

APPENDIX K

East Carolina University Request to Establish a Doctoral Program in Physical Therapy

Introduction

Following a recommendation from the Graduate Council and from the Senior Vice President for Academic Affairs, the Committee on Educational Planning, Policies, and Programs approved on November 13, 2003 the request from ECU to plan a doctoral program in Physical Therapy. East Carolina University now seeks approval to establish a doctoral program in Physical Therapy (CIP: 51.2308) effective May 2005.

Program Description

The institution describes the new program as follows:

The Doctor of Physical Therapy (DPT) is a first professional degree that will offer an educational experience to prepare practitioners in physical therapy. The intent of the DPT is to provide additional advanced course work, and clinical and research experience beyond what is now being offered in the accredited master's of physical therapy (MPT) degree. The DPT will, therefore, expand upon those consensus-based competencies of physical therapy first professional programs as designed and supported by the American Physical Therapy Association (APTA). According to the APTA, "There is only one set of standards for professional (entry-level) education. The 1998 Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists apply to master's and doctoral-level physical therapist professional education programs." The DPT will, therefore, enable the profession and society to raise the standards and expectations of practice that will require the educational community to reach a new level of graduate preparation. The doctoral level of clinical practice is well established in many health care professions such as audiology, optometry, podiatry, pharmacy, and chiropractic. The primary goals of the DPT are to 1) strengthen diagnostic clinical decision-making and patient intervention skills by emphasizing an evidenced-based patient management model, and 2) provide a research and clinical specialty experience.

The existing MPT is 75 credits, and the proposed DPT will be 106 credits. The clinical education component of the DPT is 32 weeks, an increase of 10 weeks from the MPT. The 78 hours of didactic course work in the DPT includes MPT courses where content has been modified or advanced material has been infused into existing courses and semester hours increased accordingly, and new courses. Examples of specific topics that have been infused into existing courses include diagnostic imaging, neurophysiology, analysis of human motion, differential diagnosis, and analysis of research that evaluates physical therapy treatment and theoretical rationale for the treatment. Seven new courses have been added to increase the basic science content of the curriculum and are aligned with faculty research interests. Some of these courses will be offered to the students as electives.

During their final year, students will enroll in 12 credits related to evidenced-based practice. These courses focus on a clinical specialty concentration (6 SCH maximum) or a research concentration (9 SCH maximum). These 12 SCH are designed to complement the 4 SCH of

electives and will prepare the student for additional doctoral work, clinical specialization, or a combination of these activities.

Over the past thirty years, physical therapy as a field has demonstrated significant and sustained advancements in clinical interventions, practice demands, and professional expectations. It has also become an essential component of health care worldwide. The physical therapist is recognized as a skillful clinician, serving society in a wide variety of health care positions and roles. Advancement in the responsibilities of the physical therapist has included direct patient access and growth in professional independence.

Upon completion of the DPT program, the graduate will be able to:

1. Apply professional knowledge and skills in the performance of the physical therapy responsibilities as a clinical practitioner, educator, consultant, and administrator.
2. Apply an evidence-based diagnostic clinical reasoning process in the assessment and management of PT clients.
3. Practice as both independent health care provider and contributor to the health care team and delivery system of the community.
4. Recognize culturally diverse issues and utilize cultural distinctions to enhance patient management.
5. Communicate effectively as a clinical practitioner and educator, and professional scholar.
6. Educate clients, family, and community on risk and injury prevention and wellness.
7. Practice within the realm of legal constraints and ethical morals customary to the profession.
8. Integrate the basic and clinical sciences with evidence-based therapeutic assessments and interventions in the management of impairments common to the practice of physical therapy.
9. Apply the scientific method and research process to examine the efficacy of evaluation and treatment methods used in the practice of physical therapy.
10. Appreciate theoretical models of underlying mechanisms of dysfunction that may result in disability.

Program Review

The review process is designed to surface strengths and weaknesses in proposed new degree programs. Proposals to establish new doctoral programs are reviewed internally and externally. The concerns from the two review processes were summarized in a letter to the Chancellor prior to the presentation to the Graduate Council. That summary follows:

The two reviewers find strengths and weaknesses in the program but seem to bring somewhat different perspectives to the analysis. Reviewer 1 appears to be doing the analysis in terms of CAPTE's accrediting standards, while Reviewer 2 seems to like the idea of adding a larger research component to what is basically a program for clinical training.

