7:05 to 8:00 am – Collaboration with PTA Caucus regarding opportunities in PTA Education. Called to Order by Kathy Giffin, PTA Educators SIG Chair.

- Kathy Giffin, welcomed all attendees, thanked Amy Smith for the invitation to speak at the PTA Townhall yesterday.
- Kathy recognized this conversation is based on the APTA strategic plan for best practices in (PTA) education to assure safe, effective and efficient patient care with unwarranted variations in clinical practice. She introduced the purpose of the first hour to begin exploring best practice in PTA Education for physical therapist practice in 2030.
- Live polling resulted in 57 respondents, 56% with a PT license who are PTA educators, 32% PTA license who are PTA educators; 2% DPT Educator; 9% PTA clinicians, and 9% PTA education partners. (See Appendix, pg 13)
- Kathy presented (PTAESIG_Presentation.pdf) an overview of the current practices and expectations for PTA education programs. Highlights included the present and future state of PTA Education:
  - In 2013 the Baccalaureate Task force identified 115 total required content/competency standards by CAPTE, FSBPT and APTA.
  - Comparison of FSBPT 2018 blueprints for DPT and PTA education shows identical language and outcomes for all Intervention and Other Systems outcomes, which is written at the Analysis level of Bloom’s Taxonomy.
  - DPT education is distinguished by all other content areas at the Create level of Bloom’s Taxonomy, where all PTA content areas are at the Analysis level.
  - FSBPT made 2018 blueprint – will increase the difficulty of the exam; higher pass level, which will affect about 4%; rationale to produce PTA more proactive and effective; greater need for critical thinking, expecting better outcomes, expanding role in patient care, transition to less direct supervision.

  Take home message – FSBPT continues to show increase need for critical thinking and require higher level to pass. In response to practice analysis and mission to protect the public.

  - Average first time pass rate – last new exam was in 2013- 85% first time pass rate, which essentially means that ½ of all programs do not get over the CAPTE ultimate pass rate red line after the first exam attempt.
Trends identified from CAPTE PTA Program Aggregate 2016-17 Data

1. Average length of technical studies – decreased going down, now at 40 weeks; dropped from 48.
2. Total length of program increased in last 10 years from 63.5 to 77 weeks.
3. Total credit hours on an increase – 78 total credit hours; some states are limited to 65 credit hours.
4. Pass rate has stayed about the same
5. Class size has decreased to 24.3
6. Qualified applicants have decreased from 74 to 51.
7. Previous degree has increased from 28% to 31.63%.

• Audience Comments: Although trend is increasing credit hours, some states are setting a max. Live polling results: Ohio, 65 with possible move to 60; Texas, 66; Wisconsin, 60; Tennessee, 70; Missouri, 72, West Virginia, 60. More research on this is needed. (See Appendix, pg 13)

• B. McKnight raised the issue of students taking closed to 4 years to earn the PTA degree and need for more data regarding actual program length, including prerequisite/application process.
• Kathy suggested it might be easier to gather data regarding earned credit hours upon graduation.
• Live polling with 51 responses to the question “Is the current model of PTA education sustainable?” Results: 20% Yes; 51% No, 29% Not Sure. (See Appendix, pg 13)
• Kathy acknowledge conversations during the past decade have revolved around a binary choice between the Associate or Bachelor’s degree. Recently the report from Best Practice in clinical education planted the seed of multiple entry points, which has also been a current topic within the occupational therapy community. She asked small groups to consider the benefits, risks and recommendations regarding the three possible paths forward:
  o Continue Associate Degree only
  o Move to Bachelor’s degree entry-level
  o Allow multiple degree options for entry-level

• Data was collected by recorders for each group. Results are included at the end of this document.

8:05 AM    Business meeting – called to order by Kathy Giffin, PTA Educators SIG Chair
Organization representatives present:
PTA Educator SIG Executive Team
    Kathy Giffin, Chair
Heather Wells, Nominating Committee
Jonna Schengel, Secretary
PTA Caucus
Lisa Stejskal, Liaison to PTAESIG & ELP
Amy Smith, Chief Delegate
ELP PTA Education Subgroup
Roger Herr, APTA BOD
Kathy Giffin, PTAESIG
Lisa Stejskal, PTA Caucus
Lisa Finnegan, CAPTE
Ann Reicherter, APTA Staff
APTA Staff
Ann Reicherter, Director of Academic and Clinical Affairs
Greg Awarski, Customer Solutions Manager, Liaison International
Ryan Bannister, Director of Centralized Application Services and Student Recruitment
CAPTE
Lisa Finnegan
FSBPT
Nancy Kirsch, President, Board of Directors
Jeff Rosa, Managing Director

