

PHYSICAL THERAPIST ASSISTANT PROGRAM
Advisory Committee Meeting Minutes
Date: November 4, 2014
Building: 30 Room: 121
Note Taker: Kelly LaCost

Meeting called to order: 6:00 p.m.

PRESENT

Members: Joan Globus, PT; Kristi LeBlanc, PTA, 2013LCC Grad; Marcus Janky, PTA, 2013 LCC Grad.; Kelly Marlow, SPTA, 1st year Student Rep.; Erin Enright, PTA, 2011 LCC Grad.

RCC by Conference: Candace Taylor, PTA; Christine Morris, RCC TACT Coordinator, Allied Health Services

Faculty/Staff: Christina Howard, MPT, Program Coordinator; Beth Thorpe, PTA; Kelly LaCost, Admin Support

ABSENT

Members: Chair Rick Bocko, PT ; Vice Chair Dennis Wilkerson, PTA ; Maggie Cooper, PT; Leslie Godfrey, PTA; Kirsten Camerer, PTA; Jill Andrews, PT; Donovan Riley PT; Camilla Fortune PT, Danielle Curran, PT; Heather Chavin, COO NAIOMT

WELCOME AND APPROVAL OF MINUTES: Approval of Spring 2014 Minutes, meeting was dismissed, there are no minutes to report or review.

INTRODUCTIONS: Round table introductions. Absent members are announced. Christina would like to encourage the committee to invite new members. We suggest that if new members would like to continue, that they make a three year commitment, a total of 9 meeting. This allows for continuity and the forward movement of initiatives.

AGENDA ITEMS:

I. Program Updates/ Christina Howard

This year there are two cohorts here at Lane and two distance cohorts at Rogue Community College. We have nine second year and eight first years at RCC. Here at Lane, we have 22 second years and 12 first year students. Outcomes are good. The last look at employment data for 2013 was 100 percent, the exam pass-rates and graduation rates from this program are higher than the national average. We have been awarded five additional PTA specific scholarships for students this year. We recently had a speaker series where Bill Temist did our first workshop in spring last year and Kenji Carp did the second one in the fall. The cost for advisory members and alumni is \$35 for the two-hour course, we will be having the next one January 2015. This one will be taught by Joe Uhaun who is an ultra-runner. He will be sharing his research on "gate mechanics" or related topics. So far we have raised \$3,400 from these courses. The community speakers are donating their time. NAOMPT sponsored the first one, they have been very supportive of this initiative.

This is our 6th class of students from when we started this program here at Lane. We are starting to see some national trends that are being mirrored here in Oregon specific to clinical education sites, and the role of the shifting DPT curriculum and enrollment. The economic

impact and how those are being framed by clinical sites in terms of participating in clinical education. The noticeable impact is that we are seeing a reduction of sites that are accepting our students. We have identified through those partners, that one of the factors is another PT program has been added in Oregon; George Fox University has 60 students scheduled to graduate this year. Pacific University has increased their enrollment to 50 from 36. Along with that, we are finding some of the newer DPT graduates, with seven years or less experience, in Oregon in particular, are less familiar with the scope of practice that employs a PTA.

The criteria for CAPTE is currently under revision, the third draft has just gone around for feedback and comment, a lot of PTA educators are providing that, making sure that there are curricula indicators insuring that graduating PT's understand the scope of practice to increase the visibility of the PTA resource in their curriculum. The speaker series we are doing is one way to show PT's and PTA's together in an educational setting, studying the same content and working together in an educational setting and working together as colleagues. This has been involved with consortium with Pacific and George Fox and Mount Hood; they are doing continuing education for CI's as a group and increasing visibility above the PT, and the PTA education, and positively impacted PT's who would previously not been open to accepting PTA's. We did have a lot of people in southern Oregon agree to accept students when we applied two years ago, but those pledges have not manifested. The result is the existing sites that originally accepted one student are now taking two. This puts at risk of burning out our clinical sites. Of the hospital sites that we have contracts with, 86 percent actively take our students. In the skilled setting it is about 65 percent. In the outpatient setting it is 44 percent. Even though the outpatient facilities are more abundant in the state, we have a low percentage of them taking students.

II. Christina would like to task the advisory committee tonight to have an open discussion about:

1. Your experience in your places of work with regards to utilizing PTA's.
2. What you have found successful as a PTA, in terms of demonstrating value to the organization that you are working for, and how they value you.
3. Also what you think may be a successful approach to coaxing clinical sites to see accepting PTA students as an opportunity for sustaining their own professional growth, and sustaining their own clinical operation.

III. Committee Responses To The Questions:

Erin Enright says that she has been working in three different skilled settings in Medford and she feels it was really effective to make it a priority to speak directly with the PT of each patient to let them know that serving them is our main priority. There are PT's that are running all around and sometimes they even have to bring in PT's from Portland to handle the workload. It is really important to make yourself available for them. Christina asks if the PT's that Erin talked to, had worked with the system before. Erin responds that the experiences that were shared with her were positive. She has also heard from some PT's that don't utilize PTA's that the reason is that they don't think the PTA's can help them with their paperwork. They didn't bother to hire them for this reason. Christina adds that Oregon has a broad scope of practice on this topic compared to other states. Erin says she has heard from clinical instructors that it really helped their PT's strengthen their skills when they had to go back and review information when training a student. She says that we should stress that advantage to the PT's.

