Zoom attendees: Stefanie Anderson, Karen McIntyre, Trisha Renner, Amber Boyd, Deb George, Carolyn Shisler, Amanda Walz

In-Person attendees: Alexia Lairson, Cara Carramusa, Shannon Dudash, Sean Gallivan, Anthony Mancini, Karen Furgal, Amelia Siles, Erin Thomas, Janice Howman, Tonya Apke, Paula DeLorm, Amy Both, Erin Hofmeyer, Jamie Bayliss, Kara Lee

1. Call to Order/Attendance/Time Keeper - 8:35/introductions until 8:50; Paula DeLorm; Amy and Karen to review minutes
2. Approval of [Spring 2022 Strategic Plan Meeting Minutes](https://docs.google.com/document/d/1udbjZqwvRAENnCQMoafRVhv0p2IlacRjmFGfqWh3dpM/edit?usp=sharing) - 8:50-8:52 Motion to approve minutes, seconded by Tonya and approved.
3. Voting for Vice Chair and Treasurer - 8:52-9:01
	1. Paula DeLorm willing to run again for Vice Chair (discussion about future career plans)
		1. Vice Chair roles: oversees scholarships and processes for awardees, works with a group of reviewers.
		2. Potential retirement at end of 2023
		3. Janice offered to tag team with Paula and then step into the role for 2024
			1. Bylaws allow for one officer per member institution, so that the proposal would not violate.
		4. Floor open for anyone else interested or questions?
			1. Sean Gallivan suggested veterans would mentor new participants
	2. Cara Carramusa willing to run again for Treasurer
		1. Roles: manages money, state reports related to nonprofit/W-9 status; keeps track of checkbook and reimbursements for awardees, reports on finances to group
	3. No write ins.
	4. Motion to vote per Jamie - Paula and (Karen, Cara seconded). Unanimous. No opposition. No abstentions.
	5. Motion to vote per Amy, seconded by Erin H.- Unanimous. No opposition. No abstentions.
	6. Jamie will be stepping down as co-chair next year.
4. Officers’ Reports – Q/A Regarding Reports Linked - 8:55-9:05 am
	1. [Co Chair Report](https://docs.google.com/document/d/1KOWPFjF_EEbTGEm30v8sJTUxfPL33Bf7GIBI5bXt2mo/edit) - See Strategic report linked below
	2. [Vice Chair Report](https://docs.google.com/document/d/1hsU9f0LveOi3_3pC69jwSjwChBrk4Vr6IWbarAEyvmc/edit) - Scholarship winners and 2023 rotation for KOL for CCIP course (Jan - Bellarmine, UToledo, CSU, UD, and UC to nominate for receiving this scholarship. Look for an email soon.) Amelia and Beth have done a lot of work for ELC/PDMosher Scholarship.
	3. [Secretary Report](https://docs.google.com/document/d/1K1Ju9Wew55YUF6n_e44gkDQKVNWxou97_RhjdZM1KFU/edit) - no significant report
	4. [Treasurer Report](https://docs.google.com/document/d/1b-eRCZM2pIDMcKEAicGFeO8YUoyycyz-mxXvaZbzvsw/edit) – deferred to later in discussion – links to 2022 actual and projected 2023 budgets at the bottom of Treasurer report
5. Committee Reports – Q/A Regarding Reports Linked - 9:05-9:25 am
	1. Communications Committee – Amy Both, Kara Lee, Trisha Renner
