



New Program Proposal: Graduate Degree Program

Form 2B
Version 2016-10-13

This form should be used to seek SUNY’s approval and New York State Education Department’s (SED) registration of a proposed new academic program leading to master’s or doctoral degree. Approval and registration are both required before a proposed program can be promoted or advertised, or can enroll students. The campus Chief Executive or Chief Academic Officer should send a signed cover letter and this completed form (unless a different form applies¹), which should include appended items that may be required for Sections 1 through 6, 9 and 10 and MPA-1 of this form, to the SUNY Provost at program.review@suny.edu. The completed form and appended items should be sent as a single, continuously paginated document.² If Sections 7 and 8 of this form apply, External Evaluation Reports and a single Institutional Response should also be sent, but in a separate electronic document. Guidance on academic program planning is available [here](#).

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¹Use different form if the proposed new program will lead to a graduate degree or any credit-bearing certificate; be a combination of existing registered programs (i.e. for a multi-award or multi-institution program); be a breakout of a registered track or option in an existing registered program; or **lead to certification as a classroom teacher, school or district leader, or pupil personnel services professional** (e.g., school counselor).

²This email address limits attachments to 25 MB. If a file with the proposal and appended materials exceeds that limit, it should be emailed in parts.

Section 1. General Information

a) Institutional Information	Date of Proposal:	Mar 1, 2020
	Institution's 6-digit SED Code :	211000
	Institution's Name:	Binghamton University
	Address:	P.O. Box 6000 Binghamton, NY 13902-6000
	Dept of Labor/ Regent's Region :	Southern Tier
b) Program Locations	List each campus where the entire program will be offered (with each institutional or branch campus 6-digit SED Code): 211000	
	List the name and address of off-campus locations (i.e., extension sites or extension centers) where courses will offered, or check here [<input type="checkbox"/>] if not applicable :	
c) Proposed Program Information	Program Title:	Physical Therapy
	Award(s) (e.g., M.A., Ph.D.):	Doctorate in Physical Therapy DPT
	Number of Required Credits:	Minimum [118] If tracks or options, largest minimum [na]
	Proposed HEGIS Code :	1212.00
	Proposed 6-digit CIP 2010 Code :	51.2308
	If the program will be accredited, list the accrediting agency and expected date of accreditation: Commission on Accreditation of Physical Therapy Education (CAPTE) - 2024	
	If applicable, list the SED professional licensure title(s) ³ to which the program leads: Physical Therapist	
d) Campus Contact	Name and title: Donald Nieman, Binghamton University Interim Dean of Graduate School, Executive Vice President for Academic Affairs and Provost Telephone: 607-777-2070 E-mail: dnieman@binghamton.edu	
e) Chief Executive or Chief Academic Officer Approval	Signature affirms that the proposal has met all applicable campus administrative and shared governance procedures for consultation, and the institution's commitment to support the proposed program. E-signatures are acceptable. Name and title: Donald G. Nieman Executive Vice President for Academic Affairs and Provost Signature and date:	
	If the program will be registered jointly⁴ with one or more other institutions, provide the following information for <u>each</u> institution: Partner institution's name and 6-digit SED Code : Name, title, and signature of partner institution's CEO (or append a signed letter indicating approval of this proposal):	

³ If the proposed program leads to a professional license, a [specialized form for the specific profession](#) may need to accompany this proposal.

⁴ If the partner institution is non-degree-granting, see SED's [CEO Memo 94-04](#).

Attestation and Assurances

On behalf of the institution, I hereby attest to the following:

That all educational activities offered as part of this proposed curriculum are aligned with the institutions' goals and objectives and meet all statutory and regulatory requirements, including but not limited to Parts 50, 52, 53 and 54 of the Rules of the Board of Regents and the following specific requirements:

That credit for study in the proposed program will be granted consistent with the requirements in §50.1(o).

That, consistent with §52.1(b)(3), a reviewing system has been devised to estimate the success of students and faculty in achieving the goals and objectives of the program, including the use of data to inform program improvements.⁵

That, consistent with §52.2(a), the institution possesses the financial resources necessary to accomplish its mission and the purposes of each registered program, provides classrooms and other necessary facilities and equipment as described in §52.2(a)(2) and (3), sufficient for the programs dependent on their use, and provides libraries and library resources and maintains collections sufficient to support the institution and each registered curriculum as provided in §52.2(a)(4), including for the program proposed in this application.

That, consistent with 52.2(b), the information provided in this application demonstrates that the institution is in compliance with the requirements of §52.2(b), relating to faculty.

That all curriculum and courses are offered and all credits are awarded, consistent with the requirements of §52.2(c).

That admissions decisions are made consistent with the requirements of §52.2(d)(1) and (2) of the Regulations of the Commissioner of Education.

That, consistent with §52.2(e) of the Regulations of the Commissioner of Education: overall educational policy and its implementation are the responsibility of the institution's faculty and academic officers, that the institution establishes, publishes and enforces explicit policies as required by §52.2(e)(3), that academic policies applicable to each course as required by §52.2(e)(4), including learning objectives and methods of assessing student achievement, are made explicit by the instructor at the beginning of each term; that the institution provides academic advice to students as required by §52.2(e)(5), that the institution maintains and provides student records as required by 52.2(e)(6).

That, consistent with §52.2(f)(2) of the Regulations of the Commissioner of Education, the institution provides adequate academic support services and that all educational activities offered as part of a registered curriculum meet the requirements established by state, the Rules of the Board of Regents and Part 52 of the Commissioner's regulations.

CHIEF ADMINISTRATIVE or ACADEMIC OFFICER/ PROVOST	
Signature	Date
Type or print the name and title of signatory	Phone Number

⁵ The NY State Education Department reserves the right to request this data at any time and to use such data as part of its evaluation of future program registration applications submitted by the institution.

Section 2. Program Information

2.1. Program Format

Check all SED-defined [formats, mode and other program features](#) that apply to the **entire program**.

- a) **Format(s):** Day Evening Weekend Evening/Weekend Not Full-Time
- b) **Modes:** Standard Independent Study External Accelerated Distance Education
NOTE: If the program is designed to enable students to complete 50% or more of the course requirements through distance education, check Distance Education, see Section 10, and append a [Distance Education Format Proposal](#).
- c) **Other:** Bilingual Language Other Than English Upper Division Cooperative 4.5 year
 5 year

2.2. Related Degree Program

NOTE: This section is not applicable to a program leading to a graduate degree.

2.3. Program Description, Purposes and Planning

- a) What is the description of the program as it will appear in the institution's catalog?

The Doctor of Physical Therapy (DPT) degree prepares graduates to practice as independent and contemporary physical therapists with high standards and ethical behavior who demonstrate the skills, knowledge, clinical reasoning, and differential diagnostics to enhance health and function of those they serve with an emphasis on rural and other vulnerable populations. The curriculum includes 118 credit hours offered over 9 consecutive semesters/terms. Graduates of this program are eligible to sit for the Federation of State Boards of Physical Therapy (FSBPT) state licensure examination to seek licensure in the state of their choice

- b) What are the program's educational and, if appropriate, career objectives, and the program's primary student learning outcomes (SLOs)? *NOTE: SLOs are defined by the Middle States Commission on Higher Education in the [Characteristics of Excellence in Higher Education](#) (2006) as "clearly articulated written statements, expressed in observable terms, of key learning outcomes: the knowledge, skills and competencies that students are expected to exhibit upon completion of the program."*

The primary student learning outcomes of the DPT program are guided by and aligned with the CAPTE accreditation guidelines, the mission of the Decker College of Nursing and Health Sciences as well as Binghamton University.

The program prepares graduates to:

- 1) Provide patient/client-centered, evidence-based physical therapy services (examination, evaluation, diagnosis, prognosis and intervention) aimed at maximizing the function, health and quality of life of those served in a variety of practice settings and populations (EPA 1, 2, 3)**
 - 2) Become future leaders in physical therapy that utilize assessment, data, feedback and relevant inputs to enhance and improve healthcare as clinicians, administrators, educators, consultants, and advocates. (EPA 4, 5)**
 - 3) Participate actively in the multidisciplinary health care team utilizing effective communication skills and demonstrating ethical (APTA Code of Ethics) and professional (APTA Core Values) behaviors while adhering to all legal practice standards. (EPA 6)**
 - 4) Act as moral agents, to advance knowledge, to improve healthcare, to promote health and to minimize the impact of disability and dysfunction in individuals, families and communities, with an emphasis on rural and other vulnerable populations through clinical practice, outreach and research. (EPA 7)**
- c) How does the program relate to the institution's and SUNY's mission and strategic goals and priorities? What is the program's importance to the institution, and its relationship to existing and/or projected programs and its expected impact on them? As applicable, how does the program reflect diversity and/or international perspectives? For doctoral programs, what is this program's potential to achieve national and/or international prominence and distinction?

The Vision, Mission, Strategic Plan and NYSUNY 2020 Challenge Grant plan support the development of a DPT program at Binghamton University (BU). Binghamton University's (BU) vision is dedicated to providing a higher education, "that combines an international reputation for graduate education, research, scholarship and creative endeavor....." It's newly updated strategic plan "Road Map to Renewal" identifies 4 University Initiatives and 10 Divisional Initiatives. The first University Initiative is to "Develop a College of Nursing and Health Sciences." (The College was approved by the University's Faculty Senate on May 7, 2019). In addition, the remaining University Initiatives are in support of such a college. Several of the Divisional Initiatives also support the new college and the growth of health-related programs including the establishment of a Center for Inter-Professional Education and Research. The NYSUNY 2020 Challenge Grant Plan for BU includes funds for renovation of a facility to house the College of Nursing and Health Sciences.

There will be significant opportunities for the students in the planned DPT, Occupational Therapy Doctorate (OTD), and Speech/Language Pathology programs to engage in inter-professional education, collaboration and practice, and to pursue similar inter-professional learning opportunities with students in existing programs of nursing, public health, social work, pharmacy, psychology and engineering. BU will have an opportunity through its Center for Inter-Professional Education and Research to provide unique educational experiences for all students in health and health related disciplines. There are not any anticipated negative impacts on existing or planned programs.

The DPT program will be accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE) and among myriad standards include standards aimed at ensuring diversity and international perspectives. For example, "Standard 5: The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program and consistent with societal needs for physical therapy services for a diverse population." In addition, the program development has been guided by "The

National Study of Excellence and Innovation in Physical Therapist Education: Parts 1 & 2 (Physical Therapy, Vol 97, No. 9, 2017) that include a recommendation to actively seek ways and to devote significant resources to enhancing the diversity of the profession. Although the proposed program has articulated specific prerequisite course requirements for admission we are aware that some potential applicants may not have had the opportunity to complete all requirements. Therefore, the admission process will ultimately be committed to identifying applicants that have the “ability” to complete the program and not just the “preparation” as evidenced by completion of prerequisite coursework. Furthermore, the common application requirement of a minimum number of documented hours of observation is not included in our admission requirements. Applicants that have the ability to complete the DPT program may not have had the privilege of or access to opportunities to complete this requirement and systematically excluding them from admission. Finally, the DPT program at BU is committed to recruiting and hiring a diverse faculty that are able to effectively fulfill Standard 5 of the CAPTE Standards and Required Elements document. All faculty searches will adhere to practices that are compliant with hiring policies and procedures at Binghamton University and that embrace inclusive excellence in candidate evaluation valuing for more than just physical therapy content expertise in considering potential faculty members.

Binghamton University, through its demonstrated excellence in nursing education as well as other undergraduate and graduate programs and the Road Map to Renewal, is well positioned to create a premiere physical therapy education program. This program will exist among several allied health programs and within walking distances of hospitals and medical practices. The institution already has strong relationships with these medical facilities that can provide authentic and integrated learning experiences for our students. The nursing school is home to an accredited Simulation Lab with plans to expand the lab in the new facility, there is an existing interprofessional education program that can grow to incorporate the developing programs in physical therapy, occupational therapy and speech-language pathology. The existing doctoral programs (PhD and EdD) provide the opportunity to attract faculty interested in pursuing terminal academic doctorate degrees enabling BU to actively respond to one of the greatest challenges to PT education, attracting well qualified faculty that possess these terminal degrees. In fact, the DPT program is well positioned to respond effectively to all 9 action items in the call to reform articles referenced above. It is in this response to the call for reform that BU can quickly establish itself as a premiere physical therapist education program at the national level.

- d) How were faculty involved in the program’s design? Describe input by external partners, if any (e.g., employers and institutions offering further education?)

At the time of the writing of this program proposal the program director was the only faculty member, and the college is in the process of hiring the program directors for the proposed programs in Occupational Therapy and Speech-Language Pathology. However, the director has worked with faculty in the School of Pharmacy, Nursing, and Public Health related to potential course instruction collaborations and interprofessional education opportunities. Despite the limitations, there have been opportunities for input on program design from multiple individuals. The following table provides a summary.

Internal External	Partner	Time frame	Outcome
External	Beverly Schmoll, PT, PhD, FAPTA Feasibility Study Consultant	Report submitted 1/15/18	This feasibility study was completed by an external, disinterested consultant and involved information and data gathering from local health care providers, data regarding future PT employment trends, predictions for potential student applications, regional existing programs, challenges facing PT education, resource needs (fiscal, human, space, capital equipment, clinical education sites) for a successful program. The report also included a suggested draft curriculum. This information has been used extensively in all phases of the development of this program.
Internal	Gail Rattinger - Pharmacy Nicole Rouhana – DSON	7/19/19	Initial meeting to discuss currently existing Interprofessional Education (IPE) initiatives occurring on campus. IPE is a mandated requirement for CAPTE accreditation. Structure of current IPE has informed the planning of IPE within this program.
External	Lourdes Hospital Rehab Staff	8/1/19	Met with PT/OT staff to discuss the vision and plan for the development of this program. Solicited input regarding interest in teaching, opportunities for students, general reflections on their vision for a contemporary PT curriculum.
External	Jim Yaggie, PhD	multiple	Dr. Yaggie has extensive experience with teaching gross anatomy in PT education programs. Jim and I discuss regularly, the impact of anatomy on student success, the regulations and challenges of cadaver anatomy and he provides expert input on simulated or hybrid anatomy in place of cadaver anatomy in PT education. He has contributed to the development of the anatomy content.
External	Wilson Hospital Rehab Admin Staff	8/7/19	Meeting to discuss partnerships for clinical education sites for students. Also discussed interest/ability of staff to teach in the program at adjunct level.
External	Guthrie-RPH staff	8/21/19	Met with the clinical staff to discuss the vision and plan for the DPT program at BU and to solicit input from clinicians that supervise students on a regular basis the strengths, weaknesses and what they would do to improve PT education and preparation. These recommendations are contributing significantly to the development of the competency based framework as well as the first academic year plan.
External	Curriculum Think Tank with local clinicians	8/28/19	Three hour meeting with local clinicians to present the proposed curriculum – vision, development, outcomes, etc. They provided input on opportunities to enhance the preparation of students for first time clinical experiences, what was missing from curriculum, content that seemed out of order, courses that seemed too large (content) and general concerns. Their feedback led to several modifications to the proposed curriculum.

Internal	Patricia Reuther – Sim Center Patrick Leiby – DSON IT	8/19/19, 8/22/19, 10/3/19	Simulation will be a significant component in the DPT program especially during the first academic year. We met a regular basis formally and informally to discuss simulation, simulated cadaver anatomy and how simulation can prepare students for full time clinical experiences. These discussions have contributed significantly to the development of the curriculum especially the first year.
Internal	Sara Wozniak Senior Asst Dean Academic Support and Success	8/22/19 9/4/19	Two meetings have occurred which allowed for the review of the scope and sequence of the curriculum with particular focus on student centeredness and student success. We will continue to collaborate throughout this process to ensure student centeredness as much as possible.
Internal	Patrick Elliott, PhD Director of Athletics Chris Downey, ATC	8/22/19	Met with athletics to discuss the possibility of a collaborative research space focused on motion analysis. There was significant interest. Establishing state of the art research space will be critical to the success of the physical therapy program and building it on collaborative relationships will also be imperative
Internal	Lisa Hrehor DSON Health and Wellness	8/29/19	Discussion regarding the feasibility of creating a pathway for a 3+3 design for students at BU. This discussion helped to inform the curricular plan for the first professional year. Although there are no certain plans to develop a 3+3 path, the potential can be considered as the curriculum is developed.
Internal	C. Thomas Langhorne Pre-Health Student advisor	9/17/19	Tom is the advisor for students in the “pre-PT” program and has an in-depth understanding of what students are looking for in a PT graduate program. These critical characteristics are being utilized in the development of the program to be competitive and attractive. We have also discussed the potential for a track for students to complete a 4 year degree at BU and move into the DPT program.

- e) How did input, if any, from external partners (e.g., educational institutions and employers) or standards influence the program’s design? If the program is designed to meet specialized accreditation or other external standards, such as the educational requirements in [Commissioner’s Regulations for the profession](#), append a side-by-side chart to show how the program’s components meet those external standards. If SED’s Office of the Professions requires a [specialized form](#) for the profession to which the proposed program leads, append a completed form at the end of this document.

The following is the extensive list of resources that were utilized for informing the development of the curriculum in both scope and sequencing as well as the framework for student assessment (competency-based education). The list provided below includes the primary sources of information used as inputs. The program must meet Commission on Accreditation of Physical Therapist Education (CAPTE) standards and elements in order to achieve full accreditation. Therefore, this document was used extensively in curriculum development.

External Professional Standards & Recommendations documents

1. *CAPTE Standards and Required Elements for Accreditation of Physical Therapist Education Programs* (Revised 11/11/15; 3/4/16; 10/31/17; 12/7/17) Standards 6A-N, 7A-D
2. *APTA - Minimum Required Skills of Physical Therapist Graduates at Entry-Level BOD G11-05-20-49 [Guideline]*
3. *FSBPT - National Physical Therapy Examination Content Outline*
4. *APTA Guide to Practice Patterns – Musculoskeletal*
5. *APTA Guide to Practice Patterns – Neuromuscular*
6. *APTA Guide to Practice Patterns – Cardiopulmonary*
7. *APTA Guide to Practice Patterns – Integumentary*
8. *Core Competencies for Entry-Level Practice in Acute Care PT.* Academy of Acute Care Physical Therapy 2015.
9. *Guidelines for Women’s Health Content in Professional Physical Therapist Education: 2014 Update*
10. *A Compendium for Teaching Professional Level Physical Therapy Neurologic Content, v. 2016*
11. *APTA Neurology Section: Neurologic Entry-Level Curricular Content Integrated with A Normative Model of Physical Therapist Professional Education*
12. *APTA Orthopedic Section - Imaging Education Manual for Doctor of Physical Therapy Professional Degree Programs*
13. *Chesbro S, Jensen G, Boissonnault W. Entrustable Professional Activities as a Framework for Continued Professional Competencies: Is Now the Time? Physical Therapy Vol 98 No 1.*
14. *Exploring the ACGME Core Competencies Parts 1 thru 7.* Accessed at <https://knowledgeplus.nejm.org/blog/exploring-acgme-core-competencies>
15. *Core Entrustable Professional Activities for Entering Residency.* Association of Medical Colleges.
16. *Student Readiness for the First Full-time Clinical Experience.* American Council of Academic Physical Therapy
17. *APTA Professionalism In Physical Therapy: Core Values BOD P05-04-02-03 [Amended Bod 08-03-04-10]*
18. *APTA Guide for Professional Conduct & Code of Ethics*
19. *Educating Physical Therapists.* Slack Incorporated 2019.
20. *Best Practice for Physical Therapist Clinical Education. Annual Report to the 2017 House of Delegates APTA.*
21. *Core Competencies for Interprofessional Collaborative Practice 2017.* Interprofessional Education Collab.

- f) Enter anticipated enrollments for Years 1 through 5 in the table below. How were they determined, and what assumptions were used? What contingencies exist if anticipated enrollments are not achieved?

Enrollments - The table below reflects the anticipated enrollment in the DPT program. Because of the lockstep design of the program, students are required to complete all coursework in the semester and year as indicated in the curriculum plan. Therefore, students must also be full-time throughout the program. This program was initially designed for a targeted cohort size of 40 full time students. We recognize that the physical space, scheduling and pedagogical strategies will permit the program to increase cohort size to 60 assuming other resources (instructional faculty, budgetary, teaching/learning resources and equipment) are made available. Our strategy is to target an initial cohort size of 30 students and intentionally increase size over a period of years until reaching a maximum goal of 60 students.

Contingencies - Although we do not anticipate difficulty in seating an initial cohort of 30 students, if we do experience a lower than expected applicant pool we can both increase

and modify our marketing and enrollment strategies. For example, there is a significant number of undergraduate students at Binghamton University with academic plans to pursue a graduate degree in physical therapy. With a desire to seek a diverse student body including undergraduate experiences we hope to enroll students from a variety of undergraduate institutions and not just students from Binghamton University. If factors such as being labelled at the “Candidacy” stage in the accreditation process or being a new program in general limits our applicant pool we can increase the acceptance rates of students currently enrolled at Binghamton University who are planning to pursue PT education. Once we become an established program with a strong reputation and full accreditation we can shift enrollments back to the original plan that seeks diverse backgrounds within the student cohort. If target enrollments and program expansion goals are not met, the faculty hiring plan can be modified and marketing to regional 4-year institutions at formal graduate/employment fairs will be increased.

Year	Anticipated enrollments			Total FTE
	Professional Year 1	Professional Year 2	Professional Year 3	
1	40	0	0	40
2	40	40	0	80
3	60	40	40	140
4	60	60	40	160
5	60	60	60	180
6	60	60	60	180
7	60	60	60	180

- g) Outline all curricular requirements for the proposed program, including prerequisite, core, specialization (track, concentration), internship, capstone, and any other relevant component requirements, but do not list each General Education course.

This program is a three-year and 9-term program that requires students to matriculate into the program and proceed through the curriculum in a lock-step fashion. The curriculum is primarily built around a systems structure (musculoskeletal, neuromuscular, cardiopulmonary, integumentary) with content threads related to Professional Development, Clinical Management/Administration, Evidence Based Practice, Clinical Education Experiences and Special Populations. Significant effort has been made to ensure that timing and sequencing of content is aligned with the focus of clinical experiences so that students are prepared for the clinical experiences. These efforts are directed at enhancing student learning outcomes as well as reducing the stressors placed upon our clinical education partners related to underprepared students that are directly due to a less intentionally designed curriculum. The curriculum is also built around Competency Based Education (CBE) so that students ultimately meet all “Entrustable Professional Activities” (EPAs) at or before graduation. Students will be expected to demonstrate progression toward meeting all competencies throughout the curriculum using both course embedded assessments and other formative assessments.

Year 1

Course Title	Credits	Proposed Course #
SUMMER		
Professional Development I – Learning & Teaching	2	DPT-601
Clinical Human Anatomy	6	DPT-600
Semester/Term required credits:	8	
FALL		
Kinesiology & Applied Biomechanics	3	DPT-610
Cardiopulmonary I – Exercise Physiology	3	DPT-611
Evidence Based Practice I	3	DPT-612
Prof Dev II – Clinical Reasoning	2	DPT-613
Intro to Psychosocial Aspects of Rehab - ICE 1	3	DPT-614
Clinical Examination Skills	2	DPT-615
Integumentary I: Pt Management and Mobility	2	DPT-616
Semester/Term required credits:	18	
SPRING		
Cardiopulmonary II – Clinical Mgmt of the Cardiopulm Pt	4	DPT-620
Musculoskeletal I – Examination Skills	4	DPT-621
Special Populations I – Clin Mgmt of High Acuity Pt	3	DPT-622
Essentials of Therapeutic Exercise	2	DPT-623
Differential Diagnosis	3	DPT-624
Special Pops II – Clin Consideration in Older Adult ICE 2	2	DPT-625
Interprofessional Education (IPE): Comm, Values, Ethics	0	DPT-626
Semester/Term required credits:	18	

Year 2

Course Title	Credits	Proposed Course #
SUMMER		
Clinical Education I	4	DPT-692
Prof Development III	2	DPT-630
Semester/Term required credits:	6	
FALL		
Evidence Based Practice II	2	DPT-641
Physical Agents & Electrotherapeutic Modalities	2	DPT-642
Musculoskeletal II	4	DPT-643
Advanced Psychosocial Aspects of Rehabilitation	3	DPT-644
Foundations of Neuromuscular Rehabilitation I (Central)	3	DPT-645
Integumentary II	2	DPT-646
Special Populations III – Rural and At-Risk Populations	1	DPT-647
Semester/Term required credits:	17	
SPRING		
Foundations of Neuromuscular Rehabilitation II (Periph)	3	DPT-650
Neurorehabilitation I (Central)	4	DPT-651
Musculoskeletal III	4	DPT-652
Integumentary III – Prosthetics & Orthotics	2	DPT-653
Spec Pops IV: Health & Wellness	2	DPT-654
Health Care Systems	2	DPT-655
IPE - Roles & Responsibilities	0	DPT-656
Semester/Term required credits:	17	

Year 3

Course Title	Credits	Proposed Course #
SUMMER		
Clinical Education II	5	DPT-694
Introduction to Clinical Management	2	DPT-660
Semester/Term required credits:	7	
FALL		
Management of Complex Patient	2	DPT-670
Musculoskeletal IV: Spine and Adv Manual Therapy	3	DPT-671
Neurorehabilitation II (SC & Peripher)	4	DPT-672
Spec Pops V: Pediatrics	3	DPT-673
Clinical Administration, Marketing, Management	3	DPT-674
Evidence Based Practice III – Capstone	2	DPT-699
IPE III - Teamwork & Team-based Practice	0	DPT-676
Semester/Term required credits:	17	
SPRING		
Clinical Education III	8	DPT-696
Prof Development IV - Capstone	2	DPT-680
Semester/Term required credits:	10	
Total degree credits required	118	

h) Program Impact on SUNY and New York State

h)(1) Need: What is the need for the proposed program in terms of the clientele it will serve and the educational and/or economic needs of the area and New York State? How was need determined? Why are similar programs, if any, not meeting the need?

We have examined the impact on SUNY schools’ enrollment in existing DPT programs as well as the market demand for licensed physical therapists as part of the feasibility study, the Letter of Intent and the response to the Objection Letter received from SUNY institutions with existing DPT programs. The following is an excerpt from our response to their objection that provides response to this question.

Although other SUNY institutions with existing DPT programs report experiencing a flattening or downturn in applications to their DPT programs, our data speak to the opposite trend in applications. We appreciate that other SUNY institutions offer data such as the number of applicants, applicants per program, and trends over time as indicators of consumer interest or demand. However, we also recognize that these data are limited. For example, declining applications over time for a specific institution could indicate either a declining consumer base (as argued by the respondents) or a declining interest in a particular institution by what is otherwise a steady consumer base or applicant pool. To add nuance to the discussion, we offer data from Physical Therapy Centralized Application Service PTCAS (Table 1 below) that indicates in 2017-18 the total number of applicants per seat in all programs was 10.3 applicants/seat. This means that on average 10 applicants are competing for each seat in an entering cohort across all participating institutions. Put another way, 90% of those applying are not offered a seat, strongly suggesting that a high quality, affordable program at an institution with Binghamton’s strong reputation will have little difficulty in recruiting well qualified students. (It should be noted that similar concerns were raised when we proposed pharmacy, but that our School of Pharmacy and Pharmaceutical Sciences has exceeded its recruitment targets in a highly competitive market.)

Table (iv) SEATS AVAILABLE IN NEXT ENTERING CLASS FOR PROGRAMS IN PTCAS

	Admissions Cycle
	2017-2018
Total # of Programs in PTCAS	223
Total # of PTCAS Applications	112,373
Total # of PTCAS Applicants	18,359
Mean # of PTCAS Applicants Per Program	495
Total # of Accepted Applicants in PTCAS	10,393
TOTAL # of Seats Available in Next Entering Class for Programs in PTCAS	10,400
MEAN # of Seats Available in Next Entering Class for Programs in PTCAS	46
MEDIAN # of Seats Available in Next Entering Class for Programs in PTCAS	40
MEAN # of PTCAS Applications Per Seat Available in Next Entering Class	10.8

**The mean number of applications per seat was calculated by dividing the total number of verified PTCAS applications by the total number of seats available in the next entering class for programs in PTCAS, as reported by programs in the 2017-2018 PTCAS Directory. The anticipated number of seats available in the 2017-2018 PTCAS Directory may differ from the actual number of seats filled.*

Table 1 Excerpt from PTCAS Applicant Data Report 2017-18.
http://www.ptcas.org/uploadedFiles/PTCASorg/About_PTCAS/PTCASApplicantDataRpt.pdf

One might argue that many unsuccessful applicants are not qualified for admission and that the competition for highly qualified students is more intense. Binghamton has a strong brand (ranked 16 among public universities by *Business Insider* and 32 by *U.S. News and World Report*) and a long history of attracting top students to its undergraduate and graduate. Consequently, we are confident that our DPT program will compete for the top candidates applying to physical therapist education programs.

We anticipate that the DPT program at Binghamton, like other SUNY programs, will compete principally with private institutions for prospective students. A primary reason is that student debt is a growing national challenge and professional preparation requiring as much as seven years of education only adds to the problem. Binghamton, like the other SUNY programs, will provide high quality, evidence based professional education at lower cost than private institutions that often lack research active faculty and contemporary facilities necessary to provide students with a superior education and prepare them to practice at the top of their license. Therefore, academically well-prepared, discerning students will be attracted by Binghamton's value proposition. The respondents argue that the costs of education are one factor that is likely leading to the reduction in applicants to DPT programs. We would agree that this is affecting students' decisions. We also agree that the general cost averages and estimates provided by our SUNY colleagues are accurate. However, we believe that the significant difference between tuition in SUNY programs and the privates will make a new program at Binghamton highly attractive and, in fact, provides a strong argument for SUNY to create a new program to provide students another high quality, relatively low-cost option that addresses the problem of student debt. In 2017, SUNY programs accounted for only 193 (19%) of the 1,015 DPT degrees awarded in New York. Surely, there is room to offer more students the value that a SUNY education offers by creating a DPT program at Binghamton University.

Similarly, these institutions have expressed a concern that employment projections are slowing both within New York and nationally. Again, our data are not supportive of this claim. For example, the National Study of Excellence and Innovation in Physical Therapist Education: Part 2-A Call to Reform, recognizes the need to manage “workforce issues as the need for physical therapists continues to outpace the supply.”¹ We appreciate the respondents' attempts to utilize data and projections for workforce demand to assess the need for the development of new programs. The data they provided suggest that workforce needs will be met or exceeded by 2030. Furthermore, the respondents argue that these data do not include the net effect of new and developing programs further increasing the supply of PT's. The respondents then argue that factors such as the shortage of qualified faculty and quality clinical education placements will negatively impact the quality of education being provided and should limit the expansion of new programs. Either new programs will be developed and lead to a surplus in the workforce or constraints on the system will naturally curtail the number of programs but it cannot be both. However, there are projections by highly regarded authorities (e.g., Jensen et. al.) that show that the need for physical therapists continues to outpace the supply, casting significant doubt on the respondents' concerns. Jobs EQ, which SUNY uses for program review and new program implementation, projects job growth in physical therapy at a robust 2.2% per year over the next decade, far stronger than the .5% increase for all occupations.

¹ Jensen, Gail, Hack L, Nordstrom T, Gwyer J, Mostrom E. *Excellence and Innovation in Physical Therapist Education: Part 2 - A Call to Reform. Physical Therapy. 2017;97(9):875-888.*

- h)(2) **Employment:** For programs designed to prepare graduates for immediate employment, use the table below to list potential employers of graduates that have requested establishment of the program and state their specific number of positions needed. If letters from employers support the program, they may be **appended** at the end of this form.

National employers and employment settings for graduates of DPT programs are quite diverse. Examples of employment settings according to the American Physical Therapist Association are listed below. Specific projections of need for employees in these positions are not readily available. According to the US Bureau of Labor Statistics there is a projected increase in employment of approximately 22% over the next 10 years. The APTA announced in March 2015 that while an increase in graduates from physical therapist (PT) education programs could help to slightly lower projected workforce shortages in the future, the trend toward increased health insurance coverage nationwide will likely still mean that the demand for PTs will continue.

The projections for shortages echo similar predictions made by The Conference Board and Forbe's magazine in 2014, which listed physical therapy as one of the "top 10 jobs in high demand." US News & World Report has repeatedly included physical therapists among its best 100 jobs in terms of employment opportunity, good salary, manageable work-life balance, and job security. In 2015 physical therapists were ranked #6 overall and #5 in health care jobs. CNNMoney.com ranked physical therapy directors as #23 of the 100 "Best Jobs in America" in 2015.

There is a high demand for physical therapists in the workforce. According to the Bureau of Labor Statistics, employment of physical therapists is expected to grow by 36 percent from 2014 to 2024, much faster than the average for all occupations. While demand for physical therapists varies by geographical region and area of practice, the unemployment rates are low across the country. The need for physical therapists is expected to remain strong into the foreseeable future as the US population ages and the demand for physical therapy services grows.

Although many physical therapists' practice in hospitals, more than 80% practice in other settings.

Acute Care - In this setting, physical therapy is provided to individuals who are admitted to a hospital for short-term patient care for reasons such as illness, surgery, accident, or recovery from a trauma. The goal in this setting is to discharge the person as soon as he or she is medically stable and has a safe place to go.

Rehab/Subacute Rehab

- **Rehabilitation Hospital** - In this setting, physical therapy is provided to individuals who are admitted to a facility or rehabilitation unit. The goal in this setting is to provide intense therapy to improve the person's ability to care for himself or herself (typically 3 hours or more per day).
- **Sub-Acute Rehabilitation** - In this setting, physical therapy is provided to individuals who are admitted to a special hospital that provides medical and/or rehabilitation care. The rehabilitation is less intense (typically less than 3 hours per day).

Extended Care Facility /Nursing Home/Skilled Nursing Facility - In this setting, physical therapy is provided to individuals who are admitted to a facility that typically cares for elderly patients and provides long-term nursing care, rehabilitation, and other services.

Outpatient Clinic (also known as a **Private Practice**) - In this common physical therapy setting, individuals visit a physical therapist in a clinic, office, or other health care facility primarily to address musculoskeletal (orthopedic) and neuromuscular injuries or impairments.

School/Preschool - In this setting, physical therapy is provided within an educational environment, including preschool, elementary, or secondary education (high school and vocational) facilities.

Wellness/Prevention/Sports/Fitness - In this setting, physical therapy is provided to individuals with a focus on wellness. This approach to health care emphasizes preventing illness and injury and promoting a healthy lifestyle, as opposed to emphasizing treatment of diseases. Settings may include but aren't limited to fitness centers and sports training facilities.

Home Health - In this setting, physical therapy is provided in the patient's place of residence. While the majority of patients are senior citizens, there also are pediatric patients with developmental disabilities and other conditions, and individuals of all ages who need rehabilitation because of injury or other causes. Home care may actually be provided in the patient's residence, the caregiver's home, a hospital emergency room, skilled nursing facility, residential facility, group home, hospice, or elsewhere in the community.

Hospice - In this setting, physical therapy is provided to patients in the last phases of incurable disease so that they may maintain functional abilities for as long as possible and manage pain.

Industrial, Workplace, or Other Occupational Environments - In these settings, physical therapy is provided to individuals primarily to help them return to work or for the purpose of enhancing employee health, improving safety, and increasing productivity in the workplace.

Local, State, and Federal Government - In these settings, physical therapy is provided to civilians and military personnel. PTs are employed by federal agencies, including the Veteran's Health Administration (VHA), Department of Defense, and Indian Health Service (IHS).

Research Center - In this setting, physical therapists and other professionals conduct research to improve patient/client care outcomes and support the body of knowledge in the field physical therapy.

Employment setting	Projected growth - % increase in 2028 from 2018
Private practice ambulatory office	28%
Assisted living communities	27%
Developmental Disability settings	17%
Hospital setting	8%
Fitness & Recreation setting	15%
Elementary and Secondary schools	5%
Public/private colleges & universities	8%

- h)(3) *Similar Programs:*** Use the table below to list similar programs at other institutions, public and independent, in the service area, region and state, as appropriate. Expand the table as needed. **NOTE:** Detailed program-level information for SUNY institutions is available in the [Academic Program Enterprise System \(APES\)](#) or [Academic Program Dashboards](#). Institutional research and information security officers at your campus should be able to help provide access to these password-protected sites. For non-SUNY programs, program titles and degree information – but no enrollment data – is available from [SED's Inventory of Registered Programs](#).

Institution	Program Title	Degree	Enrollment
All New York State			
Clarkson University	Physical Therapy	DPT	30 (90)
Columbia University	Physical Therapy	DPT	unavailable
CUNY College Staten Island	Physical Therapy	DPT	20 (60)
CUNY Hunter College	Physical Therapy	DPT	unavailable
D'Youville College	Physical Therapy	DPT	60 (180)
Daemen College	Physical Therapy	DPT	50 (150)
Dominican College Blauvelt	Physical Therapy	DPT	22 (66)
Ithaca College	Physical Therapy	DPT	75 (225)
LIU Brooklyn	Physical Therapy	DPT	unavailable
Marist College	Physical Therapy	DPT	42 (126)
Mercy College	Physical Therapy	DPT	30 (90)
Nazareth College	Physical Therapy	DPT	40 (120)
New York Medical College	Physical Therapy	DPT	40 (120)
New York University	Physical Therapy	DPT	30 (90)
New York Institute of Tech	Physical Therapy	DPT	unavailable
SUNY Buffalo	Physical Therapy	DPT	45 (133)
SUNY Health Science Brooklyn	Physical Therapy	DPT	16 (48)
SUNY Health Science Syracuse	Physical Therapy	DPT	40 (120)
SUNY Stony Brook	Physical Therapy	DPT	83 (250)
The Sage College	Physical Therapy	DPT	unavailable
Touro College	Physical Therapy	DPT	35 (105)
Utica College	Physical Therapy	DPT	36 (108)
Northeastern Pennsylvania			
Misericordia	Physical Therapy	DPT	56 (168)
University of Scranton	Physical Therapy	DPT	40 (120)
			Cohort (total)

h)(4) Collaboration: Did this program's design benefit from consultation with other SUNY campuses? If so, what was that consultation and its result?

There was no direct collaboration or consultation with other SUNY campuses that currently offer physical therapy education programs.

h)(5) Concerns or Objections: If concerns and/or objections were raised by other SUNY campuses, how were they resolved?