Kelly Marlow responds to the questions: she received feedback from one PT that she had not utilized students in a long time because she had negative experiences with previous students. Christina says that as a program we made a change in the program policy manual last year for just this reason; we have added behavioral thresholds that in the case of behavioral issues will not allow progression unless there is substantial growth overtime. In order to succeed the students will need to show professional behavior.

Kristi LeBlanc says that she received feedback as well on the same topic. Two PT's in the facility where she currently works had previously shared a student between them on both experienced very negative results. One PT in particular had such a bad experience that she said she would never take another student again. She notices now that where students are concerned, the opportunities that are presented in the clinic are only for the PT students and the PTA's are not offered the opportunities. She reiterates that one negative experience with a PTA student can set a pattern for the future. She thinks another reason they don't take students is that they hire a lot of young PT graduates and that those recent graduates are not interested in working with PTA's. She noticed that after she has made an effort to connect and support her PT, that she is being integrated more and more. So she concludes that modeling the partnership it is more accepted.

Christina asks how clinical outcomes are being reported. Kristi says that productivity rates are tracked only by PT's. Christina inquires about how visits and discharges are tracked by the clinic and Kristi says it is only tracked by the PT. Christina asks if there is an opportunity in the clinic to ask if it could be reported if the visits and discharge rates could be reported in a way that includes data specific to PT only vs PT's using an assistant. It might increase the visibility of the partnership.

Erin says that Infinity Rehab has a system of reporting that includes a drop-down box to select who treated the patient for each visit. This information is also available online. The data is not shared in the clinic actively but is available to everyone. The culture is very accepting of PTA's in general.

Marcus says his facility is very small. It is just him and the PT. They share the workload evenly. It works well. The PT does the initial visit then Marcus takes the case from there until the last discharge visit where the supervising PT does the discharge.

Joan says in acute care they use assistants, but in neuro, inpatient re-hab, and outpatient re-hab they don't. What frames that decision is that the majority of their clients are complicated and as a PT at least once a day she needs to do an additional assessment. If she had an assistant she would have to end up pulling them away. Some of her patient's level of care is too complex and more complex than the level needed in a skilled nursing facility. Joan says the staffing is different and that creates a challenge.

Kristi says there are seven PT's in her clinic, and there is not a standard for partnerships. It can vary how the PT's and PTA's work together.

Christine in RCC says the clinicians are so busy and the climate is not improving, that they simply don't have the time to devote to students. Taking students is low on the priority list in this day in time. In the past it was more common to accept students. Now we get sites asking what is in it for them. Beth says that the opportunity to earn CE credits for people who take students and are credentialed clinical instructors has improved our involvement. Last year we had 36 instructors were credentialed with the APTA, this year it was 72, that's a 100 percent increase. Now when they take a student, 1/3 of their CE credits can be earned. Beth's involvement on the state level is paying off.

Joan says that with the last student she had, she was coming in early to work with the student on orientation and the clinic asked her to not come in early because that would impact productivity.

Erin says that it's a bigger picture. That we need them to understand that this is a social responsibility. Someone could put together information on the value of these opportunities. Beth says Pinnacle is giving a stipend to CI's who take students and Consonus and Infinity are giving a productivity break to someone who takes a student. Those groups have been hiring our graduating students. The CE courses are also very well attended. We had 60 people at the last class. Beth is working to help smooth over places where there are challenges between CI's and students.

Highlights:

- We potentially have an opportunity to tap into organizations social responsibility element.
- The PTA's are their own best direct marketing source and that developing those relationships with PT's with confidence and keeping those lines of communication open and initiating conversation, are the best way to strengthen the role of a PTA in the clinical environment and show the asset that a PTA can be.
- The act of taking a student can be a powerful form of professional development and can be presented to facilities as an opportunity for therapist to work on clinical reasoning skills with clinical providers.
- Clinicians are busy. What can we do to as a program to get a campaign out there that doesn't require people coming in after work hours to get the information we want them to have? One idea was a podcast or video where we would interview CI's and PTA students. We could have it professionally edited here at Lane and send an email link to the facilities and PT's. We can address common challenges and highlight the benefits of taking students in the video.
- Another idea is creating an open-source email with a link to the video. Possibly offering a post test of some kind and continuing education credits. This video could work to connect people with their own experience of having a CI or teacher that had an impact.
- We could do a CI of the month as opposed to each year. We could publicize the awards with more effort. Maybe each term might have more value. We could send the awards to Joan Ashum to put out a press release.

Tasks:

- Christina asks everyone to generate two or three questions or themes on social responsibility of taking PTA students or PTA's in the workforce. Taking students in clinical sites being the main focus. We can work with the college's marketing people to have them help us script the message.
- Give two or three names of classmates or colleagues who you think would be good on camera and would be a good representative of PTA. Ask for stories of inspiration where it is demonstrated that someone's professional life was changed and positively affected by a CI. If we could get the name of that person who helped the student then maybe they would be willing to be in the video.
- Get some ideas together and send them to Christina in the next two or three weeks and maybe by the time we get together in winter we can have a script to look at and go from there.
- Beth and Christine in RCC could talk to sites that have taken our graduates and ask them to tell how the program has added to their value to clinic in the video.
- If you have a patient who would like to join the advisory committee then please get them in touch with Christina.

Meeting adjourned at 8:00 pm

Next Advisory Meeting:

Tuesday, February 10, 2015 6-7:30 pm 30/121