		1. Quarterly meetings likely to resume, based on strategic planning.
		2. [PTA Consortium Report](https://docs.google.com/document/d/1EKBD9lT8RzchxM9sA39MJ09kBaJ-By7GE8jKcW2B3QM/edit?usp=sharing/edit) – Carolyn Shisler; [PTAE Summit](https://drive.google.com/file/d/1UzdIQvYzy0aWXsi01B3WHRDOtQCFrJ1T/view?usp=share_link) Article -
			1. PTAE Summit article: 3 recommendations, next step - strategies
				1. promoting a consistent scope of work for PTA - PT/PTA team and CAPTE drafts/HOD ruling
				2. educational pathways - incorporate alternative education; consensus to not require Bachelor’s for entry level
				3. collaboration and teamwork (PT/PTA team consistency for quality patient care)
			2. Next Steps: After ELC, PTAESIG will meet. Pam Levangie has been a leader. Roger Herr was on initial planning committee, Chalee Englehard stepping into the role of APTE President.
			3. 19 PTA programs in OH at present
	2. Hybrid programs discussion:
		1. BGSU program has one cohort of 102 students/year at present
		2. IPR sites in Cincinnati has had a Hanover student that had not had cardio or neuro content (CI burnout possibility)
		3. Some DCEs have encountered CIs not wanting to host second students from these sites
		4. Prior discussions in the Cincy area with education of the differences among different types of PT programs.
			1. Could potentially invite the DCEs of other programs to join in
				1. Readiness, CI burnout, models of education may be discussions that integrate the CI supply and demand (AS)
				2. Potential topic: accepting students from newer programs. Our consortial collaboration has been a positive for our clinical partners. (AB) Town halls, including student readiness and what sites are wanting
			2. Reminder of the history of transition to DPT and resistance (AB)
			3. How do we keep the collaborative view of the future of PT (CC)?
			4. Timelines for commitment for student sites ahead of March Mailing for new programs (JH), presenting challenges for established programs and those who use the March Mailer date
			5. (reference our own consortial article - [Needs assessment](https://docs.google.com/document/d/1EsEFYdFq7uzX6M1NVOOKo3hb7NAbZZIHCndAthHppDY/edit?usp=share_link) - do not share this image at this point- that was just submitted for publication). Lives are so busy in the clinic - they want the student to show up so they can teach. AIso need to be able to step in and handle anything that comes up and streamline the onboarding as possible. (SG)
			6. Did the CIs want the students to have had the content before getting there? Yes. (AS)
			7. EIM
				1. is very successful, aggressive with research. They will have the data that supports their model. (SG)
				2. Are there any intentions of EIM integrating with brick and mortar schools? Data not available at present to see what (CC)
				3. EIM resources