All 4 SUNY schools responded to the Letter of Intent with a unified Letter of Objection to the development of this new DPT program. The basis for their objection included 3 main points: 1) a shortage of qualified faculty; 2) limited clinical placement sites for students; and 3) a decreasing market or pool of both applicants and future employers. We agree with and acknowledge that there is a limitation of qualified faculty and quality clinical placement sites for physical therapist education programs. Although we acknowledge these challenges, we believe that the reputation of Binghamton University will attract both highly qualified faculty and well-prepared students to this program. Furthermore, the R1 Carnegie classification, the diversity of health education programs, the opportunities for research and especially grant funded research increase the desirability of BU as a destination of choice for faculty and students. We have established a strong

relationship with the local health care providers as a result of the long standing and quality nursing education programs and we will build upon this to ensure quality clinical placements for students in the physical therapist education program. To date, our local clinical partners have expressed a strong desire to support this program, the faculty and especially our future students. Finally, our data do not support the claim of a shrinking market for both students and employers. Information from the PT common application site indicate that only 1 in 10 applicants are offered acceptance to a PT program and data from the Bureau of Labor Statistics indicate a strong employment picture through 2030 and beyond. Employment projections were provided above. (Section h)(2)) Employment of physical therapists is projected to grow 22 percent from 2018 to 2028, much faster than the average for all occupations. Demand for physical therapy will come from the aging baby boomers, who are not only staying active later in life, but are more susceptible to health conditions, such as strokes, that may require physical therapy. In addition, physical therapists will be needed to treat people with mobility issues stemming from chronic conditions, such as diabetes or obesity.

2.4. Admissions

- a) What are all admission requirements for students in this program? Please note those that differ from the institution's minimum admissions requirements and explain why they differ.

This program will utilize the PTCAS (PT common application system) and will also require submission of a personal essay, 2 letters of recommendation (at least one academic), transcripts that provide evidence of prerequisite course completion and proof of current CPR/First Aid certification. Standardized test scores are not required (GRE, MAT, etc). The only additional admission requirement for the DPT program is the completion of a list of prerequisite courses with a minimum grade of a "B" in each of the courses and there is no penalty for repeating courses. The highest final grade will be considered for meeting requirements. These courses include:

- **Biology 8 credits**
- **Chemistry 8 credits**
- **Physics 8 credits**
- **Anatomy & Physiology 8 credits**
- **Statistics 3 credits**
- **Psychology 3 credits**
- **Writing/Composition 3 credits**
- **International students must obtain a minimum score of 80 on TOEFL**

The DPT program values a holistic approach to admissions that seeks to identify experiences and personal attributes of applicants in addition to the traditional metrics of academic ability and preparation for success as a Binghamton University DPT student. Holistic admission processes have been shown to increase the academic profile of the admitted students and also addresses barriers often faced by applicants from historically underrepresented minorities in physical therapy education programs. The presence of desired experiences and personal attributes will be identified through required application writing samples.

- b) What is the process for evaluating exceptions to those requirements?

Traditional application metric requirements will be verified by review of the transcript. Evaluation of the entire application will be completed by graduate admissions and the Admissions Committee within the Division of Physical Therapy. Exceptions for students that are not able to demonstrate completion of all prerequisites and can demonstrate valid reasons for this inability to complete prerequisite coursework will be considered on a case by case basis. These students will be admitted conditionally with approval of and consistent with the Graduate School and graduate policy.

- c) How will the institution encourage enrollment in this program by persons from groups historically underrepresented in the institution, discipline or occupation?

The Division of Physical Therapy is committed to recruiting and retaining faculty, staff, and students from historically underrepresented groups. Binghamton University has a long history of serving the needs of historically underrepresented and economically disadvantaged student populations. The university has several national and state grant funded equity and access programs at the collegiate level which may account for Binghamton University's high admission, retention, and graduation rates for its underrepresented and economically disadvantaged students. Some of these equity and access programs prepare students for health professions, science, technology, engineering, and mathematics careers. These programs include Bridges to the Baccalaureate (Bridges), Collegiate Science and Technology Entry Program (CSTEP), and Educational Opportunity Program (EOP). Bridges is funded by the National Institutes to support community college students from minority groups underrepresented in the biomedical and behavioral research enterprise of the nation and/or populations disproportionately affected by health disparities. CSTEP is funded by the New York State Education Department to increase the number of historically underrepresented or economically disadvantaged students in programs that lead to licensure and to careers in scientific, technical and health related fields. The program fosters a cooperative learning environment with support services that enhance each student's academic growth and professional potential. EOP is funded by the State University of New York to provide access, academic support and financial aid to students who show promise for succeeding in college but who may not have otherwise been admitted. To be eligible for EOP students must be economically disadvantaged. The Division of Physical Therapy will collaborate with all of these programs to identify students who are interested in the physical therapy and we will follow these students by offering advising and support during the application process. These programs will provide tutoring to support the students as they take the required prerequisites for physical therapy. Moreover, the CSTEP program has an annual statewide conference in April. The Division of Physical Therapy will attend this graduate and professional school fair to recruit underrepresented students.

The Decker College of Nursing and Health Sciences created a Director of Diversity, Equity, and Inclusion position and Dr. Sharon Bryant was appointed as the inaugural director. Dr. Bryant is the project director/co-director of three grant-funded educational programs including The Collegiate Science and Technology Entry Program funded by the New York State Department of Education to increase the number of college students to major in disciplines related to the licensed and STEM professions; and The Science and Technology Entry Program funded by the New York State Department of Education to increase the number of Johnson City School District middle and high school students who attend college and major in disciplines related to licensed and STEM

professions. One of the goals of Diversity, Equity, and Inclusion is to institute holistic admission processes for all of its programs. American Association of Colleges of Nursing presented a holistic admission workshop on December 6 to Decker College faculty and staff. This workshop prepared us to develop a plan to identify admission factors (applicant experiences and attributes) that we will use to assess applicant's unique experiences alongside traditional metrics of academic achievement such as grades and test scores. Dr. Bryant will assist the Division of Physical Therapy in developing its holistic admission plan. This holistic plan will be utilized within the PTCAS system.

Consistent with the values and beliefs of the American Physical Therapy Association (APTA), the American Council of Academic Physical Therapists (ACAPT), and the Decker College of Nursing and Health Sciences, the Division of Physical Therapy is committed to supporting and developing the diversity in the academic setting and ultimately within the physical therapy workplace. We also recognize that a lack of a diverse physical therapy faculty has tremendous implications for the diversity of student body. While strides have been made to increase diversity within the profession and within academic settings, current and projected national demographics clearly indicate that more effort must be placed on attracting and retaining both faculty and students from all backgrounds especially URM's. The Division of Physical Therapy will adopt a two-pronged strategy to growing the diversity within the program focusing on 1) Faculty Recruitment & Retention and 2) Student Recruitment and Retention.

1. Faculty Recruitment & Retention

The Minority Faculty Development Model (described below) has served as the foundation for several strategies designed to attract and retain a diverse faculty within the Decker College of Nursing and Health Sciences (DCONHS). DCONHS has utilized this model over the past 4 years with some demonstrated success. The model also provides a framework to support and enhance the DCONHS efforts to hire, retain, and promote underrepresented faculty by highlighting and valuing the unique strengths and contributions of diverse faculty members. The Model of Minority Faculty Development, consists of three main components:

- 1. Institutional Mission.** Institutions should formally recognize minority faculty development as part of their core mission by offering institutional incentives to support this type of development across types of faculty activities (research, teaching, and service), and create mechanisms for monitoring and accountability.
- 2. Institutional Culture.** Institutions should create an environment that allows equal access to resources, create formal vehicles for valuing non-traditional contributions, create incentives/rewards that value contributions associated with diversity, and operationalize networking and mentoring opportunities.
- 3. Individual Development.** Institutions should create mechanisms for giving parity to service, recognize the duality of aspirations which flow from minority status within a society, and acknowledge the inherent values associated with a different perspective.

The DCONHS also utilizes the following strategies to conduct early outreach, target recruitment to prospective minority faculty, and to provide a range of support services for existing minority faculty. The Division of Physical Therapy will adopt these practices and strategies as well.

Early Identification and Preparation

Early identification strategies take a proactive approach to develop minority students'

interest in a career as a faculty member at earlier stages of the professional pipeline. In addition to encouraging students' interest in an academic career, guidelines suggest that training programs should help students develop the skills that will make them competitive faculty candidates, such as those related to teaching, public speaking, conducting research, and performing administrative tasks.

Examples of early identification and preparation strategies include:

- Creating enrichment programs for graduate minority students that specifically focus on strengthening skills in preparation for careers as faculty members
- Providing financial assistance for students to obtain advanced education and training (Decker Fellows fund, GA/TA funds)
- Pairing students with minority faculty mentors who share their personal knowledge and experience as a faculty member (CSTEP program, individualized faculty mentors; Post-Doctoral Diversity Fellowship)
- Conducting campus visits with minority doctoral students to provide information about careers in faculty (recruitment through Decker program directors and Office of Student Services)
- Writing or calling ethnic minorities one year prior to their completion of doctoral programs to inform them of upcoming job openings (Program Directors and Dean's Office)

Targeted Recruitment

Once potential PT faculty candidates from URM's are identified, the DCONHS will communicate open or potentially open faculty positions and encourage their application for employment. If the candidate is recommended for hire, the DCONHS will work to ensure that they are offered competitive employment packages. Key factors in this process are to specifically identify and reach out to potential URM faculty candidates and inform them of the supportive University and Decker College climate to encourage candidates to consider BU as viable destination. The Division of Physical Therapy will also embrace inclusive excellence hiring strategies that recognize that content expertise is only one of several characteristics that a potential faculty member brings to an academic program that enhance the quality of teaching and learning.

While we expect that PT faculty candidates will be attracted to academic positions at Binghamton university's DCONHS for many of the same reasons as non-minorities, minority candidates may be looking for additional factors during their job search, such as:

- Diverse campus and community demographics (make these resources available to them by connecting them directly to the resources)
- Special research opportunities with specific groups or in specific settings (with a focus in rural and community health, the DCONHS has positioned itself to focus on vulnerable populations)
- Examples of administrative support for people of color to assume leadership positions (Dr. Sharon Bryant is the Director of the CSTEP program)
- Possibility of being promoted and achieving tenure (The Decker College has minority faculty that have been tenured and/or promoted)
- Faculty development opportunities and mentors (Faculty are linked with mentors upon hire, along with continuous individual and College focused development opportunities)
- Social support network in the community (Link faculty to the Diversity Office and to off-campus resources and communities)

Minority Faculty Development

In the Decker College, the most effective approaches to enhance faculty diversity have

been those that have viewed this process as a long-term investment rather than as a short-term fix. Regular follow-up and commitment to the personal and scholarly growth of new URM faculty can help ease the transition to the academic workplace and can help address any sources of stress or dissatisfaction that may arise. The Decker URM faculty development programs seek to address the unique needs of URM faculty and provide necessary support to ensure high job satisfaction. These strategies have demonstrated success for Nursing and will be adopted by PT and other developing programs within the DCONHS.

2. Student/Applicant Recruitment & Retention

As stated previously, the Division of Physical Therapy and the DCONHS is committed to attracting, recruiting, accepting, retaining and graduating a diverse student body. We recognize the historical trends of underrepresentation of multiple URM's within both academic programs and ultimately the profession and the need to intentionally address this challenge. We believe that a critical strategy toward a diverse student body lies in the ability to attract, employ and retain a faculty that is diverse with representation from multiple URM's. We also recognize that PT education programs must intentionally and strategically work to directly increase the diversity within the applicant pool and ultimately the student body through recruitment, admissions and retention strategies. We recognize that this must be viewed as an ongoing process that must be intentionally executed, continuously monitored and assessed and strategies modified as data suggests. In an effort to achieve success, the Division of Physical Therapy will be guided by the final report of the ACAPT Diversity Task Force (DTF). (appended to end of this section)

The Diversity Task Force report indicated that Hispanic/Latino, African-American/Black, American Indian/Alaskan Native, and Hawaiian/Pacific Islander are currently underrepresented minorities within physical therapist education programs when compared to the US population demographics. Furthermore, in the 2014-15 admissions cycle, a combined total of 17.4% of all applicants and 13.3% of accepted applicants in PTCAS were underrepresented groups again falling short of the US population.

Historical trends indicate that the distribution of students enrolled by race and ethnicity in physical therapist education programs has not changed significantly in recent years. During the 2014-2015 academic year, a combined total of 10.0% enrolled in PT education programs were identified as an underrepresented minority. Furthermore, the report highlights that the percentage of African Americans enrolled in physical therapist education programs declined from 4.8% in 2004-2005 to 3.1% in 2014-2015.

The Division of Physical Therapy embraces the DTF's updated definition of URM's in physical therapy as it is consistent with the DCONHS commitment to underserved and at-risk populations.

The definition of underrepresented minority populations in physical therapy education [HOD P06-14-13-08 Position] is as follows: "The American Physical Therapy Association defines 'Underrepresented' in physical therapy education as the racial and ethnic populations that are underrepresented in physical therapy education relative to their numbers in the general population, as well as individuals from geographically underrepresented areas, lower economic strata, and educationally disadvantaged backgrounds."

The Division of Physical Therapy recognizes that traditional methods of preparation for, application to, review of applicants systematically disadvantages some URM's and is committed to addressing these issues. The admission process will utilize the Physical Therapist Centralized Application Service (PTCAS) system. In 2015-16 application cycle, the APTA added new questions in response to the new definition of underrepresented minorities in physical therapy education. These questions will help the program in identifying applicants from educationally, economically, or geographically disadvantaged backgrounds. Decisions of the United States Supreme Court such as Grutter v Bollinger and Gratz v. Bollinger (2003), Fisher v University of Texas at Austin (2013) and Schuette v Coalition to Defend Affirmative Action (2013) may make it more difficult for physical therapist programs to consider race and ethnicity as a factor in the admissions process. We believe that utilizing the new URM definition will assist in revising diversity goals to come in line with the trend toward race neutral admission strategies resulting from these Supreme Court decisions.

It should be noted that Commission on Accreditation of Physical Therapist Education (CAPTE) requires that the program recruits, admits and graduates students consistent with the missions and goals of the institution and the program and consistent with societal needs for physical therapy services for a diverse population. The CAPTE Standards and Required Elements for Accreditation of Physical Therapist Education Programs define diversity as follows: "Includes group/social differences (ie, race, ethnicity, socioeconomic status, gender, sexual orientation, country of origin, as well as cultural, political, religious, or other affiliations) and individual differences (ie, age, mental/physical ability, personality, learning styles, and life experiences)." Moreover, the CAPTE 5A Standards require programs to "Describe the efforts of the program to recruit a diverse student population." Therefore, in order to attain initial accreditation and to maintain ongoing accreditation, the program must meet or exceed these standards.

Recommendations from report adopted by Division of Physical Therapy

(presented in order of priority with supporting statements or initial plans of action)

DTF Recommendation 3: Develop a new task force to create a pre-DPT admissions structure to simplify and standardize prerequisites across programs and revise the course prerequisites policy to state that programs should not exceed the standardized set.

DTF Recommendation 4: Provide programming and resources to help promote the use of holistic admissions strategies at physical therapist education programs.

Currently there are no universal core prerequisite application/admission requirements for accredited programs, although there are some common consistent transcript requirements. This lack of consensus across accredited programs can present a barrier for students from URM as confidence in their own preparedness and potential access to educational opportunities is reduced. Despite some improvement in consistencies across programs, the URM applicant pool remains lower than desired and impedes increasing the diversity within educational programs and within the profession.

Holistic admissions processes provide for a review process where applicants are evaluated by criteria that are established by the institution that broad-based (inclusive) and aligned with the mission and applied equitably across the entire candidate pool. The goal is to

produce a diverse student body. Holistic admissions recognize that standardized test scores and GPAs are not always accurate indicators of future academic and clinical success and may serve to further reduce applications from students representing URM's. Holistic admissions processes have been shown to be an effective strategy increasing the number of students from URM's and does not negatively impact matriculating student qualifications, retention, and outcomes and in some cases may improve these metrics.

Based upon these DTF Recommendations, the Division of Physical Therapy will:

- Utilize a pseudo-holistic admissions process within the PTCAS system that values experiences and attributes in addition to traditional academic metrics. We will define a list of experiences and attributes that are institution specific and mission driven that will create a student body that is diverse and not driven completely by traditional metrics of academic performance.
- We will utilize our Assessment plan to continually monitor our success in meeting benchmarks achieved within the profession while aspiring to exceed previous years and ultimately match population metrics.
- Utilize a list of prerequisite course admission requirements by content/topic but not specific course title in an attempt to broaden the pathways to meeting the requirements.
- Accept without penalty, an applicant's highest grade achieved for a given prerequisite course.
- Allow students that are unable to meet admissions criteria to demonstrate competency in other equivalent ways, with review on a case by case approach.

DTF Recommendation 1: Promote physical therapy as a viable career option for URM students.

DTF Recommendation 2: Develop resources to help middle school, high school, community college, and 4- year college advisors mentor pre-DPT students.

It has been shown that students from URM receive minimal exposure to the profession as a viable career option. It is important to match strategies for exposure with the stage of the student. Considering that we will be a graduate degree program situated within a campus that has representation from URM and demonstrated interest of past undergraduate students in the profession, it makes the most sense to target this population first with a plan to gradually extend our reach to middle and high school students in the region once the program is established. According to a 2015 survey of current DPT students, personal experiences and interactions with physical therapists, more than any other factor, motivated students from all backgrounds to pursue the profession. Exposure to the profession was identified as a more influential factor in career choice among URM students than white students. However, white students are 5 times more likely to have had direct or indirect personal experience with a physical therapist than their URM counterparts.

Based upon these Recommendations, the Division of Physical Therapy will:

- Utilize our connections to students of URM's currently on campus with the assistance of Dr. Sharon Bryant and the STEP program.
- Intentional marketing and outreach to SUNY-BU undergraduates to increase their exposure to the profession.
- Identify local clinicians from URM that can serve as partners and role models for students from URM's and seek participation of representative from URM's within the External Advisory Board.
- Pursue grants from federal or other sources, such as the Robert Wood Johnson (RWJ) Foundation and the National Institutes of Health (NIH), to support minority student recruitment initiatives.

DTF Recommendation 5: Advocate for greater financial assistance for URM physical therapist students.

SS: The costs related to pursuing higher education and advanced degrees continues to escalate and is a barrier to many students pursuing advanced training. Potential students from URM groups have identified educational costs and lack of grants/scholarships as a leading barrier. URM students are often first-generation students making family resources even more restricted than others. URM students are often attracted toward other clinical degrees (MD, pharmacy, etc) as a result of the higher earning potential making recruitment of these students even more challenging. Furthermore, medicine, pharmacy, and dentistry are currently eligible for reimbursement under the National Health Service Corps (NHSC) Loan Repayment Program while physical therapy is not included. The APTA Minority Awards Program supports URM students in their final year of study but there is no current support programs for students in their first two years of study.

Based upon these Recommendations, the Division of Physical Therapy will:

- Market the Clark Fellowship program at BU and support potential students in pursuing financial assistance from this program.
 - Connect students with on-campus GA, TA and fellowship programs that provide financial assistance for graduate students.
 - Support APTA's efforts to add physical therapists to the list of health professionals eligible for the National Health Service Corps (NHSC) Loan Repayment Program.
 - (from DTF report) Explore other avenues of providing URM students support throughout their professional DPT education (ie, create a loaning library to offset textbook costs; support conference attendance; provide donated laptops; create a network of volunteer physical therapists to provide URM students housing during clinical internships, etc.
- d) What is the expected student body in terms of geographic origins (i.e., same county, same Regents Region, New York State, and out-of-state); academic origins; proportions of women and minority group members; and students for whom English is a second language?

Geographic - Although it is likely that a majority of students will be drawn from New York State and the New England region, it is not by intentional design or targeted recruitment and marketing. The program hopes to enroll students from a variety of

geographic origins and other groups so as to maximize the diversity and quality of the learning experience. Historically, there is a significant contingent of students at Binghamton University with plans to pursue a physical therapy degree after graduation. It is expected that many of these students will apply to this program. Although there are no plans to offer priority consideration to these students, we would expect that geographic origins of students matriculating into this program would be similar to undergraduate geographic origin data.

Academic origin - We anticipate the academic origins of the expected student body to be primarily immediately post-baccalaureate with a health science preprofessional (pre-med, exercise science, biology, health sciences, etc) degree. We also expect there will be some applicants/students for which physical therapy is a discovery career and have an unrelated undergraduate degree but have met the prerequisite course requirements.

Women & minority groups - As of the 2016 APTA membership demographics profile, nearly 70% of APTA member physical therapists (PTs) were female and 88.5% were white. Review of this data across the last 15 years demonstrates minimal to no changes over time. Although APTA membership is not perfectly representative of all licensed physical therapists, it is likely a close representation. Although efforts to increase the diversity of the student cohort are planned, significant shifts in cohort demographics as compared to APTA demographics are not likely.

ESL - Most practicing physical therapists that identify as ESL are foreign trained and have relocated to the United States after earning their entry-level professional degree. It is not likely that there will be a significant number of applicants or students that identify as ESL. There are adequate resources on campus to assist and support ESL students.

2.5. Academic and Other Support Services

- a) Summarize the academic advising and support services available to help students succeed in the program.

Students in the DPT program will have access to all student success and advising services that are available to all graduate students at Binghamton University. Furthermore, students will also have access to similar services that have been offered within the Decker School of Nursing, Office of Advising and Academic Excellence. Upon admission, all students will also be assigned a faculty advisor within the Division of Physical Therapy that will serve as the primary contact for students within the program for academic, personal and other concerns. Faculty advisors will meet each semester with students and assist the student in identifying and accessing needed services to enable their success.

Students in the physical therapy program will have access to student support services available to all students at Binghamton University. These services include:

- Center for Civic Engagement
- Counseling Center
- Dean of Students
- Division of Diversity, Equity and Inclusion
- Health Services (for on campus students)
- International Student and Scholar Services
- University Tutoring Services
- Services for Student with Disabilities

- b) Describe types, amounts and sources of student financial support anticipated. Indicate the proportion of the student body receiving each type of support, including those receiving no support.

Most graduate students at Binghamton University rely on loans for financial support, though many students may seek employment in either on campus or in local businesses. DPT students in the final two on-campus semesters (Professional Year 2-Spring, Professional Year 3-Fall) will be able to seek employment as GA/TA within the Division of Physical Therapy assisting within required courses for lower level students to help offset the costs of their education. Students in the DPT program may also be eligible for the Clark Diversity Fellowship and the Economically Disadvantaged First Professional Study.

2.6. Prior Learning Assessment

If this program will grant credit based on Prior Learning Assessment, describe the methods of evaluating the learning and the maximum number of credits allowed, **or check here [x] if not applicable.**

2.7. Program Assessment and Improvement

Describe how this program's achievement of its objectives will be assessed, in accordance with [SUNY policy](#), including the date of the program's initial assessment and the length (in years) of the assessment cycle. Explain plans for assessing achievement of students learning outcomes during the program and success after completion of the program. **Append** at the end of this form, **a plan or curriculum map** showing the courses in which the program's educational and, if appropriate, career objectives – from Item 2.3(b) of this form – will be taught and assessed. **NOTE:** *The University Faculty Senate's [Guide for the Evaluation of Undergraduate Programs](#) is a helpful reference.*

This program is accredited by the Commission on Accreditation of Physical Therapists Education (CAPTE) and must meet all standards at all times. There are standards that address Program Assessment and Improvement Specific standards that address Program Assessment and Improvement include:

Standard 1: The program meets graduate achievement measures and program outcomes related to its mission and goals.

Standard 2: The program is engaged in effective, on-going, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement.

In order to achieve initial accreditation as well as maintain ongoing accreditation status, the program must demonstrate compliance with these standards and the specific sub-standards for program assessment and improvement.

The scope, sequence and evaluation of student progression toward mastery of knowledge, skills, abilities are built around a framework of Competency Based Education (CBE). Appendix C provides a detailed representation of the CBE framework and is provided for information and reference. The overarching Learning Objectives for this program are represented by the Entrustable Professional Activities (EPA) within the CBE. Student progress along the

continuum toward mastery of the EPA's will be measured and recorded across coursework and learning experiences in both the academic and clinical settings. Students will be expected to meet specific benchmark scores (novice, emerging, advanced, entry-level) at critical points and to achieve entry-level upon graduation. Individual student progress will be maintained and monitored within a "to-be-determined cloud-based solution (e.g. e*value <http://www.medhub.com/evalue/evalue-product/>). Data for program assessment will be harvested from this management tool in order to assess program success in achieving its articulated learning objectives. Specific and critical competencies across several domains have been identified for each of the EPA's or learning objectives. This data will be tracked on an annual basis looking for attainment of predetermined minimum scores or benchmarks. If tracking data fall below targets or if declining trends are noted a deeper dive into the data will commence with the intent of identifying an action plan to address the findings. This process will be utilized across the continuum of learning in order to provide early and leading indicators as formative assessment and at graduation as summative assessment. The initial assessment cycle will occur on an annual basis and across a minimum 5-year period prior to action plans being developed. If competencies consistently meet and/or exceed targets, new or more sensitive indicators can be selected or the monitoring could be reduced from the initial annual basis. In addition to direct measures of student learning, other outcomes indicator data will be collected, analyzed, monitored and reported. These include # applicants, # accepts, selectivity rate, matriculation cohort size, annual attrition rates, graduation rates, FSBPT scores, passing rates on licensing exam (first time and ultimate), employment rates, etc. We will also utilize a graduate survey to provide indirect evidence of the degree to which we are meeting our program goals and learning in objectives.

Section 3. Program Schedule and Curriculum

Complete the **SUNY Graduate Program Schedule** to show how a typical student may progress through the program. This is the registered curriculum, so please be precise. Enter required courses where applicable, and enter generic course types for electives or options. Either complete the blank Schedule that appears in this section, or complete an Excel equivalent that computes all sums for you, found [here](#). Rows for terms that are not required can be deleted.

NOTES: The *Graduate Schedule* must include all curriculum requirements and demonstrate that expectations from in Regulation 52.2 <http://www.highered.nysed.gov/ocue/lrp/rules.htm> are met.

Special Cases for the Program Schedules:

- For a program with multiple tracks, or with multiple schedule options (such as full-time and part-time options), use one Program Schedule for each track or schedule option. Note that licensure qualifying and non-licensure qualifying options cannot be tracks; they must be separate programs.
 - When this form is used for a multi-award and/or multi-institution program that is not based entirely on existing programs, use the schedule to show how a sample student can complete the proposed program. **NOTE:** Form 3A, [Changes to an Existing Program](#), should be used for new multi-award and/or multi-institution programs that are based entirely on existing programs. [SUNY policy](#) governs the awarding of two degrees at the same level.
- a) If the program will be offered through a nontraditional schedule (i.e., not on a semester calendar), what is the schedule and how does it impact financial aid eligibility? **NOTE:** Consult with your campus financial aid administrator for information about nontraditional schedules and financial aid eligibility.

The program will follow the traditional academic calendar with all coursework offered within the Fall/Spring terms, as well as Summer sessions. There will be only one point of entry into the program which will be at the first Summer session. Students will graduate in a spring semester after completion of all requirements across the 9 sessions/semester.

- b) For each existing course that is part of the proposed graduate program, **append** a catalog description at the end of this document.

Appendix D

- c) For each new course in the graduate program, **append** a syllabus at the end of this document.
NOTE: Syllabi for all courses should be available upon request. Each syllabus should show that all work for credit is graduate level and of the appropriate rigor. Syllabi generally include a course description, prerequisites and corequisites, the number of lecture and/or other contact hours per week, credits allocated (consistent with [SUNY policy on credit/contact hours](#)), general course requirements, and expected student learning outcomes.

Appendix E

- d) If the program requires external instruction, such as clinical or field experience, agency placement, an internship, fieldwork, or cooperative education, **append** a completed [External Instruction](#) form at the end of this document

Appendix F

SUNY Graduate Program Schedule (*OPTION: You can insert an [Excel version](#) of this schedule AFTER this line, and delete the rest of this page.*)

Program/Track Title and Award:

- a) Indicate **academic calendar** type: [x] Semester [] Quarter [] Trimester [] Other (describe):
- b) **Label each term in sequence**, consistent with the institution's academic calendar (e.g., Fall 1, Spring 1, Fall 2)
- c) Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed.
- d) Complete the last row to show program totals and comprehensive, culminating elements. **Complete all columns that apply to a course.**

**** Summer sessions will all be offered in Summer III as the courses are greater than 5 weeks but 10 weeks or less in length**

Year 1 Summer			Year 1 Fall						Year 1 Spring					
	Credits	New	Prerequisites		Credits	New	Prerequisites		Credits	New	Prerequisites			
DPT-600 Prof Dev I - Learning & Teaching	2	x	None	DPT-610 Kinesiology/Biomechanics	3	x	DPT-600	DPT-620 Cardiopulmonary II - Clin Mgmt of CP	4	x	DPT-600, DPT-611			
DPT-601 Human Anatomy	6	x	None	DPT-611 Cardiopulmonary I - Exercise Physiology	3	x	DPT-600	DPT-621 Musculoskeletal (MSK) I: Exam Skills	4	x	DPT-600, DPT-615			
				DPT-612 Evidence Based Practice I	3	x	none	DPT-622 Spec Pops I - High Acuity Patient	3	x	DPT-600, DPT-611, DPT-616			
				DPT-613 Prof Dev II - Clinical Reasoning	2	x	DPT-601	DPT-623 Essentials of Therapeutic Exercise	2	x	DPT-600, DPT-615			
Term credit total	8			DPT-614 Intro to Psychosocial Aspects of Rehab/ICE	3	x	DPT-601	DPT-624 Differential Diagnosis	3	x	DPT-613, DPT-615			
				DPT-615 Clinical Exam Skills & Doc.	2	x	DPT-600	DPT-625 Spec Pops II - Older Adult/ICE 2	2	x	DPT-614, DPT-615, DPT-616			
				DPT-616 Integumentary 1 - Pt Mgmt & Mobility	2	x	DPT-600	DPT-626 IPE - Communication, Values, Ethics	0	x	DPT-625 co-req			
				Term credit total	18			Term credit total	18					
Year 2 Summer			Year 2 Fall						Year 2 Spring					
DPT-692 Clinical Educ I - (Inpatient) 8 wks	4	x	good acad standing	DPT-641 Evidence Based Practice II	2	x	DPT-612	DPT-650 Foundations of Neuromuscular Rehab II (Periph)	3	x	DPT-644, DPT-645			
DPT-630 Prof Dev III - Ethics & Moral Agency	2	x	DPT-614	DPT-642 Phys Agents & Electro Modalities	2	x	DPT-624	DPT-651 Neurorehabilitation I (Central)	4	x	DPT-644, DPT-646			
				DPT-643 MSK II: UQ/Cervical	4	x	DPT-621	DPT-652 MSK III: LQ/Lumbopelvic	4	x	DPT-643			
Term credit total	6			DPT-644 Advanced Psychosocial Aspects of Rehab	3	x	DPT-600	DPT-653 Integumentary III - Prosthetics/Orthotics	2	x	DPT-646			
				DPT-645 Foundations of Neuromuscular Rehab I (Central)	3	x	DPT-644 co-req	DPT-654 Spec Pops IV - Health & Wellness (1/2 semester)	2	x	DPT-692			
				DPT-646 Integumentary II	2	x	DPT-616	DPT-655 Health Care Systems (1/2 semester)	2	x	DPT-692			
				DPT-647 Special Populations III - Rural and At-Risk	1	x	DPT-630	DPT-656 IPE - Roles & Responsibilities	0	x	DPT-626			
				Term credit total	17			Term credit total	17					
Year 3 Summer			Year 3 Fall						Year 3 Spring					
DPT-694 Clinical Educ II - (Outpatient) 10 wks	5	x	good acad standing	DPT-670 Mgmt of Complex Patients	2	x	DPT-694	DPT-696 Clinical Educ III - (choice)	8	x	good acad standing			
DPT-660 Introduction to Clinical Mgmt	2	x	DPT-655	DPT-671 MSK IV - Spine and Adv Manual Therapy	3	x	DPT-652	DPT-680 Prof Dev IV - Capstone	2	x	DPT-696 co-req			
				DPT-672 Neurorehabilitation II (SC, ANS, PNS)	4	x	DPT-651	Term credit total	10					
Term credit total	7			DPT-673 Spec Pops V - Pediatrics	3	x	DPT-645							
				DPT-674 Clinical Admin, Mktg, Mgmt	3	x	DPT-660							
				DPT-699 Evidence Based Practice III - Capstone	2	x	DPT-641							
				DPT-676 IPE - Teamwork & Team-based Practice	0	x	DPT-656							
				Term credit total	17									
Program Total:	Total Credits: 118 credits			Identify the required comprehensive, culminating element(s), such as a thesis or examination, including course number(s), if applicable: Students will complete an evidence based project as part of the EBP 2 and EBP 3 (DPT-641 and DPT-699) courses that will culminate in a professional level peer reviewed poster presentation at a formal professional meeting (Southern Tier District of the New York Physical Therapy Association)										

Section 4. Faculty

- a) Complete the **SUNY Faculty Table** on the next page to describe current faculty and to-be-hired (TBH) faculty.
- c) **Append** at the end of this document position descriptions or announcements for each to-be-hired faculty member.

Appendix G

NOTE: CVs for all faculty should be available upon request. Faculty CVs should include rank and employment status, educational and employment background, professional affiliations and activities, important awards and recognition, publications (noting refereed journal articles), and brief descriptions of research and other externally funded projects. New York State's requirements for faculty qualifications are in in Regulation 52.2 <http://www.highered.nysed.gov/ocue/lrp/rules.htm>

- c) What is the institution's definition of "full-time" faculty?

Faculty are considered full time when they have full-time commitments to a department, division, or school. Their full-time obligations include teaching, research, and service. Full time is considered 10-month appointment with standard teaching load.

This program is planned to have summer coursework that includes: Anatomy 6cr, Professional Development I 2cr, Clinical Education I 4cr, Professional Development III 2 cr, Clinical Education III 5 cr and Introduction to Clinical Management 2cr. The Director of Clinical Education position is planned to be a 12-month position and will have teaching responsibilities including the two Clinical Education courses listed above. The Program Director is also a 12-month position and will be responsible for teaching the two Professional Development courses. The Anatomy course will either be staffed by either a faculty member in a 12-month line with full time teaching responsibilities in the regular academic year -or- summer stipend position if the course can be taught by an existing BU faculty member or PT faculty member on 10-month position. The final course that is in summer sessions is the Intro to Clinical Mgmt and will be staffed by either a 10-month PT faculty member with summer stipend or a part-time faculty member.

SUNY Faculty Table

Provide information on current and prospective faculty members (identifying those at off-campus locations) who will be expected to teach any course in the graduate program. Expand the table as needed. Use a separate Faculty Table for each institution if the program is a multi-institution program.

(a)	(b)	(c)	(d)	(e)	(f)
Faculty Member Name and Title/Rank (Include and identify Program Director with an asterisk)	% of Time Dedicated to This Program	Program Courses Which May Be Taught (Number and Title) Per Table Sec 3	Highest and Other Applicable Earned Degrees (include College or University)	Discipline(s) of Highest and Other Applicable Earned Degrees	Additional Qualifications: List related certifications, licenses and professional experience in field
PART 1. Full-Time Faculty					
* Michael Buck PT, PhD Program Director/Associate Professor	100%	1,3,6,8,9,11,13,20,21,27,34,35	PhD Touro Univ Intl MS Arcadia Univ	Educ Admin Physical Therapy	A.T.,C, Cert MDT, CSCS
Kristen Mooney PT, DPT, NCS Dir of Clinical Education/Clin Asst Prof	100%	DPT-600, 626, 692, 630, 656, 694, 696, 680	DPT with ABPTS	Physical Therapy DPT	Primary responsibility for Clin Education courses and program. Can teach in other courses based upon clinical expertise
Part 2. Part-Time Faculty					
TBH-Part-time – pool of 8-10 local clinicians	100%	Multiple – any/all	BS thru DPT with demonstrated clinical expertise (ABPTS)	Physical Therapy BS thru DPT	Advanced expertise of credential in area of teaching assignments. These faculty will teach in labs or guest lecture primarily.
Part 3. Faculty To-Be-Hired (List as TBH1, TBH2, etc., and provide title/rank and expected hiring date)					
TBH1 - NTE Assistant Director of Clinical Education – 12-month position	100%	DPT-600, 626, 692, 630, 656, 694, 696, 680 plus other courses pending clinical specialty	DPT, with ABPTS	Physical Therapy DPT	Primary responsibility for Clin Education courses and program. Can teach in other courses based upon clinical expertise
TBH2 - TE – 1 (Research)	100% 20-30% teaching	DPT-612, 641, 699; plus other courses pending research area	PhD BS thru DPT	Biomechanics or related field; BS thru DPT	This faculty member will be primarily research focused and will head the motion analysis lab. This faculty member will also be required to mentor other faculty in their scholarly agenda.
TBH3 - TE – 2 (Neuro)	100%	DPT-644, 645, 650, 651, 672	PhD/EdD/DSc BS thru DPT ABPTS-preferred	Neuro related Physical Therapy BS thru DPT	ABPTS in neuro would be preferred
TBH4 - TE – 3 (MSK/Ortho)	100%	DPT-610, 613, 615, 616, 621,	PhD/EdD/DSc BS thru DPT	Ortho related Physical Therapy BS thru	ABPTS in ortho or sports would be preferred

		623, 624, 642, 643, 652, 670, 671	ABPTS-preferred	DPT	
TBH5 - TE – 4 (Admin)	100%	DPT-655, 660, 674, 680; plus others based on clinical expertise	PhD/EdD/DSc pref DPT ABPTS-preferred	Variable Physical Therapy BS thru DPT	MBA or clinical management and leadership experience.
TBH6 - TE – 5 Cardiopulm)	100%	DPT-611, 620, 622, 623, 624, 654,	PhD/EdD/DSc BS thru DPT ABPTS-preferred	ExPhys/Cardio Physical Therapy BS thru DPT	ABPTS preferred
TBH7 – TE - 6 (Acute/Geri/Integ)	100%	DPT-611, 615, 616, 620, 622, 624, 646, 647, 653	PhD/EdD/DSc BS thru DPT ABPTS-preferred	Acute/Geri related BS thru DPT	
TBH8 – TE - 7 (Neuro/Pediatrics)	100%	DPT-613, 614, 644, 645, 650, 651, 670, 672, 673	PhD/EdD/DSc BS thru DPT ABPTS-preferred	Neuro or Peds related BS thru DPT	ABPTS in neuro or peds would be preferred
TBH9 – TE - 8 (MSK/Ortho)	100%	DPT-610, 613, 615, 616, 621, 623, 624, 642, 643, 652, 670, 671	PhD/EdD/DSc BS thru DPT ABPTS-preferred	MSK/Ortho related BS thru DPT	ABPTS in ortho or sports would be preferred
TBH10 – TE - 9 (Anatomy)	50-100%	DPT-601, 611, 644,	PhD BS thru DPT preferred	Anatomy BS thru DPT preferred	Demonstrated experience in teaching human anatomy for clinicians should have PhD in anatomy or related field. Does not have to have PT license.
TBH11 - NTE – 1 – (Pediatrics/Neuro)	100%	DPT-614, 623, 645, 650, 651, 670,673	PhD/EdD/DSc–pref DPT ABPTS-preferred	Physical Therapy	Clinical specialization in Peds. Can teach in other courses relevant to their expertise
TBH12 - NTE – 2 – (Geri/Acute)	100%	DPT-611, 615, 616, 620, 622, 624, 646, 647, 653	PhD/EdD/DSc–pref DPT ABPTS-preferred	Related field Physical Therapy	Clinical experience in acute care, home care, SNF, rehab, etc.
TBH13 - NTE – 3 – (Prof Dev, PsychSoc)	100%	DPT-600, 614, 625, 626, 647, 656,676	PhD/EdD/DSc–pref DPT ABPTS-preferred	Related field Physical Therapy	Experience in rural health, underserved and at risk populations with special interest in developing students professional behaviors and attitudes
TBH14 - NTE - 4 - (Ortho/Neuro)	100%	DPT-610, 613, 615, 616, 621, 623, 624, 642, 643, 652, 670, 671 -or- 644, 645, 650, 651, 672	PhD/EdD/DSc–pref DPT ABPTS-preferred	Related field Physical Therapy	ABPTS in ortho or sports would be preferred

Section 5. Financial Resources and Instructional Facilities

- a) What is the resource plan for ensuring the success of the proposed program over time? Summarize the instructional facilities and equipment committed to ensure the success of the program. Please explain new and/or reallocated resources over the first five years for operations, including faculty and other personnel, the library, equipment, laboratories, and supplies. Also include resources for capital projects and other expenses.
- b) Complete the five-year SUNY Program Expenses Table, below, consistent with the resource plan summary. Enter the anticipated academic years in the top row of this table. List all resources that will be engaged specifically as a result of the proposed program (e.g., a new faculty position or additional library resources). If they represent a continuing cost, new resources for a given year should be included in the subsequent year(s), with adjustments for inflation or negotiated compensation. Include explanatory notes as needed.