Education Partner Reports:

Ann Reicherter, PT, DPT, Ph.D. – Director of Academic and Clinical Affairs from APTA

A. Education Leadership Partnership
2018 Update – Agreement in 2016 among ACAPT, APTA and Education Section into one group called ELP, Education Leadership Partnership – ideal outcome is to reduce unwarranted variation in practice by focusing on best practices in education.
Various workgroups:
Excellence in Education Task Force from APTA
Clinical Education Task Force from APTA
Other issues: PTA Issues and Student Debt
Now working on a strategic plan to gather information from the two task forces

Goal is to cover need in the clinical site placement.
CPI learning courses PT/PTA revisions
Consolidating CPI/CSIF webpages
Clinical Education Technology Work Group – better connect all resources

B. Educational Leadership Institute (ELI) Fellowship; 13 months fellowship – PTA PD are absolutely encouraged to apply. www.apta.org/ELI/Overview/
C. PTA CPI Training module – will be shortening and fixing the breaks in service; will be done by summer.

D. Web services – informational pages – one stop shop

E. PTNOW – APTA Evidence based portal; must be used in PTA curriculum. Many resources there; must be a member to use it – but there are many resources including free books. New Kisner/Colby textbook electronic copy is free; also a free medical dictionary. Helps value APTA membership.

F. Questions:
   • Task Forces were exclusively to DPT education, so what is the role in ELP?
     Integrated model – doesn’t convey PTA issue – work on model; visually does not represent PTA education, it lists it as a “problem” PTA issues is in yellow as is Student Debt

     APTA and Education sections have been pushing for PTA Education inclusion – now at beginning at PTA education are represented in those ELP subgroups.

     Question about wording of “unwarranted” – getting rid of variation of the product/outcome you produce- therefore same level of skills. Not a standardized curriculum.

     Question about ACAPT? How was it created? Institutions of DPT programs, American Council Academic Physical Therapy/ACAPT, created it.

Greg Awarski, for CPI & CSIF Web
   • Apologized about delays regarding customer support workflow. CPI web balance between “teach” vs. work with the product and then ask questions. Changed procedure in workflow – different email addresses for various responses
     ptcpiwebsupport@liaisonedu.com
     ptacipwebsupport@liaisonedu.com
     csifwebsupport@liaisonedu.com
   • Also developed new training materials
   • Provided card with phone numbers and encouraged to call
   • Developed updated HELP Center; webinars are no longer live but recorded – available ON DEMAND. Ready online soon.
   • Updates – customer 257 PTA schools that use CPI; CSIF – 43,000 sites nation wide; 33,000 not started.
   • Value input from PTA SIG
   • Discussed the benefit of increasing cost in order to provide better service? Budgetary concerns and requests can be made to LIASON.
Question – how many of CSIF are being completed by students?
Not able to tell at this time; do get questions from students, so they know students are filling them out.

Question – possible to upload clinical ed manuals to the CPI website?
Often ask if things from APTA and programs could be posted to the CPI website.

Question – CI often would check box but did not have all the boxes done or make final sign off box bigger?
No longer have a SAVE feature, therefore auto save, it will be saved; will see a green check. Training tools for CI, which is important.

Question – when will be smart compatible?
One of the only feature – big feature that cannot be done; enhancement request that will be recorded.

Kathy Giffin thanked all who have participated in surveys promoted through the PTA SIG list serve: Student Debt data is not yet available, there was a strong response to Best Practice in Clinical education surveys, and she introduced Ryan to provide update regarding PTA CAS survey.

Ryan Bannister, PTA CAS Survey
- Has a desire to PTA CAS survey – conducted in fall; great response of 50%. Inconclusive news is that about 39% yes, please tell us more; about 31% might join; But not an overwhelming response
- Want to establish a work group about CAS for PTA programs.
- He left his card if you are interested.
- Student recruitment – interested in expanding pipeline
- USA Science and Engineering Festival – every 2 years in Washington, DC; 400,000 K-12 students.
- HOSAA- Future Health Occupation Students – grades 7-12; college in another competition; APTA is sponsoring and judging PT type activities.
- Please share any ideas for student recruitment.

Question – can you reproduce presentations/handouts for recruitment in local areas?
Yes, there will be resources for state chapters and at the program levels. Serve as mentors.

Amy Smith, PTA Caucus Chief Delegate
Lisa Stejskal, PTA Caucus Rep, ELP PTA Rep
- Working on making PTA more visible about what PTA are doing today.; showed video
2019 is the 50th Anniversary of the PTA and will be working on #BETTERTOGETHER

Please use for students to be members.

