.
- Key Points: Observation hours significantly impact career choices. ASHA requires 25 clinical observation hours.

- Key Points: Student first year program performance is enhanced by prior knowledge of the profession and program. (Candidate questionnaire presented as an alternative to admissions interview.)

The task force met in person following the ELC Forum and subsequently via e-mails and began work toward developing a survey for students, academic programs, and clinical sites to quantify perceptions from a wide variety of key stakeholders related to the benefits of and optimal number/type of observation hours.
- FU conference call 01-06-14 to discuss feedback from the ACAPT Board of Directors regarding the evolving role of ACAPT, task force scope, and subsequent task force directions.

**Task Force Summary/Recommendations:**
This task force was charged with exploring volunteer hours as part of the prerequisite requirements for entry-level DPT programs. The group was convened following a concern presented to the ACAPT Board of Directors regarding the competition for clinical resources between students completing these pre-admission observation hours and program requests for clinical education placements for current DPT students.

Nationally, the majority of physical therapy programs currently require prerequisite observation hours, and there is considerable institutional diversity in these requirements. Although background literature suggests that observation hours are generally considered to significantly impact student career choices and familiarity with their chosen profession, there could be many ways to support career analysis in addition to or in lieu of observation hours. We encourage additional research on the impact of observation experiences on career choice in physical therapy and on their utility predicting student success in physical therapy programs. Balancing the value of observation hours on students’ career choices and professional development with competing clinical realities is critical. Further exploration regarding the perceived benefits/burdens of observation hours among a wider number of key stakeholders (students, academic programs, clinical sites) may yield valuable insights.

The task force is unable at this time to make a recommendation regarding observation hour requirements as admission criteria for DPT programs.

Submitted on behalf of the Volunteer Observation Hours Prereq Task Force,

Jeanne O’Neil McCoy
January 16, 2014
American Academy of Academic Physical Therapy (ACAPT)
New Journal Task Force
Conference Call (III)
January 15, 2014
3:00 EST  2:00 CST

Attending: Sarah Blanton, Jennifer Collins, Bruce Greenfield, Gail Jensen, Nancy Kirsch, Dolly Swisher, Jim Carey, (liaison to the ACAPT Board)

Jonathan Koffel and Anne Beschnett are at a conference (welcome back from maternity leave Anne)

I. Reports from:
   Task Force Areas of Exploration:

1) How are we defining Humanities?  
   Bruce Greenfield, Dolly Swisher
   Bruce and Dolly supplied some great resources for the task force as we start to think about how we want to frame our “definition of Humanities” and they reported on their thoughts as they looked at the topic.

   The Humanities Journal started as an outgrowth of the Journal of Medical Ethics. If Humanities could not find “a home” there....

   We are most likely not going to come up with a single definition for how we all see Humanities in Rehabilitation but we can develop one that we are comfortable with for what we want to do. It takes a lot of thought. There is a lot of scholarship in this area. It is a scholarly discussion and our colleagues in healthcare are doing a lot in this area that we should be doing as well. Rehabilitation is a different niche of humanities. than what is being done currently in Medicine, Nursing, Psychology.

   We need to Develop a shared vision statement for the Humanities Journal what are we trying to do? What is the purpose of the Journal to see if that provides some guidance.

   Dolly will contact her colleague Lois who teaches in the medical humanites course with her to get her insight and hopefully she will be able to speak with us, that may help us frame our thoughts as well.

2) What other professions are doing something similar.  
   Gail Jensen, Jennifer Collins
   Medicine and Nursing we are all aware of.
   Medicine in a separate Journal Nursing often integrated.
   Psychology also has quite a bit and it is in the main stream publications.

Jonathan Koffel and Tom Mohr sent some great examples to everybody. Of some electronic publications:

- Leaning toward: Electronic
- Open Access
- Peer Reviewed (possible section that is not)?
- No fee to submit.

Sarah spoke with colleagues at Emory. They are creating some of these resources and may be available to us until September. The two we can take a look at are Southern Spaces (Digital scholars Journal) and a theology open access Used wordcraft scholarblog, they have funding for scholarblog for development through September of this year. 10-20 hours per week. They would need to know about our long term funding, what is the plan and how viable is it? $5-8,000/year is their estimate to run.