SUNY Program Expenses Table

(OPTION: You can paste an [Excel version](#) of this schedule AFTER this sentence, and delete the table below.)

SUNY Program Expenses Table	DPT						
	Expense (in dollars)						
Program Expense Categories	Before Start (AY24-25)	Year 1	Year 2	Year 3	Year 4	Year 5	Totals
Personnel	\$2,876,455.50	\$1,580,176.50	\$2,102,995.27	\$2,286,801.74	\$2,321,017.78	\$2,366,118.13	
Library	\$0	\$15,730.00	\$23,370.00	\$34,830.00	\$35,440.00	\$38,620.00	
Fees ¹	\$18,500.00	\$18,450.00	\$29,550.00	\$48,450.00	\$57,400.00	\$57,450.00	
Maintenance and Operations	\$65,000	\$35,500.00	\$36,210.00	\$36,934.20	\$37,672.88	\$38,426.34	
Capital Expenses ²	\$1,021,884.29	\$0	\$0	\$0	\$0	\$0	
Sum of Rows Above	\$4,101,839.79	\$1,649,856.50	\$2,192,125.27	\$2,407,015.94	\$2,451,530.66	\$2,500,614.47	\$15,302,982.63
Projected Revenues	\$437,266.09	\$1,019,510.00	\$2,254,380.00	\$4,116,320.00	\$5,028,020.00	\$5,635,820.00	\$18,491,316.09

1: Initial accreditation fees, CAPTE annual fees, annual fee ACAPT, annual fee NPTE, annual fee CPI, EXXAT Clinical tracking/assessment, Examsoft, PEAT practice exam, Student malpractice insurance.

2: This does not represent purchases through SUNY Group 3 part of the new building renovation and \$437,266.09 External donor gift.

Section 6. Library Resources

- a) Summarize the analysis of library collection resources and needs *for this program* by the collection librarian and program faculty. Include an assessment of existing library resources and accessibility to those resources for students enrolled in the program in all formats, including the institution’s implementation of SUNY Connect, the SUNY-wide electronic library program.

The current holdings of the Binghamton University Libraries is made up of around 2,332,315 physical items, 1,121,693 electronic items, 365 databases, 2000 linear feet of archives and manuscripts, and a growing institutional repository. All of these materials are made available to all university students, faculty, and staff. Affiliates are able to access the electronic material from off campus simply by logging in with their university information.

The library participates in SUNY Connect. Below are some of the SUNY Connect resources that will be relevant to the Physical Therapy program:

- Annual Reviews
- Academic Search Complete
- Alt HealthWatch
- CINAHL Plus with Full text
- Health Source - Consumer Edition
- Health Source: Nursing/Academic Edition
- Medline with Full text
- New England Journal of Medicine
- ScienceDirect
- Vocational and Career Collection
- EBSCO eBook Collection

Additional Physical Therapy Specific Resources include:

PT Journals

Of the over 218,000 electronic and print journals offered by the Libraries, approximately 150 are physical therapy journal titles and over 10,000 are titles related to health and biological sciences.

PT Databases

Students, faculty, and staff have access to the 365 electronic both on and off campus. In addition to those that are a part of SUNY Connect, PT related databases include Physical Therapy and Sports Medicine OneFile, PubMed, and Cochrane Library. Additionally, the Libraries subscribe to a Discovery Service named “Find It!” (Ex Libris’ Primo Central). Find It! is a mega-aggregation of hundreds of millions of scholarly e-resources including journal articles, e-books, reviews, and more. Find It! is part of the SUNY wide move to ALMA/Primo which makes it easier for individuals to see the library collections at other SUNY institutions. This allows them to travel to those institutions for access if convenient, and to request items directly from them through Interlibrary Loan (ILL). ILL services are also provided for resources not available through SUNY.

The library currently has multiple resources available to support students in the Nursing programs. These resources also include the following databases:

- Embase**
- HaPI (Health and Psychosocial Instruments)**
- Health Reference Centre Academic**
- Health Source: Nursing**
- PsycINFO**
- Stat!Ref**
- UpToDate**

The librarian for physical therapy has examined the current library resources to evaluate future collection areas to meet the needs of the new PT program. Identified gaps include the need for additional PT journal subscriptions, increased collection of PT books and ebooks, and databases including AccessPhysiotherapy, Rehabilitation Reference Center, and SportDISCUS Full-text. Further analysis, especially in regards to the journals and books, will take place as PT faculty are hired and their needs are examined.

- b) Describe the institution's response to identified collection needs and its plan for library development.

The institution has planned for the library to receive a budget to support the anticipated needs of the physical therapy program. As faculty and students arrive, their needs will be evaluated and the library collection will adjust as needed. Discussions are currently underway regarding the AccessPhysiotherapy online textbook resource.

Section 7. External Evaluation

SUNY and SED require external evaluation of all proposed graduate degree programs. List below all SUNY- approved evaluators who conducted evaluations (adding rows as needed), and **append at the end of this document** each original, signed [External Evaluation Report](#). **NOTE:** *To select external evaluators, a campus sends 3-5 proposed evaluators' names, titles and CVs to the assigned SUNY Program Reviewer, expresses its preferences and requests approval.*

Evaluator #1 Dr. Chad Cook, Interim Chief Duke Doctor of Physical Therapy Program	Evaluator #2 Dr. Jill Heathcock, Director of Infant Lab The Ohio State University
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Section 8. Institutional Response to External Evaluator Reports

Append at the end of this document a single *Institutional Response* to all *External Evaluation Reports*.

Section 9. SUNY Undergraduate Transfer

NOTE: *SUNY Undergraduate Transfer policy does not apply to graduate programs.*

Section 10. Application for Distance Education

- a) Does the program's design enable students to complete 50% or more of the course requirements through distance education? No Yes. If yes, **append** a completed [SUNY Distance Education Format Proposal](#) at the end of this proposal to apply for the program to be registered for the distance education format.
- b) Does the program's design enable students to complete 100% of the course requirements through distance education? No Yes

Section MPA-1. Need for Master Plan Amendment and/or Degree Authorization

- a) Based on guidance on [Master Plan Amendments](#), please indicate if this proposal requires a Master Plan Amendment.
 No Yes, a completed [Master Plan Amendment Form](#) is **appended** at end of this proposal.

b) Based on *SUNY Guidance on Degree Authorizations* (below), please indicate if this proposal requires degree authorization.

No Yes, once the program is approved by the SUNY Provost, the campus will work with its Campus Reviewer to draft a resolution that the SUNY Chancellor will recommend to the SUNY Board of Trustees.

SUNY Guidance on Degree Authorization. Degree authorization is required when a proposed program will lead to a [new degree](#) (e.g., B.F.A., M.P.H.) at an existing level of study (i.e., associate, baccalaureate, first-professional, master's, and doctoral) in an existing disciplinary area at an institution. Disciplinary areas are defined by the [New York State Taxonomy of Academic Programs](#). Degree authorization requires approval by the SUNY Provost, the SUNY Board of Trustees and the Board of Regents.

List of Appended Items

Appended Items: Materials required in selected items in Sections 1 through 10 and MPA-1 of this form should be appended after this page, with continued pagination. In the first column of the chart below, please number the appended items, and append them in number order.



Number	Appended Items	Reference Items
NA	<i>For multi-institution programs, a letter of approval from partner institution(s)</i>	Section 1, Item (e)
Appendix A	<i>For programs leading to professional licensure, a side-by-side chart showing how the program's components meet the requirements of specialized accreditation, Commissioner's Regulations for the Profession, or other applicable external standards</i>	Section 2.3, Item (e)
Appendix B	<i>For programs leading to licensure in selected professions for which the SED Office of Professions (OP) requires a specialized form, a completed version of that form</i>	Section 2.3, Item (e)
NA	<i>OPTIONAL: For programs leading directly to employment, letters of support from employers, if available</i>	Section 2, Item 2.3 (h)(2)
Appendix A Appendix C	<i>For all programs, a plan or curriculum map showing the courses in which the program's educational and (if appropriate) career objectives will be taught and assessed</i>	Section 2, Item 7
Appendix D	<i>For all programs, a catalog description for each existing course that is part of the proposed graduate major program</i>	Section 3, Item (b)
Appendix E	<i>For all programs with new courses, syllabi for all new courses in a proposed graduate program</i>	Section 3, Item (c)
Appendix F	<i>For programs requiring external instruction, a completed External Instruction Form and documentation required on that form</i>	Section 3, Item (d)
Appendix G	<i>For programs that will depend on new faculty, position descriptions or announcements for faculty to-be-hired</i>	Section 4, Item (b)
Appendix H	<i>For all programs, original, signed External Evaluation Reports from SUNY-approved evaluators</i>	Section 7
Appendix I	<i>For all programs, a single Institutional Response to External Evaluators' Reports</i>	Section 8
Appendix J	<i>Commission on Accreditation of Physical Therapist Education programs – Accreditation Standards</i>	Section 2.7
Appendix K	<i>Letters of support from outside educators for programs that lead to State Licensure of Health Professionals</i>	
NA	<i>For programs designed to enable students to complete at least 50% of the course requirements at a distance, a Distance Education Format Proposal</i>	
	<i>For programs requiring an MPA, a Master Plan Amendment form</i>	Section MPA-1

Appendix A – Curriculum Map showing course content mapped to Commission on Accreditation of Physical Therapy Education (CAPTE) curriculum requirements Standard 7. See Appendix J for details on all CAPTE Standards.



				7A													
				Reasoning	Physiology	Genetics	Exercise Science	Diagnosis	Kinesiology	Neuroscience	Pathology	Pharmacology	Diagnosis in Imaging	Nutrition	Healthcare	Public Health	
Number	COURSE	Credit	YEAR	7A	7A	7A	7A	7A	7A	7A	7A	7A	7A	7A	7A	7A	
Year 1 - summer																	
DPT-600	Human Anatomy	6	Su1	*	*	*				*	*				*		
DPT-601	Prof Dev I: Learning & Teaching	2	Su1														
Term/Semester Total				8													
Year 1 Fall																	
DPT-610	Kinesiology/Biomechanics	3	F1	*			*	*	*								
DPT-611	Cardiopulmonary I Ex: Phys	3	F1		*		*								*		
DPT-612	Evid Based Practice I	3	F1														
DPT-613	Prof Dev II: Clinical Reasoning	2	F1												*		
DPT-614	Intra Psych-Soc Aspects/ICEI	3	F1								*	*			*		
DPT-615	Clinical Exam Skills & Doc.	2	F1					*		*	*						
DPT-616	Integ I: Pt Mgmt & Mobility	2	F1	*						*	*			*	*		
Term/Semester Total				18													
Year 1 Spring																	
DPT-624	Differential Diagnosis	3	Sp1							*	*	*					
DPT-622	Spec Paper I: High Acuity	3	Sp1							*	*	*			*		
DPT-621	MSK I: exam, UO/Lof/rpine	4	Sp1				*			*	*	*	*		*		
DPT-620	Cardiopulmonary II	4	Sp1	*	*					*	*	*	*		*		
DPT-623	Essentials of Ther Ex	2	Sp1				*										
DPT-625	Spec Paper II: Older Adult/ICEI	2	Sp1							*	*	*			*	*	
DPT-626	IFE Communic, Values, Ethics	0	Sp1														
Term/Semester Total				18													
Year 2 Summer																	
DPT-692	Clin Ed I - Inpatient & wk	4	Su2													*	
DPT-630	Prof Dev III: Ethics & Moral Ag	2	Su2													*	
Term/Semester Total				6													
Year 2 Fall																	
DPT-641	Evid Based Pract II	2	F2														
DPT-642	Phys Agents & Modalities	2	F2		*												
DPT-643	MSK II: UO/Cervical	4	F2	*			*			*	*	*			*		
DPT-644	Advanced Psych Soc	4	F2						*	*	*	*			*	*	
DPT-645	Found of Neurorehab I	2	F2	*	*				*	*	*	*			*	*	
DPT-646	Integumentary II	2	F2	*						*	*	*		*	*	*	
DPT-647	Spec Paper III: Rural & At-risk	1	F2							*	*	*		*	*	*	
Term/Semester Total				17													
Year 2 Spring																	
DPT-650	Found of Neurorehab II	3	Sp2	*	*				*	*	*	*			*	*	
DPT-651	Neurorehab I (CNS)	4	Sp2						*	*	*	*	*		*	*	
DPT-652	MSK III: LO/Lumb	4	Sp2	*			*			*	*	*	*		*	*	
DPT-653	Integumentary III	2	Sp2		*					*	*	*		*	*	*	
DPT-654	Spec Paper III: Health & Wellness	2	Sp2		*	*				*	*	*		*	*	*	
DPT-655	Health Care Systems	2	Sp2														
DPT-656	IFE - Roles & Responsibilities	0	Sp2														
Term/Semester Total				17													
Year 3 Summer																	
DPT-694	Clin Ed II - Outpatient 10 weeks	5	Su3														
DPT-660	Intra to Clin Mgmt (online)	2	Su3														
Term/Semester Total				7													
Year 3 Fall																	
DPT-670	Mgmt of Complex patients	2	F3					*		*	*	*	*	*	*	*	
DPT-671	Spine and Adv Man Therapy	3	F3				*			*	*	*	*	*	*	*	
DPT-672	Neurorehab II (SC, PNS)	4	F3						*	*	*	*	*	*	*	*	
DPT-673	Spec Paper IV: Pediatric	3	F3			*			*	*	*	*	*	*	*	*	
DPT-674	Clinical Admin, Mgmt, Mktg	3	F3						*	*	*	*	*	*	*	*	
DPT-699	EBP capstone	2	F3														
DPT-676	IFE Teams & Teamwork	0	F3														
Term/Semester Total				17													
Year 3 Spring																	
DPT-696	Clin Ed III - choice 12 weeks	8	Sp3														
DPT-680	Prof Dev IV: Capstone	2	Sp3														
Term/Semester Total				10													
DEGREE TOTAL				118													

indicates "Taught"
 indicates "Assessed"



				7B									
				Communication	Ethics & Values	Management	Finance	Tracking & Learning	Law	Clinical Reasoning	Evidence Based Practice	Applied Statistics	
Number	COURSE	Credits	TEAR	7B	7B	7B	7B	7B	7B	7B	7B	7B	
Year 1 - summer													
DPT-600	Human Anatomy	6	Su1										
DPT-601	Prof Dev I: Learning & Teaching	2	Su1	*	*			*					
Term/Semester Total				8									
Year 1 Fall													
DPT-610	Kinesiology/Biomechanics	3	F1										
DPT-611	Cardiopulmonary I Ex Phyz	3	F1										
DPT-612	Evid Based Practical I	3	F1								*	*	
DPT-613	Prof Dev II: Clinical Reasoning	2	F1		*					*			
DPT-614	Intra Psych-Soc Aspects/ICEI	3	F1	*	*			*					
DPT-615	Clinical Exam Skills & Doc.	2	F1	*									
DPT-616	Integ I: Pt Mgmt & Mobility	2	F1	*									
Term/Semester Total				18									
Year 1 Spring													
DPT-624	Differential Diagnosis	3	Sp1							*	*		
DPT-622	Spec Paper I: High Acuity	3	Sp1	*							*		
DPT-621	MSK I: exam UQ/LQ/Spine	4	Sp1							*	*		
DPT-620	Cardiopulmonary II	4	Sp1							*	*		
DPT-623	Essentials of Ther Ex	2	Sp1	*				*					
DPT-625	Spec Paper II: Older Adult/ICEI	2	Sp1	*	*	*		*			*		
DPT-626	IPE Communic, Values, Ethic	0	Sp1	*	*								
Term/Semester Total				18									
Year 2 Summer													
DPT-692	Clin Ed I - Inpatient & ulr	4	Su2			*		*		*	*		
DPT-630	Prof Dev III: Ethic & Moral Ag	2	Su2		*			*					
Term/Semester Total				6									
Year 2 Fall													
DPT-641	Evid Based Pract II	2	F2								*	*	
DPT-642	Phyz Agent & Modalities	2	F2	*				*			*		
DPT-643	MSK II: UQ/Cervical	4	F2							*	*		
DPT-644	Advanced Psych Soc	4	F2	*	*			*			*		
DPT-645	Found of Neurorehab I	2	F2								*		
DPT-646	Integumentary II	2	F2								*		
DPT-647	Spec Paper III: Rural & At-risk	1	F2							*	*		
Term/Semester Total				17									
Year 2 Spring													
DPT-650	Found of Neurorehab II	3	Sp2								*	*	
DPT-651	Neurorehab I (CNS)	4	Sp2							*	*		
DPT-652	MSK III: LQ/Lumb	4	Sp2							*	*		
DPT-653	Integumentary III	2	Sp2								*		
DPT-654	Spec Paper III: Health & Wellness	2	Sp2								*		
DPT-655	Health Care Systems	2	Sp2		*			*					
DPT-656	IPE - Roles & Responsibilities	0	Sp2	*				*					
Term/Semester Total				17									
Year 3 Summer													
DPT-694	Clin Ed II - Outpatient 10 weeks	5	Su3					*		*			
DPT-660	Intra to Clin Mgmt (online)	2	Su3			*	*		*				
Term/Semester Total				7									
Year 3 Fall													
DPT-670	Mgmt of Complex patients	2	F3		*					*	*		
DPT-671	Spine and Adv Man Therapy	3	F3								*		
DPT-672	Neurorehab II (SC, PNS)	4	F3							*	*		
DPT-673	Spec Paper V: Pediatric	3	F3							*	*		
DPT-674	Clinical Admin, Mgmt, Mktg	3	F3		*	*		*					
DPT-699	EBP capstone	2	F3									*	
DPT-676	IPE Teams & Teamwork	0	F3	*				*					
Term/Semester Total				17									
Year 3 Spring													
DPT-696	Clin Ed III - choice 12 weeks	8	Sp3			*		*		*	*		
DPT-680	Prof Dev IV: Capstone	2	Sp3					*					
Term/Semester Total				10									
DEGREE TOTAL		118											

 indicates "Taught"
 indicates "Assessed"

				7C																
				Cardiovascular	Endocrine/Metabolic	Gastrointestinal	Genitourinary	Hematologic	Hepatic/Biliary	Immune	Integumentary	Lymphatic	Musculoskeletal	Nervous	Respiratory	Sensory	Specialty	Differential Diagnosis	Medical & Surgical	
Number	COURSE	Credits	YEAR	7C	7C	7C	7C	7C	7C	7C	7C	7C	7C	7C	7C	7C	7C	7C	7C	
Year 1 - summer																				
DPT-600	Human Anatomy	6	Su1	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
DPT-601	Prof Dev I: Learning & Teaching	2	Su1																	
Term/Semester Total				8																
Year 1 Fall																				
DPT-610	Kinesiology/Biomechanics	3	F1									*								
DPT-611	Cardiopulmonary I: Ex/Phys	3	F1	*				*						*						
DPT-612	Evid Based Practice I	3	F1																	
DPT-613	Prof Dev II: Clinical Reasoning	2	F1																	
DPT-614	Intra Psych-Soc Aspects/ICEI	3	F1												*					
DPT-615	Clinical Exam Skills & Doc.	2	F1												*					
DPT-616	Integ I: Pt Mgmt & Mobility	2	F1							*									*	
Term/Semester Total				18							*				*				*	
Year 1 Spring																				
DPT-624	Differential Diagnosis	3	Sp1	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
DPT-622	Spec Paper I: High Acuity	3	Sp1																*	
DPT-621	MSK I: Exam UO/LQ/Spine	4	Sp1									*						*	*	
DPT-620	Cardiopulmonary II	4	Sp1	*				*						*			*	*	*	
DPT-623	Essentials of Ther Ex	2	Sp1												*					
DPT-625	Spec Paper II: Older Adult/ICEI	2	Sp1																*	
DPT-626	IPE Communic, Values, Ethics	0	Sp1																	
Term/Semester Total				18				*				*		*		*		*	*	
Year 2 Summer																				
DPT-692	Clin Ed I - Inpatient 8 wks	4	Su2																	
DPT-630	Prof Dev III: Ethics & Moral Ag	2	Su2																	
Term/Semester Total				6																
Year 2 Fall																				
DPT-641	Evid Based Pract II	2	F2																	
DPT-642	Phys Agents & Modalities	2	F2								*									
DPT-643	MSK II: UO/Cervical	4	F2									*	*					*	*	
DPT-644	Advanced Psych Soc	4	F2										*	*			*	*	*	
DPT-645	Found of Neurorehab I	2	F2											*	*		*	*	*	
DPT-646	Integumentary II	2	F2							*	*						*	*	*	
DPT-647	Spec Paper III: Rural & At-risk	1	F2						*	*									*	
Term/Semester Total				17						*	*		*	*		*	*	*	*	
Year 2 Spring																				
DPT-650	Found of Neurorehab II	3	Sp2										*	*			*	*	*	
DPT-651	Neurorehab I (ONS)	4	Sp2			*	*						*	*	*		*	*	*	
DPT-652	MSK III: LQ/Lumb	4	Sp2									*	*				*	*	*	
DPT-653	Integumentary III	2	Sp2	*	*					*	*	*	*	*	*	*	*	*	*	
DPT-654	Spec Paper III: Health & Wellness	2	Sp2	*	*														*	
DPT-655	Health Care Systems	2	Sp2																	
DPT-656	IPE - Roles & Responsibilities	0	Sp2																	
Term/Semester Total				17	*	*				*	*	*	*	*	*	*	*	*	*	*
Year 3 Summer																				
DPT-694	Clin Ed II - Outpatient 10 weeks	5	Su3																	
DPT-660	Intra Clin Mgmt (online)	2	Su3																	
Term/Semester Total				7																
Year 3 Fall																				
DPT-670	Mgmt of Complex patient	2	F3			*	*					*	*	*	*	*	*	*	*	
DPT-671	Spine and Adv Man Therapy	3	F3									*	*	*	*	*	*	*	*	
DPT-672	Neurorehab II (SC, PNS)	4	F3			*	*					*	*	*	*	*	*	*	*	
DPT-673	Spec Paper V: Pediatric	3	F3										*	*	*	*	*	*	*	
DPT-674	Clinical Admin, Mgmt, Mktg	3	F3																*	
DPT-699	EBP capstone	2	F3																*	
DPT-676	IPE Team & Teamwork	0	F3																	
Term/Semester Total				17		*	*					*	*	*	*	*	*	*	*	
Year 3 Spring																				
DPT-696	Clin Ed III - choice 12 weeks	8	Sp3																	
DPT-680	Prof Dev IV: Capstone	2	Sp3																	
Term/Semester Total				10																
DEGREE TOTAL				118																



 indicates "Taught"
 indicates "Assessed"