Increase in PT membership – working toward 100,000. Continue to grow PTA membership to #PTA10K; goal is to get 10,000 PTA members.

Encourage using social media to improve awareness and promote membership.

When you like, share, post and tagging people – it helps spread

PTA Town Hall Meeting – Sharon Dunn, APTA President, Justin Moore, BOD, Justin Elliot, APTA – good cooperation and interaction in the past few years. Told the story of the repeal of the CAP, which the APTA has been fighting for 20 years, but also put a rate reduction of 85% for PTA services/PTA differential. Sharon Dunn and Justin Moore, contacted Amy immediately. Historically fast bill through both house and senate; one week from Monday.

There will be differential

Jan 2020 when furnished in full or part, must be coded.

Jan 2022 when furnished in full or part, will be paid at 85% PFS.

APTA and OATA are strategizing together on how to approach.

There will be a fight to get this reversed.

30% of PT and 10% of PTA are now members. Value of APTA membership is improving.

37 states, 9 chapters allowing PTA to have full vote; one year ago. Encourage value of a full vote to increase involvement.

Next year is 50th anniversary of the PTA and there will be a “party”. Celebration will be in June 2019 in Chicago at Annual meeting.

Encourage educators to do local events – all PTA students and programs are celebrating the 50th Anniversary.

Win of TRI Care to pay equally for

Good comments on PTA Caucus work by Amy; but more respect from the APTA leadership.

Nancy Kirsch, & Jeff Rosa - FSBPT Update -

FSBPPT publishes a quarterly newsletter for educators; able to defer exam increase; will stay at $400 until Jan 2019.

Exam updates are on FSBPT website; update on PEAT.

Help students prepare with materials to prepare for the test.

Health Care regulator research institute – this might access for research.

Improved communication with APTA and FSBPT – same page and good working relationship – common purpose such a minimum data set; to get a better idea of how many PT and PTA are actually practicing.

Jeff Rosa, FSPBT Manager

PT Licensure Compact – close to first privilege ready with 15 states in Compact. Goal is 20-28 states by end of 2018. Transfer from home state to other states in the compact.
- FSBPT/APTA – use of Aptitudes – upload all – free continuing licensing and record all their activities; all APTA activities
- Aptitude Account – available for students –
- Exam Registration system – has been going for a year; enter all your students by end of the first year. Benefit of adding earlier – it allows FSPBT so they can plan with Prometric when needed for each exam at each test center. Helps manage testing sites.
- Email reminders are great.
- Posted on the Educator Log in page, copies of all emails students will receive. Will try to come up with other screen shots, so you can see what the students can see. All licensing will see the same dashboard as students.
- Essential Tasks vs. NonEssentail Task by FSBPT.

Lisa Finnegan, PTA - CAPTE

Questions – What steps to would CAPTE make to accredit multiple levels? Commission looked at this a few years ago and decided not to make any changes. In the future, it could be looked at again.

Questions – What are the steps CAPTE would have to make to accredit both? Would the steps be similar to PT, to MPT, DPT? CAPTE would identify the standards, and either degree for a period of time. Based on standards. But CAPTE is not accrediting Bachelor’s degree so the steps are still not clear. Processes are possible, but the details are not available yet. Lisa will explore if a paper can be

Questions – CAPTE published the aggregate data on citation per criteria? In the past, programs had citations on various criteria.
  - Information is made available at Self Study workshops; Announced that CAPTE will come to you for private self-study workshops – two full days with Lisa Fennigan/CAPTE. CAPTE wants to be partner, not a police state.
  - Assessment of Curriculum and Program – since it was so common, there is a Assessment Module in APTA Learning Center.
  - Monitors PTA Educator Facebook page to be aware of common problem/concerns.
  - PTA voice at CAPTE/APTA – Lisa and Michael are both PTAs and the voice at APTA.

Questions – With possible market downturns with USDE, will it alter our 90% employment requirement?
  - 97% of programs at least meet the minimum of 90%.
CAPTE feels like it has a hard time to make it lower, but if there it is lower, adjustments can be made. USDE complimented CAPTE because they had set specific benchmarks.

- Might be required to use an outside company to track employment. CAPTE did pilot it with one program. Third party – give them your numbers; give two recent graduates. Students need to let program know where they are employed. Cost is $25 per student -

- Does not look like it coming any time soon.

Questions – Clinical sites with letter of support – is there any way to tell if other programs commitments will be decreased.

- Not at this point, it is up to the programs/clinics to work together for placement.

- Post meeting follow up provided clarification that this information is included in the Letter of Intent required for Candidacy.

