Greetings and a joyful start to 2008 to all of you!

This newsletter comes to you with cheers as we strive to continue networking for the benefit of clinical education on the national level. We wish you a fantastic year!
Updates on Current Issues

The survey says
This fall all CESIG members were e-mailed a link to a survey to provide input on the Educational Leadership Conference (ELC) format.

Approximately four years ago the Education Section’s Academic Administrators Special Interest Group (AASIG) and Clinical Education Special Interest Group (CESIG) merged their annual/semi-annual conferences (AASIG Annual Meeting and NCEC- National Clinical Education Conference) into the ELC. After three years of the combined ELC, the Education Section Board decided to revisit the structure and function of the conference. In order to better represent our Clinical Education SIG interests, CESIG Co-Chairs (Reva Rauk and Alecia Thiele) developed a survey/questionnaire.

Survey response was overwhelming. Based on all input the structure and format of the conference will be revised to better meet the needs of our CESIG members. Further information detailing the Fall ELC: National Clinical Education Conference is below.

Educational Leadership Conference-
NATIONAL CLINICAL EDUCATION CONFERENCE:
The third annual Education Leadership Conference (ELC) was held in Minneapolis, MN in October 5-7, 2007. The programming had interactive sessions with joint meetings between the academic administrators, PTA administrators and clinical educators.

Based on education section member input, the survey sent to CESIG membership and previous conference evaluations, the conference will have a new look in the fall of 2008. Opportunities for joint networking and meetings (AASIG, PTASIG and CESIG) will still exist, but the format will be revised to specifically address the needs of the AASIG, PTASIG and CESIG.

With the 2008 meeting location in Phoenix, AZ, the CESIG will be working closely with the Northwest Intermountain Consortium of Physical Therapy Programs to develop programming useful to clinical as well as academic educators. Programming will include: APTA Basic Clinical Instructor Training and Credentialing Program, APTA Advanced Clinical Instructor Training and Credentialing Program, Ethics in Clinical Education, Clinical Education Teaching Strategies, New and Experienced ACCE/DCE, and more!

Please mark your calendars for the 2008 ELC: National Clinical Education Conference in Phoenix, AZ October 3-5, 2008. The clinical education program chairs will be posting notices for research platform presentations. If you have an interest of any kind, please feel free to contact any of the CESIG program chairs:

Dr. Heidi Dunfee: dunfee.heidi@mayo.edu
Dr. Peggy Gleeson: pgleeson@twu.edu
Dr. Reva Rauk: reva.rauk@hsc.utah.edu
Dr. Alecia Thiele: Alecia.Thiele@clarke.edu

Or the Northwest Intermountain Consortium of Physical Therapy Educators Chairperson:
Dr. Gina Musolino: gina.musolino@hsc.utah.edu

Membership Information:
The CESIG officers have been working hard to increase active membership from both academic and clinical educators. In accordance with the Education Section Strategic Plan GOAL 1 Connection: Promoting a joint effort of education to both clinical and academic faculty to promote Clinical Education Goals.

Significant strides toward this goal have been made through CESIG members and the Education Section’s Representative-at-Large for Section Promotion, Dr. Gina Musolino. She has worked with the Education Section officers, Education Section SIG officers (particularly, Marianne Janssen, CESIG Membership Secretary) and section members. Education Section membership continues to increase. Dr. Musolino has worked tirelessly developing recruitment tools for new members, revising the new member letter, re-tooling and re-branding of the Education Section booth and recruitment letters specific to each of the 4 SIGS.
Education Section Strategic Plan
Updates (submitted by Jody Gandy, PT, DPT, PhD):
The following information is an update on the status on clinical education related activities for the PT and PTA. It is provided in the format of updates related to the Education Strategic Plan so that readers can see how the activities are related to the plan to focus these activities within a context.

