# ***OKPTCE Fall 2020 Meeting Minutes***

## Wednesday, November 18, 2020 Virtual Zoom

## 8:30 am-3:00pm

1. Call to Order/Attendance/Time Keeper: 8:30-8:35 am-Jamie -- Amy Both

Amber Boyd, Jamie Bayliss, Lynn English, Tara Granada, Amy Both, Lexi Lairson, Kara Lee, Mike Kennedy, Beth Quinn, Paula DeLorm, Erin Hofmeyer, Erin Thomas, Karen Furgal, Sean Gallivan, Janice Howman, Cara Carramusa, Deb George, Carlyn Shisler; Amelia Siles, Karen McIntyre, Christine McCallum

1. Approval of the Spring 2020 Meeting Minutes: 8:35-8:40 am -Amber -- Karen and seconded by Lynn [2020 OKPTCE Spring Meeting Minutes](https://drive.google.com/file/d/1kIG7Sr3STxQHgfY1S_hEtOVZM1rRwG5U/view?usp=sharing)
2. Voting for Vice - Chair and Treasurer: 8:40-8:50 am - Cara Caramasu volunteered to remain in the treasurer position and Paula DeLorm volunteered to remain in the vice chair position; no additional nominations
3. Officer’s Report- Q/A regarding reports submitted via email: 8:50-9:30 am -Jamie
   1. Co-Chairs Report – [CoChairs Report](https://docs.google.com/document/d/1sEubFkn09oJGeUn1CjmZXHr-ALt2TSX2OkTdVxULb0Q/edit?usp=sharing)
   2. Vice-Chair Report -- [Vice-Chair Report](https://docs.google.com/document/d/1INZ6OPWGhFiVqVicmQ8T2Lma4PlFQKI3Ywoz-QaY4nI/edit?usp=sharing)

Comment that we were able to sponsor so many more access to ELC due to it moving to a virtual format

* 1. Secretary’s Report -- [Secretary Report](https://docs.google.com/document/d/1OvIpAt4si3pXlYLlE12tmuefljUQ-WA4SrVnBLWKkfs/edit?usp=sharing); JBayliss and PDeLorm to review minutes
  2. Treasurer’s Detailed Report (9:30-10:00 am) -- [Treasurer Report](https://drive.google.com/file/d/1LSTAEOYJS0-Ce17TOGmYX7Hcik3jDXTb/view?usp=sharing); [2020 Budget](https://drive.google.com/file/d/1fsDjpoZ3uHdtfSUl2TNSdRyEM5Hy9k9z/view?usp=sharing); [2021 Proposed Budget](https://drive.google.com/file/d/1obn1iRszUgWYcAKR73qvYmXmsdNZ0H-S/view?usp=sharing)
     1. 2020: Clarification of Wix fee -- not annual but helps our site be more searchable; will remain a line item for the years that the fee is due
     2. PAST PDM and KOL award winners: Paula and Cara will take this conversation offline to continue to update the past award winners and rectify the accounts.
     3. Cara will seek confirmation of minimum account balance ($5,000-6,000) and maximum ($25,000-50,000) to not accrue extra charges (min) or extra taxes and legal issues if our account is too large. (Check with bank and IRS/Government agencies that oversee non profits)

