****

**ORAL HISTORY SNAPSHOTS**

**Reflections of Key Leaders Across Time**

**Corrie Odom, PT, DPT, MS, AT-Ret (Corrie)**

*Corrie, as an influential leader in clinical education with perspectives gained from multiple vantage points, your reflections on the emergence of ACAPT are particularly important. Please tell me first what you think the impact of the American Council of Academic Physical Therapy has been thus far on education and physical therapy.*

From my perspective as a clinical educator, I think ACAPT’s formation has been very, very positive. It is affording more opportunities to empower academic administrators than some of us thought might ever exist! Whether these are program directors or deans, or others who make decisions about professional education physical therapy, they are now empowered, and I think ACAPT is where the power needs to lie.

*As ACAPT emerged, you helped to introduce a structure related to clinical education that was somewhat different than the Clinical Education Special Interest Group (CESIG) in the Education Section. Tell me how this new structure emerged and how you think these changes have influenced the landscape of communication, decision making or interaction about clinical education.*

In 2010 when ACAPT was forming, I was the co-chair of the Education Section’s Clinical Education Special Interest Group (CESIG). At that time, there was uncertainty about how stakeholders other than academic administrators would gain a voice in the structure that was being created to replace the Academic Administrator’s Special Interest Group (AASIG). Originally, this structure didn’t provide a direct route for the concerns of the clinical education community to be voiced. I remember Dr. Terry Nordstrom, who was on the organizing committee for ACAPT, informing me about a process being developed to represent unique aspects of academic physical therapy (e.g. research) with formalized consortia. With Terry’s support, and in collaboration with Donna Applebaum, Cindy Flom-Meland and Peggy Gleeson, I participated in proposing the National Consortium of Clinical Education (NCCE) that was approved in 2013. The NCCE is comprised of “institutional pairs” created with the Director of Clinical Education and one clinical partner from each member institution of ACAPT. Its focus is clinical education for physical therapists. The Education Section’s CESIG continues to serve physical therapists and physical therapist assistants interested in education. Although there is clear crossover of issues addressed by these two member groups, the NCCE provides the first opportunity for clinical educators to have an equitable voice within academic physical therapy through ACAPT. This has been a real win-win!

*Beyond seeing the NCCE help integrate the clinical and academic environment, are there products or initiatives that occurred as result of this new structure for clinical education within ACAPT?*

Before ACAPT was formed, the various groups interested in clinical education for physical therapists didn’t intermingle effectively, and thus had difficulty launching and coordinating initiatives. As ACAPT formed and the NCCE emerged, the first product important to clinical education was the 2014 Clinical Education Summit. During the planning for this important conference, the leaders of ACAPT and the Education Section genuinely looked to the NCCE and CESIG for authentic feedback and recommendations. Since then, some of the recommendations from the Summit have been addressed by the NCCE and some through the Education Leadership Partnership (ELP), a group developed in 2016 to link ACAPT, APTA and the Education Section. The conversations we are having now at all these levels demonstrate a much greater representation of stakeholders and sense of collaboration. It is making us all better!

*There were several important meetings associated with development of ACAPT, including that memorable one in Philadelphia. Can you remember a memory or anecdote from those events that can add to the picture of how ACAPT emerged?*

In the discussion about ACAPT’s organization at the 2009 Education Leadership Conference (ELC), I remember being one of the many clinical educators present who were wanting to know where the voice of clinical education would be in ACAPT’s new structure. At the time, I was a Director of Clinical Education (DCE) and on the slate to become the chair of CESIG, and it was not clear at this time that there would be any voice for the DCE/ACCE. I recall Dr. Gina Musolino rallying support from clinical educators to express the feeling of being left out – even though the leaders of ACAPT reassured us that there would be a place for clinical education within the new organization. Gina encouraged me to openly express my concern that this new organization may not be inclusive of clinical educators and may not serve the interests of clinical education – and I spoke up! I look back now and laugh because I know the academic leaders *did* care about clinical education and *did* develop the opportunity for academic clinical educators and clinicians to have a strong voice. In fact, the opportunity is much greater now than it ever would be had ACAPT not formed!

*Now, using your crystal ball, what do you envision to be the future of ACAPT and its partner components and stakeholders?*

I like the feeling of ACAPT continuing to be linked to APTA, and I trust the leaders of those organizations to make the best decision on behalf of members. Nothing big like this happens without a lot of people willing to work for change. Development of ACAPT was bold; it was new, and I am sure it was a little scary for those at the top. But I think if people will choose to be engaged, open minded and interactive, we will move forward together. I believe in the Education Section (now the Academy of Physical Therapy Education) and in ACAPT and understand their crossover interests in education as well as their differences. I am really pleased to have been part of both member organizations and know that it is the people that will make both organizations as strong as they are. Even so, what I really want is for ACAPT to find, support and embrace ways to have academic programs connect with clinical educators so that these important stakeholders are truly linked with the institutions they serve. That is what I hope will be in our future!

*Corrie, let me thank you for your work to put together the framework for the NCCE and for your commitment and leadership in clinical education. On behalf of ACAPT, I also thank you for your thoughtful responses to this effort to document what has happened in the academy of physical therapy over the last ten years. Thank you so much!*