

2019 AMTA AOD

AMTA Assembly of Delegates Report 2019

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The AMTA Assembly of Delegates met on Wednesday, October 28, 2019 in Indianapolis, Indiana to discuss and vote on the following ideas:

Position Statement Idea: Online education is an appropriate method to deliver curriculum content for non-psychomotor subjects in massage therapy entry-level training and continuing education.

Discussion Topic 1: What specifically does “speaking the same language” mean in relations to massage therapy becoming more integrated in healthcare?

Discussion Topic 2: As massage therapists, how do we show the measure/accomplishments of our advanced studies and skills in massage education to healthcare professionals and the public?

In preparation for this meeting online engagement was attempted through social media sites: Facebook, Instagram, and Twitter. Posts were made with the above stated topics and invitation to discuss their thoughts.

This is the first year this type of engagement was attempted to communicate the AOD questions to be discussed. There was some response to the questions, but overall little direct expression of action desired on the topics.

In the next year it would make sense to consolidate the posts to invite continued discussion, rather than spread out the responses over multiple posts.

Engagement from the chapter board outside of the only the delegate to promote discussion would be helpful online as well prior to convention so the delegate understands the position of the chapter and doesn't have to rely on only a few opinions.

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*Position Statement Idea (PSI):* Online education is an appropriate method to deliver curriculum content for non-psychomotor subjects in massage therapy entry-level training and continuing education.

*Discussion Topic (DT)1:* What specifically does “speaking the same language” mean in relations to massage therapy becoming more integrated in healthcare?

*Discussion Topic (DT) 2:* As massage therapists, how do we show the measure/accomplishments of our advanced studies and skills in massage education to healthcare professionals and the public?

Discussion took place at randomly assigned tables with other delegates for 20 minutes on each topic, followed by 30 minutes of public statements and/or questions. For the PSI, a vote was taken by paper slips on whether the AMTA National Board should pursue forming a position statement committee on this topic. Discussion topics were noted and request for further action were made to the moderator to be passed to the BOD.

**Position Statement Idea**

The discussion of the position statement idea around online education lead to discussions around the merits of online learning in itself.

The author stated that he felt the AMTA should compose a position statement to encourage schools, educators, and states to embrace the learning platform in both entry level and continuing education to reach more students.

Topics around the discussion table included questions of concern about quality of instructors, classes, students. The ability to monitor the classes. The deficit of hands on exposure and student/instructor relationships.

Topics of discussion in favor of merits of online education revolved around accessibility for remote students, reduction of education costs for students and schools, the ability to find classes/instructors not in your geographical area, and the changing of the education methods that the next generation demands.

Opposition to this topic being a PSI also included discussion about whether this was the AMTA's responsibility. That schools should be deciding their delivery method and working with their states respectively. It was also brought up that AMTA position statements revolve around the efficacy of massage, not the delivery of education and it doesn't follow suit to make a PS on this topic. Another delegate mentioned that the AMTA has a policy for membership that states 500 hours of IN PERSON education is required for membership and this PSI is in direct conflict with our own membership policy. It was also brought to attention that we do not have a position statement on what type of traditional in person education is advocated, so why would the AMTA have one for a very specific aspect of learning.

The quorum for the group was 58 votes to past this position statement on to a development committee. The delegate votes equaled 52 for moving forward, so it did not pass assembly.

### **Speaking the Same Language Discussion Topic**

The discussion at on this topic stayed at the same table as the PSI. There was 20 minutes of table discussion and 30 minutes of group discussion and questions.

The table discussion was heated and ranged from "it's outside our scope of practice to speak in the language of medical professions" to "we will never be respected if we aren't able to

communicate with other professions”. Some were concerned that the discussion was leaving out or disparaging therapists who work in a setting where therapeutic dialogs are not the focus or not required. Others stated it didn’t matter where you worked, you should still be able to communicate professionally.

Another aspect of discussion was keeping in mind who you were talking to: client, another MT, insurance, or another type of provider. We wanted to know whose language was the one we should all learn and where and when should we learn it; in entry level environments or on the job.

The end of this discussion lead to the group asking the AMTA to look into creating a accessible database for common terminology accessible to both members and the public.

### **Measuring accomplishments discussion topic**

For this discussion topic session, delegates switched tables to create a new group. This discussion was frequently derailed off topic into the realm the current inadequacy around the minimum education standards and quality of NCBTMB. There was some discussion that tier levels were not effective, and that it was practitioner’s responsibility to promote their furthered education. I did not get the sense that we got into the crux of this question.

### **Overview**

The preliminary work of the delegate prior to the convention involved figuring out what would work for communicating to the chapter. The results were mixed as the process relied on one delegate to stir up conversation.

The overall process of the AOD at convention went smoothly and there was plenty of opportunity for discussion. However, it felt that those states with more vocal delegates took over the floor discussion. It also felt as though this was just a sounding board, rather than actual participation in decision making.