during clinical education - collaboration among their partners and the resources are there for meeting learner needs (JH)

no EIM faculty shortages (AB)

website states that they will solve clin ed issues that arise (TA).

deep pockets.(ABoyd). Courses prepackaged for faculty. Higher pay, ability to live wherever. DCE side: well-resourced - local and national DCE levels. Can resource clinical sites to edge them along. Private vs. public situations.

* + - 1. Hybrid programs in general
				1. Geographically, hybrid programs are near airports, often near areas densely populated with brick and mortar schools (EH)
				2. Collaboration with hybrid programs currently comes from the Clin ed team, not currently at the Directors level
				3. graduates may take hybrid students from this model in the future (KF)
				4. Hybrid opens up DEI for those who benefit from learning largely in place. BGSU has 37% diversity in its first cohort. (JH)
			2. Christina Myers, DCE for South College and Anthony Mancini from WKU will work with them. He graduated from the fellowship program
			3. Another view: Opportunity for our profession to grow – OA alone is a place for us to grow our profession, if we only see 40% of people with OA now. Are we saturated as a profession, or are we saturated with what we do now? Shorter programs: do they decrease the student debt? Hybrid programs are trying to address these things. Could we as a profession be looking at this, rather than “us vs. them” mentality? (TA)
			4. How much time do we have to develop new clinical educators? We are called to serve at the university in many ways at the cost of not being able to complete. (ABoth)
			5. Maybe this is a spring agenda item - a subcommittee, perhaps. (JB)
	1. [Clinical Education SIG](https://aptaeducation.org/apte_files/minutes_manager/elcopen%20forum%20ppt%20-oct-28-2022.pdf) – reference slides linked
	2. [ACAPT NCCE](https://docs.google.com/presentation/d/164UNh5FeTPdgYZ-88vUZmw57QeZd68jk/edit?usp=share_link&ouid=101365910323850458631&rtpof=true&sd=true) – Janice/Jamie - reference slides linked
	3. OPTA Student SIG – Cara Carramusa
		1. Information on leadership and volunteer opportunities - OPTA Website has information
		2. Attendance has increased. Sunday night at 7 PM is not always the best time. New time may be set up.
		3. Early Professional Dues - less than 50% of students know about this. (TA)
	4. For Pete’s Sake Update – It’s time to reach out to students and have them organize for you. Look for an email from Sean in early spring.
1. Ongoing Business - 10:12 -10:27
	1. [Treasurer Report](https://docs.google.com/document/d/1b-eRCZM2pIDMcKEAicGFeO8YUoyycyz-mxXvaZbzvsw/edit) Fall 2022
		1. WIX- building capacity. Have paperwork to work on the taxes on this to ensure that we are tax exempt.
		2. Spring - taxes will hit
		3. Carrie Hawkins was paid for her consulting services from spring strategic planning
		4. Cara asked for someone to look over the checkbook with her today but this did not happen due to lunch issue.
		5. 2022 OKCPTP Budget
			1. 2021 and 2020 KOL award recipients who have not used their award will be removed from list
			2. 2022 recipients will be nudged one more time (Ben Fannin- MSJ)
		6. 2023 OKCPTP Projected Budget
		7. Additional use of funds (scholarships, CCN, etc.)
			1. Do we want to add more ELC scholarships? Currently 3@$1000.
				1. Considerations:

the location. Drivable distances may be more likely to be utilized.

Do we increase the number? Do we reserve one for CCN members and track ROI?

* + - * 1. Potential research opportunity: If a repeat attendee, can we survey and publish? (AS)
				2. Potential to increase the 3 ELC scholarships to $1200
				3. 2:27 pm: After reviewing strategic plan, two budgets to be sent out to be voted on.

OPTA/APTA KY conference: price out promotional materials- $1200 for tables and potential speaker fees (if CIs involved)

OPTA table ($100)

APTA KY table (price may be $500)

Marketing items to be priced

tape measures,pens, plastic water bottle, stress balls, other items

OKPTCE banner - Amy Both has this already

Membership dues meet the expenditure for scholarships

ELC/PDM: 3@$1000

KOL: 5@$200

Wix charges not anticipated to change much

Miscellaneous: New budget item: Advisory panel start up fees $500

For Pete’s Sake: $100

Suggestion to look at budgets each fall for the next 4 years - try to spend down to $10,000

Discussion: $20/month x 300 hours = 25 hours/week = $6000 for administrative assistant - not sustainable

If EXXAT fees go up to support CCN, Program Directors may support this more

* + - 1. CEU event: Central Region slated for 2023 if this develops.
			2. Web based: could provide CEUs - could be in addition or another offering. (ABoth) – Quarterly offerings potentially.
		1. Annual dues
			1. Not accepting paypal at present due to cost to process (CC)
			2. No need to raise dues as ACAPT dues will be going up incrementally, as most institutions will not have budget availability (JB)
			3. Look ahead for data from NCCE on consortial data on dues to support request to Directors for additional budget money for increased dues (JH)