Both reviewers agree that there are several curriculum issues that need a lot of additional attention. Reviewer 1 provides a very detailed analysis of the curriculum in section 2 of the

review. There is no point repeating that analysis here but I direct your attention to it and to the general theme that in the attention to add a research dimension some core course work related to needed clinical training may be being ignored. Reviewer 2 in the section on curriculum has concerns as well, some of which appear to agree with Reviewer 1.

Reviewer 1 is quite concerned that a 3+3 program will run into accreditation issues with CAPTE since the organization is presented as thinking of the DPT as a post-baccalaureate program. While this model appears to be an option only for a particular program, it is an issue that needs to be carefully considered.

Both reviewers are concerned about the amount of scholarship done by the faculty and believe that the external funding for such a program is far from what it should be. Faculty size is an issue for both reviewers, but it is not clear how much of the additional faculty is needed for the clinical program for accreditation and how much for the added research program. There is a related issue of whether the faculty is being matched to the interests of the students since one reviewer thought the students would be more interested in the clinical option than the research option.

There might be some further comment on the reasons for the change and the timing for the change from MPT to DPT in light of the fact that it does not appear to be required by the accrediting agency.

Graduate Council

The Graduate Council had, as a basis for its consideration, the proposal to establish the program, copies of the outside reviews of the program, the summary letter to the Chancellor, and a presentation to the Council by representatives of the program.

Response

Representatives of the program made it clear that the proposed new program is a post-baccalaureate program and not a 3+3 program as one reviewer thought. The core program will meet the accreditation standards for a post-baccalaureate degree in physical therapy. There will be discussion of the possibility of special programs for a particularly strong discipline but only in a way that meets accrediting standards. The faculty size at the time of proposed start up will be a total of 11 with 8 having a doctoral degree, and 2 having a DPT, with one being a clinical instructor. The institution is committed to hiring an additional faculty member in 2006. This fits within the range for DPT faculty of 10 to 11. The new chair is an experienced researcher who can guide and mentor an expanded research dimension for the program. The representatives made the point that this is a professional practice degree and not a research doctoral degree, so while research efforts need to increase, it will be practice-based for the most part, so there is not likely to be conflicts between practice and the research focus. The goal is more advanced training for engaging in practice that will be research and evidence based. The same curriculum standards must be met for either an MPT or a Ph.D and the proposed program will preserve the strength of the current curriculum and add additional research and internship opportunities. The representatives quoted one external reviewer, "A well-designed enhancement of the previous MPT curriculum, building in specific coursework aimed at preparing the DPT graduate to practice as a primary care practitioner in the 21st century." The decision to move to the DPT was

guided by changes in the profession. Most schools offering the MPT have move to the DPT or are in the planning stages to do so. In North Carolina, Duke, Elon and UNC CH have moved to the DPT. This change will also better equip students to engage in solo practice. Representatives pointed out that the field has other levels of practice such as the physical therapy assistant, so the transition does not leave the same gap as may be found in some other field that have moved to a doctorate in practice as the terminal degree.

Recommendation by the Graduate Council

After consideration of the issues raised by reviewers and Council members, the Graduate Council voted, without dissent, to recommend approval to establish this program, Doctor of Physical Therapy.

Need for the Program

ECU provides training for health care professional, especially for eastern North Carolina, and wants to offer the degree in physical therapy at the level that is rapidly becoming standard in the profession so it can provide care of the highest quality for the region.

Resources

Since a graduate physical therapy program already exists the funding for the program will be based primarily on resources already available in the institution. Additional funding will come from additional reallocations, external grant support, and enrollment funding.

The Department of Physical Therapy is scheduled to move into a new building in the fall of 2005 that is adjacent to Pitt County Memorial Hospital and the Brody School of Medicine with facilities appropriate for doctoral level work.

Recommendations

One reviewer comments, "In summary, I believe the proposal for the DPT program at ECU is a sound one, with all the elements in place, and with strong institutional support. I strongly support approval of this program, and look forward to seeing it grow and prosper."

The Office of the President recommends that the Board of Governors approve the request from East Carolina University to establish a Doctor of Physical Therapy effective May 2005.

Approved to be Recommended to the Committee on Educational Planning, Policies, and Programs of the Board of Governors

Senior Vice President Gretchen M. Bataille

November 2, 2004