9:45 am Kathy Giffin, SIG Business

- Announced that anyone who did not receive an email from PTAESIG-listserve in the past 24 hours should check their spam and/or check to make sure they are registered for the listserv. Reminded all that joining the PTA Educators SIG list serve is a separate process from Joining the SIG. On the APTA Education website; Members tab Select Join our Listserv.

- Announced that education Section has RFP to update the website. Goal is to provide more functionality and make it mobile friendly.

- Kathy noted that all requests for PTA educator volunteers are announced on the listserv.

- Announced current need for doctoral trained PTA Educators who would like to serve on the JOPTE editorial board. Must have at least 1 peer reviewed publication.

- Kathy noted the importance of the new partnership with ELP through the PTA Education subgroup. Regular meeting provide an opportunity to brainstorm about PTA education issues and solutions. Actively working to have PTA educators represented on other subgroups, especially in faculty development and research.

- Recent activities of the PTAESIG leadership include:
  - Participation in the PTA CAS & Student Debt Surveys
  - Collaboration with the PTA Caucus to raise awareness of education issues
  - PTA Caucus Collaboration

- Education Section News
  - Approved name change to the Academy of Physical Therapy Education
  - Now have 6 SIGS, newest is Anatomy, members can join as many as they want.
  - Website updates are in process
Appointed new Task Force to explore committing up to $1,000,000 for Education Research. Kathy noted PTA SIG needs to be active and vocal to make sure PTA education is included.

- Recommend those interested in PTA Education research join the Scholarship SIG who can help identify a mentor.

- Nominations for Vice Chair, Secretary and Nom Committee were presented.
- Unfortunately time constraints do not allow review of small group activities. There was a hope to review the various models – gathered data will be provided on the SIG webpage when minutes are posted. (See Appendix, pg 10)
- Live polling question with 31 responses to questions “Which PTA entry-level model is most likely to best serve our patients and the profession in 2030?

  (See Appendix, pg
  - Associate 6%
  - Bachelor’s 32%
  - Multiple Entry points 61%

- Kathy sought input regarding the PTAESIG Priorities for the coming year. Live polling was unsuccessful with only 5 responses secondary to running out of time. (See Appendix)
  - Associate Degree min instead of max
  - BA level – RC20-12
  - Eliminate practice variations
  - HOD RC for Excellence in PTA education
  - National PTA Education Consortium
  - PTA Education Summit with APTA, CAPTE, FSBPT, Sections, Caucus, etc

- Announced ELC in Jacksonville, Florida, October 12-14; acknowledged comments/concerns regarding programming for PTA Educators, noting that this is due to a lack of proposals. She reminded all that ELC 2018 and CSM 2019 proposals are due the end of March.


Respectfully submitted,
Jonna Schengel, PT, MA, Ed.D.
PTA SIG Secretary
PTA Educators Small Group Brainstorming Activity at CSM, 2018

Multiple Entry Points

Benefits:

With consideration of all parties of interest (patients, practitioners, students, institution), list any identified BENEFITS of a physical therapy education model with multiple entry points. [Majo...

More time for technical skills
Don’t lose students who can’t afford it initially
Can build upon the associates degree
Better bridge
BS PTA should have more in their scope/abilities

Allow diversity in student population - won't hurt those who attend community colleges
Does not knock out anyone
Keeps cost down
Allows Community Colleges to keep teaching PTA programs
Allows Community College faculty to keep teaching
Allows us to spread things out
Foster optional job entry
Like the idea of 3 year BSN
Good model in ADN/RN to BSN
So many already have degrees so they need the option of just getting an AS degree
It would allow us to develop bridge for PTA to DPT programs
Follow or COTA/OTA programs
This option puts the power in the student choice; does not help or hurt anyone
Doesn’t “lock” others out due to cost or other reasons

Cost savings for students, 1st time students, families,
Community colleges can continue to support student’s needs and finding qualified faculty
Relive stress on staff, spreads out content over faculty if able to offer multiple levels
Allows students the ability choose the level they want
 Allows the student who already has a BA/BS to choose the AAS
 Allows more “bridge” type programs, also allows students to
 “Fills” a need for aging population
Can improve the satisfaction of the student- natural ground
Could give a time frame (start with AS- within 5 years get the BS, start a transition)

Patients -
Improved credibility
Good options for those w/out a BS

$$_$$
RISKS

With consideration of all parties of interest (patients, practitioners, students, institution), list any identified RISKS of a physical therapy education model with multiple entry points. [Major ...

Need to have a benefit for the BS - how do you differentiate?
Disenfranchisement
Hiring discrimination
Cost
Board exam?
What happens to community colleges?