Break 10:12-10:27 am

* 1. CCN Update – 11:00
		1. Brief overview of the 2021-2022 process for the 2023 March mailer
		2. Total number of site and academic programs that participated in 2022
		3. # of slots offered through CCN PT-CEPP in 2022 (58 clinicals for 2023 year) 1.029 – 27% of all offers for 2023; 73 average per program, range from 33-131
			1. 27% of our sites responded and we got 27% of our offers from the CCN March Mailer. Perhaps as more clinical partners join, the number of needed offers may increase.
			2. IAC gets 15-20% of their needs
		4. Number of sites that opted into reallocation in 2022 – 101 of 364 sites agreed, with 80+ active in the CCN.
		5. Reallocation – Phase 2
			1. Can we fulfill CI requests and match to academic program needs?
			2. 3-4 sites reallocated in 2023
			3. May be an opportunity for clarification of when to release slots that were from the CCN for all of the Consortium
				1. If the CCN offers can be filtered out of EXXAT at the level of each AI, this can ensure we allow for release of only those. Data collection – now and near future.
		6. Webinar on CCN Outcomes (December??)
			1. Turn off FCFS toggle, FCFS needs can be indicated in notes
			2. FCFS had to be clarified this year - 5 were in error
			3. FCFS may be indicted in notes if the toggle is disabled - this would require some administrative burden but alleviate some other time consuming follow up if FCFS inadvertently used (ET)
		7. 2022-2023 planning for 2024 March mailer
			1. Interested academic programs – commitment to comply with data collection requests and used/unused slot offers in Exxat
			2. 2024 academic program clinical education experience dates
			3. New sites to be considered for CCN PT-CEPP participation
			4. Funding for administrative support
			5. Spreadsheets were used to report used and unused offers this year; JB working with Kunal to see if AIs can reenter used/unused to set up reallocation through EXXAT to decrease the administrative burden
			6. AS - naming convention was different from downloaded data.
				1. Site by SCCE, parent vs. child
				2. PRISM vs STEPS may involve some migration issues and opportunities.
				3. Clinical site definition - should we unify and make this definition clear within our consortium? (JH) (ET) - for all of the EXXATs to talk, the naming convention would have to be the same. (PD) Having a search feature would be helpful. Having a unique (numeric?)identifier is likely the end game for EXXAT.
			7. Can we streamline expectations on how to use the notes system for the 2023 March mailer for 2024? (AS)
			8. For 2023 mailer, CCN will reach back out to the 346 sites. (JB)
			9. Let Jamie know today if you are not participating in CCN.
			10. Look for a survey on CCN soon. (JB)
			11. Notify Jamie if you are unable to submit requested information (unused consortium sites) by deadlines.
			12. Janice will resend the info on slots from outside of the CCN - your # of sites received through follow up.
			13. Funding moving forward is important. Strategic planning may involve funds for this. Potential options:
				1. Someone in EXXAT we can pay
				2. GAs/AA/etc. - want to avoid turnover
				3. Sustainability is something a grant would look at
				4. What % of a budget would we want to set aside? To ensure that other initiatives are funded
				5. Advocacy to PDs: more admin support to our program - rather than another AA or GA?
				6. Would a time study inform our decision moving forward if we were to hire someone and include return on investment? (ABoth)
				7. Rural sites or those at the edges of the geography may not have the ROI (return on investment) of more centrally located sites (KF)
				8. Platform revision will allow the CCN to grow itself more (JB)
			14. Slots to release:
				1. OU - 0
				2. Can be done by 11/18: OSU,UK, UT, UD, UFindlay; CSU
				3. done: Walsh, WKU
				4. YSU - still placing; UC should work but working on a few sites
				5. Jamie will be able to send reallocation by 12/1 at the latest and give until 12/6 to request reallocation.
	2. New program development – 11:30-12:00 pm
		1. Status of new programs in the region - BGSU discussed (see above)
		2. Request for membership - not discussed
		3. Possible bylaws amendments - not discussed

