

Clinical Practice Committee Charter

Purpose	<p>The Clinical Practice Committee provides clinical expertise, strategic guidance, and subject matter leadership on issues related to the practice of post-acute and long-term care medicine. The Committee identifies, evaluates, and advises on emerging and ongoing clinical issues affecting patient care, quality, and outcomes across the continuum of care. The committee supports the development of evidence-informed resources and educational initiatives that promote high-quality, person-centered care across care settings.</p>
Ongoing Committee Activities / Committee Charges & Strategies	<p>The Clinical Practice Committee undertakes the following activities:</p> <ul style="list-style-type: none"> • Oversee the development of PALMed’s Choosing Wisely program • Develop and implement resources to support members needs related to Transitions of Care • Create fact sheets and resources that define PALTC as a subspecialty for the public, members, and broader community • Understand the unique needs of clinicians and their patients who work in the full care continuum. <ul style="list-style-type: none"> • Develop resources as needed • Specifically assess the educational and other needs of clinicians practicing in Assisted Living communities • Identify educational gaps by care setting and work with other PALMed Committees to meet the needs • Produce the Care Continuum Virtual Symposium that provides educational content on the unique aspects of working in the various PALTC settings. Use evaluation data from the Symposium to identify future educational needs and create a plan to increase our resources and education. (Strategic Plan) • Address and respond to any ethical issues on behalf of the association • Ensure ethical, responsible, and equitable use of AI. (Strategic Plan) <ul style="list-style-type: none"> • Develop policy on responsible AI use in PALTC. • Explore and integrate AI into clinical and educational offerings • Develop webinars, podcasts, and resources that educate members on the use of AI in care delivery. • Publish white papers and case studies on AI applications on the website, newsletter and JAMDA • Highlight AI and innovation in the annual conferences, publications, podcasts, etc. • Partner with technology innovators to pilot AI tools that improve quality and efficiency in long-term care settings. • Develop resources and engage the membership in dialogue on the responsible use of AI in PALTC. <ul style="list-style-type: none"> • Develop a new virtual symposium focused on AI and Innovation in PALTC • Develop resources and policies related to the responsible adoption of innovation in PALTC. • Advance PALMed’s mission and support members in meeting the evolving clinical needs of the populations they serve.

Roles and Responsibilities	<p>Chair</p> <ul style="list-style-type: none"> • Help structure agenda for meetings. • In conjunction with the committee staff liaison, develop committee report for PALTmed Board (3x per year). • Run an effective meeting to ensure involvement of committee members and the advancement of activities and charges. • Communicate with the BOD liaison before and after each Board meeting to share updates from the committee and to hear about new Board initiatives. Report back to the full committee on each discussion with the Board liaison. • Identify and mentor the next Chair of the subcommittee. • Assist with structure and selection of committee members. <p>Vice Chair</p> <ul style="list-style-type: none"> • Support the Committee Chair to ensure responsibilities are met in a timely manner. • Serve as interim Committee Chair in the absence of the Chair. • Recommend to the Governance Committee individuals to serve as the next Vice Chair. • Ascend to the position of Chair. <p>Members</p> <ul style="list-style-type: none"> • Be prepared and actively participate in all conference calls and meetings. • Work on projects as delegated by the Chair.
Workgroups and Other Committee Relationships	<p>The Clinical Practice Committee collaborates with the Publications Committee, Education Committee, and others as appropriate.</p>
Expected Commitment	<p>The Clinical Practice Committee meets monthly via conference call. Committee members are expected to review all agenda/materials prior to each meeting and attend the conference calls as scheduled. Note, work may be time sensitive and require short-turnaround timeframes. The estimated monthly time commitment is 2-5 hours.</p>
Committee Composition	<p>The Clinical Practice Committee is comprised of a Chair, Vice Chair, and 8-10 members who represent various roles, clinical expertise, disciplines, and settings within the PALTC continuum of care.</p>
Committee Terms	<p>Terms run June to May.</p> <p>Committee members serve a term of two years, renewable for one additional term. The Committee Chair and Vice Chair each serve a two-year term. The Vice Chair ascends to the Chair position.</p>
Selection/Appointment	<p>Members are appointed by the President with input from the Committee Chair. The Committee Chair is selected by the President.</p>

Committee Requirements	<p>Committee Members:</p> <ul style="list-style-type: none"> • Express desire to serve with a special interest in publications and education. • Desire to advance the mission of PALTmed. • Ability to make the necessary time commitment. • Must be an Association member in good standing. • Must disclose all financial relationships on an annual basis. • Ability to attend and actively participate in conference calls. <p>Committee Chair:</p> <ul style="list-style-type: none"> • In addition to the above requirements, when possible, the Chair should have previously served as the Subcommittee Vice Chair. <p>Committee Vice Chair:</p> <ul style="list-style-type: none"> • In addition to the above requirements, when possible, the Vice Chair should have previously served as a committee member.
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Committee Members	<p>Chair: Katja Elbert-Avila, MD, MHS</p> <p>Vice Chair: TBD</p> <p>Members:</p> <p>Muhammad Salman Ashraf, MBBS</p> <p>H. Edward Davidson, PharmD, MPH (Advisory)</p> <p>Nicole M. Orr, MD, FACC (Advisory)</p> <p>Michael Nash, MD, CMD</p> <p>Mark Toles, PhD, RN</p> <p>Tana Whitt RN, MSN, APRN, PMHNP-BC</p> <p>Rani Rao, MD</p> <p>Nicole Osevala, MD, FACP</p> <p>Brandon Verdoorn, MD, CMD</p> <p>Suzanne Huber, LNFA</p> <p>Amy Loomis, AGNP-C, DNP</p> <p>Sandeep Pagali, MD, MPH</p> <p>Cecilia Cai, MD, CMD</p> <p>Tiffany Rose, NP</p> <p>Benjamin Canter, OTD</p> <p>Thad Clements, MD, CMD</p> <p>Jessica Kalendar-Rich, MD, CMD</p> <p>Lauren Gleason, MD, CMD</p> <p>Casey Rust, MD, CMD</p> <p>Robin Jewett, DMSc, PA-C</p> <p>Barbara Bates, MSN, RAC-CT, DNS-MT, QCP-MT</p> <p>Anthony Nedelman, PhD</p>
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Staff Liaison(s)	Erin O'Brien, MA, RN, Director of Clinical Affairs & Education
Board Liaison	
Version	May 2026