				7D1-18																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
				Legal practice	Report on a case	Report on a procedure	APTA Code of Ethics	APTA Core Values	Report on a clinical situation	Communication effectively	Palatal difference	Palatal prosthesis	Analysis literature	Qual Evidence for Practice	Teaching Methods	Participate in Prof Comm Organi	Advance for Prof Health care Needs	Identify Career Drags, Lifelines	Deliver and for team, small	History	Spoken Review																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
Number	COURSE	Credits	YEAR	7D1	7D2	7D3	7D4	7D5	7D6	7D7	7D8	7D9	7D10	7D11	7D12	7D13	7D14	7D15	7D16	7D17	7D18																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
Year 1 - summer																							DPT-600	Human Anatomy	6	Su1																				DPT-601	Prof Dev I: Learning & Teaching	2	Su1				*	*				*			*			*						Term/Semester Total	8																					Year 1 Fall																							DPT-610	Kinesiology/Biomechanics	3	F1																				DPT-611	Cardiopulmonary I Ex/Phyz	3	F1																				DPT-612	Evid Based Practical	3	F1										*	*									DPT-613	Prof Dev II: Clinical Reasoning	2	F1				*	*		*	*	*					*			*	*	*	DPT-614	Intra Psych-Soc Aspects/ICE	3	F1				*	*	*	*	*	*					*			*	*	*	DPT-615	Clinical Exam Skills & Doc.	2	F1						*	*	*	*							*	*	*	*	DPT-616	Integ I: Pt Mgmt & Mobility	2	F1								*	*		*						*	*	*		Term/Semester Total	18																					Year 1 Spring																							DPT-624	Differential Diagnosis	3	Sp1																*	*	*	*	DPT-622	Spec Paper I: High Acuity	3	Sp1																*	*	*	*	DPT-621	MSK I: exam UQ/LQ/trpine	4	Sp1																*	*	*	*	DPT-620	Cardiopulmonary II	4	Sp1										*	*					*	*	*	*	DPT-623	Essentials of Ther Ex	2	Sp1										*	*	*				*	*	*	*	DPT-625	Spec Paper II: Older Adult/ICEI	2	Sp1		*	*	*	*	*	*	*	*				*	*	*		*	*	*	DPT-626	IFE Communc, Values, Ethics	0	Sp1																	*	*	*		Term/Semester Total	18																					Year 2 Summer																								DPT-632	Clin Ed I - Inpatient 8 wks	4	Su2	*																			DPT-630	Prof Dev III: Ethics & Moral Ag	2	Su2	*	*	*	*	*	*	*	*	*												Term/Semester Total	6																					Year 2 Fall																								DPT-641	Evid Based Pract II	2	F2									*	*										DPT-642	Phyz Agents & Modalities	2	F2						*	*	*	*	*	*									DPT-643	MSK II: UQ/Cervical	4	F2									*	*	*									DPT-644	Advanced Psych Soc	4	F2							*	*	*	*	*									DPT-645	Found of Neurorehabil	2	F2															*	*	*	*	*	DPT-646	Integumentary II	2	F2										*	*									DPT-647	Spec Paper III: Rural & At-risk	1	F2											*	*									Term/Semester Total	17																					Year 2 Spring																								DPT-650	Found of Neurorehabil II	3	Sp2															*	*	*	*	*	DPT-651	Neurorehab I (CNS)	4	Sp2									*	*	*	*			*	*	*	*	*	DPT-652	MSK III: LQ/Lumb	4	Sp2										*	*	*								DPT-653	Integumentary III	2	Sp2										*	*									DPT-654	Spec Paper III: Health & Wellnes	2	Sp2															*	*	*	*	*	DPT-655	Health Care Systems	2	Sp2	*	*	*	*	*	*	*	*	*											DPT-656	IFE - Roles & Responsibilities	0	Sp2	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Summer																								DPT-694	Clin Ed II - Outpatient 10 weeks	5	Su3	*					*	*	*	*											DPT-660	Intra to Clin Mgmt (online)	2	Su3	*	*	*	*	*	*	*	*	*												Term/Semester Total	7																					Year 3 Fall																								DPT-670	Mgmt of Complex patients	2	F3										*	*			*	*	*	*	*	*	DPT-671	Spine and Adv Man Therapy	3	F3										*	*	*				*	*	*	*	DPT-672	Neurorehab II (SC, PNS)	4	F3									*	*	*	*			*	*	*	*	*	DPT-673	Spec Paper V: Pediatric	3	F3									*	*	*	*			*	*	*	*	*	DPT-674	Clinical Admin, Mgmt, Mktg	3	F3	*	*	*	*	*	*	*	*	*											DPT-699	EBP capstone	2	F3									*	*	*	*	*	*	*	*	*	*	*	DPT-676	IFE Team & Teamwork	0	F3	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Spring																								DPT-696	Clin Ed III - choice 12 weeks	8	Sp3	*	*	*	*	*	*	*	*	*											DPT-680	Prof Dev IV: Capstone	2	Sp3	*	*	*	*	*	*	*	*	*				*	*	*	*	*	*	*		Term/Semester Total	10																						DEGREE TOTAL	118																				
DPT-600	Human Anatomy	6	Su1																				DPT-601	Prof Dev I: Learning & Teaching	2	Su1				*	*				*			*			*						Term/Semester Total	8																					Year 1 Fall																							DPT-610	Kinesiology/Biomechanics	3	F1																				DPT-611	Cardiopulmonary I Ex/Phyz	3	F1																				DPT-612	Evid Based Practical	3	F1										*	*									DPT-613	Prof Dev II: Clinical Reasoning	2	F1				*	*		*	*	*					*			*	*	*	DPT-614	Intra Psych-Soc Aspects/ICE	3	F1				*	*	*	*	*	*					*			*	*	*	DPT-615	Clinical Exam Skills & Doc.	2	F1						*	*	*	*							*	*	*	*	DPT-616	Integ I: Pt Mgmt & Mobility	2	F1								*	*		*						*	*	*		Term/Semester Total	18																					Year 1 Spring																							DPT-624	Differential Diagnosis	3	Sp1																*	*	*	*	DPT-622	Spec Paper I: High Acuity	3	Sp1																*	*	*	*	DPT-621	MSK I: exam UQ/LQ/trpine	4	Sp1																*	*	*	*	DPT-620	Cardiopulmonary II	4	Sp1										*	*					*	*	*	*	DPT-623	Essentials of Ther Ex	2	Sp1										*	*	*				*	*	*	*	DPT-625	Spec Paper II: Older Adult/ICEI	2	Sp1		*	*	*	*	*	*	*	*				*	*	*		*	*	*	DPT-626	IFE Communc, Values, Ethics	0	Sp1																	*	*	*		Term/Semester Total	18																					Year 2 Summer																								DPT-632	Clin Ed I - Inpatient 8 wks	4	Su2	*																			DPT-630	Prof Dev III: Ethics & Moral Ag	2	Su2	*	*	*	*	*	*	*	*	*												Term/Semester Total	6																					Year 2 Fall																								DPT-641	Evid Based Pract II	2	F2									*	*										DPT-642	Phyz Agents & Modalities	2	F2						*	*	*	*	*	*									DPT-643	MSK II: UQ/Cervical	4	F2									*	*	*									DPT-644	Advanced Psych Soc	4	F2							*	*	*	*	*									DPT-645	Found of Neurorehabil	2	F2															*	*	*	*	*	DPT-646	Integumentary II	2	F2										*	*									DPT-647	Spec Paper III: Rural & At-risk	1	F2											*	*									Term/Semester Total	17																					Year 2 Spring																								DPT-650	Found of Neurorehabil II	3	Sp2															*	*	*	*	*	DPT-651	Neurorehab I (CNS)	4	Sp2									*	*	*	*			*	*	*	*	*	DPT-652	MSK III: LQ/Lumb	4	Sp2										*	*	*								DPT-653	Integumentary III	2	Sp2										*	*									DPT-654	Spec Paper III: Health & Wellnes	2	Sp2															*	*	*	*	*	DPT-655	Health Care Systems	2	Sp2	*	*	*	*	*	*	*	*	*											DPT-656	IFE - Roles & Responsibilities	0	Sp2	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Summer																								DPT-694	Clin Ed II - Outpatient 10 weeks	5	Su3	*					*	*	*	*											DPT-660	Intra to Clin Mgmt (online)	2	Su3	*	*	*	*	*	*	*	*	*												Term/Semester Total	7																					Year 3 Fall																								DPT-670	Mgmt of Complex patients	2	F3										*	*			*	*	*	*	*	*	DPT-671	Spine and Adv Man Therapy	3	F3										*	*	*				*	*	*	*	DPT-672	Neurorehab II (SC, PNS)	4	F3									*	*	*	*			*	*	*	*	*	DPT-673	Spec Paper V: Pediatric	3	F3									*	*	*	*			*	*	*	*	*	DPT-674	Clinical Admin, Mgmt, Mktg	3	F3	*	*	*	*	*	*	*	*	*											DPT-699	EBP capstone	2	F3									*	*	*	*	*	*	*	*	*	*	*	DPT-676	IFE Team & Teamwork	0	F3	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Spring																								DPT-696	Clin Ed III - choice 12 weeks	8	Sp3	*	*	*	*	*	*	*	*	*											DPT-680	Prof Dev IV: Capstone	2	Sp3	*	*	*	*	*	*	*	*	*				*	*	*	*	*	*	*		Term/Semester Total	10																						DEGREE TOTAL	118																																											
DPT-601	Prof Dev I: Learning & Teaching	2	Su1				*	*				*			*			*						Term/Semester Total	8																					Year 1 Fall																							DPT-610	Kinesiology/Biomechanics	3	F1																				DPT-611	Cardiopulmonary I Ex/Phyz	3	F1																				DPT-612	Evid Based Practical	3	F1										*	*									DPT-613	Prof Dev II: Clinical Reasoning	2	F1				*	*		*	*	*					*			*	*	*	DPT-614	Intra Psych-Soc Aspects/ICE	3	F1				*	*	*	*	*	*					*			*	*	*	DPT-615	Clinical Exam Skills & Doc.	2	F1						*	*	*	*							*	*	*	*	DPT-616	Integ I: Pt Mgmt & Mobility	2	F1								*	*		*						*	*	*		Term/Semester Total	18																					Year 1 Spring																							DPT-624	Differential Diagnosis	3	Sp1																*	*	*	*	DPT-622	Spec Paper I: High Acuity	3	Sp1																*	*	*	*	DPT-621	MSK I: exam UQ/LQ/trpine	4	Sp1																*	*	*	*	DPT-620	Cardiopulmonary II	4	Sp1										*	*					*	*	*	*	DPT-623	Essentials of Ther Ex	2	Sp1										*	*	*				*	*	*	*	DPT-625	Spec Paper II: Older Adult/ICEI	2	Sp1		*	*	*	*	*	*	*	*				*	*	*		*	*	*	DPT-626	IFE Communc, Values, Ethics	0	Sp1																	*	*	*		Term/Semester Total	18																					Year 2 Summer																								DPT-632	Clin Ed I - Inpatient 8 wks	4	Su2	*																			DPT-630	Prof Dev III: Ethics & Moral Ag	2	Su2	*	*	*	*	*	*	*	*	*												Term/Semester Total	6																					Year 2 Fall																								DPT-641	Evid Based Pract II	2	F2									*	*										DPT-642	Phyz Agents & Modalities	2	F2						*	*	*	*	*	*									DPT-643	MSK II: UQ/Cervical	4	F2									*	*	*									DPT-644	Advanced Psych Soc	4	F2							*	*	*	*	*									DPT-645	Found of Neurorehabil	2	F2															*	*	*	*	*	DPT-646	Integumentary II	2	F2										*	*									DPT-647	Spec Paper III: Rural & At-risk	1	F2											*	*									Term/Semester Total	17																					Year 2 Spring																								DPT-650	Found of Neurorehabil II	3	Sp2															*	*	*	*	*	DPT-651	Neurorehab I (CNS)	4	Sp2									*	*	*	*			*	*	*	*	*	DPT-652	MSK III: LQ/Lumb	4	Sp2										*	*	*								DPT-653	Integumentary III	2	Sp2										*	*									DPT-654	Spec Paper III: Health & Wellnes	2	Sp2															*	*	*	*	*	DPT-655	Health Care Systems	2	Sp2	*	*	*	*	*	*	*	*	*											DPT-656	IFE - Roles & Responsibilities	0	Sp2	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Summer																								DPT-694	Clin Ed II - Outpatient 10 weeks	5	Su3	*					*	*	*	*											DPT-660	Intra to Clin Mgmt (online)	2	Su3	*	*	*	*	*	*	*	*	*												Term/Semester Total	7																					Year 3 Fall																								DPT-670	Mgmt of Complex patients	2	F3										*	*			*	*	*	*	*	*	DPT-671	Spine and Adv Man Therapy	3	F3										*	*	*				*	*	*	*	DPT-672	Neurorehab II (SC, PNS)	4	F3									*	*	*	*			*	*	*	*	*	DPT-673	Spec Paper V: Pediatric	3	F3									*	*	*	*			*	*	*	*	*	DPT-674	Clinical Admin, Mgmt, Mktg	3	F3	*	*	*	*	*	*	*	*	*											DPT-699	EBP capstone	2	F3									*	*	*	*	*	*	*	*	*	*	*	DPT-676	IFE Team & Teamwork	0	F3	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Spring																								DPT-696	Clin Ed III - choice 12 weeks	8	Sp3	*	*	*	*	*	*	*	*	*											DPT-680	Prof Dev IV: Capstone	2	Sp3	*	*	*	*	*	*	*	*	*				*	*	*	*	*	*	*		Term/Semester Total	10																						DEGREE TOTAL	118																																																																		
	Term/Semester Total	8																					Year 1 Fall																							DPT-610	Kinesiology/Biomechanics	3	F1																				DPT-611	Cardiopulmonary I Ex/Phyz	3	F1																				DPT-612	Evid Based Practical	3	F1										*	*									DPT-613	Prof Dev II: Clinical Reasoning	2	F1				*	*		*	*	*					*			*	*	*	DPT-614	Intra Psych-Soc Aspects/ICE	3	F1				*	*	*	*	*	*					*			*	*	*	DPT-615	Clinical Exam Skills & Doc.	2	F1						*	*	*	*							*	*	*	*	DPT-616	Integ I: Pt Mgmt & Mobility	2	F1								*	*		*						*	*	*		Term/Semester Total	18																					Year 1 Spring																							DPT-624	Differential Diagnosis	3	Sp1																*	*	*	*	DPT-622	Spec Paper I: High Acuity	3	Sp1																*	*	*	*	DPT-621	MSK I: exam UQ/LQ/trpine	4	Sp1																*	*	*	*	DPT-620	Cardiopulmonary II	4	Sp1										*	*					*	*	*	*	DPT-623	Essentials of Ther Ex	2	Sp1										*	*	*				*	*	*	*	DPT-625	Spec Paper II: Older Adult/ICEI	2	Sp1		*	*	*	*	*	*	*	*				*	*	*		*	*	*	DPT-626	IFE Communc, Values, Ethics	0	Sp1																	*	*	*		Term/Semester Total	18																					Year 2 Summer																								DPT-632	Clin Ed I - Inpatient 8 wks	4	Su2	*																			DPT-630	Prof Dev III: Ethics & Moral Ag	2	Su2	*	*	*	*	*	*	*	*	*												Term/Semester Total	6																					Year 2 Fall																								DPT-641	Evid Based Pract II	2	F2									*	*										DPT-642	Phyz Agents & Modalities	2	F2						*	*	*	*	*	*									DPT-643	MSK II: UQ/Cervical	4	F2									*	*	*									DPT-644	Advanced Psych Soc	4	F2							*	*	*	*	*									DPT-645	Found of Neurorehabil	2	F2															*	*	*	*	*	DPT-646	Integumentary II	2	F2										*	*									DPT-647	Spec Paper III: Rural & At-risk	1	F2											*	*									Term/Semester Total	17																					Year 2 Spring																								DPT-650	Found of Neurorehabil II	3	Sp2															*	*	*	*	*	DPT-651	Neurorehab I (CNS)	4	Sp2									*	*	*	*			*	*	*	*	*	DPT-652	MSK III: LQ/Lumb	4	Sp2										*	*	*								DPT-653	Integumentary III	2	Sp2										*	*									DPT-654	Spec Paper III: Health & Wellnes	2	Sp2															*	*	*	*	*	DPT-655	Health Care Systems	2	Sp2	*	*	*	*	*	*	*	*	*											DPT-656	IFE - Roles & Responsibilities	0	Sp2	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Summer																								DPT-694	Clin Ed II - Outpatient 10 weeks	5	Su3	*					*	*	*	*											DPT-660	Intra to Clin Mgmt (online)	2	Su3	*	*	*	*	*	*	*	*	*												Term/Semester Total	7																					Year 3 Fall																								DPT-670	Mgmt of Complex patients	2	F3										*	*			*	*	*	*	*	*	DPT-671	Spine and Adv Man Therapy	3	F3										*	*	*				*	*	*	*	DPT-672	Neurorehab II (SC, PNS)	4	F3									*	*	*	*			*	*	*	*	*	DPT-673	Spec Paper V: Pediatric	3	F3									*	*	*	*			*	*	*	*	*	DPT-674	Clinical Admin, Mgmt, Mktg	3	F3	*	*	*	*	*	*	*	*	*											DPT-699	EBP capstone	2	F3									*	*	*	*	*	*	*	*	*	*	*	DPT-676	IFE Team & Teamwork	0	F3	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Spring																								DPT-696	Clin Ed III - choice 12 weeks	8	Sp3	*	*	*	*	*	*	*	*	*											DPT-680	Prof Dev IV: Capstone	2	Sp3	*	*	*	*	*	*	*	*	*				*	*	*	*	*	*	*		Term/Semester Total	10																						DEGREE TOTAL	118																																																																																									
Year 1 Fall																							DPT-610	Kinesiology/Biomechanics	3	F1																				DPT-611	Cardiopulmonary I Ex/Phyz	3	F1																				DPT-612	Evid Based Practical	3	F1										*	*									DPT-613	Prof Dev II: Clinical Reasoning	2	F1				*	*		*	*	*					*			*	*	*	DPT-614	Intra Psych-Soc Aspects/ICE	3	F1				*	*	*	*	*	*					*			*	*	*	DPT-615	Clinical Exam Skills & Doc.	2	F1						*	*	*	*							*	*	*	*	DPT-616	Integ I: Pt Mgmt & Mobility	2	F1								*	*		*						*	*	*		Term/Semester Total	18																					Year 1 Spring																							DPT-624	Differential Diagnosis	3	Sp1																*	*	*	*	DPT-622	Spec Paper I: High Acuity	3	Sp1																*	*	*	*	DPT-621	MSK I: exam UQ/LQ/trpine	4	Sp1																*	*	*	*	DPT-620	Cardiopulmonary II	4	Sp1										*	*					*	*	*	*	DPT-623	Essentials of Ther Ex	2	Sp1										*	*	*				*	*	*	*	DPT-625	Spec Paper II: Older Adult/ICEI	2	Sp1		*	*	*	*	*	*	*	*				*	*	*		*	*	*	DPT-626	IFE Communc, Values, Ethics	0	Sp1																	*	*	*		Term/Semester Total	18																					Year 2 Summer																								DPT-632	Clin Ed I - Inpatient 8 wks	4	Su2	*																			DPT-630	Prof Dev III: Ethics & Moral Ag	2	Su2	*	*	*	*	*	*	*	*	*												Term/Semester Total	6																					Year 2 Fall																								DPT-641	Evid Based Pract II	2	F2									*	*										DPT-642	Phyz Agents & Modalities	2	F2						*	*	*	*	*	*									DPT-643	MSK II: UQ/Cervical	4	F2									*	*	*									DPT-644	Advanced Psych Soc	4	F2							*	*	*	*	*									DPT-645	Found of Neurorehabil	2	F2															*	*	*	*	*	DPT-646	Integumentary II	2	F2										*	*									DPT-647	Spec Paper III: Rural & At-risk	1	F2											*	*									Term/Semester Total	17																					Year 2 Spring																								DPT-650	Found of Neurorehabil II	3	Sp2															*	*	*	*	*	DPT-651	Neurorehab I (CNS)	4	Sp2									*	*	*	*			*	*	*	*	*	DPT-652	MSK III: LQ/Lumb	4	Sp2										*	*	*								DPT-653	Integumentary III	2	Sp2										*	*									DPT-654	Spec Paper III: Health & Wellnes	2	Sp2															*	*	*	*	*	DPT-655	Health Care Systems	2	Sp2	*	*	*	*	*	*	*	*	*											DPT-656	IFE - Roles & Responsibilities	0	Sp2	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Summer																								DPT-694	Clin Ed II - Outpatient 10 weeks	5	Su3	*					*	*	*	*											DPT-660	Intra to Clin Mgmt (online)	2	Su3	*	*	*	*	*	*	*	*	*												Term/Semester Total	7																					Year 3 Fall																								DPT-670	Mgmt of Complex patients	2	F3										*	*			*	*	*	*	*	*	DPT-671	Spine and Adv Man Therapy	3	F3										*	*	*				*	*	*	*	DPT-672	Neurorehab II (SC, PNS)	4	F3									*	*	*	*			*	*	*	*	*	DPT-673	Spec Paper V: Pediatric	3	F3									*	*	*	*			*	*	*	*	*	DPT-674	Clinical Admin, Mgmt, Mktg	3	F3	*	*	*	*	*	*	*	*	*											DPT-699	EBP capstone	2	F3									*	*	*	*	*	*	*	*	*	*	*	DPT-676	IFE Team & Teamwork	0	F3	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Spring																								DPT-696	Clin Ed III - choice 12 weeks	8	Sp3	*	*	*	*	*	*	*	*	*											DPT-680	Prof Dev IV: Capstone	2	Sp3	*	*	*	*	*	*	*	*	*				*	*	*	*	*	*	*		Term/Semester Total	10																						DEGREE TOTAL	118																																																																																																																
DPT-610	Kinesiology/Biomechanics	3	F1																				DPT-611	Cardiopulmonary I Ex/Phyz	3	F1																				DPT-612	Evid Based Practical	3	F1										*	*									DPT-613	Prof Dev II: Clinical Reasoning	2	F1				*	*		*	*	*					*			*	*	*	DPT-614	Intra Psych-Soc Aspects/ICE	3	F1				*	*	*	*	*	*					*			*	*	*	DPT-615	Clinical Exam Skills & Doc.	2	F1						*	*	*	*							*	*	*	*	DPT-616	Integ I: Pt Mgmt & Mobility	2	F1								*	*		*						*	*	*		Term/Semester Total	18																					Year 1 Spring																							DPT-624	Differential Diagnosis	3	Sp1																*	*	*	*	DPT-622	Spec Paper I: High Acuity	3	Sp1																*	*	*	*	DPT-621	MSK I: exam UQ/LQ/trpine	4	Sp1																*	*	*	*	DPT-620	Cardiopulmonary II	4	Sp1										*	*					*	*	*	*	DPT-623	Essentials of Ther Ex	2	Sp1										*	*	*				*	*	*	*	DPT-625	Spec Paper II: Older Adult/ICEI	2	Sp1		*	*	*	*	*	*	*	*				*	*	*		*	*	*	DPT-626	IFE Communc, Values, Ethics	0	Sp1																	*	*	*		Term/Semester Total	18																					Year 2 Summer																								DPT-632	Clin Ed I - Inpatient 8 wks	4	Su2	*																			DPT-630	Prof Dev III: Ethics & Moral Ag	2	Su2	*	*	*	*	*	*	*	*	*												Term/Semester Total	6																					Year 2 Fall																								DPT-641	Evid Based Pract II	2	F2									*	*										DPT-642	Phyz Agents & Modalities	2	F2						*	*	*	*	*	*									DPT-643	MSK II: UQ/Cervical	4	F2									*	*	*									DPT-644	Advanced Psych Soc	4	F2							*	*	*	*	*									DPT-645	Found of Neurorehabil	2	F2															*	*	*	*	*	DPT-646	Integumentary II	2	F2										*	*									DPT-647	Spec Paper III: Rural & At-risk	1	F2											*	*									Term/Semester Total	17																					Year 2 Spring																								DPT-650	Found of Neurorehabil II	3	Sp2															*	*	*	*	*	DPT-651	Neurorehab I (CNS)	4	Sp2									*	*	*	*			*	*	*	*	*	DPT-652	MSK III: LQ/Lumb	4	Sp2										*	*	*								DPT-653	Integumentary III	2	Sp2										*	*									DPT-654	Spec Paper III: Health & Wellnes	2	Sp2															*	*	*	*	*	DPT-655	Health Care Systems	2	Sp2	*	*	*	*	*	*	*	*	*											DPT-656	IFE - Roles & Responsibilities	0	Sp2	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Summer																								DPT-694	Clin Ed II - Outpatient 10 weeks	5	Su3	*					*	*	*	*											DPT-660	Intra to Clin Mgmt (online)	2	Su3	*	*	*	*	*	*	*	*	*												Term/Semester Total	7																					Year 3 Fall																								DPT-670	Mgmt of Complex patients	2	F3										*	*			*	*	*	*	*	*	DPT-671	Spine and Adv Man Therapy	3	F3										*	*	*				*	*	*	*	DPT-672	Neurorehab II (SC, PNS)	4	F3									*	*	*	*			*	*	*	*	*	DPT-673	Spec Paper V: Pediatric	3	F3									*	*	*	*			*	*	*	*	*	DPT-674	Clinical Admin, Mgmt, Mktg	3	F3	*	*	*	*	*	*	*	*	*											DPT-699	EBP capstone	2	F3									*	*	*	*	*	*	*	*	*	*	*	DPT-676	IFE Team & Teamwork	0	F3	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Spring																								DPT-696	Clin Ed III - choice 12 weeks	8	Sp3	*	*	*	*	*	*	*	*	*											DPT-680	Prof Dev IV: Capstone	2	Sp3	*	*	*	*	*	*	*	*	*				*	*	*	*	*	*	*		Term/Semester Total	10																						DEGREE TOTAL	118																																																																																																																																							
DPT-611	Cardiopulmonary I Ex/Phyz	3	F1																				DPT-612	Evid Based Practical	3	F1										*	*									DPT-613	Prof Dev II: Clinical Reasoning	2	F1				*	*		*	*	*					*			*	*	*	DPT-614	Intra Psych-Soc Aspects/ICE	3	F1				*	*	*	*	*	*					*			*	*	*	DPT-615	Clinical Exam Skills & Doc.	2	F1						*	*	*	*							*	*	*	*	DPT-616	Integ I: Pt Mgmt & Mobility	2	F1								*	*		*						*	*	*		Term/Semester Total	18																					Year 1 Spring																							DPT-624	Differential Diagnosis	3	Sp1																*	*	*	*	DPT-622	Spec Paper I: High Acuity	3	Sp1																*	*	*	*	DPT-621	MSK I: exam UQ/LQ/trpine	4	Sp1																*	*	*	*	DPT-620	Cardiopulmonary II	4	Sp1										*	*					*	*	*	*	DPT-623	Essentials of Ther Ex	2	Sp1										*	*	*				*	*	*	*	DPT-625	Spec Paper II: Older Adult/ICEI	2	Sp1		*	*	*	*	*	*	*	*				*	*	*		*	*	*	DPT-626	IFE Communc, Values, Ethics	0	Sp1																	*	*	*		Term/Semester Total	18																					Year 2 Summer																								DPT-632	Clin Ed I - Inpatient 8 wks	4	Su2	*																			DPT-630	Prof Dev III: Ethics & Moral Ag	2	Su2	*	*	*	*	*	*	*	*	*												Term/Semester Total	6																					Year 2 Fall																								DPT-641	Evid Based Pract II	2	F2									*	*										DPT-642	Phyz Agents & Modalities	2	F2						*	*	*	*	*	*									DPT-643	MSK II: UQ/Cervical	4	F2									*	*	*									DPT-644	Advanced Psych Soc	4	F2							*	*	*	*	*									DPT-645	Found of Neurorehabil	2	F2															*	*	*	*	*	DPT-646	Integumentary II	2	F2										*	*									DPT-647	Spec Paper III: Rural & At-risk	1	F2											*	*									Term/Semester Total	17																					Year 2 Spring																								DPT-650	Found of Neurorehabil II	3	Sp2															*	*	*	*	*	DPT-651	Neurorehab I (CNS)	4	Sp2									*	*	*	*			*	*	*	*	*	DPT-652	MSK III: LQ/Lumb	4	Sp2										*	*	*								DPT-653	Integumentary III	2	Sp2										*	*									DPT-654	Spec Paper III: Health & Wellnes	2	Sp2															*	*	*	*	*	DPT-655	Health Care Systems	2	Sp2	*	*	*	*	*	*	*	*	*											DPT-656	IFE - Roles & Responsibilities	0	Sp2	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Summer																								DPT-694	Clin Ed II - Outpatient 10 weeks	5	Su3	*					*	*	*	*											DPT-660	Intra to Clin Mgmt (online)	2	Su3	*	*	*	*	*	*	*	*	*												Term/Semester Total	7																					Year 3 Fall																								DPT-670	Mgmt of Complex patients	2	F3										*	*			*	*	*	*	*	*	DPT-671	Spine and Adv Man Therapy	3	F3										*	*	*				*	*	*	*	DPT-672	Neurorehab II (SC, PNS)	4	F3									*	*	*	*			*	*	*	*	*	DPT-673	Spec Paper V: Pediatric	3	F3									*	*	*	*			*	*	*	*	*	DPT-674	Clinical Admin, Mgmt, Mktg	3	F3	*	*	*	*	*	*	*	*	*											DPT-699	EBP capstone	2	F3									*	*	*	*	*	*	*	*	*	*	*	DPT-676	IFE Team & Teamwork	0	F3	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Spring																								DPT-696	Clin Ed III - choice 12 weeks	8	Sp3	*	*	*	*	*	*	*	*	*											DPT-680	Prof Dev IV: Capstone	2	Sp3	*	*	*	*	*	*	*	*	*				*	*	*	*	*	*	*		Term/Semester Total	10																						DEGREE TOTAL	118																																																																																																																																																														
DPT-612	Evid Based Practical	3	F1										*	*									DPT-613	Prof Dev II: Clinical Reasoning	2	F1				*	*		*	*	*					*			*	*	*	DPT-614	Intra Psych-Soc Aspects/ICE	3	F1				*	*	*	*	*	*					*			*	*	*	DPT-615	Clinical Exam Skills & Doc.	2	F1						*	*	*	*							*	*	*	*	DPT-616	Integ I: Pt Mgmt & Mobility	2	F1								*	*		*						*	*	*		Term/Semester Total	18																					Year 1 Spring																							DPT-624	Differential Diagnosis	3	Sp1																*	*	*	*	DPT-622	Spec Paper I: High Acuity	3	Sp1																*	*	*	*	DPT-621	MSK I: exam UQ/LQ/trpine	4	Sp1																*	*	*	*	DPT-620	Cardiopulmonary II	4	Sp1										*	*					*	*	*	*	DPT-623	Essentials of Ther Ex	2	Sp1										*	*	*				*	*	*	*	DPT-625	Spec Paper II: Older Adult/ICEI	2	Sp1		*	*	*	*	*	*	*	*				*	*	*		*	*	*	DPT-626	IFE Communc, Values, Ethics	0	Sp1																	*	*	*		Term/Semester Total	18																					Year 2 Summer																								DPT-632	Clin Ed I - Inpatient 8 wks	4	Su2	*																			DPT-630	Prof Dev III: Ethics & Moral Ag	2	Su2	*	*	*	*	*	*	*	*	*												Term/Semester Total	6																					Year 2 Fall																								DPT-641	Evid Based Pract II	2	F2									*	*										DPT-642	Phyz Agents & Modalities	2	F2						*	*	*	*	*	*									DPT-643	MSK II: UQ/Cervical	4	F2									*	*	*									DPT-644	Advanced Psych Soc	4	F2							*	*	*	*	*									DPT-645	Found of Neurorehabil	2	F2															*	*	*	*	*	DPT-646	Integumentary II	2	F2										*	*									DPT-647	Spec Paper III: Rural & At-risk	1	F2											*	*									Term/Semester Total	17																					Year 2 Spring																								DPT-650	Found of Neurorehabil II	3	Sp2															*	*	*	*	*	DPT-651	Neurorehab I (CNS)	4	Sp2									*	*	*	*			*	*	*	*	*	DPT-652	MSK III: LQ/Lumb	4	Sp2										*	*	*								DPT-653	Integumentary III	2	Sp2										*	*									DPT-654	Spec Paper III: Health & Wellnes	2	Sp2															*	*	*	*	*	DPT-655	Health Care Systems	2	Sp2	*	*	*	*	*	*	*	*	*											DPT-656	IFE - Roles & Responsibilities	0	Sp2	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Summer																								DPT-694	Clin Ed II - Outpatient 10 weeks	5	Su3	*					*	*	*	*											DPT-660	Intra to Clin Mgmt (online)	2	Su3	*	*	*	*	*	*	*	*	*												Term/Semester Total	7																					Year 3 Fall																								DPT-670	Mgmt of Complex patients	2	F3										*	*			*	*	*	*	*	*	DPT-671	Spine and Adv Man Therapy	3	F3										*	*	*				*	*	*	*	DPT-672	Neurorehab II (SC, PNS)	4	F3									*	*	*	*			*	*	*	*	*	DPT-673	Spec Paper V: Pediatric	3	F3									*	*	*	*			*	*	*	*	*	DPT-674	Clinical Admin, Mgmt, Mktg	3	F3	*	*	*	*	*	*	*	*	*											DPT-699	EBP capstone	2	F3									*	*	*	*	*	*	*	*	*	*	*	DPT-676	IFE Team & Teamwork	0	F3	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Spring																								DPT-696	Clin Ed III - choice 12 weeks	8	Sp3	*	*	*	*	*	*	*	*	*											DPT-680	Prof Dev IV: Capstone	2	Sp3	*	*	*	*	*	*	*	*	*				*	*	*	*	*	*	*		Term/Semester Total	10																						DEGREE TOTAL	118																																																																																																																																																																																					
DPT-613	Prof Dev II: Clinical Reasoning	2	F1				*	*		*	*	*					*			*	*	*	DPT-614	Intra Psych-Soc Aspects/ICE	3	F1				*	*	*	*	*	*					*			*	*	*	DPT-615	Clinical Exam Skills & Doc.	2	F1						*	*	*	*							*	*	*	*	DPT-616	Integ I: Pt Mgmt & Mobility	2	F1								*	*		*						*	*	*		Term/Semester Total	18																					Year 1 Spring																							DPT-624	Differential Diagnosis	3	Sp1																*	*	*	*	DPT-622	Spec Paper I: High Acuity	3	Sp1																*	*	*	*	DPT-621	MSK I: exam UQ/LQ/trpine	4	Sp1																*	*	*	*	DPT-620	Cardiopulmonary II	4	Sp1										*	*					*	*	*	*	DPT-623	Essentials of Ther Ex	2	Sp1										*	*	*				*	*	*	*	DPT-625	Spec Paper II: Older Adult/ICEI	2	Sp1		*	*	*	*	*	*	*	*				*	*	*		*	*	*	DPT-626	IFE Communc, Values, Ethics	0	Sp1																	*	*	*		Term/Semester Total	18																					Year 2 Summer																								DPT-632	Clin Ed I - Inpatient 8 wks	4	Su2	*																			DPT-630	Prof Dev III: Ethics & Moral Ag	2	Su2	*	*	*	*	*	*	*	*	*												Term/Semester Total	6																					Year 2 Fall																								DPT-641	Evid Based Pract II	2	F2									*	*										DPT-642	Phyz Agents & Modalities	2	F2						*	*	*	*	*	*									DPT-643	MSK II: UQ/Cervical	4	F2									*	*	*									DPT-644	Advanced Psych Soc	4	F2							*	*	*	*	*									DPT-645	Found of Neurorehabil	2	F2															*	*	*	*	*	DPT-646	Integumentary II	2	F2										*	*									DPT-647	Spec Paper III: Rural & At-risk	1	F2											*	*									Term/Semester Total	17																					Year 2 Spring																								DPT-650	Found of Neurorehabil II	3	Sp2															*	*	*	*	*	DPT-651	Neurorehab I (CNS)	4	Sp2									*	*	*	*			*	*	*	*	*	DPT-652	MSK III: LQ/Lumb	4	Sp2										*	*	*								DPT-653	Integumentary III	2	Sp2										*	*									DPT-654	Spec Paper III: Health & Wellnes	2	Sp2															*	*	*	*	*	DPT-655	Health Care Systems	2	Sp2	*	*	*	*	*	*	*	*	*											DPT-656	IFE - Roles & Responsibilities	0	Sp2	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Summer																								DPT-694	Clin Ed II - Outpatient 10 weeks	5	Su3	*					*	*	*	*											DPT-660	Intra to Clin Mgmt (online)	2	Su3	*	*	*	*	*	*	*	*	*												Term/Semester Total	7																					Year 3 Fall																								DPT-670	Mgmt of Complex patients	2	F3										*	*			*	*	*	*	*	*	DPT-671	Spine and Adv Man Therapy	3	F3										*	*	*				*	*	*	*	DPT-672	Neurorehab II (SC, PNS)	4	F3									*	*	*	*			*	*	*	*	*	DPT-673	Spec Paper V: Pediatric	3	F3									*	*	*	*			*	*	*	*	*	DPT-674	Clinical Admin, Mgmt, Mktg	3	F3	*	*	*	*	*	*	*	*	*											DPT-699	EBP capstone	2	F3									*	*	*	*	*	*	*	*	*	*	*	DPT-676	IFE Team & Teamwork	0	F3	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Spring																								DPT-696	Clin Ed III - choice 12 weeks	8	Sp3	*	*	*	*	*	*	*	*	*											DPT-680	Prof Dev IV: Capstone	2	Sp3	*	*	*	*	*	*	*	*	*				*	*	*	*	*	*	*		Term/Semester Total	10																						DEGREE TOTAL	118																																																																																																																																																																																																												
DPT-614	Intra Psych-Soc Aspects/ICE	3	F1				*	*	*	*	*	*					*			*	*	*	DPT-615	Clinical Exam Skills & Doc.	2	F1						*	*	*	*							*	*	*	*	DPT-616	Integ I: Pt Mgmt & Mobility	2	F1								*	*		*						*	*	*		Term/Semester Total	18																					Year 1 Spring																							DPT-624	Differential Diagnosis	3	Sp1																*	*	*	*	DPT-622	Spec Paper I: High Acuity	3	Sp1																*	*	*	*	DPT-621	MSK I: exam UQ/LQ/trpine	4	Sp1																*	*	*	*	DPT-620	Cardiopulmonary II	4	Sp1										*	*					*	*	*	*	DPT-623	Essentials of Ther Ex	2	Sp1										*	*	*				*	*	*	*	DPT-625	Spec Paper II: Older Adult/ICEI	2	Sp1		*	*	*	*	*	*	*	*				*	*	*		*	*	*	DPT-626	IFE Communc, Values, Ethics	0	Sp1																	*	*	*		Term/Semester Total	18																					Year 2 Summer																								DPT-632	Clin Ed I - Inpatient 8 wks	4	Su2	*																			DPT-630	Prof Dev III: Ethics & Moral Ag	2	Su2	*	*	*	*	*	*	*	*	*												Term/Semester Total	6																					Year 2 Fall																								DPT-641	Evid Based Pract II	2	F2									*	*										DPT-642	Phyz Agents & Modalities	2	F2						*	*	*	*	*	*									DPT-643	MSK II: UQ/Cervical	4	F2									*	*	*									DPT-644	Advanced Psych Soc	4	F2							*	*	*	*	*									DPT-645	Found of Neurorehabil	2	F2															*	*	*	*	*	DPT-646	Integumentary II	2	F2										*	*									DPT-647	Spec Paper III: Rural & At-risk	1	F2											*	*									Term/Semester Total	17																					Year 2 Spring																								DPT-650	Found of Neurorehabil II	3	Sp2															*	*	*	*	*	DPT-651	Neurorehab I (CNS)	4	Sp2									*	*	*	*			*	*	*	*	*	DPT-652	MSK III: LQ/Lumb	4	Sp2										*	*	*								DPT-653	Integumentary III	2	Sp2										*	*									DPT-654	Spec Paper III: Health & Wellnes	2	Sp2															*	*	*	*	*	DPT-655	Health Care Systems	2	Sp2	*	*	*	*	*	*	*	*	*											DPT-656	IFE - Roles & Responsibilities	0	Sp2	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Summer																								DPT-694	Clin Ed II - Outpatient 10 weeks	5	Su3	*					*	*	*	*											DPT-660	Intra to Clin Mgmt (online)	2	Su3	*	*	*	*	*	*	*	*	*												Term/Semester Total	7																					Year 3 Fall																								DPT-670	Mgmt of Complex patients	2	F3										*	*			*	*	*	*	*	*	DPT-671	Spine and Adv Man Therapy	3	F3										*	*	*				*	*	*	*	DPT-672	Neurorehab II (SC, PNS)	4	F3									*	*	*	*			*	*	*	*	*	DPT-673	Spec Paper V: Pediatric	3	F3									*	*	*	*			*	*	*	*	*	DPT-674	Clinical Admin, Mgmt, Mktg	3	F3	*	*	*	*	*	*	*	*	*											DPT-699	EBP capstone	2	F3									*	*	*	*	*	*	*	*	*	*	*	DPT-676	IFE Team & Teamwork	0	F3	*	*	*	*	*	*	*	*	*												Term/Semester Total	17																					Year 3 Spring																								DPT-696	Clin Ed III - choice 12 weeks	8	Sp3	*	*	*	*	*	*	*	*	*											DPT-680	Prof Dev IV: Capstone	2	Sp3	*	*	*	*	*	*	*	*	*				*	*	*	*	*	*	*		Term/Semester Total	10																						DEGREE TOTAL	118																																																																																																																																																																																																																																			
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Year 3 Spring																								DPT-696	Clin Ed III - choice 12 weeks	8	Sp3	*	*	*	*	*	*	*	*	*											DPT-680	Prof Dev IV: Capstone	2	Sp3	*	*	*	*	*	*	*	*	*				*	*	*	*	*	*	*		Term/Semester Total	10																						DEGREE TOTAL	118																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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 indicates "Taught"
 indicates "Assessed"

7D19

Number	COURSE	Credits	YEAR	7D19																					
				7D19a	7D19b	7D19c	7D19d	7D19e	7D19f	7D19g	7D19h	7D19i	7D19j	7D19k	7D19l	7D19m	7D19n	7D19o	7D19p	7D19q	7D19r	7D19s	7D19t	7D19u	7D19v
Year 1 - summer																									
DPT-600	Human Anatomy	6	Su1																						
DPT-601	Prof Dev: Learning & Teaching	2	Su1																						
Term/Semester Total				8																					
Year 1 Fall																									
DPT-610	Kinesiology/Biomechanics	3	F1		*																				
DPT-611	Cardiopulmonary Ex Phys	3	F1	*																				*	
DPT-612	Evid Based Practice I	3	F1																					*	
DPT-613	Prof Dev II: Clinical Reasoning	2	F1																						
DPT-614	Intra Psych - Sec Aspects/ICE	3	F1																						
DPT-615	Clinical Exam Skills & Doc.	2	F1	*	*																			*	
DPT-616	Integ I: Pt Mgmt & Mobility	2	F1			*																		*	
Term/Semester Total				18																					
Year 1 Spring																									
DPT-624	Differential Diagnosis	3	Sp1																					*	
DPT-622	Spec Paper I: High Acuity	3	Sp1																					*	
DPT-621	MSK I: exam UO/L Rt/Trp	4	Sp1				*							*									*	*	
DPT-620	Cardiopulmonary II	4	Sp1	*																			*	*	
DPT-623	Essential of Ther Ex	2	Sp1																					*	
DPT-625	Spec Paper II: Older Adult/ICE	2	Sp1																					*	
DPT-626	IPE Communic, Values, Ethic	0	Sp1																					*	
Term/Semester Total				18																					
Year 2 Summer																									
DPT-692	Clin Ed I - Inpatient & Util	4	Su2																					*	
DPT-630	Prof Dev III: Ethic & Moral Ag	2	Su2																					*	
Term/Semester Total				6																					
Year 2 Fall																									
DPT-641	Evid Based Pract II	2	F2																					*	
DPT-642	Phys Agents & Modalities	2	F2																					*	
DPT-643	MSK II: UO/Cervical	4	F2																					*	
DPT-644	Advanced Psych Sec	4	F2																					*	
DPT-645	Found of Neurorehab I	2	F2																					*	
DPT-646	Integumentary II	2	F2		*																			*	
DPT-647	Spec Paper III: Rural & At-risk	1	F2																					*	
Term/Semester Total				17																					
Year 2 Spring																									
DPT-650	Found of Neurorehab II	3	Sp2			*																	*	*	
DPT-651	Neurorehab I (CNS)	4	Sp2		*	*																	*	*	
DPT-652	MSK III: LO/Lumb	4	Sp2		*	*																	*	*	
DPT-653	Integumentary III	2	Sp2		*																			*	
DPT-654	Spec Paper III: Health & Wellness	2	Sp2																					*	
DPT-655	Health Care Systems	2	Sp2																					*	
DPT-656	IPE - Roles & Responsibilities	0	Sp2																					*	
Term/Semester Total				17																					
Year 3 Summer																									
DPT-694	Clin Ed II - Outpatient 10 weeks	5	Su3																					*	
DPT-660	Intra Clin Mgmt (online)	2	Su3																					*	
Term/Semester Total				7																					
Year 3 Fall																									
DPT-670	Mgmt of Complex patients	2	F3																					*	
DPT-671	Spine and Adv Man Therapy	3	F3																					*	
DPT-672	Neurorehab II (SC, PNS)	4	F3		*	*																	*	*	
DPT-673	Spec Paper V: Pediatric	3	F3																					*	
DPT-674	Clinical Admin, Mgmt, Mktg	3	F3																					*	
DPT-699	EBP capstone	2	F3																					*	
DPT-676	IPE Teams & Teamwork	0	F3																					*	
Term/Semester Total				17																					
Year 3 Spring																									
DPT-696	Clin Ed III - choice 12 weeks	8	Sp3																					*	
DPT-680	Prof Dev IV: Capstone	2	Sp3																					*	
Term/Semester Total				10																					
DEGREE TOTAL				118																					



 indicates "Taught"
 indicates "Assessed"

7D20-7D27

Number	COURSE	Credits	YEAR	7D20	7D21	7D22	7D23	7D24	7D25	7D26	7D27	7D28	7D29	7D30	7D31	7D32	7D33	7D34	7D35
				7D20	7D21	7D22	7D23	7D24	7D25	7D26	7D27	7D28	7D29	7D30	7D31	7D32	7D33	7D34	7D35
Year 1 - summer																			
DPT-600	Human Anatomy	6	Su1																
DPT-601	Prof Dev I: Learning & Teaching	2	Su1																
	Term/Semester Total	8																	
Year 1 Fall																			
DPT-610	Kinesiology/Biomechanics	3	F1																
DPT-611	Cardiopulmonary I: Ex: Phys	3	F1																
DPT-612	Evid Based Practice I	3	F1																
DPT-613	Prof Dev II: Clinical Reasoning	2	F1	•	•														
DPT-614	Intra Psych-Soc Aspects/ICEI	3	F1																
DPT-615	Clinical Exam Skills & Doc.	2	F1																
DPT-616	Integ I: Pt Mgmt & Mobility	2	F1							•			•						
	Term/Semester Total	18																	
Year 1 Spring																			
DPT-624	Differential Diagnosis	3	Sp1	•		•													
DPT-622	Spec Papr I: High Acuity	3	Sp1	•			•			•								•	•
DPT-621	MSK I: exam UO/LQ/trpine	4	Sp1	•		•	•												
DPT-620	Cardiopulmonary II	4	Sp1	•		•	•			•	•								
DPT-623	Essentials of Ther Ex	2	Sp1															•	•
DPT-625	Spec Papr II: Older Adult/ICEI	2	Sp1																
DPT-626	IPE Communic, Values, Ethics	0	Sp1					•		•									
	Term/Semester Total	18																	
Year 2 Summer																			
DPT-692	Clin Ed I - Inpatient & Uskr	4	Su2																•
DPT-630	Prof Dev III: Ethics & Moral Age	2	Su2																
	Term/Semester Total	6																	
Year 2 Fall																			
DPT-641	Evid Based Pract II	2	F2																
DPT-642	Phys Agents & Modalities	2	F2						•										•
DPT-643	MSK II: UO/Cervical	4	F2							•									•
DPT-644	Advanced Psych Soc	4	F2	•															•
DPT-645	Found of Neurorehab I	2	F2	•		•													•
DPT-646	Integumentary II	2	F2																•
DPT-647	Spec Papr III: Rural & At-risk	1	F2																
	Term/Semester Total	17																	
Year 2 Spring																			
DPT-650	Found of Neurorehab II	3	Sp2	•		•													•
DPT-651	Neurorehab I (CNS)	4	Sp2	•	•	•	•	•											•
DPT-652	MSK III: LQ/Lumb	4	Sp2							•									•
DPT-653	Integumentary III	2	Sp2																•
DPT-654	Spec Papr III: Health & Wellness	2	Sp2																
DPT-655	Health Care Systems	2	Sp2																
DPT-656	IPE - Roles & Responsibilities	0	Sp2					•		•									
	Term/Semester Total	17																	
Year 3 Summer																			
DPT-694	Clin Ed II - Outpatient 10 weeks	5	Su3																
DPT-660	Intra Clin Mgmt (online)	2	Su3																
	Term/Semester Total	7																	
Year 3 Fall																			
DPT-670	Mgmt of Complex patients	2	F3	•		•	•	•											•
DPT-671	Spine and Adv Man Therapy	3	F3							•									•
DPT-672	Neurorehab II (SC, PNS)	4	F3	•	•	•	•	•											•
DPT-673	Spec Papr V: Pediatric	3	F3	•	•	•	•	•											•
DPT-674	Clinical Admin, Mgmt, Mkting	3	F3																
DPT-699	EBP capstone	2	F3																
DPT-676	IPE Team & Teamwork	0	F3					•		•									
	Term/Semester Total	17																	
Year 3 Spring																			
DPT-696	Clin Ed III - choice 12 weeks	8	Sp3																
DPT-680	Prof Dev IV: Capstone	2	Sp3																
	Term/Semester Total	10																	
	DEGREE TOTAL	118																	

• indicates "Taught"
 • indicates "Assessed"

				7D28-43																
				Health of Plan of Care	POC Directly Aligned	Health Objectives	Assessment of TBM	Dissemination	Evidence Base	Health Promotion	Direct Assessment	Care Mgmt	Safety	Improvement of Quality	Interprofessional Practice	Health Informatics	Health Care Policies	Financial Mgmt	Risk Mgmt	
Number	COURSE	Credits	YEAR	7D28	7D29	7D30	7D31	7D32	7D33	7D34	7D35	7D36	7D37	7D38	7D39	7D40	7D41	7D42	7D43	
Year 1 - summer																				
DPT-600	Human Anatomy	6	Su1																	
DPT-601	Prof Dev I: Learning & Teaching	2	Su1																	
Term/Semester Total				8																
Year 1 Fall																				
DPT-610	Kinesiology/Biomechanics	3	F1																	
DPT-611	Cardiopulmonary I: Ex Phys	3	F1																	
DPT-612	Evid Based Practice I	3	F1																	
DPT-613	Prof Dev II: Clinical Reasoning	2	F1											*						
DPT-614	Intra Psych-Soc Aspects/ICEI	3	F1																	
DPT-615	Clinical Exam Skills & Doc.	2	F1				*													
DPT-616	Integ I: Pt Mgmt & Mobility	2	F1											*						
Term/Semester Total				18																
Year 1 Spring																				
DPT-624	Differential Diagnosis	3	Sp1																	
DPT-622	Spec Paper I: High Acuity	3	Sp1	*		*	*	*	*											
DPT-621	MSK I: Exam UO/LQ/rpine	4	Sp1																	
DPT-620	Cardiopulmonary II	4	Sp1	*		*	*													*
DPT-623	Essentials of Ther Ex	2	Sp1	*		*														
DPT-625	Spec Paper II: Older Adult/ICEI	2	Sp1																	
DPT-626	IPE Communic, Value, Ethic	0	Sp1									*			*					
Term/Semester Total				18																
Year 2 Summer																				
DPT-692	Clin Ed I - Inpatient & Ulr	4	Su2		*						*	*	*			*				
DPT-630	Prof Dev III: Ethic & Moral Agg	2	Su2									*								
Term/Semester Total				6																
Year 2 Fall																				
DPT-641	Evid Based Pract II	2	F2																	
DPT-642	Phys Agent & Modalities	2	F2	*		*														
DPT-643	MSK II: UO/Cervical	4	F2	*		*	*													
DPT-644	Advanced Psych Soc	4	F2																	
DPT-645	Found of Neurorehab I	2	F2																	
DPT-646	Integumentary II	2	F2																	
DPT-647	Spec Paper III: Rural & At-risk	1	F2																	
Term/Semester Total				17																
Year 2 Spring																				
DPT-650	Found of Neurorehab II	3	Sp2									*								
DPT-651	Neurorehab I (CNS)	4	Sp2	*		*	*					*								
DPT-652	MSK III: LQ/Lumb	4	Sp2	*		*	*													
DPT-653	Integumentary III	2	Sp2																	
DPT-654	Spec Paper III: Health & Wellness	2	Sp2							*										
DPT-655	Health Care Systems	2	Sp2									*			*	*	*	*	*	*
DPT-656	IPE - Role & Responsibility	0	Sp2									*			*					
Term/Semester Total				17																
Year 3 Summer																				
DPT-694	Clin Ed II - Outpatient 10 weeks	5	Su3		*	*					*	*	*			*				
DPT-660	Intra Clin Mgmt (online)	2	Su3		*						*			*						
Term/Semester Total				7																
Year 3 Fall																				
DPT-670	Mgmt of Complex patient	2	F3	*		*	*													
DPT-671	Spine and Adv Man Therapy	3	F3	*		*	*													
DPT-672	Neurorehab II (SC, PNS)	4	F3	*		*	*					*								
DPT-673	Spec Paper V: Pediatric	3	F3	*		*	*													
DPT-674	Clinical Admin, Mgmt, Mktg	3	F3											*	*	*	*	*	*	*
DPT-699	EBF capstone	2	F3							*										
DPT-676	IPE Team & Teamwork	0	F3									*			*					
Term/Semester Total				17																
Year 3 Spring																				
DPT-696	Clin Ed III - choice 12 weeks	8	Sp3		*								*							
DPT-680	Prof Dev IV: Capstone	2	Sp3											*						
Term/Semester Total				10																
DEGREE TOTAL				118																

 indicates "Taught"
 indicates "Assessed"

Appendix B – NYSED Required form demonstrating how curricular components satisfy required elements

PHYSICAL THERAPY

Satisfaction of Content Requirements

A. Content Requirements

Programs must lead to a master’s or higher degree and shall require the student to have completed at least 150 semester credit hours or its equivalent or postsecondary study, including a total of at least 90 semester credit hours in the following content areas. Please identify the course(s) in which the required content is addressed. Submit a **Course Syllabus** or outline for each listed course.

