

Academic Administrators Special Interest Group (AASIG)

Business Meeting Minutes

October 1, 2005

Ritz Carlton Hotel, Pasadena, CA

1. Call to Order (1:00 p.m.) Diane Jette, AASIG Chairperson presiding

2. Approval of the minutes: The minutes from February, 2005 were approved as published.

3. Admissions Data:

The survey data for PTA and PT programs was presented by the AASIG chairperson. The data and graphs are available on the website. PTA Data: The trends for PTA programs include planned class size staying the same but enrollment increasing. Enrollment is closer to established targets than during the 3 previous years. The data includes the number of applicants offered positions as well as the number who accepted. Public institutions appear to meet their targets almost 100%. Those institutions may have targets which were reduced in recent years. (That information cannot be discerned from this data.) Regional data is included, and Northwestern schools appear to be the most selective. Qualifications of applicants are about the same or better across regions.

PT Data: 115 programs responded (slightly more than 50%). The number of applicants/school over last 3 years has been flat but appears to have increased this year, (with a mean of about 100). Targeted class size appears to have decreased slightly in 2003. PT programs are now reaching targets, but the targets may have been reduced because of offering the DPT degree. Public institutions meet targets slightly less than private schools. Public schools have more applicants and appear a little more selective than private schools. Last year, cost and location appeared to influence student choice. Regional data and setting data are included. Admissions data is provided by degree type – doctoral applicants are higher in number than master’s applicants. Doctoral programs appear to have a larger target class size this year. Both types of degree programs appear to meet targets better than previously. Master’s programs appear to be more selective. Less melt occurs for master’s programs. No rationale is available to clarify why that occurs.

Attendees were asked for questions or if the data confirmed perceptions.

4. Faculty Openings Data:

The AASIG Chairperson presented the data for faculty openings (data also available on the website). Few vacancies for PTA programs – 4 programs had 7 vacancies. Two positions had been open for a mean of 6 months; 5 positions were filled.

PT vacancies – 64 programs had none, 36 had 1, 11 had 2 (115 programs responded with a total of 47 current vacancies). Positions open included seeking faculty with expertise in clinical areas and research, but more than one type of need could be reported. Mean

length of vacancies is 6 months. Mary Jane Harris had suggested a new survey question about what programs were doing if the position was not filled. 24 programs hired part-time faculty for full-time positions; some programs employed faculty with credentials less than desired; and for some programs, the existing faculty carried heavier loads. Two thirds of the positions were filled with faculty with desired credentials.

Question about academic administrator vacancies – the Chairperson responded that the exact number was not known because only 115 programs responded.

5. New Goals and Objectives for AASIG:

A. Revision of Object (Mission) of Bylaws:

Mike Sheldon discussed proposed revision in Object (Mission) in the Bylaws. Jim Gordon worked on the Object and developed the language. Mike, representing the committee, moved acceptance of the object as published on the website with the editorial change of adding the abbreviation (PT) in the first sentence after physical therapy and before educational programs.

Questions to Mike: Whether all of the major stakeholders were included in the list in the Object. Responded that the listing was not intended to be an inclusive list but rather would include the most important groups. Friendly amendment to add “but not limited to” after such as and before Commission. Also suggestion to change “such as” to “including”. No objections to the changes were heard.

Comment from Mike that mentoring was not included in the Object and previously we said that was an important task. No response from attendees.

Question about whether the means to achieve these ends need to be included in the Object and that the reference to a Fall meeting may limit us in arranging the meeting at optimal times. Response that the reason for including the timing for the meeting was to highlight the importance of the Fall meeting. Meetings at CSM and Annual conference do not provide the same forum for advocacy and work by the AASIG.

Motion to amend by striking “Fall” from the object failed.

The motion was considered in entirety with the editorial changes to read as follows:

The Academic Administrators Special Interest Group (AASIG) serves as a forum for the sharing and exchange of information about administrative aspects of physical therapy (PT) educational programs. It also serves as an advocacy group for academic administrators around issues of concern in physical therapy education. Academic administrators have established a recognized voice through AASIG to influence the policies of our Association, key organizations including but not limited to the Commission on Accreditation in Physical Therapy Education (CAPTE) and the Federation of State Boards of Physical Therapy (FSBPT), as well as institutions

of higher education. The chief means for achieving these ends is the annual Fall meeting, which presents a balanced agenda of informational/educational programs and advocacy forums in which future directions for PT education can be debated and shaped.

The motion passed.

B. Discussion of Article III – Functions:

Mike suggested that each element be considered separately. Considered element “A” in the proposed revised Functions. No comments or discussions.

