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**ORAL HISTORY SNAPSHOTS**

**Reflections of Key Leaders Across Time**

*Dr. Steven Chesbro, thank you for participating in ACAPT’s efforts to document its beginning history. From your various academic and professional positions, what observations did you make as ACAPT was emerging and did these observations change as your professional roles changed?*

I was a Program Director when the Academic Administrators Special Interest Group (AASIG) started discussing what is now ACAPT. I knew then that we were trying to formalize what academic administrators needed and wanted to do about PT education. This had a profound impact on changing our view of how to pursue excellence in PT education. My day-to-day interactions with ACAPT changed when I became a Dean, but I still followed what ACAPT was doing and how it was similar or different from AASIG or the Education Section. It was interesting because none of the other health professions in my college had this type of formal space within their professional organizations for academic Program Directors to pursue their interests.

*What do you think the impact of ACAPT has been thus far?*

A whole new set of agendas has been developed to address academic physical therapy and we have moved to something more formal than AASIG. A lot of energy and a lot of excitement were created in developing ACAPT and I saw a lot of activity in academic PT that I didn’t see at the same pace in any other profession. Now, from my view as ACAPT’s Vice President of Education, I see that ACAPT has leveraged the opportunity to create *interest* in various aspects of academic physical therapy (a precursor to creating change) that may not have been present before. From a developmental perspective, buy-in from the community, interest and a perceived need for change must come first. Whether in inter-professional education, clinical education or research-intensive institutions, opportunities were created that would not have existed in AASIG. The developmental path was paced for ACAPT’s needs, and the interest and excitement created the energy to move the priorities of the academy forward.

*What do you think are the priorities of ACAPT now?*

We must think about education in the future and how we are going to realize our vision. ACAPT has made major contributions to the Education Leadership Partnership (ELP) to ensure that the profession moves forward collaboratively and avoids duplication of effort among ELP’s three partners (APTA, the Academy of Physical Therapy Education and ACAPT). The work of these partners has created priorities in : 1) outcomes, 2) essential resources, 3) education research, and 4) academic and clinical partnerships. ACAPT’s contribution has helped to leverage opportunities without losing the unique and independent role of each partner. However, ACAPT must make sure it is meeting its own member’s needs and use its original goals and missions to keep focused on why it exists. The biggest challenge to ACAPT is to consider change in clinical education. Catherine Worthingham in the 60s and Helen Hislop in the 70s both described challenges in PT clinical education in their times, and we have not changed much since then. ACAPT has created the National Consortium for Clinical Education (NCCE), sponsored the 2014 Clinical Education Summit and created the Strategic Initiative Panels. The challenge is to make *meaningful* change in clinical education, change that would help us truly embrace the role clinical education plays in the whole education enterprise.

*What counsel would you give to ACAPT about PTA education as it moves forward in its next developmental stage?*

When we created ACAPT, we did not include PTA education because we thought tackling the differences between the two might diminish the significance or the opportunity for the other. If ACAPT were to revisit this issue, it would be critical to make sure the resources are available to help both education processes succeed. I believe the PTA community needs something similar to ACAPT to support its work, but whether ACAPT is the right home is a question for ACAPT and the PTA community to answer.

*What special moments, stories or anecdotes do you recall that are important in ACAPT’s early history?*

One memory was hearing Geneva Johnson talk about a pre-AASIG council or group in which she described the honor she felt to participate in that group. There was a very formal process with high expectations such that if she could not attend a meeting, she had to send someone and prepare a letter explaining that this person was attending in her absence. That simple example demonstrated for me the importance of the academic community acting in the way she described, and I believe ACAPT can accomplish that.

*What do you aspire for ACAPT in the next 2-5 year?*

ACAPT is in a unique position to bring PT education programs together to generate data that truly changes the direction of PT education. CAPTE’s responsibility for data collection is to measure the outcomes expected by the US Department of Education and not collect data that speak to excellence. The majority of the 250 PT programs are members of ACAPT and they have an opportunity to collect data that currently does not exist anywhere else and that could be used to drive decision making in the academy. They have been working toward this with the Benchmarks Taskforce. Setting benchmarks will enable ACAPT define the best practices in education that help programs achieve beyond the minimum standard set by CAPTE. Through its institutional membership, ACAPT can inform where we need to go as a profession because its members are professional educators with a powerful potential to influence the academy.

*Steven thank you so much for your leadership and observations about the development of ACAPT as a new organization!*