SCHOLARSHIP FUNDING RECOMMENDATIONS

* + 1. CCIP scholarships suggested, especially with online possibilities emerging. Levels 1 and 2 proposed.
    2. Possible room for a CSM scholarship for 2021?
       1. Innovation and project may emerge with some of our strategic planning
       2. Surveying to follow at the end of the meeting - Possible electronic vote
       3. Concern about moving forward with a CSM scholarship: Discussion of CSM’s broad programming that may lead to use of non-clinical education content. Potential for requirement for sharing their Clin Ed content with a virtual clinician call.
    3. 2021 - Annual CE conference had been deferred in 2020. Next year’s conference will be provided by Southern tier: we may still need to be virtual. Budget may be minimal if we use a University platform and post it to the website. CEU cost is minimal. Cara wants us to build cost into the CEU budget for offering a honorarium for speakers, if people can decline out of service.
       1. 2014 Suggested honorarium breakdown using clock hours\*
          1. 0 to ½ hour $100
          2. ½+ To 1 hours $200
          3. 1+ to 2 hours $300
          4. 3+ to 4 hours $500
          5. 4+ to 5 hours $600
          6. 5+ to 6 hours $800
          7. 6+ to all day $1000
       2. If co-presenting – suggest to cut fee by number of presenters ½ + $100/ by number of presenters
    4. COST to consider for a Fall CEU event:
       1. Set a budget -- $3500, historically
       2. Minimal fee of $25 may help people commit to a virtual event.
       3. Designated “Scholarships” per school (number of scholarships or financial allowance per program TBD) - and Share back option as with our clinician calls to explore takeaways. Helps build mentor to mentor networking. Potential to choose a KY and an OH partner for more inclusion if this works for your school, but autonomy is granted.
       4. $1500 honorarium budgeted.
       5. $150 for OH CEU application
       6. Estimated 100 participants in attendance.