Syllabi are included in Appendix A (attached). This program requires a Bachelor’s degree which is typically the equivalent of 110-130 credits of undergraduate study. The Doctorate in Physical Therapy as proposed is 118 credits. Therefore, this program is both “postsecondary” and greater than 90 credits.

Content Requirements	Course(s) Number and Title Meeting the Content Area Requirements	Credits
1. Basic Health Sciences , coursework including but not limited to:		
1) Human anatomy specific to physical therapy	Clinical Human Anatomy	6
	Neuroscience I – Neuroanatomy & Neurophysiology	4
2) Human Physiology specific to physical therapy	Cardiopulmonary I – Exercise Physiology	3
	Foundations of Neuromuscular Rehabilitation I & II (3 credits each)	6
	Cardiopulmonary II – Clinical Management	4
3) Neuroscience	Foundations of Neuromuscular Rehabilitation I & II (3 credits each)	6
	Advanced Psychosocial Aspects of Rehabilitation	3
	Neurorehabilitation I & II	8
4) Kinesiology or functional anatomy	Kinesiology & Applied Biomechanics	3
5) Pathology	This content is distributed across content areas so as to achieve the highest level of integration Clinical Human Anatomy, Cardiopulmonary II, Special Pops I - High Acuity, Special Pops II - Older Adult, Musculoskeletal I-IV, Differential Diagnosis, Integumentary I-III, Neuromuscular Rehab II-III, Special Populations III - Health & Wellness, Management of the Complex Patient, Special Populations – Pediatrics	NA

2. Medical Sciences, coursework including but not limited to:		
1) Neurology	Foundations of Neuromuscular Rehabilitation I & II (3 credits each) Advanced Psychosocial Aspects of Rehabilitation Neurorehabilitation I & II (4 credits each)	3 3 8
2) Orthopedics	Kinesiology & Applied Biomechanics Musculoskeletal I Musculoskeletal II – Clin Mgmt of Upper Quarter/Cervical Musculoskeletal III – Clin Mgmt of Lower Quarter/Lumbopelvic Musculoskeletal IV – Advanced Manual Therapy and Spine Special Pops - Clin Mgmt of the High Acuity Patient Special Pops – Clin Mgmt of the Older Adult Special Pops – Clin Mgmt of the Pediatric Patient Differential Diagnosis	3 4 4 4 3 3 3 3 3
3) Pediatrics	Foundations of Neuromuscular Rehabilitation I & II (3 credits each) Special Pops – Clin Mgmt of the Pediatric Patient	6 3
4) Geriatrics	Special Pops - Clin Mgmt of the High Acuity Patient Special Pops – Clin Mgmt of the Older Adult	3 3
5) Cardiopulmonary	Cardiopulmonary I - Exercise Physiology Cardiopulmonary II – Clinical Management	3 4
6) Pharmacology	This content is distributed across content areas so as to achieve the highest level of integration Clinical Human Anatomy, Cardiopulmonary II, Special Pops I - High Acuity, Special Pops II - Older Adult, Musculoskeletal I-IV, Differential Diagnosis, Integumentary I-III, Neuromuscular II-III, Special Populations III - Health & Wellness, Management of the Complex Patient, Special Populations – Pediatrics	NA
7) General medical/surgical metabolic conditions	Special Pops - Clin Mgmt of the High Acuity Patient Integumentary I-III (Integ III covers metabolic and amputations) **This content is also distributed across content areas so as to achieve the highest level of integration Clinical Human Anatomy, Cardiopulmonary II, Special Pops I - High Acuity, Special Pops II - Older Adult, Musculoskeletal I-IV, Differential Diagnosis, Integumentary I-III, Neuromuscular II-III, Special Populations III - Health & Wellness, Management of the Complex Patient, Special Populations – Pediatrics	3 6
3. Clinical Sciences: Examination and Evaluation, coursework including but not limited to:		
1) Integumentary system	Clinical Human Anatomy Integumentary I – (Anatomy, wounds, stages, healing phases) Integumentary II – Examination, interventions	6 2 2

	Integumentary III – metabol/DM, amputations, resid. limb mgmt	2
2) Musculoskeletal system	Clinical Human Anatomy	6
	Clinical Exam skills	3
	Musculoskeletal I – Examination Skills	4
	Differential Diagnosis	3
3) Neuromuscular system	Clinical Human Anatomy	6
	Clinical Exam skills	3
	Differential Diagnosis	3
	Foundations of Neuromuscular Rehabilitation I & II (3 credits each)	4
4) Cardiopulmonary system	Clinical Human Anatomy	6
	Clinical Exam skills	3
	Differential Diagnosis	3
	Cardiopulmonary I - Exercise Physiology	3
5) Metabolic problems	Clinical Human Anatomy	6
	Clinical Exam skills	3
	Differential Diagnosis	3
	Special Pops – Health & Wellness	2
	Integumentary III – Metabolic Disorders/DM/Amps/Limb Mgmt	2
4. Clinical Sciences: Interventions, coursework including but not limited to:		
1) Integumentary interventions	Integumentary I – (Anatomy, wounds, stages, healing phases)	2
	Special Pops - Clin Mgmt of the High Acuity Patient	3
	Special Pops – Clin Mgmt of the Older Adult	3
	Integumentary II – Examination, interventions	2
	Integumentary III – metabol/DM, amputations, resid. limb mgmt	2
	Management of the Complex Patient	3
2) Musculoskeletal interventions	Special Pops - Clin Mgmt of the High Acuity Patient	3
	Special Pops – Clin Mgmt of the Older Adult	3
	Musculoskeletal II – Clin Mgmt of Upper Quarter/Cervical	4
	Musculoskeletal III – Clin Mgmt of Lower Quarter/Lumbopelvic	4
	Musculoskeletal IV – Advanced Manual Therapy and Spine	3
	Management of the Complex Patient	3
3) Neuromuscular interventions	Special Pops - Clin Mgmt of the High Acuity Patient	3
	Special Pops – Clin Mgmt of the Older Adult	3
	Advanced Psychosocial Aspects of Rehabilitation	3
	Neurorehabilitation I – Clin Mgmt of Central Neuro (brain/head)	4
	Neurorehabilitation II – Clin Mgmt of SC/PNS/ANS	4
	Management of the Complex Patient	3
4) Cardiopulmonary interventions	Special Pops - Clin Mgmt of the High Acuity Patient	3

	Special Pops – Clin Mgmt of the Older Adult	3
	Cardiopulmonary II – Clinical Management	4
	Management of the Complex Patient	3
5) Airway clearance techniques	Special Pops - Clin Mgmt of the High Acuity Patient	3
	Cardiopulmonary II – Clinical Management	4
6) Debridement and wound care	Integumentary I - Patient Management and Mobility	2
	Integumentary II	2
7) Electrotherapeutic modalities	Physical Agents & Electrotherapeutic Modalities	2
	Management of the Complex Patient	3
8) Functional training in community and work, job, school, or play reintegration, including instrumental activities of daily living, work hardening, and work conditioning	Musculoskeletal II – Clin Mgmt of Upper Quarter/Cervical	4
	Musculoskeletal III – Clin Mgmt of Lower Quarter/Lumbopelvic	4
	Musculoskeletal IV – Advanced Manual Therapy and Spine	3
	Special Pops – Clin Mgmt of the Older Adult	3
	Neurorehabilitation I – Clin Mgmt of Central Neuro (brain/head)	4
	Neurorehabilitation II – Clin Mgmt of SC/PNS/ANS	4
	Management of the Complex Patient	3
	Special Pops – Clin Mgmt of the Pediatric Patient	3
9) Functional training in self-care and home management, including activities of daily living and instrumental activities of daily living	Integumentary I - Patient Management and Mobility	2
	Special Pops - Clin Mgmt of the High Acuity Patient	3
	Special Pops – Clin Mgmt of the Older Adult	3
	Neurorehabilitation I – Clin Mgmt of Central Neuro (brain/head)	4
	Neurorehabilitation II – Clin Mgmt of SC/PNS/ANS	4
10) Manual therapy techniques	Musculoskeletal II – Clin Mgmt of Upper Quarter/Cervical	4
	Musculoskeletal III – Clin Mgmt of Lower Quarter/Lumbopelvic	4
	Musculoskeletal IV – Advanced Manual Therapy and Spine	3
11) Patient-related instruction	Professional Dev I – Teaching & Learning	2
	Integrated Clinical Education (ICE) I	2
	Integrated Clinical Education (ICE) II	2
12) Physical agents and mechanical modalities	Physical Agents & Electrotherapeutic Modalities	2
	Management of the Complex Patient	3
13) Prescription, application, and, as appropriate, fabrication of assistive, adaptive, orthotic, protective, supportive, and prosthetic devices and equipment	Integumentary III	2
14) Therapeutic exercise, including aerobic conditioning	Cardiopulmonary I – Exercise Physiology	2
	Cardiopulmonary II – Clinical Management Essential of Special Pops - Clin Mgmt of the High Acuity Patient	4
	Special Pops - Clin Mgmt of the High Acuity Patient	3
	Special Pops – Clin Mgmt of the Older Adult	3
	Therapeutic Exercise	2

	Neurorehabilitation I – Clin Mgmt of Central Neuro (brain/head)	4
	Neurorehabilitation II – Clin Mgmt of SC/PNS/ANS	4
	Musculoskeletal II – Clin Mgmt of Upper Quarter/Cervical	4
	Musculoskeletal III – Clin Mgmt of Lower Quarter/Lumbopelvic	4
	Special Pops – Clin Mgmt of the Pediatric Patient	3
5. Related Professional, coursework including but not limited to:		
1) Professional behaviors	Professional Development I	2
	Professional Development II - Ethics & Moral Agency	2
	ICE I & II	4
	Interprofessional Education Series I-III	0
	Professional Development IV	2
2) Administration	Health Care Systems	2
	Introduction to Clinical Management	2
	Clinical Administration Marketing and Management	3
3) Community Health	Professional Development II – Ethics and Moral Agency	2
	Special Populations – Health & Wellness	2
4) Research and clinical decision making	Professional Development II – Clinical Reasoning	3
	Evidence Based Practice I	3
	Evidence Based Practice II	2
	Evidence Based Practice III	2
	Management of the Complex Patient	3
5) Educational techniques	Professional Development I – Teaching & Learning	2
6) Medical terminology	This content is distributed across courses with an expectation that students will learn and use appropriate terminology and language	
7) Communication related to client/patient care	Professional Development II – Clinical Reasoning	2
	Introduction to Examination Skills (documentation/interviewing)	3
	ICE I & II	4
	Field experiences in examination and intervention courses	
	IPE series	0
8) Legal and ethical aspects of physical therapy practice	Professional Development II – Ethics and Moral Agency	2
	Professional Development IV – Preparing for Practice	2
9) Psychosocial aspects in physical therapy practice	ICE I – Introduction to psychosocial concepts	3
	*this content is the applied in exam/intervention courses	
	IPE series	
10) Emergency procedures	Special Pops – Clin Mgmt of the High Acuity Patient	3
	CPR/First Aid certification	

11) Cultural competency	Expectations for cultural awareness, recognition and value for differences, incorporation of this content into examination/evaluation/intervention content across all courses.	
12) Consultation, screening and delegation	Clinical Examination Skills	2
	Differential Diagnosis	3
	Musculoskeletal I – Examination Skills	4
	Special Pops – Health & Wellness	2
	Professional Development II Ethics & Moral Agency	2
	Introduction to Clinical Management	2
TOTAL:		
Indicate total number of semester hours (min. 150 required)		
Description: The current DPT program requires the completion of a Bachelor’s degree typically representing a minimum of 120 credit hours. The program also requires the completion of 8 credits of Biology, 8 credits of Chemistry (with organic/biochemistry), 8 credits of Physics, 8 credits of Anatomy & Physiology, 3 credits of Psychology, 3 credits of writing, 3 credits of statistics totaling 41 credits. The proposed program includes 118 credits + 41 credits (prerequisites) = 157 credits.		
TOTAL:		

B. Supervised Clinical Experience

Students must complete a supervised clinical experience of at least 800 hours of physical therapist-supervised application of physical therapy theory, examination, evaluation, and intervention including at least 560 hours of full-time clinical internships.

1. Please describe how the clinical experiences requirement will be met and indicate the clinical facilities.
 - a) Integrated Clinical Experience I – 40 hours (Observations across a variety of health care settings)
 - b) Integrated Clinical Experience II – 40 hours (Observations across a variety of health care settings)
 - c) Clinical Education I – 8 weeks fulltime = 320 hours (inpatient settings – acute, SNF, rehabilitation)
 - d) Clinical Education I – 10 weeks fulltime = 400 hours (outpatient settings)
 - e) Clinical Education I – 14 weeks fulltime = 560 hours (choice, specialty, etc)

Total hours = 1360

Appendix C – Program Learning Outcomes Mapped to Entrustable Professional Activities and Assessment Plan

	Program Learning Outcomes	Entrustable Professional Activities (EPA's)	Indicators	Assessment and Action
Assessment of Program Learning Outcomes	<p>The program prepares graduates to:</p> <ul style="list-style-type: none"> Provide patient/client-centered, evidence-based physical therapy services (examination, evaluation, diagnosis, prognosis and intervention) aimed at maximizing the function, health and quality of life of those served in a variety of practice settings and populations. Become future leaders in physical therapy that utilize assessment, data, feedback and relevant inputs to enhance and improve healthcare as clinicians, administrators, educators, consultants, and advocates. Participate actively in the multidisciplinary health care team utilizing effective communication skills and demonstrating ethical (APTA Code of Ethics) and professional (APTA Core Values) behaviors while adhering to all legal practices standards; Act as moral agents to advance knowledge, human healthcare, health promotion and the treatment of disability and dysfunction in individuals, families and communities, with an emphasis on rural and other vulnerable populations through clinical practice, outreach and research; 	<ul style="list-style-type: none"> Gather history & perform a physical exam Evaluate HPE findings to determine diagnosis and prognosis Using evidence informed practice, determine and execute the POC Use outcomes measures to determine impact/progress. Utilize feedback/inputs for continuous quality improvement Collaborate as a member of the inter-professional team Respond to the greater needs of society 	<p>Competencies</p> <p>Novice → Entry level</p> <p>Embedded assessments</p> <ul style="list-style-type: none"> OSCE's Written exams Papers/projects <p>Outcomes data</p> <ul style="list-style-type: none"> Attrition Graduation rate Licensing exam Grad survey 	<ul style="list-style-type: none"> Curriculum modification Instructional strategies Faculty development Faculty searches/hires etc

Domains of Competencies	Competencies
Knowledge for practice	<p>KP1 (2.2) Apply established and emerging biological and physical scientific principles fundamental to health care for patients and populations.</p> <p>KP2 (2.3) Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, intervention and other aspects of evidence-based health care.</p> <p>KP3 (2.5) Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psycho-social-cultural influences on health, disease, care-seeking, care compliance and barriers and attitudes toward care.</p> <p>KP4 (2.4) Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.</p> <p>KP5 (2.6) Contribute to the creation, dissemination, application and translation of new health care knowledge and practices.</p>
Clinical Reasoning	<p>CR1 (1.1) Demonstrate an investigatory and analytic approach to clinical situations.</p> <p>CR2 (8.8) Recognize that ambiguity is part of clinical health care and respond by using appropriate resources in dealing with uncertainty.</p> <p>CR3 (8.4) Practice flexibility and maturity in adjusting to change with the capacity to alter behavior.</p> <p>CR4 (3.9) Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care.</p> <p>CR5 (3.10) Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes.</p> <p>CR6 (x.1) Develop and utilize skills of reflection-in-action and reflection-on-action to integrate and link knowledge with new knowledge and to improve clinical reasoning skills.</p> <p>CR 7 (x.2) Focus on the human body, specifically what is seen, felt and heard as a primary source of insight and information for clinical reasoning, when working with patients and clients.</p>
Communication & inter-professional skills	<p>CIPE1 (3.8) Participate in the education of patients, families, students, trainees, peers, and other health professionals.</p> <p>CIPE2 (4.1) Communicate effectively with colleagues, other health professionals, and health-related agencies, patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.</p> <p>CIPE 3 (4.3) Work effectively with other health professionals as a member or leader of a health care team in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations (see also IPC 7.4).</p> <p>CIPE4 (4.4) Act in a consultative role to other health professionals.</p> <p>CIPE5 (4.5) Maintain comprehensive, timely, and legible medical records.</p> <p>CIPE6 (4.6) Demonstrate sensitivity, honesty, and compassion in difficult conversations (e.g., about issues such as death, end-of-life issues, adverse events, bad news, disclosure of errors, and other sensitive topics).</p> <p>CIPE7 (4.7) Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions.</p> <p>CIPE8 (7.1) Work to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust in all interactions including the interprofessional health care team.</p> <p>CIPE9 (7.2) Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served.</p>

Domains of Competencies	Competencies
Inquiry skills	<p>IS1 (3.1) Consistently identify strengths, deficiencies, and limits in one's knowledge and expertise.</p> <p>IS2 (3.2) Set learning and improvement goals.</p> <p>IS3 (3.3) Identify and perform learning activities that address one's gaps in knowledge, skills, or attitudes.</p> <p>IS4 (8.1) Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors.</p> <p>IS5 (3.4) Systematically analyze practice using quality-improvement methods, and implement changes with the goal of practice improvement.</p> <p>IS6 (3.5) Incorporate feedback into daily practice.</p> <p>IS7 (x) Combine curiosity, objectivity and clinical reasoning to pose pertinent clinical questions.</p> <p>IS8 (3.6) Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.</p> <p>IS9 (3.7) Use information technology to optimize learning.</p>
Clinical Skills	<p>CS1 (1.3) Organize and prioritize responsibilities to provide care that is safe, effective, and efficient.</p> <p>CS2 (1.2) Gather essential and accurate information about patients and their condition through history taking, physical examination, and the use of laboratory data, imaging, and other tests.</p> <p>CS3 (1.4) Apply laboratory data, imaging studies, and other diagnostic tests to the diagnosis, prognosis and interventions in physical therapy.</p> <p>CS4 (1.5) Make informed decisions about therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.</p> <p>CS5 (1.6) Develop and carry out all aspects of the patient/client plan of care.</p> <p>CS6 (1.7) Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making.</p> <p>CS7 (1.8) Provide appropriate referral of patients and following up on patient progress and outcomes.</p> <p>CS8 (1.9) Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health.</p> <p>CS9 (1.11) Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications.</p>
System based practice	<p>SBP1 (6.1) Work effectively in various health care delivery settings and systems to provide physical therapy services to patients and populations.</p> <p>SBP2 (6.2) Work collaboratively to coordinate patient care within the health care system.</p> <p>SBP3 (6.3) Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.</p> <p>SBP4 (6.4) Advocate for quality patient care and optimal patient care systems.</p> <p>SBP5 (6.5) Participate in identifying system errors and implementing potential systems solutions.</p> <p>SBP6 (6.6) Perform administrative and practice management responsibilities commensurate with one's role, abilities, and qualifications.</p>

Entrustable Professional Activities (EPA's)	Domains of Competencies	Competencies	Milestones
<p style="text-align: center;">EPA 1</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;">Gather history & perform a physical exam</div> <p>The entry level physical therapist is able to gather a complete and accurate history in an organized, patient centered manner. The entry level physical therapist is able to identify and perform all appropriate tests & measures in an efficient and organized fashion.</p> <p>It is expected that the APTA Code of Ethics, APTA Core Values and all aspects of professional behavior underpins all interactions of the entry level physical therapist. (see Professionalism</p>	<div style="border: 1px solid red; border-radius: 50%; width: 100px; height: 40px; margin: 10px auto; display: flex; align-items: center; justify-content: center;">Knowledge for practice</div> <div style="border: 1px solid red; border-radius: 50%; width: 100px; height: 40px; margin: 10px auto; display: flex; align-items: center; justify-content: center;">Clinical Reasoning</div> <div style="border: 1px solid red; border-radius: 50%; width: 100px; height: 40px; margin: 10px auto; display: flex; align-items: center; justify-content: center;">Communication & inter-professional skills</div> <div style="border: 1px solid red; border-radius: 50%; width: 100px; height: 40px; margin: 10px auto; display: flex; align-items: center; justify-content: center;">Inquiry skills</div> <div style="border: 1px solid red; border-radius: 50%; width: 100px; height: 40px; margin: 10px auto; display: flex; align-items: center; justify-content: center;">Clinical Skills</div>	<p>KP 2, 3, 4</p> <p>CR 1, 4, 5, 6</p> <p>CIPE 2, 6, 7</p> <p>IS 7</p> <p>CS 2, 3, 5, 6</p> <p>SBP 1,</p>	<div style="border: 1px solid black; border-radius: 10px; width: 100px; height: 30px; margin: 10px auto; display: flex; align-items: center; justify-content: center;">Novice</div> <div style="border: 1px solid black; border-radius: 10px; width: 100px; height: 30px; margin: 10px auto; display: flex; align-items: center; justify-content: center;">Advanced beginner</div> <div style="border: 1px solid black; border-radius: 10px; width: 100px; height: 30px; margin: 10px auto; display: flex; align-items: center; justify-content: center;">Advanced</div> <div style="border: 1px solid black; border-radius: 10px; width: 100px; height: 30px; margin: 10px auto; display: flex; align-items: center; justify-content: center;">Entry level</div>

<p>Modified Overtone scale: If you were to experience this event again in a similar situation, which of the following statements might best describe your response?</p> <p>1. "I did it."</p> <p>2. "I'm not sure."</p> <p>3. "I'm not sure, and I'm not sure if I did it."</p> <p>4. "I'm not sure, and I'm not sure if I did it."</p> <p>5. "I'm not sure, and I'm not sure if I did it."</p>	<p>Original Overtone scale (Johnson et al. 2010):</p> <p>1. "I did it."</p> <p>2. "I did it, but I'm not sure if I did it."</p> <p>3. "I did it, but I'm not sure if I did it."</p> <p>4. "I did it, but I'm not sure if I did it."</p> <p>5. "I did it, but I'm not sure if I did it."</p>
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Entrustable Professional Activities (EPA's)	Domains of Competencies	Competencies	Milestones																																																
<p>EPA 2</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">Evaluate HPE findings to determine diagnosis and prognosis</div> <p>The entry level physical therapist is evaluate the findings of HPE and apply concepts of evidence informed practice (CPR's, etc) to determine a physical therapy diagnosis and prognosis. Able to educate patient/client on the findings of the examination and rationale for reaching the diagnosis. Able to recognize when further diagnostic information is required and identify members of the health care team appropriate for consultation, collaboration or referral.</p> <p>It is expected that the APTA Code of Ethics, APTA Core Values and all aspects of professional behavior underpins all interactions of the entry level physical therapist. (see Professionalism)</p>	<div style="border: 1px solid red; border-radius: 50%; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Knowledge for practice</div> <div style="border: 1px solid red; border-radius: 50%; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Clinical Reasoning</div> <div style="border: 1px solid red; border-radius: 50%; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Communication & inter-professional skills</div> <div style="border: 1px solid red; border-radius: 50%; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Clinical Skills</div> <div style="border: 1px solid red; border-radius: 50%; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">System based practice</div>	<p>KP 2, 3, 4 CR 2, 4?, 5, 6 CIPE 1, 2, 3, 5, 6, 7 CS 3, 5, 6, 7 SBP 1, 2, 3</p>	<div style="border: 1px solid black; border-radius: 10px; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Novice</div> <div style="border: 1px solid black; border-radius: 10px; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Advanced beginner</div> <div style="border: 1px solid black; border-radius: 10px; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Advanced</div> <div style="border: 1px solid black; border-radius: 10px; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Entry level</div> <div style="font-size: 8px; margin-top: 10px;"> <table border="1"> <tr> <td colspan="2">Modified Core Entrustable tasks: If you want to improve the number of opportunities to practice, check the following questions along with how you would assign the task?</td> <td colspan="2">Competing example from original Core Entrustable tasks (Chen et al 2015)</td> </tr> <tr> <td>1a. "Watch me do this."</td> <td>1b. Not allowed to practice (EPA), allowed to observe</td> <td>1a. "Watch me do this."</td> <td>1b. Not allowed to practice (EPA), allowed to observe</td> </tr> <tr> <td>2a. "Let's do this together."</td> <td>2b. Allowed to practice (EPA) only under practice, full experience as co-practitioner with supervisor</td> <td>2a. "Let's do this together."</td> <td>2b. Allowed to practice (EPA) only under practice, full experience as co-practitioner with supervisor</td> </tr> <tr> <td>3a. "I'll watch you."</td> <td>3b. Allowed to practice (EPA) only under practice, full experience with supervisor as co-practitioner to assist in a task</td> <td>3a. "I'll watch you."</td> <td>3b. Allowed to practice (EPA) only under practice, full experience with supervisor as co-practitioner to assist in a task</td> </tr> <tr> <td>4a. "You go ahead, and I'll double-check all of your findings."</td> <td>4b. 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"I had to talk them through it" - I.e., able to perform tasks but requires constant direction</td> <td>2. "I helped them through it" - Student was able to perform some tasks but required frequent direction.</td> <td>2. "I had to talk them through it" - I.e., able to perform tasks but requires constant direction</td> </tr> <tr> <td>3. "I allowed them to do it on their own" - Student demonstrated some independence and only required occasional prompting.</td> <td>3. "I had to prompt them from time to time" - I.e., demonstrates some independence, but requires intermitted direction</td> <td>3. "I allowed them to do it on their own" - Student demonstrated some independence and only required occasional prompting.</td> <td>3. "I had to prompt them from time to time" - I.e., demonstrates some independence, but requires intermitted direction</td> </tr> <tr> <td>4. "I was available (and to some) - Student functioned fairly independently and only needed assistance with minor or complex situations.</td> <td>4. "I needed to be there in the event just in case" - I.e., independence but measure of risk and still requires supervision for safe practice</td> <td>4. "I was available (and to some) - Student functioned fairly independently and only needed assistance with minor or complex situations.</td> <td>4. "I needed to be there in the event just in case" - I.e., independence but measure of risk and still requires supervision for safe practice</td> </tr> <tr> <td>5. (The best) - Student was available for complete independence in one instance.</td> <td>5. "I did not need to be there" - I.e., complete independence, unobserved work and performs safely, practice ready</td> <td>5. (The best) - Student was available for complete independence in one instance.</td> <td>5. 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The entry level physical therapist creates a medical record of all clinical interactions and other pertinent information regarding the clinical interactions.</p> <p>It is expected that the APTA Code of Ethics, APTA Core Values and all aspects of professional behavior underpins all interactions of the entry level physical therapist. (see Professionalism)</p>	<div style="border: 1px solid red; border-radius: 50%; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Knowledge for practice</div> <div style="border: 1px solid red; border-radius: 50%; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Clinical Reasoning</div> <div style="border: 1px solid red; border-radius: 50%; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Communication & inter-professional skills</div> <div style="border: 1px solid red; border-radius: 50%; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Inquiry skills</div> <div style="border: 1px solid red; border-radius: 50%; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Clinical Skills</div> <div style="border: 1px solid red; border-radius: 50%; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">System based practice</div>	<p>KP 1, 2, 3 CR 1, 2, 3, 4, 5, 6 CIPE 2, 5, 6, 7, 9 IS 5, 6, 7, 8, 9 CS 1, 3, 4, 5, 6, 7, 8, 9 SBP 1, 2, 3</p>	<div style="border: 1px solid black; border-radius: 10px; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Novice</div> <div style="border: 1px solid black; border-radius: 10px; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Advanced beginner</div> <div style="border: 1px solid black; border-radius: 10px; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Advanced</div> <div style="border: 1px solid black; border-radius: 10px; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">Entry level</div> <div style="font-size: 8px; margin-top: 10px;"> <table border="1"> <tr> <td colspan="2">Modified Core Entrustable tasks: If you want to improve the number of opportunities to practice, check the following questions along with how you would assign the task?</td> <td colspan="2">Competing example from original Core Entrustable tasks (Chen et al 2015)</td> </tr> <tr> <td>1a. 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<p>EPA 5</p> <p>Utilize feedback/inputs for continuous quality improvement</p> <p>Combine with EPA 5?</p> <p>The entry level physical therapist seeks to systematically measure outcomes/impact and analyze all aspects of self and practice using quality improvement methods and implement appropriate changes with the goal of improvement. Patients and population will always be at the center of the intended improvements.</p> <p>It is expected that the APTA Code of Ethics, APTA Core Values and all aspects of professional behavior underpins all interactions of the entry level physical therapist. (see Professionalism)</p>	<p>Knowledge for practice</p> <p>Clinical Reasoning</p> <p>Communication & inter-professional skills</p> <p>Inquiry skills</p> <p>System based practice</p>	<p>KP 2, 5 CR 1, 3, 4, 5, 6 CIPE 3, 8, 9 IS 1, 2, 3, 4, 5, 6, 7, 8, 9 SBP 1, 2, 3, 5, 6</p>	<p>Novice</p> <p>Advanced beginner</p> <p>Advanced</p> <p>Entry level</p> <p><small>Modified Cheu instrument scale: If you were to supervise the student again in a similar situation, which of the following statements align with how you would expect the staff?</small></p> <table border="1"> <tr> <td>1a. "I watch me do this."</td> <td>1b. Not allowed to practice EPA, allowed to observe</td> </tr> <tr> <td>2a. "Let's do this together."</td> <td>2b. Allowed to practice EPA only under practice, full supervision as necessary with experience</td> </tr> <tr> <td>3a. "I'll watch you."</td> <td>3b. 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<p>EPA 6</p> <p>Collaborate as a member of the inter-professional team</p> <p>The entry level physical therapist is a member of the interprofessional health care team that seeks to ensure patient-centered care that is effective, efficient and maximizes outcomes. The entry level physical therapist is guided by core values and ethics, understands their role and roles of other members of the team, they utilize effective communication skills and participates effectively within this team.</p> <p>It is expected that the APTA Code of Ethics, APTA Core Values and all aspects of professional behavior underpins all interactions of the entry level physical therapist. (see Professionalism)</p>	<p>Knowledge for practice</p> <p>Clinical Reasoning</p> <p>Communication & inter-professional skills</p> <p>Clinical Skills</p> <p>System based practice</p>	<p>KP 2, 3, 4, 5 CR 3, 4, 5 CIPE 1, 2, 3, 4, 5, 8 CS 7 SBP 1, 2, 3, 4,</p>	<p>Novice</p> <p>Advanced beginner</p> <p>Advanced</p> <p>Entry level</p> <p><small>Modified Cheu instrument scale: If you were to supervise the student again in a similar situation, which of the following statements align with how you would expect the staff?</small></p> <table border="1"> <tr> <td>1a. "I watch me do this."</td> <td>1b. Not allowed to practice EPA, allowed to observe</td> </tr> <tr> <td>2a. "Let's do this together."</td> <td>2b. Allowed to practice EPA only under practice, full supervision as necessary with experience</td> </tr> <tr> <td>3a. "I'll watch you."</td> <td>3b. Allowed to practice EPA only under practice, full supervision with experience in most only to step in as needed</td> </tr> <tr> <td>4a. 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<p>EPA 7</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">Respond to the greater needs of society</div> <p>The entry level physical therapist recognizes their role in addressing the health and wellness needs of patients, populations, communities and society and utilizes their professional knowledge and expertise to the benefit of these groups. The entry level physical therapist recognizes their limitations to address these needs and seeks to develop knowledge and skills to address the unmet needs, especially of those people in the immediate community. The entry level physical therapist recognizes the need to provide pro bono services at times to address these needs.</p> <p>It is expected that the APTA Code of Ethics, APTA Core Values and all aspects of professional behavior underpins all interactions of the entry level physical therapist. 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AMERICAN COUNCIL OF ACADEMIC PHYSICAL THERAPY

Student Readiness for the First Full-Time Clinical Experience

The following table summarizes the minimal knowledge, skills, abilities, and professional behaviors (KSAs) identified as necessary* for physical therapist students to competently demonstrate prior to entry into the first full-time clinical experience. The KSAs are grouped into 14 themes and the recommended level of competency is indicated below.

Student Readiness Themes and KSAs		Level of Competency
Theme 1	Students should have foundational knowledge to support application and synthesis in the following content areas:	
1.1	Anatomy (i.e. functional anatomy)	At least emerging
1.2	Common diagnoses related to systems review (e.g. medical, physical therapy)	At least emerging
1.3	Kinesiology (i.e. biomechanics, exercise science, movement science)	At least emerging
1.4	Physiology / Pathophysiology (related to general systems review)	At least emerging
1.5	Tissue mechanics (e.g. stages of healing, use/disuse, load/overload)	At least emerging
Theme 2	Students should meet the specific program identified curricular requirements including:	
2.1	achieve minimum GPA	
2.2	meet minimum expectations for practical examinations	
2.3	remediation of any and all safety concerns	
Theme 3	Students should take initiative to apply evidence-based strategies to:	
3.1	generate interventions ideas	At least familiar
3.2	guide decision-making	At least familiar
3.3	measure outcomes	At least familiar
3.4	research unfamiliar information or conditions	At least emerging
Theme 4	Students should engage in self-assessment including:	
4.1	self-assessment of the impact of one's behaviors on others	At least emerging
4.2	the understanding of one's own thought processes (metacognition)	At least emerging
4.3	self-reflection and identification of areas of strength and those needing improvement, development of a plan to improve, and discussion of that plan with instructors	At least emerging
4.4	seeking out resources, including support from others when needed, to assist in implementation of the plan	At least emerging
Theme 5	Students should utilize constructive feedback by:	
5.1	being open and receptive, verbally/non-verbally	At least emerging
5.2	implementing actions to address issues promptly	At least emerging
5.3	reflecting on feedback provided	At least emerging
Theme 6	Students should demonstrate effective communication abilities within the following groups:	
6.1	diverse patient populations	At least familiar
6.2	families and other individuals important to the patients	At least familiar
6.3	healthcare professionals	At least familiar
Theme 7	Students should exhibit effective verbal, non-verbal and written communication abilities to:	
7.1	listen actively	At least emerging
7.2	demonstrate polite, personable, engaging and friendly behaviors	Proficient
7.3	independently seek information from appropriate sources	At least emerging
7.4	build rapport	At least emerging


7.5	seek assistance when needed	At least emerging
7.6	engage in shared decision-making with patients	At least familiar
7.7	demonstrate a level of comfort and respect with patient handling	At least familiar
7.8	demonstrate empathy	At least emerging
7.9	use language and terminology appropriate for the audience	At least emerging
7.10	introduce one's self to CI, clinical staff, and patients	Proficient
Theme 8	Students should be prepared to engage in learning through demonstrating:	
8.1	accountability for actions and behaviors	At least emerging
8.2	resilience/perseverance	At least emerging
8.3	cultural competence and sensitivity	At least emerging
8.4	an eager, optimistic and motivated attitude	At least emerging
8.5	respect for patients, peers, healthcare professionals and community	Proficient
8.6	open-mindedness to alternative ideas	At least emerging
8.7	punctuality with all assignments	Proficient
8.8	self-care to manage stress	At least emerging
8.9	responsibility for learning	At least emerging
8.10	self-organization	At least emerging
8.11	taking action to change when needed	At least emerging
8.12	willingness to adapt to new and changing situations	At least emerging
8.13	appropriate work ethic	At least emerging
8.14	maturity during difficult or awkward situations with patients, families and healthcare professionals	At least emerging
Theme 9	Students should develop the following elements including the documentation of:	
9.1	examination/re-examination (History, systems review, and tests and measures)	At least familiar
9.2	establish and document the problem list	At least familiar
9.3	daily interventions	At least familiar
Theme 10	Student should recognize and address issues related to safe patient care including the ability to:	
10.1	identify contraindications and precautions	At least emerging
10.2	assess and monitor vital signs	At least emerging
10.3	identify and respond to physiologic changes	At least familiar
10.4	assess the environment for safety, including lines, tubes, and other equipment	At least familiar
10.5	appropriately apply infection control procedures including universal precautions	At least emerging
10.6	provide assistance and guarding for patient safety	At least emerging
10.7	utilize appropriate body mechanics to avoid injury to self or patients	At least emerging
10.8	provide appropriate draping during patient care activities	At least emerging
Theme 11	Student should demonstrate the following clinical reasoning skills for a non-complex patient:	
11.1	utilize the elements of the patient-client management model including: address various body systems (cardiopulmonary, integumentary, musculoskeletal, neuromuscular) during the examination	At least familiar
11.2	articulate a clinical rationale in patient evaluation	At least familiar
11.3	develop goals that are linked to the patient's activity limitations and participation restrictions	At least familiar
11.4	determine appropriateness for therapy within scope of PT practice	At least familiar
11.5	interpret examination findings	At least familiar
11.6	screen to rule in/out conditions and concerns	At least familiar
Theme 12	Student should have BOTH the understanding and skill to perform the following examination skills:	
12.1	balance assessment	At least familiar
12.2	chart review to extract relevant history	At least familiar

12.3	dermatome screening	At least familiar
12.4	functional mobility assessment	At least familiar
12.5	gait assessment	At least familiar
12.6	goniometry	At least emerging
12.7	interview / history taking	At least emerging
12.8	lower quadrant screening	At least familiar
12.9	manual muscle testing	At least emerging
12.10	muscle length testing	At least emerging
12.11	myotome screening	At least emerging
12.12	reflex testing	At least emerging
12.13	sensory examination	At least emerging
12.14	medical screening for red flags	At least familiar
12.15	systems review	At least familiar
12.16	upper quadrant screening	At least familiar
Theme 13	Student should have the understanding and skill to perform the following interventions:	
13.1	prescribe, fit, and instruct patients in proper use of assistive devices	At least familiar
13.2	functional training (including bed mobility, transfers, and gait) with appropriate guarding and assistance	At least familiar
13.3	individualized patient education	At least familiar
13.4	therapeutic exercise: specifically strengthening	At least familiar
13.5	therapeutic exercise: specifically stretching	At least familiar
13.6	therapeutic exercise: specifically aerobic exercise	At least familiar
Theme 14	Student should recognize and follow specific professional standards, including:	
14.1	appropriate dress code	Proficient
14.2	core values identified by the APTA as accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility	At least emerging
14.3	code of ethics identified by the APTA**	
14.4	clinical expectations specific to setting	At least emerging
14.5	HIPAA regulations	At least emerging
14.6	legal aspects related to patient care	At least emerging
14.7	obligations of the patient-provider relationship	At least emerging
14.8	passion for the profession	At least emerging
14.9	patient rights	At least emerging
14.10	maintaining professional boundaries	At least emerging
14.11	understanding physical therapy's role in the healthcare system	At least emerging


** this item was added by the ACAPT membership

*This list includes only those items that were identified as necessary by greater than or equal to 80% of participants in a Delphi study involving faculty, directors of clinical education, clinical educators, and recent graduates.