**Education Section Strategic Plan**

**Goal 1: Establish a clinical education system for the physical therapist (PT) and physical therapist assistant (PTA) that is fiscally sound, collaborative with other professions, and based on a partnership model between the academic program and clinical site, with mutually agreed upon standards and outcomes that support contemporary physical therapy practice.**

**Clinical Education Consensus Conference**

A consensus conference on clinical education convened on December 13-15, 2007 in Alexandria, VA, involved 36 invited participants along with 15 APTA staff who offered expertise and council. To identify the invited representative stakeholders for this conference, 135 persons nominated to participate in this conference were interviewed using a standard set of questions that were designed to assure representation in the greatest diversity of interests. The 36 participants selected represented the variety, breadth, and depth of stakeholders required to engage in the conversation about physical therapist clinical education. Stakeholders included representatives from academic and higher education (ie, Dean, program directors, faculty, academic coordinators/directors of clinical education), practice (ie, employers, clinical managers, center coordinators of clinical education, clinical instructors [Credentialled and non-Credentialled]), payer, public member, student, Credentialled Clinical Trainers, and other professions including Pharmacy, Speech-Language Pathology, Audiology, and Nursing.

Representatives also reflected a broad spectrum of clinical practice settings, areas of physical therapy practice, years of practice experience (0 to 30+ years), academic institutional settings, geographic location, earned degrees and credentials, and clinical education delivery approaches including clinical residency.

Participants engaged in a systematic process of decision-making about key components of physical therapist clinical education congruent with Vision 2020 and the DPT professional degree. Participants reached agreement on recommended performance expectations for new graduates and clinical instructors, and (3) preferred clinical education infrastructure, organization and delivery that identified key components to enable clinical instructors to facilitate students’ ability to achieve the new graduate performance expectations. In addition, member participants offered alternative options for funding physical therapist clinical education for future exploration. Member participants will review outcome draft documentation resulting from this conference for accuracy and clarity prior to being disseminated to a larger audience. An additional audience that will review draft outcome documentation includes individuals interviewed for this conference that were not selected due to resource limitations.

The outcomes of this conference serve as an initial springboard for further discussion, dialogue, and subsequent revisions with the goal to achieve wide input so that the end product and process can be something that all educators of physical therapist students, whether academic or clinical, can agree is feasible to implement in both settings. This dialog will occur throughout the United States in 2008 using a variety of mechanisms including regional forums, national conferences, Webinars, etc. For questions about the conference, please contact Jody Gandy, PT, DPT, PhD, Academic/Clinical Education Affairs at jodygandy@apta.org

**Consultant Group on ACCE Performance Evaluation:**

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) in physical therapist and physical therapist assistant programs is a unique faculty position in higher education with roles and responsibilities for coordinating and managing the clinical education curriculum (~38-42% of curriculum) and incorporates administrative, management, teaching, service, and leadership elements. A multi-user performance assessment system consistently used by ACCEs/DCEs will facilitate their ability
to manage their responsibilities more effectively and to enable them to move the profession forward with respect to the outcomes from setting standards in clinical education. A first draft version of the performance evaluation was disseminated to all stakeholder groups in September/October 2007 for comments and feedback in preparation for developing a second draft version. The group anticipates testing the functionality of the tools in 2008.

APTA Education Section Strategic Plan Goal 7: Identify and use strategies to effect behavioral change in physical therapists and student physical therapists to:

- use evidence in practice.
- integrate the concepts and information in the Guide to Physical Therapist Practice into clinical practice.
- use disablement and enablement models.
- integrate professionalism core values into physical therapy practice.
- practice autonomously.
- use and apply technology.
- document patient care meeting minimal standards.
- negotiate effectively for quality of care over productivity or bottom line initiatives.
- demonstrate cultural competence in patient care activities.

Advanced Clinical Instructor Education and Credentialing Program

The Advanced CI Education and Credentialing Program (Advanced CIECP) will officially launch its first two courses at the end of January and early February 2008! The 39 individuals who earned their Advanced Clinical Trainer Credential in July 2007 are eligible to teach the Advanced Clinical Instructor Education and Credentialing Program (Advanced CIECP). We are currently developing for the APTA Web site the Advanced CIECP information to include names of available Advanced Credentialed Clinical Trainers, schedule of available courses, new Advanced CIECP brochure, and how to sponsor an Advanced CIECP. This information will assist academic programs, chapters, consortia, and facilities with the necessary information to arrange for an Advanced Credentialed Trainer to be able to teach this advanced level program.