Break 10-10:10

1. Committee Reports- Q/A regarding reports submitted via email: 10:10-10:40 am -Amber
   1. PTA Consortium Report-Carolyn Shisler [PTA Consortium Report](https://docs.google.com/document/d/1zOWtR_EutLhzJMFi2Yn5EFoDqQWSazHXyiWDQDkr2Dw/edit?usp=sharing)
      1. Has not met since last meeting
      2. T. Dismore at Clark State -- Fundamental Alterations, not allowing extended time on practicals. Is there research backing up your choices?
         1. DGeorge noted that their accommodations office has asked them to have increased time. Based on the building effect of clinicals. Student had to sign a consent for the discussion, as some sites will not allow accommodations such as 15’ extra or quiet space for documentation. ADA rep, DCE, SCCE discuss what the student has recommended for themselves after the student signed off on the discussion.
         2. JHowman noted that they were working with an earlier clinical and accessibility office to allow for the building effect.
         3. Karen McIntyre: We had a seminar at CSU with this author and it may have some helpful info: "The Guide to Assisting Students With Disabilities: Equal Access in Health Science and Professional Education" <https://www.amazon.com/Guide-Assisting-Students-Disabilities-Professional/dp/0826123740> - there is a 2020 update to this resource
         4. ABoth noted that you may find technologies working with your accessibility office. Text ←→ options may help and be able to be carried into the clinic.
         5. Discussion of the summit on PTA Education -- no firm dates set.
   2. Clinical Ed SIG [CESIG Report](https://docs.google.com/document/d/1buXOSd-u3_K6327wKU5ycZ1clnBvPQAnxYtN5us9bhk/edit?usp=sharing)
      1. Liaison CPI advisory group -- not working on the tool itself for the next few years, but looking at making the tool more user friendly. Work has started.
         1. The members of the CPI/CSIF Advisory Board are:
            1. CESIG Reps: Pradeep Rapalli (SCCE) and Andrea Constandis (DCE/ACCE)
            2. PTAE SIG Reps: Jennifer Jewell (DCE) and Samantha Stryke (PTA)
            3. NCCE Reps: Robin Galley (DCE) and Chrissy Ropp (SCCE)
            4. Student Assembly Rep: Casey McCarthy, SPT
         2. APTA did a psychometric analysis of CPI. Unsure of when/if this data will be available. Recommended a technical manual to go along with the manual (per the minutes from the CESIG minutes). Carol Beckel requested that they have a follow up at CSM.
         3. Karen McIntyre noted that if you request a PDF of the manual from the CPI Web, you can get one, with restrictions on use.
      2. Discussion of adjusting the CPI instrument that may happen down the road
   3. ACAPT-NCCE: Janice Howman / Jamie Bayliss [NCCE/ACAPT](https://docs.google.com/document/d/14KuMejlZ7Em4esZe3RNa_woUpDSMo7EMGlp_ygRHlTc/edit?usp=sharing)
      1. Placement Process Task Force recommendations have been delineated between NCCE and CESIG. Both organizations will begin work on these recommendations in the near future.
      2. Preadmissions Observation Hours Task force has submitted the official report to NCCE. After minor edits are revised, NCCE will submit the report to ACAPT. The report does include additional recommendations/initiatives.
      3. Continuing to develop webinars
         1. DEI listening sessions -- are available and posted online <https://acapt.org/events/recorded-events>
         2. DEI Resources: [Harvard Implicit Bias Tool](https://implicit.harvard.edu/implicit/takeatest.html), [Trauma-Informed PT Resource List](https://docs.google.com/spreadsheets/d/15ErFcWcwspgCBA4bxwHB4YHqOrfVsmxVpw7vFk-B56A/edit?usp=sharing), [NEJM Race and Medicine Resources](https://www.nejm.org/race-and-medicine?query=TOC), [OPTA Podcast on DEI](https://open.spotify.com/episode/29ZPPfIzCL1Ktzthqkbbfg?si=FgMUsF4ES4a1EXgpvrm9cw)
      4. ELC planning committee -- now also developing/hosting webinar
      5. Planning to provide more monthly updates -- trying to use social media and getting the word out on initiatives. Visit the website at www.acapt.org/ncce
      6. Common terminology motion to rescind the original PT language, and a more inclusive Physical Therapy Education language (PT and PTA) -- suggestions have been sent back to ACAPT to develop a collaborative group to develop a resource based on the original PT and PTA documents. May be a website. More information to follow.
      7. Centennial Scholar -- Clinical Education database to start to bring us together, with conversations around big data and evidence to support and enhance our efforts. Erin is a clinician entering academia. They are preparing objectives for her project but are building the resource bank at present. APTA Curriculum will help them align objectives, as well. One year timeline.
      8. 2020 Regional networking - discussions focused on centralizing information through the use of a resource hub
         1. Educational exemplars and resources were shared
         2. With a resource hub, clin ed resources would be housed in one repository
         3. AB: how do we collaborate with our geographical neighbors to help them grow their resources? JH noted that NCCE is looking to have the resources on the NCCE website <https://acapt.org/about/consortium/national-consortium-of-clinical-educators>
         4. DG asked if she could share the KOL award to Michigan for a CI award, and PD will share document with her.
   4. Student SIG: Tonya Apke - deferred
2. Ongoing Business - Jamie
   1. Strategic Plan Initiative-Needs Assessment Research: Deb George 10:45-10:55
      1. DG: Transcripts from interviews are being aggregated.
      2. Sean is in charge of analysis group. Group interviews will follow.
      3. Group 3 has worked on the article - introduction, background, methods.
   2. Communications Committee: 10:55-11:15

Conferences – Future Scheduling (consortium and clinicians)

Website Development: Amy Both

* + - 1. CCC list -- Combined Constortial Contact list
         1. In progress
         2. Janice noted that this may be a place to spend some of our money to help with communications
         3. Uses are consortial: communication on CEUs for the consortium, for the Zoom clinician calls, consortium updates, etc.

AB: What technology can help us leverage this? Would this impact our nonprofit status to have a person?

Use and intent to be defined: we would have it for enhancing communication with sites with one email. To be updated semi annually.

If your program is putting on a CE course, can we use this list?

LE noted that one of the people she has interviewed receives 82 alerts about Consortial events (may be an exaggeration)

Possibly research

Quarterly updates to the website with centralized information on what is happening at our sites.

KFurgal suggested a committee to determine best use of the CCC

* + - 1. Newsletter -- sent about the first of the month
         1. Add to your groups
      2. Website updates
         1. Shout outs are going to be a way that we move forward
         2. Shout outs may be blocked by some sites -- university websites may block.
         3. ABoth noted that there are up to 3 shout outs/5,000 emails in our free version. We will need to investigate costs and what the securities may be.