KSAs identified as "at least" familiar or emerging denote some Delphi Study participants' desire for higher competency but consensus was achieved for "at least" the indicated level of competency.

 **At least familiar**

Student has basic knowledge of the material/skill/behavior and would require guidance to apply it appropriately in the clinical setting.

 **At least emerging**

Student understands how to apply the material/skill/behavior safely and consistently in simple situations and would require guidance to apply the concept or perform the task in more complex situations.

 **Proficient**

Student can integrate the knowledge/skill/behavior safely and independently in all (simple and complex) clinical situations and is able to identify the need for guidance appropriately.

The results in this Table are part of a Delphi Study that has been submitted to PTJ and is currently under review.

Appendix D – Course descriptions for all new graduate courses

DPT-600 Professional Development I - Learning & Teaching

First in a series of courses in professional development which introduces the concept of professionalism, professional behaviors and accountability. The primary focus of this course is to set the foundation for success in the classroom and developing effective strategies for learning. The course will also introduce the concept of the physical therapist as teacher. The course is also intended to develop successful strategies for managing stress, anxiety, accountability, grit/resilience and tolerance with ambiguity in education and medicine. 2 credits

DPT-601 Clinical Human Anatomy

Utilizing a hybrid approach (simulated cadavers, digital imaging, models and cadaveric prosections) students will develop a strong foundational knowledge of human anatomy. Students will develop a working knowledge of anatomical and biomechanical terminology and language that is utilized consistently in this course. Students will also be expected to demonstrate knowledge of the spatial relations of the various anatomical structures of the body. Utilizing comparative anatomy, students will also gain a basic understanding of the anatomical manifestations of disease and pathology. Prerequisites: none. 6 credits

DPT-610 Kinesiology & Biomechanics

Introduction and application of biomechanical principles and human anatomy in order to understand and observe human movement. Includes discussion of the anatomy and mechanical principles underlying the movement of individual joints, connective tissue mechanics and the analysis of posture and gait. Prerequisites: DPT-600 Clinical Human Anatomy. 3 credits

DPT-611 Cardiopulmonary I – Exercise Physiology

Covers the short- and long-term responses to exercise emphasizing the mechanisms underlying these responses or adaptations. Topics include overview of homeostasis, bioenergetics, metabolism, endocrinology and neuromuscular, circulatory and respiratory exercise physiology. Basic theories underlying exercise prescription for training of specific energy systems or performance factors and changes that occur in response to exercise across the lifespan are also covered. Prerequisites: DPT-600 Clinical Human Anatomy. 3 credits

DPT-612 Evidence Based Practice I

Covers applied statistics intended to permit students to become critical readers of common research publications by developing student's ability to understand statistical terminology and calculations. With this basic understanding, students will be able to define and develop an evidence informed approach to clinical practice. Students will propose and answer a clinical question using the PICO approach and review of the current literature using sound practices. Prerequisites: Basic statistics elective. 3 credits.

DPT-613 Professional Development II -Clinical Reasoning

An introduction to clinical reasoning, models that guide clinical reasoning and the application of these models to examination, evaluation, diagnosis, prognosis, intervention and care planning of patients seen in physical therapy. Students will also be introduced to the complex patients that will be used in a capstone course to serve as the foundation for the use of these models of clinical reasoning. Prerequisites: DPT-601 Professional Development I. 2 credits

DPT-614 Introduction to Psychosocial Aspects of Rehabilitation/ICE I

Students will develop effective professional attitudes and behaviors that enable future clinical practice

and explore and apply common psychosocial concepts that impact disease and the disease experience. Students will develop effective communication strategies including active listening and motivational interviewing. Through real and simulated interactions with people and patients' students will build professional, ethical/moral values and behaviors that enable future success as a clinician in a variety of settings. Prerequisites: DPT-601 Learning and Teaching. 3 credits.

DPT-615 Clinical Examination Skills & Documentation

Introduces documentation in clinical practice and covers all formats of documentation encountered in clinical practice. Basic clinical examination skills including manual muscle testing, goniometry, sensory and reflex testing, pain assessment, vital signs and cognition. Students will be expected to explain the purpose of the tests and demonstrate competency in performing the test but will not be required to interpret the findings. Documentation skills will be integrated throughout the course. Prerequisites: PDT- 600 Professional Development 1. 2 credits.

DPT-616 Integumentary I – Mobility Training and Intervention

First in a series covering the integumentary system and introduces the system, concepts of soft tissue damage and healing processes and basic interventions for prevention of skin breakdown. The assessment of patient mobility and instruction in bed mobility, transfers and assisted gait including proper use of assistive devices for transfers and ambulation. Students should be able to select, adjust and instruct in the proper and safe use of these devices. Prerequisites: DPT-600 Clinical Human Anatomy, DPT-601 Professional Development 1. 2 credits.

DPT-620 Cardiopulmonary II – Clinical Management of Cardiopulmonary Disease & Dysfunction

Builds on the concepts of exercise physiology and cardiovascular and pulmonary anatomy to examine these systems, the response of these systems to exercise and common diseases and conditions. Components of the clinical examination of these systems are taught and practiced with the goal of integrating this knowledge in determining diagnosis, prognosis and designing, monitoring and progressing interventions. The ICF model and awareness of the roles of other health professionals in the management for these patients is also central and critical. Prerequisites: DPT-600 Clinical Human Anatomy, DPT-611 Cardiopulmonary I - Exercise Physiology. 3 Credits.

DPT-621 Musculoskeletal I – Examination Skills

Building on basic clinical examination, kinesiology and pathokinesiology as the foundation for observing human motion and this course focuses on differential diagnosis testing methods for the spine and peripheral joints. Common pathological conditions are covered and serves as the contextual basis for examination, evaluation and diagnosis. Clinical prediction rules (CPR) and pattern recognition for common musculoskeletal will serve as the framework for clinical thinking and diagnosis. Prerequisite(s) DPT-6000 Clinical Human Anatomy, DPT-615 Clinical Examination Skills. 4 credits.

DPT-622 Special Populations I – Clinical Mgmt of the High Acuity Patient

Prepares the novice clinician for the complex environment and medical needs of patients in inpatient settings. Students will gather and analyze patient medical information to formulate an initial image of patient condition and to prognosticate an appropriate management strategy for patient communication, clinical examination, and the design/delivery and monitoring of basic. Students will be expected to review a medical chart efficiently, interact with members of the healthcare team including patient family/caregiver and communicate in written documentation and oral reporting. Significant simulation

experiences will be incorporated to achieve the learning outcomes. Prerequisites: DPT-615 Introduction to Clinical Examination. 3 credits.

DPT-623 Essentials of Therapeutic Exercise

Covers the prescription of patient-centered therapeutic exercise interventions aligned with impairments and activity restrictions identified during examination. Students are also expected to be able to demonstrate, instruct, progress and adapt basic exercises to specific patient needs and to be able to assess patient response to exercise. Prerequisites: DPT-610 Kinesiology and Applied Biomechanics, DPT-615 Clinical Examination Skills and Documentation. 2 credits.

DPT-624 Differential Diagnosis & Medical Imaging

Prepares students to screen patients for involvement of the major organ systems and establish differential diagnoses to determine the need for further examination, consultation or referral to other health professionals as a component of the physical therapy examination process. Also introduces students to various types of medical imaging that are part of a full diagnostic workup commonly seen in physical therapy with the outcome of understanding the indication and use of the tests as well as being able to understand and apply the findings to the physical therapy examination, diagnosis and intervention planning. Prerequisites: DPT-615 Clinical Examination Skills. 3 credits.

DPT-625 Special Populations II – Clinical Mgmt of the Older Adult/ICE II

Explores the normal and abnormal changes related to aging and disease processes experienced by older adults of the major systems. Students will also have continued opportunities for early clinical experiences through a variety of real and simulated observations through which students will explore the impact that aging and disease has on older adults. Prerequisites: DPT-614 Introduction to Psychosocial Aspects of Rehabilitation/ICE I. 3 credits.

DPT-626 Interprofessional Education/Collaboration/Practice Series

Multi-part series of experiences designed to expose the student to the concept of the healthcare team and provide opportunities to learn from, about and with other members of the healthcare team. The series will embrace the IPEC core competencies of Values/Ethics for Interprofessional Practice, Roles/Responsibilities, Interprofessional Communication and Teams and Teamwork. These competencies will be achieved through group projects, readings, individual assignments and reflective writings. These experiences are not graded but are required of all students in order to progress through the curriculum. Prerequisites: DPT-613 Professional Development II. 0 credits.

DPT- 692 Clinical Education I

First full-time experiential learning in a clinical environment which is preferably an inpatient setting such as acute care, subacute/step-down rehabilitation or skilled nursing facility. This 8-week experience provides students with the opportunity to apply knowledge and skills from prior coursework and to be challenged to explore more advanced theories and treatment procedures with guidance from a clinical instructor. Prerequisite: Successful completion of all prior required coursework and meets/exceeds all “Readiness” competencies. 4 Credits.

DPT-630 Professional Development II – Ethics & Moral Agency

The investigation of the role of ethics and moral agency in the profession of physical therapy using the context of the social determinants of health. Inequalities, inequities and social justice in the context of healthcare that limit or enable the attainment of positive health outcomes will be explored. Examples of

patient/clients that are at risk, the indicators of these risks and how to develop a plan to advocate for the well-being of the patient will also be explored. This course will be delivered on-line. Prerequisites: PDT-614 Psychosocial Aspects of Rehabilitation/ICE I. 2 credits.

DPT-641 Evidence Based Practice II

Second course of a three-part series that requires students to formulate a clinical or research question, propose a study design including methods of data collection according to ethical and legal standards, propose appropriate statistical analysis methods that enable the rendering of conclusions. Students will be assigned to a clinical or academic faculty member that serve as their advisor throughout the project. Students will be permitted to work in small groups provided the project is of appropriate scope. Students will prepare and disseminate the results of their work in EBP III in the third academic year.

Prerequisites: DPT-612 Evidence Based Practice I. 2 credits.

DPT-642 Physical Agents and Electrotherapeutic Modalities

Prepares students to safely and effectively select, prescribe and apply therapeutic modalities as a component of the physical therapy plan of care. In addition, students will be expected to identify the contraindications, precautions and physiological effects of the therapeutic modalities and be able to modify, progress or discontinue use based upon patient response and progress. Prerequisites: DPT-624 Differential Diagnosis & Medical Imaging. 3 credits.

DPT-643 Musculoskeletal II – Upper quarter and C-T Spine

Covers the diagnosis and clinical intervention for common musculoskeletal disorders encountered in clinical practice of the cervico-thoracic spine and upper extremity. Students will learn and practice interventions of soft tissue and joint mobilizations, specific applications of therapeutic exercise and functional training. Intervention selection, progression, planning and discharge will be covered.

Evidence based approaches will be covered as appropriate (CPG's, protocols, etc). Prerequisites: PDT-621 Musculoskeletal I. 4 credits.

DPT-644 Advanced Psychosocial Aspects of Rehabilitation

An in-depth study of theories and concepts related to the psycho-socio-emotional aspects of the practice of physical therapy. Physiology of pain transmission vs pain perception, cognitive behavioral therapy, motivational interviewing, motor learning theories, and neuroplasticity among other topics will be covered. The focus of this course will be the clinical application and integration of these concepts into the patient management model. Prerequisites: DPT-614 Intro to Psychosocial Aspects of Rehabilitation. 3 credits.

DPT-645 Foundations of Neuromuscular Rehabilitation I

Covers the central nervous system including structure, function, and blood supply progressing from the basic cellular to gross structure of the brain. Students will be able to link pathology of the central nervous system to clinical conditions commonly seen in physical therapy. Common medical diagnostic procedures will also be covered. Students will use this knowledge to perform appropriate examination and screening techniques and begin to interpret results. Prerequisites: DPT-601 Clinical Human Anatomy. 3 credits.

DPT-646 Integumentary II

Covers the prevention and clinical management of pathologies of the integumentary system including decubitus, venous, arterial and neuropathic skin ulcers and burns. Strategies for examination, wound

status assessment, selection of interventions including cleaning, debriding, and dressings are also included. Prerequisites: PDT-616 Integumentary I. 2 credits.

DPT-647 Special Populations III – Rural and At-risk Populations

The introduction to and exploration of the considerations and challenges related to health care access and health care delivery to rural and at-risk populations with a specific focus on physical therapy. Course includes an introduction to health policy and emerging technologies that improve access and delivery such as telehealth. Prerequisites: PDT-630 Ethics and Moral Agency. 1 credit.

DPT-650 Foundations of Neuromuscular Rehabilitation II (Peripheral)

Covers spinal cord and peripheral nerve cell structure and function and neurophysiological principles of action potential generation, propagation and synaptic transmission, and structure and function of components of the PNS. This foundation will enable the student to describe the normal function and pathological dysfunction of the spinal cord and PNS and select diagnostic procedures ultimately enabling the student to link pathology to clinical presentations. Prerequisites: DPT-644 Advanced Psychosocial Aspects of Rehabilitation, DPT-645 Foundations of Neurorehabilitation I. 3 credits.

DPT-651 Neurorehabilitation I (Central)

Covers the examination, evaluation and intervention for persons with movement disorders resulting from neurologic injury or disease of the central nervous system that includes etiology, pathology, clinical signs and symptoms, diagnostic procedures and medical and physical therapy management. Examination, evaluation, intervention strategies and standardized assessments pertinent to the management of patients with neurologic injury/disease. The physical therapist, as a critical member of the interprofessional healthcare team will be addressed. Prerequisites: DPT-644 Advanced Psychosocial Aspects of Rehabilitation, DPT-645 Foundations of Neuromuscular Rehabilitation I. 4 credits.

DPT-652 MSK III - Lower Quarter & Thoraco-Lumbar Spine

Covers the clinical interventions for common musculoskeletal disorders encountered in clinical practice in the thoraco-lumbo-sacral spine and lower extremity. Students will learn and practice interventions of joint and soft tissue mobilizations, specific applications of therapeutic exercise and functional training. Intervention selection, progression, planning and discharge will be covered. Evidence based approaches will be covered as appropriate (CPG's, protocols, etc). Prerequisite: DPT-621 Musculoskeletal I. 4 credits

DPT-653 Integumentary III – Prosthetics

The clinical management of patients with amputations and patients with conditions requiring orthotic/bracing management is covered. Medical conditions that are managed with prosthetics or orthotics, the biomechanical basis for P/O prescription and intervention planning for these patients is included. This course addresses the types of orthotics and prosthetics, fitting, exercise programs, analysis of common gait disorders and gait training as part of the diagnosis and management of patients with prosthetics or orthotics. Prerequisites: PDT-610 Kinesiology & Applied Biomechanics, PDT-646 Integumentary II. 2 credits.

DPT-654 Special Populations - Health & Wellness Promotion

Concepts and considerations that guide and inform the development of health/wellness plans for individuals, groups or communities. Students will learn how to assess needs, factors that impact program development, analysis of specific risks that impact program development, opportunities for advocacy, specific program development and assessment. Students will seek out a specific person, group or

community that will provide the context for the completion of the central assignment. resources, and educate community members on specific issues related to their own health and well-being. Prerequisites: DPT-624 Differential Diagnosis, PDT-615 Clinical Examination Skills. 2 credits.

DPT-655 US Health Care Systems

An introduction to the history and current status of the US health care delivery systems. Topics include delivery models, structures, regulations, and reimbursements systems. Social, economic, legal and political factors affecting these systems is also covered. The goal is to understand the current health care delivery system in relation to historical evolution and current factors influencing the systems. Pre-requisite: DPT-692 Clinical Education I. 2 credits.

DPT-656 Interprofessional Education/Collaboration/Practice Series

Second of a three-part series designed to immerse the student within a simulated healthcare team and provide opportunities to learn from, about and with other members of the healthcare team. The course series will embrace the IPEC core competencies of Values/Ethics for Interprofessional Practice, Roles/Responsibilities, Interprofessional Communication and Teams and Teamwork. These competencies will be achieved through group projects, readings, individual assignments and reflective writings. These experiences are not graded but are required of all students in order to progress through the curriculum. 0 credits

DPT-694 Clinical Education II

Second full-time experiential learning in a clinical environment which is preferably an outpatient setting such as orthopedic, sports, pediatric or similar physical therapy setting. This experience provides students with continued opportunities to apply knowledge and skills from prior coursework and to be challenged to explore more advanced theories and treatment procedures. It is expected that degree of supervision is reduced from their first experience yet remains consistent with patient complexity and/or student abilities. The student should progress to independence with simple and less complex patients and diagnoses. Prerequisite: Successful completion of all prior required coursework and Good Academic Standing. 4 credits.

DPT-660 Introduction to Clinical Management

Through observation and investigation of processes at placement for Clinical Education II, students explore clinical management concepts such as effective time management, delegation and supervision of support personnel, billing tasks and guidelines, legal/ethical considerations related to billing and use of support personnel, supervision and management of personnel, and the role of the PT in advocacy for services/coverage for patients. It is a companion course with Clinical Education II and students will utilize their clinical experiences as the contexts for exploring these concepts. Prerequisites: PDT-655US Healthcare Systems, Corequisite DPT-694 Clinical Education II. 2 credits

DPT-670 Clinical Management of Complex Patients

Students integrate knowledge and skills of examination, evaluation, diagnosis and intervention planning for complex and challenging patients. Requires students to critically examine evaluate evidence in order to apply best evidence, to consider the utility of physical therapy in the overall management of these complex patients. Difficult and challenging conversations with patients and difficult and challenging decisions will be encountered in dealing with these complex patient scenarios. Prerequisites: DPT-694 Clinical Education II. 2 credits

DPT-671 MSK IV –Advanced Spine & Manual Therapy

Builds on previous Musculoskeletal course series with an in depth focus on the specific challenges inherent in the examination, diagnosis and intervention for patients with spinal dysfunction. Course includes thrust and non-thrust manipulations as interventions for the spine and peripheral joints. A physical therapy management approach of manual therapy (muscle energy techniques, mobilization, and manipulation) combined with patient education and exercise will build upon the models previously presented in your courses. Greater emphasis is placed on spinal examination and diagnosis processes along with advanced manipulative intervention options as part of your physical rehabilitation course. Prerequisites: DPT-652 Musculoskeletal III. 2 credits

DPT-672 Neurorehabilitation II

The examination, evaluation and intervention for persons with pathology or disorders involving the spinal cord, peripheral and autonomic nervous systems are covered. Includes etiology, pathology, clinical signs and symptoms, diagnostic procedures and medical and physical therapy management. Examination, evaluation, intervention strategies and standardized assessments pertinent to the management of patients with neurologic injury/disease of the spinal cord and peripheral nervous system. The physical therapist, as a critical member of the interprofessional healthcare team will be addressed. Prerequisites: DPT-650 Foundations of Neurorehabilitation II. 4 credits.

DPT-673 Special Populations III – Clinical Management of the Pediatric Population

The examination, evaluation and intervention for congenital and acquired conditions commonly seen in the pediatric populations. The etiology, pathology, clinical signs and symptoms, diagnostic procedures and medical and physical therapy management of these conditions are also covered. Examination, evaluation, intervention strategies and standardized assessments pertinent to the pediatric patients will be presented. The physical therapist, as a critical member of the interprofessional healthcare team with the focus of minimizing the impact of these conditions on the normal physical, cognitive and social development will be addressed. Prerequisites: DPT-645 Foundations of Neuromuscular Rehabilitation I, DPT-650 Foundations of Neuromuscular Rehabilitation II. 3 credits.

DPT-674 Clinical Management, Administration & Marketing

Covers the concepts and skills critical for the successful management, administration, growth, development and marketing of physical therapy clinical services in a variety of settings. Prerequisite: DPT-660 Introduction to Clinical Management. 3 credits.

DPT-699 Evidence Based Practice - Capstone

Third in a 3-course series on evidence-based practice where students will be guided in drafting and finalizing the communication of their scholarly work initiated in EBP II. Students will be required to submit a formal proposal for poster presentation at Combined Sections Meeting (CSM) of the APTA. In addition, students will also present their work at a regional professional meeting of the NYPTA Chapter that conforms to guidelines for posters presented at the CSM of the APTA. Prerequisites: DPT-641 Evidence Based Practice II. 2 credits.

DPT-676 IPE/Collaboration/Practice Series

Final course in a three-part series of experiences is designed to expose and immerse the student in the healthcare team and provide opportunities to learn from, about and with other members of the healthcare team. The course series will embrace the IPEC core competencies of Values/Ethics for Interprofessional Practice, Roles/Responsibilities, Interprofessional Communication and Teams and Teamwork. These

competencies will be achieved through group projects, readings, individual assignments and reflective writings. These experiences are not graded but are required of all students in order to progress through the curriculum. 0 credits.

DPT-696 Clinical Education III

Final full-time experiential learning placement in a physical therapy clinical environment which can be in a variety of settings, practice areas or geographic locations. The experience should culminate with the student demonstrating all competencies articulated to be “entrusted” with independent and entry-level with all professional activities as indicated by achieving “entry level performance” ratings in all areas of the CPI. It is expected that degree of supervision is significantly removed and the student is performing autonomously with only intermittent or distant oversight. Prerequisite: Successful completion of all prior required coursework. 5 credits.

DPT-680 PD III – Capstone-Launching your career

Capstone course in the Professional Development series is intended to prepare the student to transition successfully into professional practice. Understanding and valuing the role of the Clinical Instructor, valuing and creating a personal professional development plan, developing a job seeking strategy, drafting a resume and cover letter, developing interviewing skills, planning for the NPTE exam, preparing to repay student loans and strategies for identifying a mentor are covered in this course. Corequisite: DPT-694 Clinical Education III. 2 credits. Pass/Fail

Appendix E- Course Syllabi

*Physical Therapy/Binghamton University
PTD-600
Professional Development I - Learning & Teaching*

Instructor: TBD

Lecture: 2 hours/week

Assignments: 2 hours per week

Course Information

Description

First in a series of courses in professional development which introduces the concept of professionalism, professional behaviors and accountability. The primary focus of this course is to set the foundation for success in the classroom and developing effective strategies for learning. The course will also introduce the concept of the physical therapist as teacher. The course is also intended to develop successful strategies for managing stress, anxiety, accountability, grit/resilience and tolerance with ambiguity in education and medicine. 2 credits

Student learning objectives

At the end of this course the student should be able to:

Professional development domain:

1. describe the unique qualities of a professional in the healthcare setting with specific emphasis placed on physical therapy
2. describe how the American Physical Therapy Association represents and meet needs of physical therapists
3. actively assume the role as a future doctoral prepared physical therapist and health professional consistent with the APTA Standards of Practice, Code of Ethics, Guide to PT Practice and state practice act(s)
4. demonstrate a consistent commitment to utilizing critical thinking and problem solving in the academic and clinical setting
5. demonstrate accountability for actions, attitudes and performance
6. articulate a personal philosophy and plan for professional development throughout your academic, clinical, and professional career.

Teacher/educator domain:

7. demonstrate effective verbal, non-verbal, and written professional communication during all academic and clinical situations
8. identify the various contexts in which the physical therapist is an educator
9. articulate the importance of the therapeutic alliance in empowering the patient and identify strategies to establishing this alliance
10. recognize and identify examples of common teaching/learning theory in current and past learning environments
11. suggest or recommend traditional and alternative teaching strategies to facilitate learning
12. discuss learning theory across the lifespan - pedagogical versus andragogical approaches to teaching
13. assess educational needs of varied audiences (e.g., other professionals, clinical educators, community, policy makers, payers, and peers).
14. articulate how audience variations impact teaching methods (patients, peers, community, caregivers, family, other health professionals, policymakers
15. identify various learning styles
16. describe differences in learning styles and apply this to education/training of a variety of learners.

17. Identify, articulate and measure educationally relevant outcomes

Learner domain:

18. define and provide examples of growth mindset in learners and teachers
19. explain the concept of grit and resilience in the context of learning through failure
20. demonstrate appropriate affective learner behaviors by responding to positive and negative feedback provided by instructors and peers in all settings
21. demonstrate comfort with ambiguity in medicine from the perspective of a student
22. recognize indicators of abnormal psychological/emotional responses experienced as a learner including stress, fear of failure, anxiety, grief and loss due to failure and depression
23. recognize unhealthy responses and develop healthy strategies for dealing with these emotions including positive coping strategies, stress management, exercise, work/life balance and seeking support resources
24. utilize reflective writing to inform self-assessment and identifying opportunities for improvement
25. based upon personal reflection and assessment identify for development and articulate specific goals, appropriate methods for assessing progress and plan of action

Grading

Assessment method	% of total grade
Self-assessment of professional behaviors	10
Personal philosophy and plan	10
Patient/client assignment video/assessment	20
Small group instruction peer evaluation	20
Case study – evaluation of teaching	15
Personal assessment of stress response	10
Personal development plan	15

Assignments

1. Self-assessment of professional behaviors – student will complete a personal inventory and self-assessment of current status across the Professional Standards document. This will be reviewed with a peer.
2. Personal philosophy and plan – Students will draft and refine a personal philosophy on their view of education and develop a professional development plan for their academic, clinical and professional career for the next 5 years.
3. Patient/client assignment video/assessment – students will be required to teach/instruct another person in a novel motor skill. The interaction will be recorded and students will self-evaluate their performance and make recommendations for improvement. Students will also be required to indicate how the instruction could be varied to address 1) a specific learning style, an adult/child learner, a larger group, a personal with a disability.
4. Small group instruction peer evaluation – Students will instruct a small group of their peers in a topic of choice specifically related to comparative human anatomy. The instruction should take approximately 5 minutes. Student grade will be determined using a peer evaluation tool.
5. Case study evaluation of teaching - Students will be required to attend a public (open) lecture or presentation on campus or in the community. They will complete an assessment of the strengths, weakness of the instruction, how the audience factors were incorporated into the instruction, identify one potential improvement with rationale.
6. Personal assessment of stress response – Students will complete a personal assessment of stress and emotional responses to their education (past and present), identify their coping strategies and assess the degree of healthiness of their strategies. Based upon this assessment, students will develop strategies to improve response/tolerance and identify healthier coping strategies.
7. Personal development plan – Based upon their self-assessment students will develop a personal development plan to improve their management of stress and anxiety related to their educational

experience. Students will be required to discuss this assessment and plan, seek feedback and incorporate feedback into their plan with a person of their choosing.

Grading Scheme

Grade	Points	Percent
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-601
Clinical Human Anatomy

Instructor: *TBD*

Course expectations

Lecture: 3 hours/week

Assignments: 6 hours per week

Course Information

Description

Utilizing a hybrid approach (simulated cadaver, digital imaging, models and cadaveric prosections) students will develop a strong working knowledge of human anatomy including the brain and spinal cord. Students will be expected to learn and develop a working knowledge of anatomical and basic biomechanical language that is utilized consistently in this course. Students will also be expected to demonstrate knowledge of the spatial relations of the various anatomical structures of the body. Utilizing comparative anatomy, students will also gain a basic understanding of the anatomical manifestations of disease and pathology. Prerequisites: none. 6 credits

Student learning objectives

The student will be able to.....

1. demonstrate knowledge of definitions for common anatomical and biomechanical (planes, axes, motions) terms.
2. consistently use appropriately terminology when discussing anatomical and biomechanical content in the classroom and in the laboratory.
3. describe, identify and locate muscle attachments (proximal-origin and distal-insertion), nerve and arterial supply, and primary actions of muscles in the body per region.
4. identify and describe characteristics of the joints of the body including classification/type, structures (ligaments and other) involved and their functions, and motions occurring at the joint.
5. identify and describe the components of the integumentary system. identify and locate the points of osteology.
6. identify the neural plexi indicating roots, trunks, divisions, and cords from which each nerve emerges for the brachial and lumbosacral plexi.
7. trace the course of each peripheral nerve finding branches to each muscle innervated and the cutaneous branches.
8. indicate the area of cutaneous innervations for each cutaneous nerve and spinal nerve root in the body per region.
9. describe, identify and locate major arterial and venous structures in the body per region.
10. describe, identify and locate the organs in the body per region.
11. discuss and describe the relationship of structures in the body to one another: (arteries/veins/nerves/muscle layers/compartments/regions)
12. demonstrate knowledge of surface anatomy by identifying major anatomical structures such as bony landmarks, muscles/tendons, ligaments, blood vessels, superficial nerves and organs through palpation.
13. identify and explain the anatomical manifestation of common/major diseases or pathologies of the major body systems (integumentary, cardiovascular, respiratory, muscular, skeletal, nervous, genitourinary, and gastrointestinal)
14. identify the basic cellular structure and function of the nervous system
15. identify the gross structure and function of the nervous system
16. relate the structure and function of components of the nervous system to common pathology
17. link the structure and function of the brain stem, reticular formation, basal ganglia, cerebellum, diencephalons, limbic system, and cerebral hemispheres to clinical findings

18. identify and link the structure and function of the ascending and descending systems to clinical signs and symptoms

Grading

Assessment method	% of total grade
<i>Quizzes</i>	25 (5 @ 5)
<i>Exams</i>	30 (2 @ 15)
<i>Practical exams</i>	30 (3 @ 10)
<i>Final Exam</i>	15

Grading Scheme

Grade	Points	Percent
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-610
Kinesiology & Biomechanics

Instructor: *TBD*

Lecture: 2 hours/week

Assignments: 2 hours per week

Course Description

Introduction and application of biomechanical principles and human anatomy in order to understand and observe human movement. Includes discussion of the anatomy and mechanical principles underlying the movement of individual joints, connective tissue mechanics and the analysis of posture and gait.

Prerequisites: DPT-600 Clinical Human Anatomy. 3 credits

At the completion of this course the student will be able to:

1. apply basic biomechanical principles to joints and joint complexes including
 - a. planes, axes, degrees of freedom
 - b. lever systems
 - c. internal vs external forces and the impact of moment arms on torque
 - d. resolve forces into component forces (rotatory/translator) and their impact on joints
2. explain how biomechanical principles impact soft tissues (normal, abnormal and pathological)
 - a. fiber types and orientation
 - b. Wolff's law
 - c. Factors impacting soft tissue remodeling and failure (amount of force, repetition, area of application)
3. compare/contrast types of muscle contraction (concentric, eccentric isometric, isokinetic) and relative force production
4. distinguish between open and closed kinetic chain activities and exercises
5. define arthrokinematic and osteokinematic movements of the joints including identification of open and closed packed positions
6. explain using anatomical and biomechanical principles both normal and abnormal Joint function
 - a. Shoulder complex
 - i. joints and planes/axes
 - ii. stability vs mobility
 - iii. force couples causing/controlling motion
 - iv. scapulohumeral rhythm and length/tension relationships of muscles
 - b. Elbow complex
 - i. joints and planes/axes
 - ii. shunt vs spurt muscles
 - iii. agonist//synergist/antagonist relationships of muscles
 - c. Wrist/hand
 - i. joints and planes/axes
 - ii. extrinsic vs intrinsic muscle relationships
 - iii. active/passive insufficiency
 - iv. tenodesis
 - v. extensor mechanism
 - d. Hip
 - i. joints and planes/axes
 - ii. stability vs mobility
 - iii. femoral neck trabecular structure
 - iv. single leg vs double leg standing and muscle activity
 - v. y-ligament and standing
 - vi. angle of torsion and anteversion/retroversion
 - vii. angle of inclination, y-ligament

- e. Knee complex
 - i. joints and planes/axes
 - ii. arthrokinematics of roll spin slide
 - iii. screw home mechanism
 - iv. genu varus/valgus
 - v. medial collapse
 - vi. Patello-femoral positioning, tracking and forces (M-L and compressive)
- f. Ankle-foot
 - i. joints and planes/axes
 - ii. pronation/supination - cause, effect, impact, gait cycle
 - iii. foot arches – purposes, supports
 - iv. hip-knee-ankle/foot interactions
- g. Spine
 - i. regional differences – curves, boney characteristics, joints, planes/axes
 - ii. Fryette’s Laws including coupled motions
 - iii. intervertebral disc – structure, role, pathologies
 - iv. sacro-iliac joint – force/form closure
 - v. lumbopelvic rhythm – normal and abnormal
- h. TMJ

7. Identify the relationship of the line of gravity relative to sagittal/frontal joint axis in quiet standing and the muscle activity required to maintain standing posture
8. predict changes in the relationship of LOG and joint axis and resultant responses to maintain posture
9. define the determinants of balance include– BOS, cone of stability, COG, weight shifting and simple strategies for maintaining balance
10. identify the phases and subphases of gait using the traditional and RLA terminology
11. describe the relationship of the LOG and joint axes in sagittal/frontal planes and the muscles active
12. perform objective measurements of gait – step/stride length, BOS, cadence
13. perform basic qualitative gait evaluation incorporating the determinants of gait
14. predict the changes in normal gait as a result of joint or muscle limitations

Course expectations

Lecture: 2 hours/week

Lab: 2 hours per week (1 @ 2 hours)

Other: It is expected that students will spend 2-4 hours completing reading assignments, reviewing lecture notes and preparing for assessments outside of lecture and lab scheduled meetings.

Grading

Assessment method	% of total grade
<i>Quizzes</i>	<i>15 (3 @ 5)</i>
<i>Exams</i>	<i>40 (2 @ 20)</i>
<i>Movement analysis project</i>	<i>20</i>
<i>Lab participation</i>	<i>10</i>
<i>Final Exam</i>	<i>15</i>

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-611
Cardiopulmonary I – Exercise Physiology

Instructor: TBD

Lecture: 2 hours/week

Assignments: 2 hours per week

Course Description

Covers the short- and long-term responses to exercise emphasizing the mechanisms underlying these responses or adaptations. Topics include overview of homeostasis, bioenergetics, metabolism, endocrinology and neuromuscular, circulatory and respiratory exercise physiology. Basic theories underlying exercise prescription for training of specific energy systems or performance factors and changes that occur in response to exercise across the lifespan are also covered. Prerequisites: DPT-600 Clinical Human Anatomy. 3 credits

Student Learning Objectives

Upon successful completion of this course, students should be able to:

1. define homeostasis and provide examples of system responses to exercise intended to restore/maintain homeostasis.
2. describe and select appropriate clinical and diagnostic assessments used to determine cardiorespiratory fitness and responses to exercise
3. perform clinical measures of readiness and response to exercise (RHR, RR, BP, RPE)
4. perform and interpret anthropometric and body composition assessments
5. describe adaptations of the major body systems to regular exercise of various types (aerobic or endurance training, interval or anaerobic training, muscle strengthening programs)
6. define and integrate theories and concepts of exercise (dosage, intensity, specificity, periodization, PRE, DAPRE, etc) into exercise prescription
7. indicate the effects on various types of exercise on metabolism, blood lipid levels, skeletal, connective tissue, hormonal systems
8. apply knowledge of the impact of age and aging on the response to various types of exercise to exercise selection and prescription.
9. communicate effectively with patients and colleagues regarding the rationale for specific exercise selection, precautions, responses, progressions.

Students will be required to submit a lab summary report and/or reflection and application paper after each of the lab sessions.

Other. It is expected that students will spend 2-4 hours per week completing reading assignments, reviewing lecture notes and preparing for assessments. It is also anticipated that students will spend approximately 10 hours on researching and completing work related to the group assignment and presentation. Grading

Assessment method	% of total grade
Quizzes	10 (2 @ 5)
Exams	40 (2 @ 20)
Lab report/reflection	20 (4@5)
Group project/presentation	10
Final Exam	20

Presentations: Group presentations (suggested topics below) of an overview of the screening procedures, risk factors, major systems impacted and exercise prescription plan with goals and timelines. Supporting evidence must be included.