Element “B”: concern about other “relevant” communities of interest. Question about the word “input” which seems unclear. Mike responded that the intent was for advocacy. Amended to say to “advocate on matters related to PT education and its administration” and to combine Functions B and C.

Function D – Comment that the Section on Education has a unique relationship because the AASIG only exists within the Section on Education. AASIG’s budget is solely through the Section. AASIG Chair gets a leadership role in the Section through a position on Board. (All SIGS get a position on the Board. They represent the SIG but also take action on Section issues.) So the Section needs its own function.

Suggestion to Mike not to edit (wordsmith) each Function but to understand the intent of the membership in the functions of the SIG and allow the committee to continue the work. Further specific revisions were suspended. The attendees suggested the following items to be considered as part of the intent in the revision of the Functions:

- Exchange of information among academic administrators
- Relationships with external groups regarding educational and academic administration issues
- Relationship with the Section
- Relationship with the Department of Education of APTA (collaborative role)
- Education/information to members of the SIG
- Relationship with other SIGs of the Section
- Relationship with Higher Education
- Relationship with other Sections of the APTA

Mike stated that the plan would be to continue revision, post on the website and discuss at the next meeting.

6. Discussions based on reports – Implications for program administrators: The Chairperson asked for comments about reports that had been presented to the AASIG group before the business meeting. Some of the reports may be available on the website.

Transitional DPT Programs (tDPT): Attendees wanted to discuss the Council of Graduate School’s comment about the lack of legitimacy of transitional DPT programs (a

comment noted in one of the reports). Laurie Hack thought we might want to ask the Section or APTA to address that issue. A comment that the potential for the grandfathering of credentials in the regulatory realm has related issues. Mary Jane commented that the issues may be parallel, but one issue is related to educational quality and the other is state regulation. If the programs are value added, then we need to be providing information to the Council or such groups.

Comment from a member of one program that the faculty members were uncertain about whether the graduate council at their institution would consider the transitional program. The program found that the council would consider the program but had perceptions about what any doctoral degree might include. That council did not wish to include the master's degree as included credits. The programs without graduate schools may have less resistance to offering such programs. The lack of accreditation may contribute to the perception of a lack of quality. Comment that we need to continue to try to educate such groups so that they understand the total hours and credits that physical therapists possess. Experiential learning not accepted by some regional accrediting bodies, but we need to help these groups understand.

Comment that 15-20 credits may look like too few to the Council of Graduate Schools, but other health professions have taken the more extreme action of grandfathering in all practitioners. Our profession has decided to have a program of study to ensure additional skills. The Council is interested in the integrity of the graduate degrees offered by Graduate Schools. Comment that they want standards for a doctoral degree – they do not care about regulatory issues. We need to understand their point of view and address their concerns.

Comment that the variability of the required credits provides additional confusion. We must believe that the degree is value added or we should be working for grandfathering.

Additional concern is that some of the institutions offering doctoral programs were only offering undergraduate degrees before transitioning and no other doctoral programs are offered.

Comment that we all have the same idea that information and communication must be provided to these communities of interest. The AASIG has the responsibility to provide information to these groups.

Comment that best practice needs to be communicated and needs to guide our discussions. Questions about whether regional accrediting agencies are raising the same concerns. Response that some institutions accredited by North Central had inquired about offering a tDPT when they did not offer physical therapy education or other graduate programs. Those programs appeared to be more like continuing education. Another comment that the graduate school of one institution discussed the proliferation of the tDPT programs and expressed concerns about the proposed degree at that school. An advocate was able to persuade the graduate school to consider the proposal.

Questions about the APTA's competencies and curriculum – is that what we should use? Laurie Hack was describing good practices – that tDPT programs should exist and that credit should be awarded only when certain standards were met. The AASIG should ask the APTA to develop a response to the Council and to develop a statement of good practices that should be sent to the educational community. Comment that institutions have autonomy with regard to most programs. Neither the APTA nor the Council will tell institutions what to do. Suggested that one of the working groups take on this issue and come forward with a recommendation.

Question about why we are avoiding a discussion of accreditation for the tDPT programs. CAPTE is not currently accredited to accredit post-professional programs. The process will be lengthy, 3-4 years, and tDPT issues may be almost gone.

Fellowship and residencies are credentialed. What about that process for tDPT?

Comment to take caution and not react too quickly because many graduate programs vary within their disciplines. The regional accrediting bodies then have responsibility for judging the value of such programs.

Comment that quality problems exist but may not be pervasive. We should study the existing programs and attempt to police ourselves. The AASIG has no official position regarding the tDPT. We might be premature in advocating to the Council when we do not know what exists. We need to examine the quality of programs.