1. New Business
   1. Strategic Planning Committee Report-11:15-12- Amber
      1. [Strategic Plan Summary Report](https://docs.google.com/document/d/1a5v1IRknr6AiQc8Y9HjWgVLpChzxDnwd3b5EP0Fb0A8/edit?usp=sharing)  Review of the summary showcases our presence locally, regionally, and nationally
      2. [Strategic Plan Initiatives](https://docs.google.com/document/d/1w7FZm_RZl-13-QFbGfFVUVJrYTvh5GTD4KjsXy8BO80/edit?usp=sharing) Strategic plan -- review of pillars and stakeholders, successes, initial goals from 2017, focus of goals based on last strategic planning session [Strategic Planning 2020.pptx](https://drive.google.com/file/d/1pZ5rAQRYf462cSY7ZNtFCC_5tBEsXt7G/view?usp=sharing)
      3. Spring meeting prep - survey of membership -- update, add goals; look for a survey from Jamie after this meeting
         1. 2017 components still relevant. Overarching goal and subsequent short term goals and components will hopefully become clear after this survey
      4. JHowman noted that the CCC is a step in the right direction. Data may be a part of these
      5. KMcIntyre noted that pandemic has shown that we have issues with placement
      6. SGallivan: goals with technical abilities when students are in the clinic -- what can we do to be the resource for improving student performance and CI performance in the clinic
         1. DGeorge -- example of discussion with CIs of anxious studnents and interventions to help them succeed
      7. LEnglish/ASiles -- effect of COVID and alternate curricula on the students' ability to perform in clinical education, and in the NPTE performance.
      8. CMcCallum --piloting a placement process, with possible grant monies available
      9. KLee initiatives with DEI could be elevated for us all.
         1. Resources
         2. Best practices with clinical education
      10. ABoth noted that networking with other consortia may be a large portion of this, as well as research.
          1. EHofmeyer noted that mentoring another consortium may be one of our goals -- sharing what we do well.
      11. Group to reconvene before spring meeting to help guide conversations
   2. New Initiatives for Consideration - Collaboration and Networking
      1. Video conferencing
      2. Intentional Network
      3. Clinician to Clinician and Academic to Clinician; networking

Break 12-12:30 Lunch

* 1. Regional Core Network – Phase I 12:30-1:15 - Jamie - Considered a Consortial Core Network
     1. Purpose: Foster decision making and enhance communication
     2. Originally looked at sites that took student from multiple academic institutions
        1. Why do we want to reach out to these folks?
           1. Capacity - for clinical placement, as it had been harder to place students pre-COVID. Subjectively, this is a comment. But do we have evidence or proof of this? Do we have the evidence to support capacity vs. distribution?

JHowman -- can we distribute the capacity that we have well? Would a centralized mechanism of getting supply (offers) help with demand (placements)?

* + - * 1. Communication -- what type of communication do the clinical sites prefer? Is the communication across the consortium the same.
        2. Balance -- of site types, settings
        3. Pilot of CCCN

Is this an initiative that we are committed to moving forward with?

Do we need to bring the stakeholders to the table? VS at this point, do we need to take a leap of faith and try something -- considering the bandwidth of clinicians at this point amidst a pandemic?

CCC list could show us which sites the most schools used.

Ask sites if they would like to opt in? VS getting the capacity and we as academic institutions work through the offers and see what the +s/-s are

Are we ready to do this? Should we wait until after COVID, given the constraints on all members?

What is the right # of clinical sites?

Region specific? Cincy, Columbus, S.KY, Cleveland, etc.

Write a pilot/use extra funds/extra support to get - payoff for getting increased capacity in the time of COVID

Could we start the networking process with smaller areas? Could foster communication among SCCEs with other resources such as remediations, onboarding, etc.

Do we need to prepare with looking at data on when our students are going to a particular setting to see gaps and opportunities?