- Weight Loss and Weight Management for sedentary adolescents
- Flexibility and Muscular Strength for people with compromised bone health
- Cardiorespiratory Fitness for people with HTN\CAD\hyperlipidemia\diabetes\COPD
- Developing and Maintaining Fitness in patients with cancer
- Exercise during the 2nd and 3rd trimesters and post-partum phases for pregnant women
- Fluid Replacement for the high performing/high intensity training athlete

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-612
Evidence Based Practice I

Instructor: *TBD*

Description

Covers applied statistics intended to permit students to become critical readers of common research publications by developing student's ability to understand statistical terminology and calculations. With this basic understanding, students will be able to define and develop an evidence informed approach to clinical practice. Students will propose and answer a clinical question using the PICO approach and review of the current literature using sound practices. Prerequisites: Basic statistics elective. 3 credits.

Student learning objectives

At the end of this course the student should be able to:

1. describe common sampling techniques used in rehabilitation research
2. differentiate dependent and independent variables
3. compare and contrast parametric and nonparametric statistics
4. calculate and interpret measures of central tendency and variance from sample data
5. interpret statistical significance and correlation coefficients
6. differentiate between hypothesis testing for 2 means and more than 2 means.
7. differentiate between interaction and main effects reported in 2 x 2 ANOVA models.
8. describe the basic mathematical function of selected statistical tests.
9. describe how Type I and II error rates can affect the interpretation of a statistical finding
10. describe the importance of reliability for tests and measures
11. discuss different components of validity for tests and measures
12. differentiate between sensitivity, specificity, and likelihood ratios.
13. recognize and propose research designs including experimental, nonexperimental, quantitative, qualitative, and quasi-experimental
14. discuss legal and ethical standards for conducting research (e.g., IRB)
15. describe the rationale and limitations of an evidence-based approach to clinical practice
16. explain hierarchy of evidence and its impact on appraising/applying evidence to practice
17. discuss advantages and disadvantages of systematic reviews.
18. formulate a clinical question using PICO
19. identify and obtain evidence to answer clinical questions.
20. critically evaluate current literature to determine how the literature affects clinical practice
21. demonstrate appropriate skepticism in adopting evidence that guides professional action
22. regularly seek disconfirming evidence to challenge initial hypothesis.

Course expectations

Lecture: 3 hours/week

It is expected that students will spend 4-6 hours completing reading assignments, reviewing lecture notes and preparing for assessments. This is a total of approximately 7-9 hours outside of lecture and lab scheduled meetings.

Grading

Assessment method	% of total grade
Quizzes	10 (2 @ 5)
Exams	20 (2 @ 10)
Critical appraisal	5
PICO assignment	30
Weekly applied stats homework	20 (10 @ 2)
Final Exam	15

PICO assignment

Students will propose a clinical question using the PCIO strategy. Based upon this clinical question students will complete an appropriate search of the available literature to identify resources that contribute to answering the clinical question. Students will report their search terms, search strategies, databases utilized. Students will critically appraise three articles from peer reviewed sources utilizing a critical appraisal tool. Students will then integrate the hierarchy of evidence and results of critical appraisal to render a response to the clinical question with the rationale for this response.

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-613
Professional Development II -Clinical Reasoning

Instructor: *TBD*

Description

An introduction to clinical reasoning, models that guide clinical reasoning and the application of these models to examination, evaluation, diagnosis, prognosis, intervention and care planning of patients seen in physical therapy. Students will also be introduced to the complex patients that will be used in a capstone course to serve as the foundation for the use of these models of clinical reasoning. Prerequisites: DPT-601 Professional Development I. 2 credits

Student learning objectives

At the end of this course the student should be able to:

1. describe and discuss the application of clinical reasoning processes to clinical practice.
2. define the components of common models of clinical reasoning
 - Patient/Client care management model
 - Hypothesis-oriented algorithm for clinicians II [HOAC II])
 - Fell decision-making model for progression
 - International Classification of Functioning, Disability, & Health (ICF) Disablement model
 - Nagi Model
 - Top Down Model (Gordon & Quinn)
3. identify appropriate models to guide clinical decision making in a variety of patients and the practice settings.
4. apply appropriate models to guide clinical decision making in a variety of patients and the practice settings.
5. evaluate the effectiveness of the CDM model used in patient/client management and revise as necessary.
6. identify effective communication strategies for creating therapeutic alliances and how therapeutic alliances impact all aspects of clinical reasoning and management.
- 7.

Course expectations

Lecture: 2 hours/week

Other: It is expected that students will spend 4-6 hours completing reading, reviewing lecture notes, completing case study assignments, and preparing for assessments. This is a total of approximately 6-8 hours related to this course.

Grading

Assessment method	% of total grade
Quizzes	25 (5 @ 5)
Exams	20 (2 @ 10)
Case study projects	20 (3 @ 10)
Clinician observation paper	20
Final Exam	15

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-614
Introduction to Psycho-Social Aspects of Rehabilitation - ICE I

Instructor Information

Instructor: *TBD*

Course Description

Students will develop effective professional attitudes and behaviors that enable future clinical practice and explore and apply common psychosocial concepts that impact disease and the disease experience. Students will develop effective communication strategies including active listening and motivational interviewing. Through real and simulated interactions with people and patients' students will build professional, ethical/moral values and behaviors that enable future success as a clinician in a variety of settings. Prerequisites: DPT-601 Learning and Teaching. 3 credits.

Student Learning Objectives

At the end of this course the student should be able to:

1. demonstrate effective active listening and communication skills
2. utilize motivational interviewing skills to promote behavioral change in others
3. communicate effectively with respect and confidence in all situations
4. define altruism and explain its relationship to health care
5. demonstrate compassion and caring for others
6. define empathy and demonstrate empathy in response to interactions with others
7. define and identify strategies for developing therapeutic alliance with patient/clients
8. act with integrity and honesty in all situations
9. describe and recognize typical psychological/emotional responses to illnesses and disability
10. define the stages of grief and loss in end of life and chronic disability situations
11. define and recognize when patients demonstrate a lack of awareness of deficit (denial)
12. recognize and discuss how stress, distress and anxiety and recommend strategies for managing and coping in both self, patient/client, caregivers impact encounters
13. effectively manage personal stress in academic, clinical and personal situations
14. demonstrate value for the role that support and support groups play in healthcare and the disease experience.
15. describe how psychosocial factors impact family, caregivers and providers

Course expectations

Lecture: 2 hours/week

Field experiences: 4 hours per week

Other: It is expected that students will spend approximately 2 hours per week completing reading assignments, reviewing lecture notes, completing reflection papers and case study assignment. preparing for assessments.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Simulation assignments and reflection papers	50 (5 @10)
Case study project	20
Final Exam	15

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-615
Clinical Examination Skills

Instructor Information

Instructor: *TBD*

Course Information

Description

Introduces documentation in clinical practice and covers all formats of documentation encountered in clinical practice. Basic clinical examination skills including manual muscle testing, goniometry, sensory and reflex testing, pain assessment, vital signs and cognition. Students will be expected to explain the purpose of the tests and demonstrate competency in performing the test but will not be required to interpret the findings. Documentation skills will be integrated throughout the course. Prerequisites: PDT- 600 Professional Development 1. 2 credits.

Student learning objectives

At the end of this course the student should be able to:

Documentation skills domain:

1. explain the purposes of documentation in clinical practice
2. identify the legal guidelines for documentation in clinical practice
3. compare/contrast the various formats and purposes of clinical documentation
4. document initial examination findings in written form
5. document intervention and changes to patient status using SOAP note format
6. weigh pros/cons of HER vs traditional forms of documentation
7. develop skill in documenting the professional assessment of patient status
8. develop skill in writing SMART short and long term goals
9. explain the role of documentation in supporting billing and reimbursement
10. seek accuracy and conciseness with documentation

Basic clinical examination skills domain:

11. adapt communication for cultural and individual differences/needs. (languages other than English, other impaired communication ability such as hearing impaired, aphasia, dysarthria)
12. demonstrate value for maintaining patient modesty including respect for cultural differences and social norms
13. select and perform tests of cognition including arousal, orientation, attention and cognition.
14. explain basic anatomy of the peripheral sensory system
15. select and perform tests of the peripheral sensory system (pain, light touch)
16. explain basic anatomy of the peripheral sensory system select and perform tests of the peripheral motor systems (myotome, deep tendon reflexes)
17. perform and grade muscular strength using MMT in the UE and LE
18. perform goniometric measurement at all joints throughout the body

Lecture: 1 hours/week

Lab: 2 hour per week

It is expected that students will spend an additional 2 hours per week practicing their examination skills. It is also expected that students will spend an additional 2-4 hours completing reading assignments, reviewing lecture notes, working on assignments and preparing for assessments. This is a total of approximately 4-6 hours outside of lecture and lab scheduled meetings.

Grading

Assessment method	% of total grade
Initial examination documentation	10
SOAP note	10 (2 @ 5)
Electronic health record exercise	10
Documentation peer QA review	10
Practical exams (Sensory/motor, MMT, goniometry)	45 (3 @ 15)
Final Exam	15

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-616
Integumentary I – Mobility Training and Intervention

Instructor: *TBD*

Description

First in a series covering the integumentary system and introduces the system, concepts of soft tissue damage and healing processes and basic interventions for prevention of skin breakdown. The assessment of patient mobility and instruction in bed mobility, transfers and assisted gait including proper use of assistive devices for transfers and ambulation. Students should be able to select, adjust and instruct in the proper and safe use of these devices. Prerequisites: DPT-600 Clinical Human Anatomy, DPT-601 Professional Development 1. 2 credits.

Student learning objectives

At the end of this course the student should be able to:

Basic Integumentary domain:

1. select and perform appropriate infection control techniques including sterile technique and universal precautions
2. identify and describe the functions of the components of the integumentary system
3. identify predisposing factors to developing integumentary breakdown/failure
4. describe the phases of acute inflammation and soft tissue healing including hemostasis, inflammation, proliferation, epithelialization, and remodeling
5. describe the function of cells primarily active in tissue healing including platelets, fibroblasts, myofibroblasts, mast cells, macrophages, and neutrophils
6. differentiate superficial, partial thickness, and full thickness wound depths
7. demonstrate appropriate positioning strategies in bed and sitting
8. describe methods used in the prevention of pressure ulcers and skin breakdown

Mobility and assistive device assessment domain:

9. utilize precautions and environmental management to maximize safety and reduce risk in the treatment setting at all times
10. demonstrate proper body mechanics when performing patient care techniques
11. perform gross muscle strength and ROM of the upper and lower extremities prior to assessing or teaching a patient in transfers or ambulation
12. demonstrate and instruct a patient in bed mobility and repositioning techniques
13. demonstrate & instruct a patient in appropriate transfer techniques (sit-stand, bed-chair, commode, slide board)
14. discuss a variety of assistive ambulation devices and their appropriate use for a variety of patient diagnoses and impairments.
15. perform and instruct appropriate gait patterns using assistive devices (2-point, modified 2 point, 4-point, modified 4 point, 3- point, and modified 3-point gait)
16. summarize advantages and disadvantages of the gait patterns: patterns.
17. demonstrate the ability to safely and effectively guard an individual who is learning to use an assistive device
18. identify basic components of wheelchairs and match these with the specialized needs of the wheelchair user.
19. perform basic adjustments or modifications to the wheelchair and identify potential complications from an improperly fitting wheelchair
20. teach appropriate methods for a wheelchair user to perform various skills such as propulsion on level surfaces, ramps, curbs and stairs.
21. describe and instruct a patient in performing wheelchair skills such as propulsion on level surfaces, ramps, and curbs.
22. demonstrate the ability to assist and instruct a patient/family member with bed mobility skills.

Course expectations

Lecture: 1 hours/week

Lab: 2 hour per week

It is expected that students will spend an additional 2 hours per week practicing their examination skills. It is also expected that students will spend an additional 2-4 hours completing reading assignments, reviewing lecture notes, working on assignments and preparing for assessments. This is a total of approximately 4-6 hours outside of lecture and lab scheduled meetings.

Grading

Assessment method	% of total grade
Quizzes	20 (4 @ 5)
Initial examination report - mobility	10
SOAP note	10
Practical exams (bed mobility, transfers, ambulation)	45 (3 @ 15)
Final Exam	15

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

*Physical Therapy/Binghamton University
PTD-620*

Cardiopulmonary II – Clinical Management of Cardiopulmonary Disease & Dysfunction

Instructor: *TBD*

Description

Builds on the concepts of exercise physiology and cardiovascular and pulmonary anatomy to examine these systems, the response of these systems to exercise and common diseases and conditions. Components of the clinical examination of these systems are taught and practiced with the goal of integrating this knowledge in determining diagnosis, prognosis and designing, monitoring and progressing interventions. The ICF model and awareness of the roles of other health professionals in the management for these patients is also central and critical. Prerequisites: DPT-600 Clinical Human Anatomy, DPT-611 Cardiopulmonary I - Exercise Physiology. 3 Credits.

Student learning objectives

At the end of this course the student should be able to:

1. identify and explain the role or function of the anatomical components of the cardiovascular and pulmonary systems
2. discuss the mechanisms that control cardiovascular and pulmonary function
3. discuss the mechanics of inspiration/expiration
4. explain how oxygen and carbon dioxide are transported in the blood stream and summarize factors that affect gas exchange
5. summarize how the healthy cardiovascular and pulmonary systems respond and adapt to increased demands related to activity or exercise
6. describe the primary clinical signs and symptoms of the common diseases or pathologies of these systems
7. explain the changes in the heart, blood vessels, lungs and function of these systems that occurs with common types of diseases or pathology
8. identify the primary risk factors associated with cardiovascular and pulmonary diseases.
9. explain the general principles that guide the examination and evaluation and interventions with patients with cardiopulmonary disease
10. demonstrate pulmonary clinical examination techniques including lung auscultation, thorax inspection/palpation and diagnostic percussion
11. compare and contrast normal responses heart rate, heart sounds, and blood pressure at rest and during graded activity
12. identify the components of a normal electrocardiogram (ECG) recording and recognize common the ECG abnormalities
13. describe the purpose of common exercise testing procedures used to evaluate and guide the management of patients with cardiovascular and pulmonary disease
14. using components of the ICF model, integrate the examination findings to establish the physical therapy diagnosis and prognosis for patients with cardiovascular or pulmonary disease.
15. determine when it is appropriate, based upon examination findings, to refer a patient to other health care providers
16. integrate the examination, diagnosis, prognosis and other factors to establish the physical therapy intervention management plan for patients with cardiovascular or pulmonary disease
17. Describe and understand the general pathophysiological basis for exercise limitation by patients with cardiopulmonary disease.
18. outline the components and phases of an exercise prescription plan for patients with cardiovascular or pulmonary disease
19. demonstrate the ability to monitor and evaluate patient response to intervention and modify the plan of care accordingly
20. demonstrate specific chest physical therapy interventions such as postural drainage, percussion, coughing techniques, and vibration/shaking.

21. integrate patient education and behavioral modification can be used as components of the intervention plan
22. select and utilize appropriate evidence based reliable assessment tools for people with cardiovascular and pulmonary disease.
23. summarize medical and surgical management of common cardiovascular and pulmonary diseases
24. describe common medications used in the short- and long-term management of patients with cardiovascular and pulmonary diseases and their impact on the PT plan of care
25. describe types and purpose of ventilation equipment used in patients with respiratory failure, and demonstrate comfort in working with simulated patients utilizing these devices

Course expectations

Lecture: 2 hours/week

Lab: 2 hours per week

Other: It is expected that students will spend approximately 1-2 hours per week practicing skills. It is expected that students will spend 4-6 hours completing reading assignments, reviewing lecture notes and preparing for assessments. This is a total of approximately 5-8 hours outside of lecture and lab scheduled meetings.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Exams	20 (2 @ 10)
Practical exams	30 (3 @ 10)
Case study project	20
Final Exam	15

Case Study project

Students will select a common disease of the cardiopulmonary systems. Based upon the disease students will complete the following components:

1. **Disease/Pathology/Etiology** – Signs, symptoms, risk factors, progression, morbidity
2. **Management** – overview of the typical/traditional medical management of the disease
3. **Case description** – considering the above information students will develop a case study vignette that includes all components of the ICF model
4. **Summary of findings (documentation)** – based upon the case description students will summarize the likely findings of the appropriate clinical tests and measures as well as findings of other medical providers to reach a PT diagnosis and prognosis. This will be presented in the form of an initial evaluation report using the style of documentation consistent with the location of the patient at initial examination (acute care, home care, outpatient)
5. **Intervention plan overview** – based upon the diagnosis and patient specific characteristics students will develop an evidence informed plan of care outlining progression toward discharge
6. **Management of 1 complication** – students will select 1 common complication or tolerance issue and describe its presentation and management
7. **Outcome measure** – provide at least one appropriate and evidence-based outcome measurement and describe how it impacts patient management.
8. **Education/behavior modification** – identify and describe one intervention related to patient education or behavior modification, indicate the rationale for selecting it.

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-621
Musculoskeletal I – Examination Skills

Instructor: *TBD*

Description

Building on basic clinical examination, kinesiology and pathokinesiology as the foundation for observing human motion and this course focuses on differential diagnosis testing methods for the spine and peripheral joints. Common pathological conditions are covered and serves as the contextual basis for examination, evaluation and diagnosis. Clinical prediction rules (CPR) and pattern recognition for common musculoskeletal will serve as the framework for clinical thinking and diagnosis. Prerequisite(s) DPT-6000 Clinical Human Anatomy, DPT-615 Clinical Examination Skills. 4 credits.

Student learning objectives

At the end of this course the student should be able to:

1. identify mechanisms, signs & symptoms of common injuries of the upper and lower extremities and the spine
2. describe the differential diagnoses for common musculoskeletal disorders
3. given a patient with complaints of apparent musculoskeletal dysfunction, describe relationships between patient history and common musculoskeletal dysfunctions and use findings from the history to plan examination.
4. demonstrate ability to identify red flags that suggest non-musculoskeletal pathology warranting referral
5. utilize screening exam to differentiate dysfunction arising from the axial skeletal structures from the appendicular
6. perform a postural examination on a subject/patient, recognize deviations, and state possible causes for these deviations.
7. apply anatomic and kinesiology knowledge to guide the examination of musculoskeletal structures (joint structures, ligaments, musculotendinous structures, intervertebral disc and apophyseal joints, osteokinematic and arthrokinematic motion)
8. relate the principles behind the testing of joint motion, muscular strength and endurance, muscle flexibility and ligamentous integrity to a musculoskeletal examination
9. discuss and demonstrate basic and advanced components of the musculoskeletal examination
10. based upon examination findings establish the physical therapy diagnosis
11. utilizing the ICF model identify impairments, activity limitations and participation restrictions for musculoskeletal diagnoses
12. determine patient prognoses based on patient history and examination findings

Course expectations

Lecture: 3 hours/week

Lab: 4 hours per week (2 @ 2 hours)

Other: It is expected that students will spend approximately 3 hours per week practicing skills. It is expected that students will spend 4-6 hours completing reading assignments, reviewing lecture notes and preparing for assessments. This is a total of approximately 7-9 hours outside of lecture and lab scheduled meetings.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Exams	30 (2 @ 15)
Practical exams	30 (3 @ 10)
Final Exam	10

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-622
Special Populations I – Clinical Mgmt of the High Acuity Patient

Instructor: *TBD*

Description

Prepares the novice clinician for the complex environment and medical needs of patients in inpatient settings. Students will gather and analyze patient medical information to formulate an initial image of patient condition and to prognosticate an appropriate management strategy for patient communication, clinical examination, and the design/delivery and monitoring of basic. Students will be expected to review a medical chart efficiently, interact with members of the healthcare team including patient family/caregiver and communicate in written documentation and oral reporting. Significant simulation experiences will be incorporated to achieve the learning outcomes. Prerequisites: DPT-615 Introduction to Clinical Examination. 3 credits.

Student learning objectives

At the end of this course the student should be able to:

Clinical decision-making domain

1. demonstrate comfort functioning in the complex clinical environment
2. integrate pertinent patient information from multiple sources and distinguish what is relevant to differentially diagnose and determine impairments.
3. predict patient presentation and anticipate needed resources based upon chart review
4. determine if patient would benefit from physical therapy services at that point in time
5. clearly communicate the clinical rationale to the medical team post assessment.
6. choose and complete appropriate examination to determine patient status
7. continually assess the patient and adjust intervention based on patient response.
8. create a comprehensive physical therapy care plan that is based upon information, knowledge, experience and evidence to individualized and focused on patient and caregiver goals (patient-centered)
9. predict the patient's prognosis and accurately determine goals and discharge needs
10. prioritize interventions to improve function, safe mobility and to prepare the patient for discharge.

Communication domain

11. communicate effectively with consideration of the patient's age, learning style, cognition, culture and communication needs
12. clearly communicate (written and oral) the patient's status and plan of care (safe mobility, need for PT services in the acute environment; referral for additional services, post discharge needs;
13. collaborate with the interprofessional team using communication strategies such as: Situation, Background, Assessment, and Recommendation (SBAR), briefs/debriefs and huddles
14. educate others regarding the patient's safe mobility status, tolerance to activity and coordination of therapy services with medical interventions and medications.

Safety domain

15. integrate information from the medical record to maximize patient safety and enhance
16. anticipate when movement might compromise medical stability, or how medical conditions or medications might affect patient's response to movement
17. utilize personal protective gear prior to, during and after the physical therapy session to protect the patient, the PT and the environment from infection transmission
18. maintain patient safety at all times
19. identify and manage all lines/tubes and monitors maintaining specific precautions related to it
Decide: "I can manage;" "I need help managing;" or "I need further training to manage."
20. demonstrate basic understanding of ventilator settings and equipment
21. utilize and manage all common equipment encountered in the acute care setting, including: hospital beds; commodes; air mattresses; bed alarms; call bells; and wheelchairs.

22. respond to any emergent situation by identifying needs, keeping the patient safe, activating emergency response systems, communicating with responders, and being ready to assist as needed.

Patient management domain

23. implement an evidence-based care plan and communicate it in a manner that advocates and represents the PT’s independent clinical judgment
24. create clear and defensible documentation consistent with facility specific standards that articulates clinical decision making
25. document and communicate immediately following care to establish patient medical status and facilitate healthcare team communication.
26. use clinical judgment to determine when immediate communication beyond documentation is required for safe coordinated patient care

Discharge planning domain

27. determine destination, level of support, need for continuity of care in post-acute settings (rehabilitation, outpatient, home, sub-acute or other), additional services, and follow-up needs.
28. determine optimal equipment needs, with consideration of reasonable and necessary standards, in context of available funding and patient’s individual circumstances.
29. incorporate patient specific factors including previous status, age, home environment, support, risk factors for re-hospitalization and economic resources into discharge planning
30. demonstrate awareness of expectations and desires of stakeholders (e.g., patient, family, caregiver).

Course expectations

Lecture: 1 hours/week

Lab: 2 hour per week

It is expected that students will spend an additional 2 hours per week practicing their examination skills. It is also expected that students will spend an additional 2-4 hours completing reading assignments, reviewing lecture notes, working on assignments and preparing for assessments. This is a total of approximately 4-6 hours outside of lecture and lab scheduled meetings.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Sim Experience video analysis	20 (2 @ 10)
Peer Sim critique	10
Sim chart review and documentation	10
Practical exams	30 (3 @ 10)
Final Exam	15

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Table 2: Elements of a Medical Record Review

- A. Confirm PT referral and activity orders
- B. Admission note (H & P from consulting services)
- C. Patient demographic
 - a. Age
 - b. Gender
 - c. Height/weight
- D. Admission date and reason for admit
- E. Past medical history
- F. Reason for PT consult
- G. Information pertaining to discharge (ex: prior level of function, home setting)
- H. Social history, including home set up
- I. Consult/specialist notes
- J. Lab values
- K. Vital signs
- L. Nursing documentation (ex: activity/safety, pain, incisions/drains)
- M. Patient-specific orders (ex: restrictions, activity orders, weight bearing status)
- N. Operative reports and anesthesia
- O. Imaging and radiology
- P. Pharmacology
- Q. Resuscitation status, power of attorney, medical release authorizations, clinical pathways

Table 3: Elements of an Examination

- A. Patient consent
 - a. Introduce yourself – first and last name – and role.
 - b. Confirm the patient's identity through use of two patient identifiers.
 - c. Educate patient regarding reason for referral and role of physical therapy.
 - d. Determine relationship(s)/name(s) of all individuals present/involved in care and confirm if it is appropriate to proceed and/or discuss health information in their presence.
 - e. Determine patient's understanding of hospitalization and ability to benefit from physical therapy.
 - f. Use motivational interviewing techniques, collaborative goal setting and problem solving to determine patient's goals and barriers.
- B. Anticipate and perform actions necessary to maintain patient's physical, emotional and personal modesty and privacy.
- C. Perform proper hand hygiene, and follow all infection control policies as warranted.
- D. Facilitate an environment that promotes and ensures patient safety, including use of safety equipment, securing furniture and chairs, managing lines/tubes/drains, and utilizing alarms, as appropriate.
- E. Collect and synthesize an inclusive, relevant patient history.
 - a. Determine patient's level of support within their residence, including physical, emotional and social support.
 - b. Determine type of residence and barriers or support associated with the environment, such as stairs, location of necessities and wheelchair accessibility. When appropriate, determine other environmental obstacles/barriers (ex: throw rugs, small pets).
 - c. Explore and recognize social roles and responsibilities, including child or elder care and employment.
 - d. Determine patient's experience with current or previous physical therapy treatment.
 - c. Perform a multi-system exam for more complex medical patients (add systems as appropriate).
- G. Perform appropriate tests and measures using standardized outcome measures as appropriate for patient's current status and point within the lifespan. Utilize results to determine patient's appropriateness for therapy as well as to guide interventions. Tests, measures and objective findings include but are not limited to:
 - a. Cognition: arousal; orientation; attention; memory; calculation; language; construction; abstraction; speed of processing; problem-solving; motor planning; command following; delirium; and Confusion Assessment Method (CAM) positive.
 - b. Speech and language ability (ex: aphasia, word finding, apraxia, dysarthria).
 - c. Appearance: skin color (ex: cyanosis, pallor, jaundice); cachetic moon face; muscle wasting/temporal atrophy; positioning upon entering room.
 - d. Cardiopulmonary: edema; respiratory rate; heart rate; heart rhythm; blood pressure; oxygen saturation; jugular venous distension; ECG observations/telemetry; dyspnea; posture/chest shape (ex: respiration patterns, chest excursion, wheezing, accessory breathing, barrel chest); cough; sputum/hemoptysis; nail appearance; auscultation; supplemental O₂/respiratory equipment.
 - e. Musculoskeletal (ex: strength/myotomes, ROM, posture).
 - f. Neurologic: balance; gait quality; cranial nerves; vision; tone; coordination; reflexes; sensation; tremor; vestibular testing.
 - g. Integumentary: edema; skin integrity; burns/wounds (ex: location, length/depth/area, drainage type/amount, color percentages, tracts/undermining, perimeter condition-attached, indistinct/well-defined, thickened/rolled, hyperkeratosis); sensation; capillary refill.
 - h. Pain: at rest; with activity; with recovery; quality of pain; interventions to address pain.
 - i. Functional mobility: rolling; supine to/from sit; sit to/from stand; transfers; ambulation; stairs; curb; wheelchair mobility.

Table 4: Common Interventions

- A. Select and utilize appropriate functional interventions based on patient's current status, impairments, and care plan:
- B. Therapeutic Exercise
 - a. Strength
 - b. Aerobic/endurance/cardiac/pulmonary
 - c. Flexibility
 - d. ROM
- C. Functional mobility training
 - a. Rolling
 - b. Scooting
 - c. Supine to/from sit
 - d. Sit to/from stand
 - e. Transfers between surfaces (e.g., bed to chair, wheelchair to commode, etc.)
 - f. Pressure relief
- D. Locomotor training, as indicated
 - a. Gait training, with or without assistive devices
 - b. Stair training
 - c. Wheelchair mobility & management
- E. Neuromuscular re-education
 - a. Balance
 - b. Coordination
 - c. Vestibular interventions & exercises
- F. Manual Therapy
- G. Posture Training
- H. Orthotic/prosthetic fitting/training
- I. Functional activity training
- J. Airway clearance, pelvic floor, respiratory muscle training
- K. Biophysical Agents
- L. Select and perform appropriate education intervention for patient, family or other caregiver:
 - a. Role of therapy
 - b. Impairments/limitations
 - c. Barrier modification
 - d. Health/injury risk factor modifications
 - e. Adaptive equipment
 - f. Energy conservation
 - g. Pain management
 - h. Relaxation techniques
 - i. Safety
 - j. Precautions
 - k. Airway clearance
 - l. Fall prevention
 - m. Functional mobility training
 - n. Caregiver training
 - o. Home exercise program
 - p. Positioning/pressure relief
 - q. Discharge recommendations
 - r. Plan of care
 - s. Role of patient, care team and caregivers to supplement therapy
 - t. Anticipated prognosis
- M. Creation of plan of care with patient/family.
- N. Facilitate, educate and communicate discharge recommendations regarding further therapy, other healthcare professional referrals, safety and equipment needs.

Physical Therapy/Binghamton University
PTD-623
Essentials of Therapeutic Exercise

Instructor: *TBD*

Description

Covers the prescription of patient-centered therapeutic exercise interventions aligned with impairments and activity restrictions identified during examination. Students are also expected to be able to demonstrate, instruct, progress and adapt basic exercises to specific patient needs and to be able to assess patient response to exercise. Prerequisites: DPT-610 Kinesiology and Applied Biomechanics, DPT-615 Clinical Examination Skills and Documentation. 2 credits.

Student learning objectives

At the end of this course the student should be able to:

1. Describe the effects of detraining, deconditioning, and debility in a client
2. Differentiate expected change in skeletal muscle that has been subject to detraining, deconditioning, and or debility.
3. Select the appropriate screenings or tests to assess a client's:
 - a. maximal or submaximal aerobic fitness test.
 - b. muscular strength
 - c. muscular power
 - d. muscular endurance
 - e. flexibility
4. Identify indications, contraindications, and goals for various types of exercises including:
 - a. Passive
 - b. Active
 - c. active-assisted range of motion
 - d. resistive exercises
 - e. stretching/flexibility
5. Select, demonstrate, instruct and prescribe therapeutic exercise intended to improve:
 - a. cardiovascular fitness aerobic or anaerobic
 - b. health (decrease risk of selected diseases)
 - c. muscle strength and *muscle* endurance
 - d. flexibility
 - e. ROM
 - f. activity and participation
6. Differentiate between resistance training techniques to improve muscular endurance, strength, hypertrophy or power.
7. Modify an exercise prescription to accommodate skills, capacity, and safety across the lifespan.

Course expectations

Lecture: 1 hours/week

Lab: 2 hour per week

It is expected that students will spend an additional 2-4 hours per week practicing their examination skills of patient assessment and exercise performance, completing reading assignments, reviewing lecture notes, working on assignments and preparing for assessments.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Case study report	20
Exams	20 (2 @ 10)
Practical exam	25
Final Exam	20

Case Study project

Students will be required to select one patient case study from the Clinical Reasoning course. Students will identify two indications for exercise based upon impairments or activity limitations. Using best available evidence, students will indicate 1 appropriate clinical exam/test/screen used to identify the impairment including its psychometric properties. Students will provide a reasonable score/grade for the patient and then create a therapeutic intervention plan to best address the specific impairment. Students will identify expected responses and indicators of poor tolerance and appropriate modifications to the exercise intervention plan for the poor response.

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		< 70%

Physical Therapy/Binghamton University
PTD-624
Differential Diagnosis & Medical Imaging

Instructor: TBD

Description

Prepares students to screen patients for involvement of the major organ systems and establish differential diagnoses to determine the need for further examination, consultation or referral to other health professionals as a component of the physical therapy examination process. Also introduces students to various types of medical imaging that are part of a full diagnostic workup commonly seen in physical therapy with the outcome of understanding the indication and use of the tests as well as being able to understand and apply the findings to the physical therapy examination, diagnosis and intervention planning. Prerequisites: DPT-615 Clinical Examination Skills. 3 credits.

Student learning objectives

At the end of this course the student should be able to:

1. recognize, identify, and analyze signs, symptoms, and pain patterns associated with various systems of the body and the implications thereof, including identification of whether physical therapy is indicated or whether a client requires referral to appropriate healthcare practitioner.
2. plan a logical line of questions for client assessment to obtain a history and to establish a preliminary differential diagnosis.
3. conduct an effective interview that results in the identification of the source of their clinical problem(s).
4. modify physical therapy history and examination based on the recognition client individual and cultural differences.
5. recognize and list signs and symptoms of emergency medical conditions and describe intervention including procedures for obtaining appropriate medical assistance.
6. identify and differentiate between the clinical patterns associated with the following disorders
 - a. cardiovascular conditions
 - b. pulmonary conditions
 - c. hematologic disorders
 - d. gastrointestinal disorders
 - e. renal or urologic disorders
 - f. hepatic and biliary disorders
 - g. endocrine and metabolic disorders
 - h. diabetes
 - i. ii. hypoglycemia
 - i. metabolic bone diseases
 - j. cancer - with emphasis on
 - i. benign, malignant, and metastatic
 - ii. early warning signs
 - k. neuromusculoskeletal disorders
 - l. immunologic disorders
 - m. dermatologic disorders
7. use a clinical decision-making process to establish a diagnosis.
8. based on the data generated in a physical therapy examination and within the physical therapist scope of practice, list the systems that demonstrate some level of involvement in the overall diagnosis requiring further examination or referral.
9. verbalize possible alternatives when interpreting the examination findings.
10. discuss the differences and capabilities of radiography, MRI, CT, bone scintigraphy, and ultrasonography.
11. discuss the importance of understanding a radiological report.

12. define terms commonly used in diagnostic radiography, MRI, CT, bone scintigraphy, and ultrasonography.
13. identify basic anatomy in routine radiography, MRI, CT, bone scintigraphy, and ultrasonography.
14. discuss the three types of densities usually seen on a radiograph and their significance.
15. discuss the importance of correlating the study with the patient's history and physical exam.
16. understand the importance of radiological findings in regards to formulating patient treatment plans.
17. describe and understand the different patterns of pathologic processes; including fractures, sprains, strains, effusions, stress reactions, DVT.
18. Interpret routine radiographs and identify abnormalities.

Course expectations

Lecture: 2 hours/week

Lab: 2 hour per week

It is expected that students will spend an additional 2 hours per week practicing their examination skills. It is also expected that students will spend an additional 2-4 hours completing reading assignments, reviewing lecture notes, working on assignments and preparing for assessments. This is a total of approximately 4-6 hours outside of lecture and lab scheduled meetings.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Sim interview	15
Complex Patient case study analysis	10
Exams	30 (2 @ 15)
Practical exam	15
Final Exam	15

Grading Scheme

Grade	Points	Percent
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		< 70%

*Physical Therapy/Binghamton University
PTD-625*

Special Populations II – Clinical Mgmt of the Older Adult - ICE II

Instructor: *TBD*

Description

Explores the normal and abnormal changes related to aging and disease processes experienced by older adults of the major systems. Students will also have continued opportunities for early clinical experiences through a variety of real and simulated observations through which students will explore the impact that aging and disease has on older adults. Prerequisites: DPT-614 Introduction to Psychosocial Aspects of Rehabilitation/ICE I. 3 credits.

Student learning objectives

At the end of this course the student should be able to:

1. identify the common biological, physical, cognitive, psychological, and social changes associated with aging into a evaluation and assessment of an older adult client.
2. explain how common biological, physical, cognitive, psychological, and social changes associated with aging impact the examination and evaluation of an older adult.
3. explain basic normal biological aging across physiological systems, effects of common diseases seen in older adults.
4. recognize differences between typical, atypical, and optimal aging with regards to the major systems.
5. Recognize psychosocial factors that impact a client's behavior within the context of various psychological and social theories of aging.
6. administer an interpret a validated and reliable instrument appropriate for use with a given older adult to assess cognition or physical function.
7. identify the signs and symptoms of delirium and distinguish whom to notify if an older adult exhibits these signs and symptoms.
8. recommend patient centered interventions given basic examination findings
9. explain how advance directives impact physical therapy management.
10. explain the physiological changes that accompany aging so that their impact upon interventions are addressed of all systems.
11. collaborate with older adults, their caregivers, healthcare professionals to incorporate physical therapy into overall team care planning and implementation.
12. Identify resources for older adults and caregivers that help them (the patient) meet personal goals, maximize function, maintain independence, and live in their preferred and/or least restrictive environment.
13. advocate for older adults and their caregivers to promote access to resources to maximize physical and mental health, nutrition, function, safety, social interactions, independence, and quality of life.

Course expectations

Lecture: 3 hours/week

Lab: 4 hours per week (2 @ 2 hours)

Other: It is expected that students will spend approximately 3 hours per week practicing skills. It is expected that students will spend 4-6 hours completing reading assignments, reviewing lecture notes and preparing for assessments. This is a total of approximately 7-9 hours outside of lecture and lab scheduled meetings.

Grading

Assessment method	% of total grade
Quizzes	10 (2 @ 5)
Observation/simulation reflection papers	50 (5 @10)
Clinical examination assignment	5
Case study project	20
Final Exam	15

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-626
Interprofessional Education/Collaboration/Practice Series

Instructor: Team collaboration across multiple programs including nursing, PT, OT, SLP, medicine, public health and pharmacy.

Course Description

Multi-part series of experiences designed to expose the student to the concept of the healthcare team and provide opportunities to learn from, about and with other members of the healthcare team. The series will embrace the IPEC core competencies of Values/Ethics for Interprofessional Practice, Roles/Responsibilities, Interprofessional Communication and Teams and Teamwork. These competencies will be achieved through group projects, readings, individual assignments and reflective writings. These experiences are not graded but are required of all students in order to progress through the curriculum. Prerequisites: DPT-613 Professional Development II. 0 credits.

Student Learning Objectives

At the end of this series of experiences the student should be able to:

Professional Year 1 Spring –Values & Ethics and Communication

Values/Ethics for Interprofessional Practice (Competency 1)

1. Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.
2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.
3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.
4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.
5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.
6. Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).
7. Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.
8. Manage ethical dilemmas specific to interprofessional patient/ population centered care situations.
9. Act with honesty and integrity in relationships with patients, families, communities, and other team members.
10. Maintain competence in one's own profession appropriate to scope of practice.

Interprofessional Communication (Competency 3)

Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.

1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.

3. Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.
4. Listen actively, and encourage ideas and opinions of other team members.
5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.
6. Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.
7. Recognize how one's uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).

Professional Year 2 Spring – Roles & Responsibilities

Roles/Responsibilities (Competency 2)

Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.

1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.
2. Recognize one's limitations in skills, knowledge, and abilities.
3. Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.
4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.
5. Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.
6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.
7. Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.
8. Engage in continuous professional and interprofessional development to enhance team performance and collaboration.
9. Use unique and complementary abilities of all members of the team to optimize health and patient care. Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.