Requirements for participants to complete this Advanced CIECP include earned APTA CI Credential, licensed physical therapist in the US and Canada, completion of an Advanced Participant Dossier, and having supervised, mentored, or taught at least one student since completing the APTA CI Education and Credentialing Program. Participants will be required to read three articles and complete three online Modules of the Professionalism Course. Content addressed by this program includes professionalism, clinical reasoning, patient/client management model and documentation in physical therapy practice, evidence-based practice and technology resources, advanced clinical teaching, and Guide to Physical Therapist Practice with case-based application.

APTA Education Section Strategic Plan Goal 13: Collaborate with others to develop customized software/hardware applications and medical computer simulations to enhance on-site and distance education.


The APTA PT CPI: Version 2006 is currently being developed in a web-based version by Academic Management Systems, Inc. (AMS), a subsidiary of Liaison International, in collaboration with APTA, using the company’s market-leading assessment product—CoursEval™—as the underlying technology platform. AMS, as a part of its contract, will provide a comprehensive development process that includes creation, implementation, and ongoing evaluation of the Web-based APTA PT CPI. As a part of its customer service, AMS will provide training and technical customer service for those participating physical therapist programs.

As a part of the development process, AMS will be utilizing physical therapist programs in the United States and Canada that volunteered to participate in a rolling beta test of the PT CPI-
Web technology from February 1 through June 20, 2008. Approximately 12 physical therapist programs will be selected from programs volunteering for the rolling beta test based on their students’ involvement in clinical education during the specified beta testing period. Additional considerations in physical therapist program selection include representation of public and private institutions from different geographic regions, varied class sizes, and students that are completing early, intermediate, and final clinical experiences.

AMS will be demonstrating the PT CPI-Web beta version at CSM 2008 in Nashville, TN during the session, "Physical Therapist Clinical Performance Instrument: Demonstration of the New Web-Based Product," scheduled for Saturday, February 9, 2008 in Canal A from 8:00 - 11:00 AM. During this session, participants will have an opportunity to review the highlights of the new PT CPI: Version 2006, learn about the training process that will be required for users to access the PT CPI-Web, and preview the PT CPI-Web beta version that will be tested with physical therapist programs in the five months that follow this conference. In addition, AMS will be available at their booth in the exhibit hall to review the PT CPI-Web with all interested users of the PT CPI-Web technology. You will not want to miss this opportunity to learn about the PT CPI-Web, to ask your questions, and to offer your comments about this beta version. AMS anticipates that the PT CPI-Web will be released for use after July 15, 2008, pending the outcomes of the rolling beta testing.

Physical Therapist Assistant Clinical Performance Instrument (PTA CPI: Version 2007)
Similar to the process used to revise the PT CPI, the PTA is currently undergoing its first revision and is following a similar revision and testing process using an online training component and electronic format for completing the PTA CPI that will eventually lead to the conversion of the revised PTA CPI to a web-based format with consistent online training. As a first step, feedback and comments were obtained from stakeholder user groups of the PTA CPI and a first draft revision was developed by the Consultant Group on the Revision of the PTA CPI under the leadership of Janet Crosier, PT, MS, Associate Director in Academic/Clinical Education Affairs. This first draft revision was disseminated to PTA programs and PTA ACCEs, selected clinical sites and their respective PT and PTA CIs and CCCEs, Board of Directors, and others. The feedback provided was used to create a second version of this instrument that will be field tested in 2008. We will be soliciting PTA programs to participate in the field testing of the revised PTA CPI based on a set of inclusion criteria for the study.