Might hurt AS degree student
Will it negatively affect pay for the PTA
Could we maybe give them 5 years to get a BS.
Could affect pay

Could affect jobs, decrease the employability of the AS

Hurt the “pure” AS

Doesn’t change the “bottom line” of what is expected from CAPTE from the AS degree

$ student debt & return on investment
confusion to consumer

Recommendations:

Are there specific recommendations to assures graduates are prepared to provide safe and effective patient care for efficient physical therapist practice?

We do it now!

We did not get to this question.

Debate on if DPT "elevated" our profession
Could it "flow" to BS by starting with multiple ? about Gen Ed being most
PTA Educators Small Group Brainstorming Activity at CSM, 2018

**Associate Degree**

### Benefits

> With consideration of all parties of interest (patients, practitioners, students, institution), list any identified BENEFITS of continuing the entry-level Associate degree model. [Major points are...]

- Increases Patient access, reasonable cost of education, more accessible to students, diversity of PTAs, More flexible model within Healthcare

### Risks

> With consideration of all parties of interest (patients, practitioners, students, institution), list any identified RISKS of continuing the entry-level Associate degree model. [Major points are i...]

- Payment- argument more difficult; data- consistent pass rates; time- taking more than 2 years

### Recommendations

> Are there specific recommendations to assures graduates are prepared to provide safe and effective patient care for efficient physical therapist practice?

- Opportunity- what do we want?
- Question 7- Felt it was the incorrect question- only if everything froze as is
| Benefits | With consideration of all parties of interest (patients, practitioners, students, institution), list any identified BENEFITS of changing to a PTA entry-level Bachelor degree model. [Major points a...]
Adding more technical component, will increase better base knowledge before teaching technical component, will cost the 35 gaps of needed education for effective clinical practice based on university of Utah ( ), may help with reimbursement, stay inline with other professions, ability to have skills for increasingly complex patients, healthcare changes, damaging our students by cognitive load |
| Risks | With consideration of all parties of interest (patients, practitioners, students, institution), list any identified RISKS of changing to a PTA entry-level Bachelor degree model. [Major points are...]
Lose students who are 2nd career, student cost, cost of education, institutions not being able to matriculate bachelors degrees, finding qualified faculty, if increasing clinical time finding clinical placements, faculty preparation |
| Recommendations | Are there specific recommendations to assures graduates are prepared to provide safe and effective patient care for efficient physical therapist practice?
Increase of depth of content, more clinical education, standards (red flags) need to be expanded |
Live Polling results
PTA Educators SIG Meeting
February 24, 2018

1. Please identify your primary role.
- PT who is a PTA Educator: 56% (32)
- PTA who is a PTA Educator: 32% (18)
- DPT Educator or Clinician: 2% (1)
- PTA Clinician: 5% (3)
- PTA Education Partner: 5% (3)

2. Is the current model of PTA education sustainable?
- Yes: 20% (10)
- No: 51% (26)
- Not sure: 29% (15)

4. Please rate your level of agreement with the BIG 3 SIG goals.
Average Rating 5.0
⭐ 1
⭐ 2
⭐ 3
⭐ 4
⭐ 5: 100% (1)
6. Which PTA entry-level model is most likely to best serve our patients and the profession in 2030?

- Associate Degree: 6% (2)
- Bachelor's Degree: 32% (10)
- Multiple Entry Points: 61% (19)

7. Which of the following is the MOST important next step for the PTA Educators SIG to work toward?

- Associate Degree minimum requirement
- Baccalaureate Entry-Level Degree: 55% (5)
- Elimination of practice variations between jurisdictions: 20% (2)
- House of Delegates RC for Excellence in PTA Education
- National PTA Education Consortium: 10% (1)
- PTA Education Summit: 20% (2)
8. Share your questions or comments about today's session.

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<tr>
<th>Responses</th>
<th>Newest On Top</th>
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<tbody>
<tr>
<td>None</td>
<td></td>
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<tr>
<td>Colorado, no limits</td>
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<tr>
<td>Wisconsin private college 71 total credits</td>
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<td>Louisiana does have limit on Program length; with special permission/documentation we are allowed to exceed that (72 hours), we have the AD with the greatest credit hour requirement</td>
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<td>Texas 66 SCH</td>
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<td>N/A</td>
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<td>WI 60 credits</td>
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<td>Arizona: No known limitations</td>
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<td>TN: 67 - 75 common core required</td>
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<td>Ohio, 65, may be moving to 60</td>
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<td>WI encouraged to be close to 60</td>
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<td>West Virginia 60</td>
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<td>Texas: Limited to 66 credit hours</td>
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<td>Texas 66 credit hours</td>
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<td>Missouri 72</td>
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