Lunch 12:00-12:30 pm

* 1. Strategic Plan –12:40
		1. [Strategic Plan Final Working Draft](https://docs.google.com/document/d/1B12q1LMO0XJdLRbcDIPgkN2r10z0aXeD/edit) (5.13.22) - 12:30-12:40 pm
		2. [Strategic Plan Objective #1: Bidirectional Communication](https://docs.google.com/document/d/1mkeBCG9guv34UmpQZyqqChPgqwo5IO6i/edit?usp=sharing&ouid=101365910323850458631&rtpof=true&sd=true) – 12:40-1:10 pm
			1. Work group presentation of recommendations
			2. Small group discussion re: recommendations
			3. Large group discussion – feedback/revisions
				1. QR code - for business cards and email signature
				2. Task force - ACAPT is making a blueprint for excellence; Jamie and Janice are helping author the chapter on clinical education - this objective may be delayed until this resource comes out to avoid duplication
				3. CI credentialing courses - consortium needs to direct people toward public vs. private courses offered by members vs. the APTA offers
				4. Streamlining communication: marketing may benefit from a consistent template (emails, slides, emails, signatures)
				5. Overlap with clinician engagement:

Operational efficiencies

Development of the quarterly meetings seemed to default to clinician engagement

New giveaways

New consortial email:

SCCEs access to send changes in SCCE or onboarding to the consortium with one email?

Our new email address has been used for CCN only. Who monitors the email? (Jamie) Would this necessitate a new executive or executive duty for communications?

* + 1. [Strategic Plan Objective #2: Engaging Clinicians](https://docs.google.com/document/d/1HxvBZYlEpL6HLNmIEFwuh4nCUcOJ_Pwr/edit?usp=sharing&ouid=101365910323850458631&rtpof=true&sd=true) – 1:10-1:40 pm
			1. Work group presentation of recommendations
			2. Small group discussion re: recommendations
			3. Large group discussion – feedback/revisions
				1. Advisory panel logistics

mindful of clinician times

could contribute to CV for those working to transition into academia

Ensuring that we are meeting clinician needs/concerns

Advisory board Makeup: 3 clinician members, one from each region vs. settings or combinations; meetings in regions/settings would happen before spring and fall OKPTCE meetings

Primary liaison on executive committee to facilitate meetings and organization - integrated into existing executive committee or a new member?

Ensure setting diversity on advisory board – application first, then invite to fill in gaps.

Thinking about how many we could bring to the meeting - is it business in fall and then a larger meeting in the spring?

What are the objectives of the advisory board and the expectations

* + - * 1. OPTA and APTA-KY state meetings - sponsor tables/booths/breaks - back to group 1
				2. CCN groups integrated
				3. Direct communication in quarterly meetings with SCCEs and CIs
		1. [Strategic Plan Objective #3: Prioritize data-drive decision-making - CCN](https://docs.google.com/document/d/1W7aRjLJo_xCk_rkkx7WfmYI0k65Q8ZiuVgWl-bg_jmM/edit?usp=sharing) – 1:40-2:10 pm
			1. Work group presentation of recommendations
			2. Small group discussion re: recommendations
			3. Large group discussion – feedback/revisions
				1. 3rd goal here may be the standardization of onboarding, etc.
				2. CCN - feedback from SCCEs and DCEs (survey is planned already for late Nov and Dec.) - to share data with other sites and encourage engagement.
				3. Conference is a venue for marketing and dispersing information. Annual engagement: APTA KY fall and Spring OPTA - education opportunities. Precon: CI credentialing course
				4. Advisory board can be run like an Regional networking session meeting - finger on pulse in a qualitative manner
		2. Next steps 2:10-2:30 pm
			1. Resurrecting quarterly meetings (groups one and two)
				1. Awardees to present
				2. DEI
				3. CPI
				4. other hot topics
			2. Advisory board - framework (EH, ET, LA, Karen F, Amelia S, PD)
			3. CEU offering and tabling at OPTA - April and APTA KY - September (TA, CC, KLee/Anthony for KY). CCN group will participate in presentation
			4. Executive committee to clean up the strategic plan and share with consortium
			5. Design a business card (group 1 - SA, TG); CC has information where these were ordered

(return to budget)

1. New Business
	1. Executive Committee term limit - 2:30-2:45 pm - unable to address
2. Wrap up – 2:45-3:00 pm – look for a doodle poll for spring meeting times.
3. Adjourned 3:05 pm.