Education Section Web site
The Education Section Web site continues to be a resource for all! Katie Harvey continues to work with us to assure that our SIG has the important links to previous newsletters, meeting minutes, DCE/ACCE/CCCE, CI, and CPI information and more! If you have any ideas on anything else you would like accessible to you on the site do not hesitate to contact us via the website. Please do take a look by clicking on this link:
http://www.aptaeducation.org/sigs/ce/index.cfm

CSM 2008
If you are able to attend CSM 2008 in Nashville, TN, we have posted the excellent Education Section Programming for this year. Also, please note the SIG meetings and the Education Section meeting. You are welcome to attend the SIG and Section Meeting. Attendance at both meetings is a great way to network with your colleagues who have shared interests.

If you are not attending CSM this year, please feel free to contact either of us on the section website link to share your ideas at the meetings and for future programming.

Thursday, February 7, 2008
Education Section SIG Meetings
Clinical Educators SIG Meeting
6:30 – 8:00pm
PTA Educators SIG Meeting
6:30 – 8:00pm
Academic Faculty SIG Meeting
7:30 – 9:00pm
Academic Administrators SIG Meeting
7:30 – 9:00pm

Friday, February 8, 2008
Education Section Platforms and Meetings
Education Section Platform Presentations
2:30 – 5:50pm
Education Section Business Meeting
6:00 – 8:00pm
# Educational Programming - Education Section

## Thursday, February 7

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>10:30 AM - 12:30 PM</td>
<td><strong>Clinical Reasoning in the 21st Century: Implications of Biopsychosocial Models for the Clinician, Educator, and Researcher</strong></td>
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<tr>
<td>10:30 AM - 12:30 PM</td>
<td><strong>The Case for Academic Integrity: Disciplinary Actions in Physical Therapy Practice</strong></td>
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<tr>
<td>10:30 AM - 12:45 PM</td>
<td><strong>Teaching Therapeutic Modalities: What Drives the Decision-Making Process?</strong></td>
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<tr>
<td>10:30 AM - 1:15 PM</td>
<td><strong>Examining Professional Ethics and the Ethics of Care: Part I- Decoding the Code of Ethics: Exploring Our Profession’s Most Important Document</strong></td>
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<td>1:00 PM - 2:45 PM</td>
<td><strong>Podcasting as an Instructional Multimedia Tool to Enhance Problem Based Learning</strong></td>
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<tr>
<td>1:00 PM - 2:45 PM</td>
<td><strong>Reflective and Evidence-Based Practice: Personal Development and Professional Growth in Physical Therapy Practice</strong></td>
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<tr>
<td>1:30 PM - 4:30 PM</td>
<td><strong>Examining Professional Ethics and the Ethics of Care: Part II- Communicating Across Differences: Enhancing an Ethic of Care</strong></td>
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<td>3:00 PM - 4:00 PM</td>
<td><strong>The Linda Crane Lecture: The Challenge for the Future: How to Improve Quality, Incorporate Prevention, Maintain Productivity, and Have Fun!</strong></td>
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<td>3:00 PM - 4:30 PM</td>
<td><strong>Online Education: Strategies and Techniques for Improving Student Collaboration</strong></td>
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<tr>
<td>3:00 PM - 4:30 PM</td>
<td><strong>Teaching Reflection Across the Curriculum; Promoting Professional Development</strong></td>
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## Friday, February 8

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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8:00 AM - 10:00 AM</td>
<td><strong>'Secrets of Success' - Journal of Physical Therapy Education</strong></td>
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<tr>
<td>8:00 AM - 10:00 AM</td>
<td><strong>Management of the Patient Recovering from Coronary Artery Bypass Surgery: Emerging New Roles for Physical Therapists</strong></td>
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<tr>
<td>8:00 AM - 11:00 AM</td>
<td><strong>A Map for the Future: Writing Program Goals</strong></td>
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<td>8:00 AM - 11:00 AM</td>
<td><strong>Integrating Service Learning Throughout Physical Therapist Educational Curricula: A Tale of Two Programs</strong></td>
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<td>1:00 PM - 2:00 PM</td>
<td><strong>The Pauline Cerasoli Lecture: Physical Therapy: A Profession of Purpose, Promise, Potential, and Power</strong></td>
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<tr>
<td>1:00 PM - 3:00 PM</td>
<td><strong>The First Two Years of Practice: A Multi-Site Qualitative Investigation of the Learning and Professional Development of Promising Novice Physical Therapists</strong></td>
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<td>4:00 PM - 6:00 PM</td>
<td><strong>Cutting-Edge Peer Review for Manuscript Reviewers and Authors</strong></td>
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## Saturday, February 9