Comment that the discussion has proposed several different foci. Simply – could explain the purpose of the tDPT is to add concepts and skills to people with existing extensive graduate credits at the entry-level. One attendee was in favor of a statement of best practice standards. Not in favor of trying to police the programs.

Comment that the problem may be a short-term issue. A school with a program has been collecting data. Programs who accept master's graduates from the last 10-15 years seem to achieve the intent of the tDPT in few credits. The majority of programs meet only 50% of the competencies recommended by the APTA Task Force. Few programs met 90% of the competencies.

Faculty Salary Survey: Question about faculty salary survey results. Response that the information is on the Fact Sheet on the website.

Joint Commission: The Joint Commission's interest in interprofessional care appears inconsistent with APTA's vision statement which includes statements regarding practitioner of choice and autonomous practice. (The Commission's interest had been mentioned in one of the reports.) Jan Bezner responded that the group she participated in did not know about APTA's statement but did seem displeased with physician's stance on autonomy. Comment that one physician group in Chicago had concerns about our statement. Another comment that the desire for collegiality with us seemed apparent in the Joint Commission group. We need to look at various models. Another comment that

this concern/interest in interprofessional care should be viewed as an opportunity for leadership, funding, etc. Attendees expressed an interest in participating in an action group on this topic.

Continued Competence: An attendee commented on post-professional educational options besides tDPT. We need a shift from entry-level and transitioning to issues of continued competence. Jan Bezner was asked to comment on the Division's strategic plan – she responded that one or more goals are likely to relate to continued competence. She indicated that the AASIG will have the chance for input into those goals.

The chairperson commented that many other communities with related interests such as residencies and fellowships want to speak with this group and discuss options for continued education, competence and specialization. Another comment that we need to attract the residency programs, etc into collaboration with academic programs which can provide educational theory and support.

Laurie Hack commented that other models exist besides the medical model. She had been asked today to consider a Residency/Fellowship SIG for people who teach in those programs. The Section and the AASIG need to take leadership roles on these issues.

Comment that we need to define competency. Response that we need to look farther and prepare faculty, researchers, clinical researchers, etc as needed for post-professional education. Comment that we may be in a crisis because our DPT graduates are not interested in additional education as it now exists. Historically, the profession advanced by continuing education, additional credentials, etc. If that process stops, then the profession may not continue to advance in the same way. We need to develop programs for these graduates. Jan Bezner indicated the intent of APTA to have a group to discuss the role of higher education in post-professional education.

Comment that current graduates with high debt do not appear interested in PhD advancement so we may not continue to grow any faculty or scientists. Comment that we advance learning, but we have not changed patient practice significantly. We do not have prescriptive skills and graduates may be frustrated by increased knowledge and no way to express it in practice.

Comment that we need to discuss these issues rapidly to continue to advance the profession.

Regulation regarding the tDPT: A motion was approved in the 2005 HoD that regulatory aspects of tDPT be studied. We need to give input to Barb Sanders, a SIG member who may be able to represent our view. Barb stated that she was not certain of the exact charge. Something like “To investigate the appropriateness of regulatory change” She noted that the group will decide the exact agenda and begin work to respond to the charge.

Federation of State Boards of Physical Therapy: Diane reported that she had received a comment about whether PTA exam issues and a cut score study will be discussed. The Federation representative did not include that information. Comment that the information from the Federation was helpful and glad they were here. The representative had given a learning presentation rather than a report. Reports from FSBPT will not be planned for future meetings.

Discussion of the External Liaison Panel to the Federation. Laurie apologized that she thought the Federation had the document, but they did not know about it before dissemination here. The Section was charged with developing talking points to take to legislators. The Section felt that this document from the Panel serves this purpose. The Section needs to know future interests of AASIG. The lawsuit continues to exist, and the Section may take other paths while that issue is resolved.

Question about the specificity of reports from FSBPT that can help schools in curricular issues, etc. One member hoped for such input as cardiopulmonary evaluation, not just evaluation. Mark Lane responded that a content area must have about 10-15 questions to justify content area report. The FSBPT has obtained feedback about the reports, costs of the reports, navigating the website, etc, and staff are trying to develop recommendations and changes to try to respond to program concerns. Will try to provide statistical information related to using the reports in the most meaningful manner. Suggestion about the use of the reports for program assessment as a possible presentation by FSBPT at a future AASIG meeting.

Question about whether the Essential Skills being developed by APTA and the examination work being done by the Federation are coordinated. Jody Gandy commented that if an item is included in the Blueprint, then it will be incorporated in the skills.

Comment that the chair of the PTA Educators SIG had discussed with the FSBPT the issues for the PTA exam. The response shed some light – no security breach for the PTA exam; not the same variability for the PTA exam; few schools have very low scores. A concern to the PTA Educators SIG is the disparity between CAPTE criteria and the Blueprint that reflects practice.