- Advisory board
- Could be housed at Emory
- Open Access
- Free Submission
- Peer Reviewed

Check: www.southernspaces.org

Sarah will provide us with the other website also to look at to see how these online resources are evolving.

Jonathan and Anne also provided a wealth of information about how journals become indexed and other important topics like that.

4) Restrict to PT only or open to all of Rehab? Sarah Blanton

The consensus was to start with PT but certainly open it up to all of Rehab as an interdisciplinary endeavor.

On Hold: Can we collaborate with an existing publication National or section. Gail already started the dialogue, we can continue when we have a better sense of what we would like to see happen.

Meeting at CSM Tuesday February 4, 2014 5:00-6:00 PST LOCATION TBD

WATCH YOUR EMAIL FOR THE FINAL VENUE.
Facilitation and Consulting Services

for

American Council of Academic Physical Therapy

Clinical Education Summit

January 16, 2014

Submitted by Signature i, LLC

Marsha Rhea, CAE, President
PROJECT PURPOSE AND OBJECTIVES

The American Council of Academic Physical Therapy is seeking facilitation and consulting services to support a clinical education summit October 12-13, 2014 in Kansas City. The Council’s vision is to achieve and sustain excellence in academic physical therapy—an outcome the council seeks through collaboration and consensus building among the profession’s more than 200 academic programs. The summit convenes two representatives from these institutions (academic program director and clinical education coordinator) with other critical stakeholders (including the APTA board) to create a shared vision for excellence in clinical education. The purpose of this summit is twofold:

- To reach agreement on best practices for clinical education in entry-level physical therapist education; and
- Strengthen the relationship between academic and clinical faculty.

As the summit will involve about 500 participants, the summit steering committee seeks the support of a facilitator. This individual will help the committee design and facilitate a collaborative investigation of proposed opportunities for a more unified and standardized approach to clinical education. The steering committee has plans in place to secure informed analysis of these opportunities through a series of white papers and webinars. The facilitator will help design a summit that can produce a consensus set of recommendations the academic community will support and can achieve over time. At least three motivations are likely to be in creative conflict during this summit: a need to accommodate different institutional requirements, a desire to explore innovative and promising approaches to clinical education; and the responsibility to prepare physical therapists equipped to transform society, optimize movement and improve the human experience.

Signature i, LLC, has enjoyed a deep relationship with the physical therapy profession beginning with the 2009 PASS Summit through the recent development and adoption of a new vision and guiding principles for the profession. We are proud to be considered as a partner in this next important step in achieving the profession’s vision. This proposal outlines the scope of work and proposed fees for the project based on conversations with Stephanie Kelley, PT, PhD, summit steering committee chair, and Janet Bezner, PT, PhD, APTA vice president of education, governance and administration. We are happy to discuss any additional ideas or revisions you might have, as we appreciate this summit is still a work-in-progress. Ultimately your success will depend on the changes member institutions adopt and the difference they make in the PTs you prepare. And we always judge the success of our projects by whether you succeeded in turning your vision into reality. Even while this proposal only addresses the summit, we have to see this event as one important step in a long journey to major change.
## Scope of Work, Project Timeline, and Budget

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<tr>
<th>Scope of Work/Deliverables</th>
<th>Timetable</th>
<th>Proposed Fees</th>
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<tr>
<td><strong>Summit Preparation &amp; Design</strong></td>
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<tr>
<td>• <strong>Steering Committee Support:</strong></td>
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<td>o Participate in monthly (bimonthly in August and September)</td>
<td>February-September</td>
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<td>o Interview Susan Meyer re similar change processes in pharmacy</td>
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<td>o Direct consultation via phone and email as needed</td>
<td>May-July</td>
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<td>• <strong>Issues Research</strong></td>
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<td>o Review &amp; analyze summit white papers and other relevant documents to understand the issues and opportunities in clinical education</td>
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<td>o Watch the webinars &amp; follow-up with authors and other research on key issues these might surface</td>
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<tr>
<td>• <strong>Summit Design, Agenda &amp; Meeting Materials</strong></td>
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<td>o Develop program &amp; facilitation design including providing a detailed facilitator’s agenda</td>
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<td>o Assist with communications to prepare participants for summit participation</td>
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<td>o Design discussion &amp; decision-making exercises and materials</td>
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<td><strong>Summit Facilitation</strong></td>
<td>October 12-13</td>
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<td>• <strong>Onsite Coordination &amp; Moderation</strong></td>
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<td>o Kickoff briefing to organize summit leaders, volunteer facilitators &amp; presenters</td>
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<td>o Facilitate live sessions, monitor &amp; manage issues with the steering committee toward clarity &amp; consensus</td>
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<td>o Wrap-up Meeting with Steering Committee to debrief key decisions and next steps</td>
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<td><strong>Clinical Education Vision &amp; Agreements</strong></td>
<td>November</td>
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<td>• Draft summary report of vision, recommendations &amp; agreements</td>
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<td>• Review &amp; revise with the Steering Committee for submission to the Council board in December</td>
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<td><strong>Proposed Project Fee</strong></td>
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* If the Council chooses not to have Signature i, LLC write the summit summary report and recommendations, we are amenable to act as a paid reviewer for a nominal fee to help with the accuracy and completeness of the report.

