

**2017 ASAHP ANNUAL CONFERENCE**

The Association's 2017 Annual Conference will be held at the San Antonio Marriott Riverwalk in San Antonio, TX on October 18-20. The theme of this year's conference is: *ASAHP At 50 - Reflections On The Past, A Window To The Future Of Healthcare.*

Readers of the ASAHP UPDATE are requested to mark their calendars and plan on attending this important event. Apart from an Awards Dinner, opportunities to engage in networking and a Town Meeting to discuss key issues, the event will feature several plenary session presentations, along with a series of approximately 100 presentations both in concurrent sessions and at a poster session.

Rooming rates begin at \$209 per night. Attendees may book within the room block through **Monday, September 25, 2017**. The special room rate will be available until the group block is sold-out. Rooms can be reserved online at <https://aws.passkey.com/event/49276087/owner/13181/landing?gtid=bf388d33587faf5ebd95f3e0c80593d5> or by telephone at 1-800-648-4462. Attendees should make sure to indicate they are with the **Association of Schools of Allied Health Professions** to identify being part of the room block.

**EDUCATIONAL ENROLLMENT**

The health workforce of tomorrow will be affected by today's educational patterns. According to the U.S. Census Bureau, the number of students enrolled in America's schools reached 77.2 million in 2016. Since 1996, total school enrollment has grown 9.9%. Enrollment in kindergarten through eighth grade increased from 36.1 million in 2006 to 36.6 million a decade later. In 2016, non-Hispanic whites made up nearly 51% of all students in kindergarten through eighth grade, while Hispanic or Latino students made up 25.1%. Black students were 15.1% and Asian students were 5.4%. The number enrolled in high school remained steady between 2011 and 2016. Full-time college enrollment (undergraduate and graduate) increased for men, women, and all race groups. Full-time college enrollment in 2016 was 75.1% of all enrollment, up from 70.0% in 2006.

**JOURNAL OF ALLIED HEALTH**

The print edition of the Fall 2017 issue of the Association's *Journal of Allied Health* is scheduled to be distributed in September. As a means of reducing a backlog of manuscripts accepted for publication, the issue will be larger than usual.

Two aspects are worth noting. A new featured section called "Interprofessional Practice and Education" was created. Prior to expanding the size of the Fall issue, the new addition originally was planned to appear in the Winter issue. Its presence now will be inaugurated with an article that discusses interprofessional education in allied health using virtual technologies.

Also, the ASAHP Board of Directors commissioned a paper involving employers' viewpoint on clinical education. It was accepted for the Fall issue. Physical therapy provided in a student-run pro bono clinic and deans' perspectives on clinical education are examples of some other articles published.

An Editorial furnishes journal production data for the period September 1, 2016 to August 31, 2017. During that timeframe, a record 130 manuscripts were submitted, however, the total number of papers requiring some form of action is not adequately represented by this figure. That amount really is 190. It includes revised manuscripts resubmitted on more than one occasion and manuscripts subsequently withdrawn for various reasons.

During the past 12 months, it took an overall average of 47 days from the time an article was submitted and a first decision was made and 89 days from initial receipt to a final decision. Individually, averages differ by type of manuscript, such as original research articles, commentaries, potential patterns, and research notes.

Two factors are involved: how long it takes for reviewers to furnish assessments and the length of time needed for authors to produce revisions. Currently, the Journal has 242 reviewers. During the past year, 133 of them either completed reviews or are involved in papers that are pending. If history serves as a reliable guide, of the 130 papers that were submitted, approximately 60-65% eventually might be accepted for publication.

## ALLIED HEALTH PROFESSIONS WEEK

*Allied Health Professions Week* will be observed on November 6-12, 2017 to honor educators and providers in the allied health professions. A wide variety of activities may be undertaken that week on campuses at ASAHP member institutions to highlight the allied health professions and achievements undertaken at a school. Examples are:

- Designate an “Allied Health Professional” or “Allied Health Student” to be honored each day of that week.
- Sponsor a luncheon to recognize honorees and invite allied health leaders/faculty from area institutions.
- Invite a guest speaker to celebrate contributions of the allied health workforce to health care. Host a breakfast or lunch with the college/university president or provost.
- Display Allied Health Professions posters throughout the institution.
- Furnish profiles of a variety of allied health professionals, educators, and students for the campus newspaper.
- Provide local media representatives with ideas for articles and opinion pieces about allied health.
- Set up a display table in a central location to distribute promotional literature, provide brief demonstrations, and highlight the various allied health professions.
- Invite high school guidance counselors to a luncheon on campus to discuss career opportunities in allied health.
- Invite a select group of local high school students to “shadow” allied health professionals for a few hours to obtain firsthand knowledge and experience.
- Provide students and faculty with allied health t-shirts to wear.

Members are requested to inform ASAHP staff about events that occur during Allied Health Week. This information and any photos that are submitted will appear in one or more upcoming issues of the Association’s newsletter TRENDS.

## COMPETENCY-BASED EDUCATION

As indicated in the August 15, 2017 issue of the *ASAHP UPDATE*, Eduventures’ two most recent reports, “Deconstructing CBE: Portraits of Institutional Practice” (published last month) and last year’s “Deconstructing CBE: An Assessment of Institutional Activity, Goals, and Challenges in Higher Education,” were described. Presently, three key questions are of interest:

1. Does the variety of CBE models and practices exacerbate the challenge of aligning a technology ecosystem with a CBE program?
2. If one decided to implement a CBE program, how would the technology ecosystem need to look?
3. Would it have to be different than one that supported a more traditional program and, if so, in what ways?

Conversations were held with leaders at six institutions regarding critical areas about the role of technology in supporting CBE. A report based on these interviews will be published later this year. A glimpse of some initial findings are:

-In the age of online streaming, many students expect engagement with a video or piece of music to be available the moment they make a payment. Likewise, many students enrolling in online CBE courses expect that they can begin the course when they complete registration. Yet, it could take up to a week for a student to start a course after registration, no matter how well integrated are the different solutions required to share data. A series of daily system update cycles also can produce delays.

-Many institutions are looking to launch CBE programs alongside traditional programs, offering students a choice. For these institutions, a fundamental question is whether there is a single solution they can use for both programs. Many interviewees found that vendors design solutions for either program, but not both.

-If offering federal student aid, institutions must ensure that students and instructors have “regular and substantive interaction.” Interviews indicate that solutions fall short in this respect. While certain solutions make it possible to track aspects of instruction and engagement with instructional materials, it can be difficult to track other interactions, such as tutoring and advising, which may take place offline. Some institutions had to deploy other means, such as manually recording these interactions.