Comment about talking points proposed in the External Liaison Panel document – these actions were already discussed at the Federation’s Annual meeting and reports are due next year. Analysis of fatigue issue – was that included at the Federation meeting? Not included in the discussion exactly that way. Mark Lane responded that the Federation was examining all of these issues, ADA accommodation for a 10 hour test, etc. Few examinees take the full 10 hours. The issue of adjustments for examinees if fatigue was found to be a problem has not been discussed. Diane Jette reminded the group that the Section on Education had proposed a motion to the HoD to consider alternatives to the Federation ownership, etc and that motion was withdrawn since many actions were occurring.

POPTS report: Some concern was expressed about all of the content to be included in entry-level curricula. Question about how many programs are not using POPTS as clinical sites. Show of hands revealed more than 50% of those present. Comment about the difficulty of accessing the financial status of sites.

Research Funding: Report on research agenda seemed appropriate in light of workload presentations on the previous day.

CPI report: Concern about whether clinical sites and instructors will have access to on-line learning. Many attendees agreed. Jody Gandy clarified that alternatives to electronic version will exist. Schools can download the instrument and send to sites. Does not resolve training issues at this time. CD version might be helpful to some clinicians who could get assistance. Does a fee exist for training? The fee issue has not been resolved but is expected to be similar to the first version of the CPI which was \$100 per institution using the form. Some costs need to be recovered.

Tony DeLitto discussed responsiveness of the instrument and the hope that training will help reliability and validity issues. Several questions about security in accessing the form and about security for students. Response that the developers are aware of these kinds of issues and will develop an appropriate process.

Comment about whether schools are going to have choice in participating. Response that a choice has to exist. Input and output options for educational programs as well as APTA needs to be considered in the development of the software. Tony delineated between the study and the use of the instrument as a product. Study has de-identified information – schools and students unknown to researcher. Jan Bezner commented that when the database is migrated to APTA, the concerns of this group will be addressed, and input will be sought. Commented on the opportunity for developing a national database – hoped all schools will participate. Tony reaffirmed that the study has IRB approval and has complied with requirements to protect students.

Comment that schools might like to train CIs with motivational factors like CEUs, lunch, etc. APTA will need to examine a system that will allow for large group training at one time. Question about whether CEUs will be awarded. Response that the capacity exists to allow CEUs. Question about the actual scoring on the CPI. Response that the score is categorical – have to meet all criteria to move to next criteria. Planned usage should be same as the study of only categorical scoring. Some discussion about whether progress within a category can be reflected. Progress may be reflected in the comments section or possibly within a category. Study expected to be completed in March but may need additional data collection for some areas.

4. Nominations for open posts: Lisa Ann Stehno-Bittel listed the 3 open positions: the chairperson, the secretary and one position on the nominating committee. The nominating process will stay open for additional time.

Mary Rogers and William Quillen have been nominated for Chairperson.

Beth Marcoux has been nominated for Secretary.

Mark Wiegand and Stan Dacko have been nominated for Nominating Committee

5. Meeting Planning for 2006 – The site of the 2006 AASIG meeting has not been determined. A select set of cities has been proposed by the Section board, and the meeting could be rotated among those cities. A place that would draw numerous clinicians is important because the Clin Ed SIG and AASIG will continue with a joint meeting. Savannah, Georgia was offered by David Lake. Portland, Oregon was suggested as a good site. Minneapolis, Denver, Colorado Springs, Fort Lauderdale – Miami, Chapel Hill, Salt Lake City, Pittsburgh, Boston, and New York were proposed. Program ideas: Interpretation of Federation Reports for effectiveness of programs

6. Work Group Formation - groups to meet briefly and decide when to meet

1. Transitional DPT and response to the Council of Graduate Schools
2. Joint Commission white paper – interprofessional education
3. Post-professional education
4. Research

7. Announcements:

Neurology Section clinician award – seeking nominations, due in November.

Thank you from Louisiana for help with evacuees (from LSU Shreveport). Shared that HSC in New Orleans is devastated. Students have lost everything, and the program is relocating to Baton Rouge for the interim with hope to go back in January. 74 of 76 students returned to class on Monday. Faculty lost a great deal. LSU – HSC has a Foundation where monetary gifts can be given, and you can designate the School of Physical Therapy. Suggestions that writers could ask publishers to donate books to schools in need. PTA program in New Orleans appears to be devastated as well. CAPTE unable to locate the program director or students.

8. Adjourned at 4:40.

Respectfully submitted,
Venita Lovelace-Chandler
AASIG Secretary