** The proposed fee does not include direct expenses for travel, materials, and other such direct expenses as approved by the client. These will be billed at cost.

This estimate assumes that Marsha Rhea, Signature i president, will be sufficient to support the summit. If additional event management and onsite facilitators are needed and APTA staff or ACAPT volunteers are not available, we reserve the right to add personnel and their resulting fees.
COMPANY MISSION AND HISTORY

Signature i helps leaders of organizations discover, plan and do their signature work in the world. We empower you to lead change through our strategic consulting services, futures research and facilitation.

Signature i works with nonprofits and associations, governments and other public sector agencies, and businesses with a strong commitment to corporate social responsibility. We collaborate with boards of directors, senior executives, staff teams and volunteer committees and task forces. Led by President Marsha L. Rhea, CAE, Signature i serves our clients through a network of knowledgeable and trusted colleagues. Signature I was founded in 2008.

Strategic Consulting Services
- **Strategic planning.** *Inspire your organization through shared vision and a clear strategic direction.*
- **Signature initiatives.** *Design and execute high impact projects that signal your commitment to change.*
- **Innovation.** *Invite breakthrough thinking and new approaches to services, programs and products.*
- **Change leadership.** *Create a results-driven culture that transforms people and processes.*

Futures Research
- **Future Scans.** *Identify key drivers of change and strategic issues and opportunities.*
- **Forecasting.** *Anticipate the future direction of changes important to your organization.*
- **Scenarios.** *Probe the possibilities for alternative futures.*

Facilitation
- **Summits.** *Generate new thinking and relationships among your key stakeholders.*
- **Collaborative learning.** *Build new knowledge and insight for your field.*
- **Strategic conversations.** *Take a deep dive into the issues that matter to your future.*

**Marsha Rhea, CAE,** will be the facilitator and consultant for this project. She specializes in helping transform organizations through pragmatic execution of their vision. She started Signature i, LLC after recognizing most organizations need help creating the focus and momentum to achieve their vision and goals. This business blends the strategic perspective and creative skills she gained as a futurist with her more than 20 years’ experience in association management.

She has led strategic planning projects and signature initiatives for a diverse range of national associations and federal agencies. She has the aptitude for learning about and working with education, health, scientific, engineering and other highly professional and technical organizations. She is known for her willingness to innovate and facilitate collaborative learning experiences for small leadership teams or high-stakes summits.
This prior work with APTA will inform her work with ACAPT and the clinical education summit:

- Facilitated the PASS Summit (2009)
- Facilitated and advised the Member Education and Meetings Task Force (2010)
- Facilitated and advised the Board Work Group on Information Management (2010)
- Conducted benchmarking research and facilitated the Member Engagement and Leadership Development Task Force (2012)
- Guided the APTA Board strategic planning (2012)
- Facilitated the APTA PTNow strategic planning (2012)
- Advised the Visioning Task Force charged with developing a new vision for the profession (2012)

Before creating Signature i, she was a senior futurist with the Institute for Alternative Futures. There she honed an aptitude for scanning and anticipating critical changes and using these insights to shape the vision and strategies of diverse organizations. She is the author of the book, *Anticipate the World You Want: Learning for Alternative Futures*, which advocates orienting schools around learning about the future.