Additional Considerations: schools outside of region who send students to pilot facilities?, build top down or bottom up? How do we sort this: Common partners, small or medium number of sites, regionally, site types (similar or diverse)

Timing -- planning in 2021, get the process down, look for grants, be ready to implement in 2022. Remember the history that OKPTCE published on this in 2014.

As we do this, we need to keep all of the good momentum that we have moving forward -- virtual calls with clinicians, website, etc.

Action items:

Doodle forthcoming for the original CCCN subgroup to meet again.

Compile literature resources

Existing group can compile notes into a survey

CCC information

Timeline development (at least steps)

Share information ahead of next meeting

Present a motion and vote -- at Spring meeting or an electronic vote outside of the next meeting

* + 1. Program core network vs. CCN
       1. The main thought is that we would think of ALL of the Consortial students as “ours” with this model
       2. We collect data on WHEN we send students out, but don’t have that shared data
       3. SGallivan - can we say that we are or are not sending students to the types of sites that they are going to

Pilot

Subgroup solicitation

Exploration of needs of the consortium external to the volunteer elected officer positions (external roles, responsibilities, structures, and functions) – follow up to motion proposed during Fall 2019 meeting

* 1. Student Assessment 1:15-1:45 Amber/Jamie
     1. Where do we go from here after sorting through the shared resources?
     2. EXAAT -- UD mid 2021, the web based weekly form will be available for a fee. Sean will be looking at a multi school pilot. 4 categories -- communication, professionalism, evaluation, treatment. CI is assessed on supervision and feedback.
     3. TGranada: Can we look at standardizing the student packets for onboarding that we all send?
     4. Action item: move forward with a workgroup -- Amber to send out an email recruiting 4 members. - Paula, Kara, Tara, Karen Furgal have volunteered from our meeting
        1. Student packets from institutions
        2. Weekly planning forms
        3. CRAT -- Clinical Reasoning Assessment Tool -- Creighton Tool -- Furze et al, 2015 (OSU/TApke uses, CCarramus is initiating it at YSU)

Standardized consortium forms (ICE, weekly planning form, collaborative model form, etc.)

Please submit any forms you are willing to share ahead of the meeting

[OKPTCE Clinical Assessments (ICE)](https://drive.google.com/drive/folders/1y47KPeEytEtwjfYQImLBBOxaVEICL8Bj?usp=sharing)

* 1. COVID updates: Jamie Bayliss and Amber Boyd 2:00-2:30 pm
     1. Policies on students seeing COVID + patients -- variance noted
     2. Quarantine and the impact on clinical sites
     3. Moving forward, limited Clin Ed resources may be difficult, and getting students to entry level is key
     4. SGallivan noted that discussing CAPTE guidelines with students is helpful with managing expectations
     5. March Mailing thoughts: all over the board -- if we send it out in March and extend the due date OR wait until April, ask for half a year, etc. Goal is to touch base in late January and then discuss.
     6. JHowman noted that the calendar is key for our clinical sites
     7. JHowman -- resources for alternative learning experiences. Do we need to reconvene the original guidance document and make it to parallel for clinical sites
     8. NCCE will be glad to share information about alternative learning strategies such as simulation or enhancement of neurorehab
     9. [Virtual Clinicals](https://narratives.insidehighered.com/blending-virtual-clinical-placements/index.html?utm_source=Inside+Higher+Ed&utm_campaign=e9c9ea3b8e-DNU_2020_COPY_02&utm_medium=email&utm_term=0_1fcbc04421-e9c9ea3b8e-199582889&mc_cid=e9c9ea3b8e&mc_eid=a43a0da642) - SGallivan shared this resource
  2. Important Dates:
     1. Spring Clinical Zoom Conferences -- every 6 weeks, so perhaps January 3rd week and March 2nd or 3rd week
     2. Monthly Consortium Member Zoom Conferences
     3. Spring Meeting -- plan virtual 3rd week of May. Action Items for a doodle in early December or January if need be.