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>8:00 AM - 10:00 AM</td>
<td><strong>Impact of Obesity on Walking: Implications for Fitness Assessment and Exercise Prescription</strong></td>
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<td>8:00 AM - 10:30 AM</td>
<td><strong>A Mock Trial and Malpractice Case Study</strong></td>
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<td>8:00 AM - 11:00 AM</td>
<td><strong>An Innovative Instructional Method in Pediatrics: Use of a Case-Based Clinical Framework to Teach Clinical Decision-Making Skills</strong></td>
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<td>8:00 AM - 11:00 AM</td>
<td><strong>Current Topics in Multiculturalism and Global Health for Faculty, Clinicians, and Students</strong></td>
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<tr>
<td>8:00 AM - 11:00 AM</td>
<td><strong>Physical Therapist Clinical Performance Instrument: Demonstration of the New Web-Based Product</strong></td>
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<td>1:00 PM - 2:45 PM</td>
<td><strong>Stress Management in Healthcare: Banishing Burnout</strong></td>
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<td>1:00 PM - 2:45 PM</td>
<td><strong>Teachers Talk Less - Students Learn More: Tutorials as a Portal to Thinking Like a Vision 2020 Practitioner</strong></td>
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<td>1:00 PM - 4:45 PM</td>
<td><strong>Education Strategic Plan 2006-2020: On the Move!</strong></td>
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<td>3:00 PM - 4:30 PM</td>
<td><strong>Assessment for Learning: The Integrated Standardized Patient Examination</strong></td>
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<td>3:00 PM - 4:45 PM</td>
<td><strong>The Clinic-Based Laboratory: A Model for Experiential Learning in a Physical Therapist Curriculum</strong></td>
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<tr>
<td>6:00 PM - 8:00 PM</td>
<td><strong>Credentialed Clinical Trainer Forum and Update</strong></td>
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Government Affairs
The $1500 therapy cap on physical therapy and speech language pathology services was originally authorized as part of the Balanced Budget Act of 1997 (a separate cap was imposed on occupational therapy). Since that time, Congress has placed a moratorium on its enforcement three separate times. In 2005, as part of the Deficit Reduction Act (DRA), Congress passed a provision to allow the therapy caps to go into effect with a one-year exceptions process. At the end of 2006, the therapy cap exceptions process was extended for one additional year, ending December 31, 2007. The exceptions process was aimed to ensure access for the estimated 15-20% of beneficiaries needing care above the therapy cap and curb possible over-utilization and abuse in therapy services. Without congressional action this year, an $1820 therapy cap will go back into effect without an exceptions process on January 1, 2008.

We have 118 House and 13 Senate co-sponsors to amend title XVIII of the Social Security Act to authorize physical therapists to evaluate and treat Medicare beneficiaries without a requirement for a physician referral.

With rising student loan debt, H.R. 1134 was re-introduced to amend the Public Health Service Act to provide for the participation of physical therapists in the National Health Service Corps Loan Repayment Program. We currently have 106 co-sponsors in the House. Please check the website to assure your congressperson is listed: http://thomas.loc.gov/cgi-bin/bdquery/z?d110:HR01134:@@@P

Debbie Ingram, PT, EdD
Education Section Government Affairs Liaison

Closing
Together we can make a difference! See you at CSM 2008!

Reva Rauk, CCCE Co-Chair Clinical Education SIG

Alecia Thiele, DCE/ACCE Co-Chair Clinical Education SIG