In her career as an association executive, she held executive positions for the American Society of Association Executives (ASAE) as director of education and then executive vice president of the foundation; National Recycling Coalition as executive director; and the American Subcontractors Association as vice president of communications and education. She began her association career with two state school boards associations and as editor of the Arthritis Foundation’s national newspaper. She has a master’s degree in public administration with a concentration in nonprofit management from George Mason University and is a summa cum laude graduate of Georgetown College in Kentucky. Exemplifying her commitment to lifelong learning, she completed the Institutes of Organization Management program of the U.S. Chamber of Commerce and earned the certified association executive designation from ASAE.

More information is available about Signature i and Marsha Rhea’s experience and approach at [www.signaturei.net](http://www.signaturei.net).

**REFERENCES**

Please feel free to contact any of these references if you have questions about what you might expect in working with Signature i, LLC:

- **American Physical Therapy Association.** You may consult Janet Bezner, vice president education, governance and administration for her experience with the various APTA projects described above.
- **Academy on Nutrition and Dietetics.** Signature i, LLC consulted to the Academy on a number of projects including a major initiative to study workforce demand for the dietetic profession; an innovative summit
to explore the future of education, credentialing and the profession; strategic planning meetings with the Commission on Dietetic Registration, the Academy Foundation, and the Academy Board of directors; and a January 2013 planning workshop to secure agreements and plan the transition to a graduate degree requirement for the RD. To speak with someone who experienced almost all these engagements, you may contact Chris Reidy, Commission on Dietetic Registration, Executive Director, at 1-800-877-1600 ext. 4857 or creidy@eatright.org.

- **American Association of Anatomists.** AAA is an academic organization with members working in institutions preparing physicians, other healthcare providers, and medical science researchers. We took a future-focused look at its role within healthcare, science and higher education, and helped the AAA Board create a strategic plan to lead changes in their evolving field. You may contact Shawn Boynes, executive director, at (301) 634-7905 or sboynes@anatomy.org.

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**CONTRACT TERMS**

*As part of this proposal, we offer these contract terms.*

**Point of Contact**

Marsha Rhea, Signature i, LLC, will serve as your primary point of contact for project decisions and information, Signature i, LLC, 1214 W. Abingdon, Dr., 22314, 703-731-8811, mrhea@signaturei.net.

**Period for Acceptance of This Offer**

This proposed work scope requires prompt approval and commencement of work. If a different timetable and set of tasks are required, we may need to revise our proposal and fees. We will keep the proposal offer open for 90 days pending a mutually agreeable timetable and tasks if your dates should change.

**Payment Schedule**

This is a fixed fee proposal of $23,000 plus direct expenses. Upon signing this contract, we request an initial retainer of $6,000 to commence the summit design and preparation phase of the project. Payments will follow according to the following schedule:

- $10,000 upon completion of the summit facilitation. (October 15)
- $7,000 upon completion of the summit summary report and submission to the Council board (est. December 2014)

Signature i, LLC will invoice ACAPT for any direct expenses approved for this project, such as travel, lodging, meals, printing, meeting facilitation materials, and research reports and books as expenses are incurred. These direct expenses will be subject to your approval.

Checks should be made payable to Signature i, LLC, Employer Identification Number: 26-2318673.
**Work Scope Modification**

If the scope of work requires modification beyond those services indicated in this proposal, all parties to this contract will discuss such modification. Upon mutual agreement, our fees will be adjusted to reflect the revised scope of work. Any such modification must be in writing.

**Independent Contractor**

Signature i, LLC is an independent contractor and not an agent, employee, or joint venturer with ACAPT and/or APTA. We shall not represent ourselves or hold ourselves out to the public as being the employee, agent, or joint venturer of ACAPT and/or APTA. Signature i and its employees or subcontractors shall not be entitled to any benefits to which employees of ACAPT and/or APTA are entitled. Signature i shall have no authority to bind ACAPT and/or APTA or any of its officers or employees.

**Confidential Information**

Signature i, LLC acknowledges and agrees that during the course of this engagement with ACAPT and/or, we will learn about, may help to develop and will be entrusted in strict confidence with confidential and proprietary information that is owned by ACAPT and/or APTA. Signature i agrees that we will not use or disclose such information and items other than as is necessary for the performance of services hereunder and upon termination of this Agreement shall discuss with ACAPT and/or APTA whether to destroy any such materials.

**Rights**

To the extent the work Signature i performs for ACAPT and/or APTA under this Agreement, including but not limited to the deliverables, data Signature i collects on ACAPT and/or APTA's behalf, PowerPoint presentations, and any reports created (hereinafter the “Work”), constitutes an original work of authorship, Signature i agrees that such Work shall be considered a work made for hire and that ACAPT and/or APTA shall be the sole owner of the copyright and of any other property rights associated with the Work. Signature i hereby assigns and agrees to assign to ACAPT and/or APTA, Signature i's right, title and interest, if any, in any intellectual property embodied in or relating to Signature i's Work under this Agreement.

ACAPT and/or APTA will own the copyright and all other intellectual property rights (and Signature i hereby conveys its interest in) all Work developed by Signature i that are not pre-existing materials used in Signature i’s consulting practice. To the extent that pre-existing materials form part of the Work, ACAPT and/or APTA will be granted a perpetual, irrevocable, worldwide, non-exclusive royalty-free transferable license to reproduce, distribute, publicly perform, transmit, publicly digitally perform, publicly display, translate, create derivative and/or collective works from such materials.

Signature i agrees to execute any instrument reasonably necessary to give effect to the intent of the parties to vest ownership in ACAPT and/or APTA. Except as expressly set forth herein regarding rights granted to ACAPT and/or APTA, neither party grants rights to the other party in its Intellectual Property, including data and confidential materials provided, copyrights, trademarks, logos, and service marks.

**Notice of Issues**

Unless a different acceptance process or time period is called for in the Statement of Work, ACAPT and/or APTA will notify Signature i, LLC in writing within 15 days following receipt of any deliverable, if the deliverable is not in
accordance with the Agreement. In the event Signature i, LLC fails to rework the deliverable such that it is in accordance with the Agreement in a timeframe acceptable to ACAPT and/or APTA, ACAPT and/or APTA may reject the deliverable and terminate this Agreement.

Termination

ACAPT and/or APTA may cancel this agreement at any time by compensating Signature i, LLC for time expended until notification of termination is received, less any advance payments.

In the event that the Agreement is terminated, Signature i will continue with such services as ACAPT and/or APTA directs up until the date of termination and will deliver to ACAPT and/or APTA such deliverables (including partially completed deliverables) and all related working materials as ACAPT and/or APTA requests. On the termination of this Agreement each party will return to the other any property of the other that it then has in its possession or control.

The parties to this agreement will not be liable to the other for any failure to fulfill obligations caused by circumstances beyond their reasonable control. In the event such failures continue for a period of 30 days or more, ACAPT and/or APTA may terminate this Agreement by giving written notice to Signature i.

Notices

Whenever under this Agreement one party is required or permitted to give notice to the other, such notice will be deemed given when delivered in writing electronically or by mail to the address of the other party.

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PROPOSAL ACCEPTANCE

Thank you for inviting me to propose how Signature i, LLC can support the Council in this summit and its continuing quest to achieve excellence in academic physical therapy. I welcome this opportunity to continue working with physical therapists to take the necessary steps to achieve the vision for the profession adopted in 2013.

When you are ready to proceed with this statement of work, you can simply execute this proposal as a contract. If you would like to have further discussion about the work scope or the terms, please do not hesitate to ask. I look forward to collaborating with the steering committee.

Sincerely,

Marsha L. Rhea

President, Signature i, LLC
Accepted for the American Council of Academic Physical Therapy

__________________________________________   Date: ____________

Title:

Accepted for Signature i, LLC

_______________________________ Date: 1-16-2014

_______________________________

President, Signature i, LLC
Report: IOM Global Forum on Innovation in Health Professional Education

I. Effective 2014, the Forum decided to move from two workshops per year to 1 commissioned study and 1 workshop, starting in 2014. Five fast-track consensus study topics (see below) were developed and voted upon by the members:

Topic 1: How do we accelerate the design of innovative models linking IPE and collaborative practice?
Topic 2: What data and metrics are needed to measure the impact of IPE on Collaborative Practice and patient outcomes?
Topic 3: How could IPE be expanded to include a wider range of health and non-health professionals?
Topic 4: Develop a model of IPE/IPP based on the IPEC core competencies that focuses on a community-based setting.
Topic 5: How can the education of health professionals reduce health disparities and improve how the system addresses social determinants of disease and lifestyle risk factors?

The membership chose Topic 2 as their first choice for a fast track study. Pending approval from the Academy leadership and identification of 4-5 experts to serve on the committee, the study will be commissioned and completed in “3 days and 30 pages”.

The particulars for the 2014 workshop Scaling-up Best Practices in Community-based Health Professional Education: A Workshop are as follows:

www.iom.edu/Activities/Global/InnovationHealthProfEducation/2014-MAY-01.aspx

When: May 1, 2014 - May 2, 2014 (9:00 AM Eastern)
Where: Keck Center (Room 100) • 500 Fifth St. NW, Washington, DC 20001
Topics: Education, Global Health, Health Care Workforce
Activity: Global Forum on Innovation in Health Professional Education
Board: Board on Global Health

Workshop Summary: There is growing evidence from developed and developing countries that community-based approaches are effective in improving the health of individuals and populations. This is especially true when the social determinants of health are considered in the design of the community-based approach. With an aging population and an emphasis on health promotion, the United States is increasingly focusing on community-based health and health care.

Preventing disease and promoting health calls for a holistic approach to health interventions that rely more heavily upon interprofessional collaborations. However, the financial and structural design of health professional education remains siloed and largely focused on academic health centers for training. Despite these challenges, there are good examples of interprofessional, community-based programs and curricula for educating health professionals. Some of these examples make use of new technologies in reaching rural communities for education; provide mechanisms for faculty development and curriculum
delivery for health professions students training there; and/or based health professions in the communities of need in order to create the workforce required for those communities. This improves the workforce in remote areas (in both quality and quantity) where there may be few, if any, educated health providers. In this way, the needs of diverse communities are met by those who live in the community thereby improving health equity and decreasing disparities among typically underserved populations.

These issues will be examined in a 2-day public workshop that will be planned and organized by an ad hoc committee of the IOM. The committee will develop a workshop agenda, select and invite speakers and discussants, and moderate the discussions. Following the workshop, an individually authored summary of the event will be prepared by a designated rapporteur.

The workshop is free and open to the public, but registration is required and is not yet available.

II. The Forum is also in the process of fundraising for some off-cycle Forum activities in the areas of: innovations in technology for education of health professionals; and One Health (defined as the collaborative efforts of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, plants and our environment). Suggestions of potential funding sources for off-cycle activities are always welcomed.

III. The 2013 Global Forum Workshop summary report, *Interprofessional Education for Collaboration* was among the top 10 most popular IOM reports in 2013 as ranked by our National Academies Press. It was the only IOM workshop summary report on the list, all the others were consensus studies. The workshop summary can be downloaded online for free.

Respectfully submitted,

Holly Wise, PT, PhD
**CSM 2014 Board Meeting:**

**Process:** IARC model of APTA, roles of board members, board purpose, how boards function.

**Discussion:** Strategic Plan - where are we and what do we need to do differently?

HOD Prep discussion for motions that affect ACAPT (April ACAPT board meeting): First item after lunch, let Blair know to come right after...
- AZ motion on DPT title issue (Blair is going to come)
- URM
- Program Growth
- CA motion on residencies

Global Communication plans & strategies to our membership. (Lisa)

Have program growth position statement ready to present to our members at CSM. (Rick)

Appointments of Board members to our standing Committees and liaison roles (Terry)

Request from Libby:
- **Virtual Student Recruitment Fair** - Review features offered by the preferred vendor and discuss proposal for next steps.
- **ACAPT Diversity Task Force’s Minority Student Recruitment Survey** - Discuss APTA proposal to release a similar survey to PTA education programs.

**CSM Member meeting:**
Healthy debate regarding program growth

Healthy debate regarding benchmarks

HOD Prep discussion for motions that affect us (April ACAPT board meeting)
- AZ motion on DPT title issue (Blair is going to come)
- URM
- Program Growth
- CA motion on residencies

Recognition of retiring board members (Susie & Jim)
Swear in new folks