Professional Year 3 Fall - Teamwork and Team-based practice

Teams and Teamwork (Competency 4)

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

1. Describe the process of team development and the roles and practices of effective teams
2. Develop consensus on the ethical principles to guide all aspects of team work.
3. Engage health and other professionals in shared patient-centered and population focused problem-solving.
4. Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.
5. Apply leadership practices that support collaborative practice and team effectiveness.

6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health and other professionals and with patients, families, and community members.
7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
8. Reflect on individual and team performance for individual, as well as team, performance improvement
9. Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.
10. Use available evidence to inform effective teamwork and team-based practices.
11. Perform effectively on teams and in different team roles in a variety of settings.

Physical Therapy/Binghamton University
PTD-692
Clinical Education I

Instructor: *TBD*

Description

First full-time experiential learning in a clinical environment which is preferably an inpatient setting such as acute care, subacute/step-down rehabilitation or skilled nursing facility. This 8-week experience provides students with the opportunity to apply knowledge and skills from prior coursework and to be challenged to explore more advanced theories and treatment procedures with guidance from a clinical instructor. Prerequisite: Successful completion of all prior required coursework and meets/exceeds all “Readiness” competencies. 4 Credits.

Student learning objectives

At the end of this course the student should be able to:

1. demonstrates professional behavior in all situations.
2. conforms to established legal and professional standards and ethical guidelines.
3. demonstrates effective verbal and non-verbal communication skills in all situations
4. demonstrates patient centeredness by demonstrating respect for differences in patients’ values, preferences, and needs.
5. demonstrates reflection and self-assessment to modify future behavior and improve clinical and professional performance.
6. practices in a manner that minimizes risks to the patient, self, and others.
7. applies current knowledge, skills and clinical judgment in all aspects of patient management.
8. incorporates evidence and patient values into all aspects of the patient/client management model.
9. integrates all aspects of the ICF model into the patient/client management model
10. designs and delivers competent, evidence informed and patient-centered physical therapy interventions consistent with their level of education/knowledge
11. consistently demonstrates the ability to listen to and incorporate feedback to improve future performance
12. documents all aspects of patient management in a timely manner consistent with legal requirements and facility specific formats
13. educates others (patients, family/caregivers and other health care providers) strategies appropriate to the topic, audience and setting.
14. utilizes outcome measures to guide intervention, discharge and clinical management improvement.
15. engages in patient scheduling, coding and billing that adheres to legal and ethical practices
16. delegates and supervises tasks to support personnel to maximize both efficiency and patient outcomes consistent with legal standards and ethical guidelines.

Course expectations

This is an 8-week full time clinical experience. Students are expected to conform to the clinical schedule for the site that they are assigned to for this experience. This is typically represented by an 8-10-hour day in a 4-6-day weekly schedule. This should total approximately 40 hours per week. Students are expected to arrive in a timely fashion so that they are prepared for patient care and complete daily activities prior to departing. In addition, it is expected that students utilize evenings and “downtime” during the work day to prepare to provide competent and safe patient centered interventions.

Grading

Satisfactory/Unsatisfactory: Each student’s performance will be evaluated using regular formative and a final summative assessment of performance guided by both the Clinical Performance Instrument (CPI) and the E-Value Competency Assessment. It is expected that the student will participate in this assessment process by completing self-assessments and creating development plans. Students will also

be expected to actively seek learning experiences to address areas in need of improvement. Final grading of Satisfactory will require the student to achieve the minimum ratings on the CPI as indicated below.

Clinical Performance Instrument

Professional Practice

- | | |
|-----------------------------|-------------------------------|
| 1. Safety | Entry level performance |
| 2. Professional Behavior | Entry level performance |
| 3. Accountability | Entry level performance |
| 4. Communication | Entry level performance |
| 5. Cultural Competence | Intermediate performance |
| 6. Professional Development | Advanced beginner performance |

Patient Management

- | | |
|--|-------------------------------|
| 1. Clinical Reasoning | Advanced beginner performance |
| 2. Screening | Advanced beginner performance |
| 3. Examination | Advanced beginner performance |
| 4. Evaluation | Advanced beginner performance |
| 5. Diagnosis* and Prognosis | Advanced beginner performance |
| 6. Plan of Care | Advanced beginner performance |
| 7. Procedural Interventions | Intermediate performance |
| 8. Educational Interventions | Advanced beginner performance |
| 9. Documentation | Advanced beginner performance |
| 10. Outcomes Assessment | Advanced beginner performance |
| 11. Financial Resources | Advanced beginner performance |
| 12. Direction/Supervision of Personnel | Advanced beginner performance |

A grade of “S” (satisfactory) in the clinical education course will be awarded when:

1. The student achieves minimum ratings as indicated above.
2. The student demonstrates performance improvements as evidenced by increases in ratings from formative to summative assessments.
3. to meet course expectations by the final assessment on the PT CPI Web.
4. The Clinical Instructor’s comments are consistent with ratings on each of the scales.
5. The student submits a reflection paper.
6. All required paperwork is submitted to the DCE.

A grade of “U” (unsatisfactory) will be awarded in the clinical education course when one or more of the following are present:

1. The student’s performance rating is below the minimum level of acceptable performance
2. The CI comments support lowering performance rating.
3. The CI comments articulate deficient performance *regardless of* the rating mark.
4. The student *has not met* criteria established in an action plan.
5. The site documents *safety concerns* regarding patient care.
6. *The site requests student termination* at the placement before the expected end date of the course due to student performance deficits.
7. The student fails to submit all required paperwork to the DCE in a timely manner.

Physical Therapy/Binghamton University
PTD-630
Professional Development II – Ethics & Moral Agency

Instructor: *TBD*

Course Description

The investigation of the role of ethics and moral agency in the profession of physical therapy using the context of the social determinants of health. Inequalities, inequities and social justice in the context of healthcare that limit or enable the attainment of positive health outcomes will be explored. Examples of patient/clients that are at risk, the indicators of these risks and how to develop a plan to advocate for the well-being of the patient will also be explored. This course will be delivered on-line. Prerequisites: PDT-614 Psychosocial Aspects of Rehabilitation/ICE I. 2 credits.

Student Learning Objectives

At the end of this course the student should be able to:

1. list and define the social determinants of health
2. list and define health outcomes
3. given a case study, identify the specific challenges to health outcomes
4. explain the role of the physical therapist in addressing health inequities and inequalities
5. define justice, moral agency and the responsibilities of physical therapists
6. define and provide examples of the 4 ethical principles of:
 - a. Respect for patient autonomy
 - b. Beneficence
 - c. Nonmaleficence
 - d. Justice
7. identify circumstances where patients' cognitive status may impact their decision-making.
8. select appropriate strategies to manage patients with compromised decision-making abilities.
9. understand the definition of domestic violence, identify those at risk and the warning/indicators
10. articulate a plan to act to protect the welfare of a person at risk (e.g. domestic violence, abuse, suicide, etc)
11. determine and use available community resources people at risk (e.g. domestic violence, abuse, suicide, etc)
12. advocate with payers on behalf of patients/clients when additional services are required to meet expected goals and functional outcomes
13. identify a situation or opportunity and develop an action plan to exercise patient/client advocacy

Course expectations

Lecture: 2 hours/week

Field experiences: 4 hours per week

Other: It is expected that students will spend approximately 2 hours per week completing reading assignments, reviewing lecture notes, completing reflection papers and case study assignment.

Grading

Assessment method	% of total grade
Weekly threaded discussion posts	20
Moral/ethical analyses/briefs/plans	50
Case study project	20
Final Exam	10

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Perspective

New Perspectives on the Theory of Justice: Implications for Physical Therapy Ethics and Clinical Practice

Ian Edwards, Clare M. Delany, Anne F. Townsend, Laura Lee Swisher

I. Edwards, PhD, GradDipPhysio, BAppScPhysio, School of Health Sciences, Internal Post Code CEA-14, University of South Australia, GPO Box 2741, Adelaide, South Australia, Australia 5001. Address all correspondence to Dr Edwards at: ian.edwards@unisa.edu.au.

C.M. Delany, PhD, MHth&Med Law, MPhysio, BAppSciPhysio, Department of Physiotherapy, School of Health Sciences. The

Recent revisions of physical therapy codes of ethics have included a new emphasis concerning health inequities and social injustice. This emphasis reflects the growing evidence regarding the importance of social determinants of health, epidemiological trends for health service delivery, and the enhanced participation of physical therapists in shaping health care reform in a number of international contexts. This perspective article suggests that there is a "disconnect" between the societal obligations and aspirations expressed in the revised codes and the individualist ethical frameworks that predominantly underpin them. Primary health care is an approach to health care arising from an understanding of the nexus between health and social



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Justifying Decisions in Clinical Practice

Reflective Equilibrium

Reflective Equilibrium and the Ethical Reasoning Bridge

The ER Bridge and Epistemology

Moral Agency as Enacted Justice: A Clinical and Ethical Decision-Making Framework for Responding to Health Inequities and Social Injustice FREE

Ian Edwards ✉, Clare M. Delany, Anne F. Townsend, Laura Lee Swisher
[Author Notes](#)

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This is the second of 2 companion articles in this issue. The first article explored the clinical and ethical implications of new emphases in physical therapy codes of conduct reflecting the growing evidence regarding the importance of social determinants of health, epidemiological trends for health service delivery, and the enhanced participation of physical therapists in shaping health

Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity

Samantha Artiga and Elizabeth Hinton

Key Findings

Social determinants of health are the conditions in which people are born, grow, live, work and age that shape health. This brief provides an overview of social determinants of health and emerging initiatives to address them. It shows:

- **Social determinants of health include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.** Addressing social determinants of health is important for improving health and reducing longstanding disparities in health and health care.
- **There are a growing number of initiatives to address social determinants of health within and outside of the health care system.** Outside of the health care system, initiatives seek to shape policies and practices in non-health sectors in ways that promote health and health equity. Within the health care system, there are multi-payer federal and state initiatives as well as Medicaid-specific initiatives focused on addressing social needs. These include models under the Center for Medicare and Medicaid Innovation, Medicaid delivery system and payment reform initiatives, and options under Medicaid. Managed care plans and providers also are engaged in activities to identify and address social needs. For example, 19 states required Medicaid managed care plans to screen for and/or provide referrals for social needs in 2017, and a recent survey of Medicaid managed care plans found that almost all (91%) responding plans reported activities to address social determinants of health.
- **Many challenges remain to address social determinants of health, and new directions pursued by the Trump Administration could limit resources and initiatives focused on these efforts.** The Trump Administration is pursuing a range of new policies and policy changes, including enforcing and expanding work requirements associated with public programs and reducing funding for prevention and public health. These changes may limit individuals' access to assistance programs to address health and other needs and reduce resources available to address social determinants of health.

Introduction

Efforts to improve health in the U.S. have traditionally looked to the health care system as the key driver of health and health outcomes. However, there has been increased recognition that improving health and achieving health equity will require broader approaches that address social, economic, and environmental factors that influence health. This brief provides an overview of these social determinants of health and discusses emerging initiatives to address them.

Physical Therapy/Binghamton University
PTD-641
Evidence Based Practice II

Instructor: *TBD*

Course Description

Second course of a three-part series that requires students to formulate a clinical or research question, propose a study design including methods of data collection according to ethical and legal standards, propose appropriate statistical analysis methods that enable the rendering of conclusions. Students will be assigned to a clinical or academic faculty member that serve as their advisor throughout the project. Students will be permitted to work in small groups provided the project is of appropriate scope. Students will prepare and disseminate the results of their work in EBP III in the third academic year.
Prerequisites: DPT-612 Evidence Based Practice I. 2 credits.

Student Learning Objectives

At the end of this course the student should be able to:

1. formulate a clinical/research question using (PICO) guidelines that is appropriate for descriptive or experimental designs.
2. conduct a critical appraisal of current literature relative to the proposed clinical/research question
3. identify, seek and obtain appropriate approvals for conducting data collection in a safe and ethical manner
4. identify an appropriate research design and related statistical analysis methodology to answer the proposed clinical/research question
5. collect appropriate data with accuracy and reliability
6. conduct, complete and interpret statistical analysis in order to render a conclusion to the proposed clinical/research question
7. based upon conclusions, make appropriate recommendations regarding the impact on clinical practice
8. demonstrate effective writing skills to communicate the results of their work
9. use proper formatting, style and writing skills

Course expectations

Lecture: 1 hours/week

Other: It is expected that students will spend approximately 4-6 hours per week working on the literature, data collection, analysis and writing of their results.

Grading

Assessment method	% of total grade
Peer writing critique	15 (3 @ 5)
Literature review	25
Methods/Results	25
Discussion/conclusion	25
Advisor summary feedback	10

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-642
Physical Agents and Electrotherapeutic Modalities

Instructor: *TBD*

Course Description

Prepares students to safely and effectively select, prescribe and apply therapeutic modalities as a component of the physical therapy plan of care. In addition, students will be expected to identify the contraindications, precautions and physiological effects of the therapeutic modalities and be able to modify, progress or discontinue use based upon patient response and progress. Prerequisites: DPT-624 Differential Diagnosis & Medical Imaging. 3 credits.

Student Learning Objectives

At the end of this course the student should be able to:

1. use valid and reliable tools for measuring pain and associated symptoms to assess and reassess related outcomes as appropriate for the clinical context and population
2. discuss the complex, multidimensional, and individual specific nature of pain
3. list the indications and contraindications/precautions of therapeutic modalities:
 - a. superficial heating agents
 - b. deep heating agents
 - c. superficial cooling agents
 - d. light and energy agents
 - e. sound agents
 - f. electrical agents
 - g. mechanical agents
4. compare and contrast the physiologic and therapeutic effects and efficacy of therapeutic modalities
5. selecting and prescribe modality treatment parameters to produce the desired physical and physiological effects
6. demonstrate safe and effective application of the therapeutic modalities
7. utilize best available evidence to support the selection and prescription of modality selection and treatment choices
8. educate the patient regarding the effects and use of modalities
9. employ methods to ensure patient comfort and safety including draping and positioning
10. describe how to modify, progress or discontinue use of therapeutic modalities based upon patient response

Course expectations

Lecture: 2 hours/week

Field experiences: 2 hours per week

Other: It is expected that students will spend approximately an additional 3 hours per week completing reading assignments, reviewing lecture notes, learning and practicing the safe and effective use of the therapeutic modalities and preparing for assessments.

Grading

Assessment method	% of total grade
Quizzes	20 (4 @ 5)
Competency check outs	20 (4 @5)
Practical exam	20
Written exams	30 (3 @ 10)
Final Exam	10

Competency Check Outs

Students will be required to complete 4 total competency check offs during the semester specific to: hot pack; ultrasound; TENS; and NMES. Emphasis for competency check offs is on patient safety, professionalism, and the ability to correctly perform skills being tested.

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-643
Musculoskeletal II – Upper quarter and C-T Spine

Instructor: *TBD*

Description

Covers the diagnosis and clinical intervention for common musculoskeletal disorders encountered in clinical practice of the cervico-thoracic spine and upper extremity. Students will learn and practice interventions of soft tissue and joint mobilizations, specific applications of therapeutic exercise and functional training. Intervention selection, progression, planning and discharge will be covered. Evidence based approaches will be covered as appropriate (CPG's, protocols, etc). Prerequisites: PDT-621 Musculoskeletal I. 4 credits.

Student learning objectives

At the end of this course the student should be able to:

1. determine realistic goals of treatment and functional outcomes for MSK diagnoses of the upper quarter
2. predict the treatment frequency and duration that incorporates the environmental and personal factors for a given patient/clients
3. integrate knowledge of inflammation and healing to the selection/progression of interventions in the plan of care for MSK diagnoses of the upper quarter
4. integrate evidence into intervention plans (CPG's, protocols)
5. identify alternative intervention options and describe how interventions can be adapted for individual patient circumstances
6. discuss how various/specific interventions are progressed (using evidence and clinical indicators) from the initial examination through patient discharge and follow-up
7. demonstrate skill in the selection and application of treatment techniques including:
 - a. joint mobilization – grading and parameters
 - b. specific therapeutic exercises – select, instruct and monitor performance.
 - c. soft tissue and neural mobilization techniques
 - d. functional training (e.g. dynamic stabilization, return to function, etc.)
8. recognize the relationship between the upper spine (cervicothoracic) and the upper extremity during functional activities and integrate findings into the intervention plan
9. develop appropriate re-evaluation strategies and demonstrate the ability to make changes in treatment plans consistent with re-evaluative findings

Course expectations

Lecture: 3 hours/week

Lab: 4 hours per week (2 @ 2 hours)

Other: It is expected that students will spend approximately 3 hours per week practicing skills. It is expected that students will spend 4-6 hours completing reading assignments, reviewing lecture notes and preparing for assessments. This is a total of approximately 7-9 hours outside of lecture and lab scheduled meetings.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Exams	20 (2 @ 10)
Practical exams	30 (3 @10)
Case study projects	20
Final Exam	15

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-644
Advanced Psychosocial Aspects of Rehabilitation

Instructor: TBD

Course Description

An in-depth study of theories and concepts related to the psycho-socio-emotional aspects of the practice of physical therapy. Physiology of pain transmission vs pain perception, cognitive behavioral therapy, motivational interviewing, motor learning theories, and neuroplasticity among other topics will be covered. The focus of this course will be the clinical application and integration of these concepts into the patient management model. Prerequisites: DPT-614 Intro to Psychosocial Aspects of Rehabilitation. 3 credits.

Student Learning Objectives

At the end of this course the student should be able to:

General

Student Learning Objectives

At the end of this course the student should be able to:

1. compare and contrast different types of pain and describe the neurobiological basis
2. explain the central nervous system's processing of signals
3. explain the difference between pain transmission and pain perception
4. discuss the role of the nervous system in learning and memory.
5. summarize major theories of motor control and their influence on current physical therapy practice (neuro-facilitation, task oriented)
6. describe major theories and models of motor learning and their application to physical therapy practice (e.g., dynamical systems, reflex, hierarchical)
7. compare and contrast feed-back and feed-forward motor control mechanisms
8. compare and contrast explicit and implicit motor learning.
9. integrate concepts of motor learning into clinical decision making
10. identify factors critical to motor control and describe basic intervention strategies to optimize motor control.
11. identify factors critical to motor learning and describe interventions designed to optimize motor learning.
12. analyze components of a motor control model, including cognitive, and motor subsections such as coordination (timing, sequencing, grading, individuation) and describe how they relate to movement function and dysfunction.
13. explain changes of the nervous system associated with normal aging
14. explain and discuss the anatomy and physiology of neuroplasticity and how it relates to clinical symptoms and interventions.
15. analyze common functional tasks including joint motion, muscular control in both normal and abnormal conditions
16. identify the mechanisms underlying neuroplasticity at the cellular level
17. identify the mechanisms underlying plasticity at the behavioral level
18. explain how neuroplasticity changes across the lifespan
19. apply concepts of neuroplasticity to interventions for patients with injury or disease
20. identify variables that affect neuroplasticity and apply this in order to create environments that optimize learning

Course expectations

Lecture: 2 hours/week

Field experiences: 4 hours per week

Other: It is expected that students will spend approximately 2 hours per week completing reading assignments, reviewing lecture notes, completing reflection papers and case study assignment. preparing for assessments.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Lab quizzes	15 (3 @5)
Exams	45 (3 @ 15)
Lab practical	15
Final Exam	10

Grading Scheme

Grade	Points	Percent
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-645
Foundations of Neuromuscular Rehabilitation I - Central Nervous System

Instructor: TBD

Course Description

Covers the central nervous system including structure, function, and blood supply progressing from the basic cellular to gross structure of the brain. Students will be able to link pathology of the central nervous system to clinical conditions commonly seen in physical therapy. Common medical diagnostic procedures will also be covered. Students will use this knowledge to perform appropriate examination and screening techniques and begin to interpret results. Prerequisite: DPT-601 Clinical Human Anatomy. 3 credits.

Student Learning Objectives

At the end of this course the student should be able to:

1. identify the basic cellular structure and function of the nervous system
2. identify the gross structure and function of the central nervous system
3. describe the functions of the meningeal layers
4. explain the central nervous system's processing of signals
5. describe the structure and function of the brain including brain stem, reticular formation, basal ganglia, cerebellum, diencephalons, limbic system, and cerebral hemispheres
6. link the structure and function of the brain stem, reticular formation, basal ganglia, cerebellum, diencephalons, limbic system, and cerebral hemispheres to clinical findings
7. trace neurological pathways from the brain to the spinal cord
8. describe and identify the major blood supply and ventricular system of the nervous system and predict clinical presentation
9. describe basic anatomic pathology and typical deficits that results from disruption of the blood supply to the nervous system
10. identify the utility of various types of imaging (e.g., MRI, fMRI, CT Scan, PET Scan, angiogram) used for the nervous system
11. identify the location and function of the cranial nerves
12. perform a clinical examination of the cranial nerves
13. link the structure and function of the cranial nerves to clinical findings identify and explain the anatomy of the central visual pathways
14. describe central nervous system lesions linked common visual deficits
15. perform a functional vision screening exam
16. identify and explain the central pathways related to hearing
17. perform and interpret tests and measures related to balance
18. perform and interpret examination of patients with vestibular disorders.
19. explain the organization and function of the motor systems as it relates to common motor tasks such as walking and reaching
20. discuss the development of typical postural control (righting reactions, protective reactions, equilibrium reactions and balance)
21. discuss the basic principles for control of posture and balance strategies
22. explain motor and sensory organization, central processing, anticipatory and reactive responses for maintaining balance and postural control
23. explain the role of the inner ear, vestibular nerve, and the cerebellum in controlling eye movements and maintaining posture
24. perform and interpret tests and measures related to motor control disorders
25. assess muscle tone and mass and identify spasticity, hypertonia, rigidity, hypotonia, dystonia
26. examine a selected patient with specific movement problems including use of standardized assessments

27. conduct with accuracy, document, develop LTG/STG and a starting plan of intervention with sound rationale

Course expectations

Lecture: 2 hours/week

Lab: 2 hours/week

Field experiences: 6-8 hours total

Other: It is expected that students will spend approximately 2 hours per week completing reading assignments, reviewing lecture notes, completing screenings and preparing for assessments.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Field screenings (pediatric, adolescent, adult)	30 (3 @ 10)
Written examinations	30 (2 @ 15)
Practical examination	10
Final Exam	15

Grading Scheme

Grade	Points	Percent
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-646
Integumentary II

Instructor: *TBD*

Course Description

Covers the prevention and clinical management of pathologies of the integumentary system including decubitus, venous, arterial and neuropathic skin ulcers and burns. Strategies for examination, wound status assessment, selection of interventions including cleaning, debriding, and dressings are also included. Prerequisites: PDT-616 Integumentary I. 2 credits.

Student Learning Objectives

At the end of this course the student should be able to:

1. describe the anatomy and function of all layers of the skin
2. describe the phases of healing including the normal physiology of tissue healing
3. types of wound closure
4. systemic and local factors that affect tissue healing
5. discuss and integrate psychological issues into clinical management of wounds
6. differentiate between the signs of inflammation vs infection
7. recognize the signs and symptoms of critical colonization and infection
8. utilize appropriate protective measure, universal precautions and sterile technique
9. safely manage soiled dressings and sharp instruments
10. differentiate between various types of wounds
11. correlate wound characteristics with possible etiologies
12. effectively document wound status, type, healing stage, etc correct terminology and strategies
13. assess the ability for patient/family/caregiver to participate in wound prevention/management
14. instruct others in strategies to prevent pressure ulcers
15. collaborate with other health professionals in prevention of wounds
16. discuss methods of cleaning, irrigating, and hydrating wounds
17. demonstrate debridement strategies for acute and chronic wounds
18. identify wound dressings that will assist in maintaining a moist healing environment
19. describe the pharmacological management of wounds including dressings that contain antimicrobial/antibacterial factors
20. describe positive and negative signs of healing in closed surgical wounds
21. demonstrate strategies to improve and enhance scar tissue formation
22. develop a patient plan of care for treating and preventing acute and chronic wounds

Course expectations

Lecture: 2 hours/week

Lab: 2 hours per week including simulation experiences

Other: It is expected that students will spend approximately 2 hours per week completing reading assignments, reviewing lecture notes, completing assignments and preparing for assessments.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Wound Simulation assignments papers	20 (2 @10)
Practical exam	20
Written exams	30 (2 @ 15)
Final Exam	15

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-647
Special Populations III – Rural and At-risk Populations

Instructor: *TBD*

Description

The introduction to and exploration of the considerations and challenges related to health care access and health care delivery to rural and at-risk populations with a specific focus on physical therapy. Course includes an introduction to health policy and emerging technologies that improve access and delivery such as telehealth. Prerequisites: PDT-630 Ethics and Moral Agency. 1 credit.

Student learning objectives

At the end of this course the student should be able to:

1. identify the common characteristics of rural populations
2. compare and contrast the health care challenges faced by rural populations in comparison to urban/suburban populations
3. identify the factors that limit access to health care
4. analyze current health policy and strategies intended to address limited access to health care
5. outline health promotion and disease prevention strategies for rural and at-risk populations
6. identify causes that lead to limited access to healthcare services
7. propose strategies to increase access to health care services in rural setting.

Lecture: 2 hours/week

Other: It is expected that students will spend approximately 3-4 hours per week completing reading assignments, reviewing lecture notes, completing group project and preparing for assessments.

Grading

Assessment method	% of total grade
Quizzes	30 (3 @ 10)
Case study project/paper	30 (5 @10)
Group presentation	20
Final Exam	20

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-650
Foundations of Neurorehabilitation II – Spinal cord and peripheral

Instructor: TBD

Course Description

Covers spinal cord and peripheral nerve cell structure and function and neurophysiological principles of action potential generation, propagation and synaptic transmission, and structure and function of components of the PNS. This foundation will enable the student to describe the normal function and pathological dysfunction of the spinal cord and PNS and select diagnostic procedures ultimately enabling the student to link pathology to clinical presentations. Prerequisites: DPT-644 Advanced Psychosocial Aspects of Rehabilitation, DPT-645 Foundations of Neurorehabilitation I. 3 credits.

Student Learning Objectives

At the end of this course the student should be able to:

1. describe nerve cell function including the action potential, synaptic transmission, and post-synaptic responses
2. describe, discuss, and relate neurophysiological principles of excitation and inhibition in the nervous system
3. identify and describe peripheral nerve fiber type classification and somatosensory receptors
4. compare/contrast peripheral and spinal nerve sensory distributions
5. identify the structure and function of the ascending and descending neurological systems
6. link clinical examination findings to the major ascending and descending neurological pathways
7. explain the role of spinal reflexes in the control of posture and movement
8. identify and describe major structure and functions of the autonomic nervous system and limbic system
9. relate the structure and function of components of the peripheral and autonomic nervous system to common pathology
10. explain and discuss the mechanisms, physiology, and clinical findings of peripheral nerve injury or disease including:
 - a. spinal cord injury
 - b. multiple sclerosis
 - c. Guillain Barre Syndrome
 - d. Peripheral nerve injury (neuropaxia, neurotmesis, axonotmesis)
11. compare and contrast upper versus lower motor neuron syndromes
12. discuss the utility of various types of neurophysiological testing procedures of EMG and nerve conduction testing

Lecture: 2 hours/week

Laboratory: 2 hours per week

Other: It is expected that students will spend approximately 3 hours per week completing reading assignments, reviewing lecture notes, completing assignments of task analyses and preparing for assessments.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Task motor analysis (normal)	10
Task motor analysis (abnormal)	10
Written exams	45 (3 @ 15)
Practical exam	10

Grading Scheme

Grade	Points	Percent
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-651
Neurorehabilitation I (Central)

Instructor: TBD

Course Description

Covers the examination, evaluation and intervention for persons with movement disorders resulting from neurologic injury or disease of the central nervous system that includes etiology, pathology, clinical signs and symptoms, diagnostic procedures and medical and physical therapy management. Examination, evaluation, intervention strategies and standardized assessments pertinent to the management of patients with neurologic injury/disease. The physical therapist, as a critical member of the interprofessional healthcare team will be addressed. Prerequisites: DPT-644 Advanced Psychosocial Aspects of Rehabilitation, DPT-645 Foundations of Neuromuscular Rehabilitation I. 4 credits.

Student Learning Objectives

At the end of this course the student should be able to:

1. describe the disease/injury pathology of commonly seen central nervous system disorders: (stroke/CVA, TBI/concussion, vestibular dysfunction, cerebellar pathologies, and degenerative conditions such as Parkinson's, Alzheimers, dementia and tumors)
2. describe the medical, surgical, and/or pharmacological management of commonly seen central nervous system disorders: (stroke/CVA, TBI/concussion, vestibular dysfunction, cerebellar pathologies, and degenerative conditions such as Parkinson's, Alzheimers, dementia and tumors)
3. through observation, subjective and objective materials collected during examination identify clinical signs and symptoms associated with neurological diseases and movement disorders
4. apply the ICF framework to guide the clinical management of patient with acquired and degenerative conditions of neuromotor system.
5. examine and evaluate common deficits of cognition (memory, arousal, orientation, attention, executive function— reasoning/problem solving, categorization, memory), language and communication.
6. examine and evaluate motor and coordination deficits due to abnormal synergistic movement, lack of fractionation, biomechanical primary and secondary impairments
7. examine and evaluate common sensory/perceptual deficits (neglect, pusher, apraxias, vestibular) and modify interventions to address deficits for optimal movement.
8. discuss prognostic indicators and differences in prognosis for various acquired neurologic disorders and neurodegenerative conditions.
9. establish goals and functional outcomes that specify expected time duration
10. develop and manage an evidence-informed patient centered plan of care that addresses all systems deficits based upon patient response/progress (e.g. cognitive, motor, sensory/perceptual, affective, multi-system involvement)
11. select, administer and interpret appropriate outcome measures
12. identify discharge options and incorporate into plan of care across the continuum of care.
13. advocate on behalf of patients/clients when additional services are required to meet expected goals and functional outcomes.
14. function as a member of the health care team in the management of patients with neurological conditions including appropriate referrals to others (in and outside of profession) when needed care is outside personal expertise.

Course expectations

Lecture: 3 hours/week

Lab & Field experiences: 3 hours per week

Other: It is expected that students will spend approximately 2 hours per week completing reading assignments, reviewing lecture notes, completing reflection papers and case study assignment and preparing for assessments.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Simulation assignments and reflection papers	20 (2 @10)
Written exams	30 (3 @ 10)
Practical exam	20
Final exam	15

Grading Scheme

Grade	Points	Percent
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-652
MSK III - Lower Quarter & Thoraco-Lumbar Spine

Instructor: *TBD*

Description

Covers the clinical interventions for common musculoskeletal disorders encountered in clinical practice in the thoraco-lumbo-sacral spine and lower extremity. Students will learn and practice interventions of joint and soft tissue mobilizations, specific applications of therapeutic exercise and functional training. Intervention selection, progression, planning and discharge will be covered. Evidence based approaches will be covered as appropriate (CPG's, protocols, etc). Prerequisite: DPT-621 Musculoskeletal I. 4 credits

Student learning objectives

At the end of this course the student should be able to:

1. determine realistic goals of treatment and functional outcomes for MSK diagnoses of the lower quarter
2. predict the treatment frequency and duration that incorporates the environmental and personal factors for a given patient/clients
3. integrate knowledge of inflammation and healing to the selection/progression of interventions in the plan of care for MSK diagnoses of the lower quarter
4. integrate evidence into intervention plans (CPG's, protocols)
5. identify alternative intervention options and describe how interventions can be adapted for individual patient circumstances
6. discuss how various/specific interventions are progressed (using evidence and clinical indicators) from the initial examination through patient discharge and follow-up
7. demonstrate skill in the selection and application of treatment techniques including:
 - a. joint mobilization – grading and parameters
 - b. specific therapeutic exercises – select, instruct and monitor performance.
 - c. soft tissue and neural mobilization techniques
 - d. functional training (e.g. dynamic stabilization, return to function, etc.)
8. recognize the relationship between the lower spine (thoracolumbosacral) and the lower extremity during functional activities and integrate findings into the intervention plan
9. develop appropriate re-evaluation strategies and demonstrate the ability to make changes in treatment plans consistent with re-evaluative findings

Course expectations

Lecture: 3 hours/week

Lab: 4 hours per week (2 @ 2 hours)

Other: It is expected that students will spend approximately 3 hours per week practicing skills. It is expected that students will spend 4-6 hours completing reading assignments, reviewing lecture notes and preparing for assessments. This is a total of approximately 7-9 hours outside of lecture and lab scheduled meetings.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Exams	20 (2 @ 10)
Practical exams	30 (3 @10)
Case study projects	20
Final Exam	15

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-653
Integumentary III – Prosthetics

Instructor: *TBD*

Course Description

The clinical management of patients with amputations and patients with conditions requiring orthotic/bracing management is covered. Medical conditions that are managed with prosthetics or orthotics, the biomechanical basis for P/O prescription and intervention planning for these patients is included. This course addresses the types of orthotics and prosthetics, fitting, exercise programs, analysis of common gait disorders and gait training as part of the diagnosis and management of patients with prosthetics or orthotics. Prerequisites: PDT-610 Kinesiology & Applied Biomechanics, PDT-646 Integumentary II. 2 credits.

Student Learning Objectives

At the end of this course the student should be able to:

1. define the term orthotic and provide indications and limitations of their use
2. identify and explain the major components of an orthosis and its impact on function or position
3. explain how orthotics can control joint function proximally or distally (i.e. controlling foot/ankle can control the knee)
4. recommend lower extremity orthotic interventions for common gait deviation
5. recommend orthotics for controlling the hip and spine.
6. evaluate and recommend orthotic interventions for the foot/ankle
7. recommend orthotics for prevention and protection in sports or post-surgically
8. describe orthotic and other interventions for the care for the neuropathic foot
9. recommend orthotic interventions for the upper extremity.
10. compare and contrast dynamic and static splinting.
11. fabricate a simple wrist orthotic splint and foot/ankle orthotic.
12. discuss the history of amputations and development of prosthetics.
13. describe the primary medical conditions that commonly lead to amputation (metabolic disorders, trauma)
14. explain the pre-amputation care including education, positioning and exercise
15. describe the different levels of amputation (UE and LE) and the rationale for each
16. outline the post-surgical care and education
 - a. including positioning
 - b. exercises
 - c. wound assessment and management
 - d. residual limb care and wrapping
 - e. therapeutic exercise
 - f. pre-prosthetic training
 - g. psychological support
17. identify and discuss the basic components of prosthetic devices (UE and LE)
18. discuss the biomechanics and alignment of prosthetic devices
19. collaborate on the selection of appropriate prosthetic devices
20. identify gait deviations commonly seen in patients post transtibial and transfemoral amputations including cause and interventions.
21. design a prosthetic training program for both a patient s/p transfemoral or transtibial amputation.

Course expectations

Lecture: 1 hours/week

Lab: 2 hours per week

Other: It is expected that students will spend approximately 2 hours per week completing reading assignments, reviewing lecture notes, completing case study assignment and preparing for assessments.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Orthotic prescription case study	15
Prosthetic prescription case study	15
Written exams	30 (3 @ 10)
Practical exam	10
Final Exam	15

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-654
Special Populations - Health & Wellness Promotion

Instructor: *TBD*

Course Description

Concepts and considerations that guide and inform the development of health/wellness plans for individuals, groups or communities. Students will learn how to assess needs, factors that impact program development, analysis of specific risks that impact program development, opportunities for advocacy, specific program development and assessment. Students will seek out a specific person, group or community that will provide the context for the completion of the central assignment. resources, and educate community members on specific issues related to their own health and well-being. Prerequisites: DPT-624 Differential Diagnosis, PDT-615 Clinical Examination Skills. 2 credits.

Student Learning Objectives

At the end of this course the student should be able to:

1. value health promotion, fitness, and wellness activities as part of a physical therapy practice
2. analyze epidemiological data for purposes of planning prevention and wellness programs
3. examine health behavior and risk factors of patients/clients/communities that impact planning of health/wellness programs or interventions
4. integrate factors including preexisting health status, lifestyle, disease, comorbidity, and disability when planning and recommending health/wellness programs
5. estimate the contributions of race/ethnicity, religion, gender, age, and socioeconomic status when planning and recommending health/wellness programs or interventions
6. consider the effect of group and community values when planning and recommending health/wellness programs
7. outline the components of a fitness wellness program for individuals or communities with a lifelong disability secondary to a progressive or a nonprogressive disorder
8. interpret the data collected to determine cost-effective measures consistent with the individual, group, and community needs
9. develop a plan to implement fitness/wellness program for a specific population, community or group that includes methods to assess effectiveness
10. collaborate with members of the healthcare team when planning and recommending health/wellness programs
11. advocate for the value of health/wellness programs that promote health, wellness and the quality of life health of individuals, groups, communities or society
12. provide consultation within boundaries of expertise to businesses, schools, government, agencies, other organizations, and individuals.

Course expectations

Lecture: 2 hours/week

Field experiences: It is expected that students will spend approximately working on the health/wellness project including researching, designing, writing and consulting with representatives of their selected group or community.

Grading

Assessment method	% of total grade
Project	
Population identification & analysis	15
Program cost/benefit analysis	10
Program risk analysis	15
Advocacy plan	10
Program plan	25
Program implementation & assessment	25

Health/Wellness program project: Students will work in groups of 2 or 3. Groups will select or identify a specific individual, group or community that would benefit from a health/wellness program. Groups will then complete the 6 phases of program planning and implementation including 1) group demographic analysis, 2) cost/benefit analysis, 3) risk analysis, 4) advocacy plan, 5) comprehensive health/wellness program 6) implementation and assessment plan. Students will also be required to create an audio, visual or print media component of 1 of the 6 components of the program plan. Students will submit a written summary report inclusive of all 6 components and the 1 A/V/P component.

Suggested client/group or community:

Weight Loss and Weight Management	People with Coronary Artery Disease
Flexibility and Muscular Strength	People with Hypertension
Cardiorespiratory Fitness	Pregnant women
Developing and Maintaining Fitness in Older Adults - or- Children	People with Diabetes
Maintaining Bone Health	People with COPD
Health/wellness in sedentary workers	People with Cancer
	Nutrition and Athletic Performance

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-655
US Health Care Systems

Instructor: *TBD*

Description

An introduction to the history and current status of the US health care delivery systems. Topics include delivery models, structures, regulations, and reimbursements systems. Social, economic, legal and political factors affecting these systems is also covered. The goal is to understand the current health care delivery system in relation to historical evolution and current factors influencing the systems. Pre-requisite: DPT-692 Clinical Education I. 2 credits.

Student learning objectives

At the end of this course the student should be able to:

1. outline the evolution of the health care delivery and reimbursements systems in the United States
2. identify components and functions of health care delivery systems to include models, accreditation, licensure, regulations, payment, and reimbursement systems.
3. identify the current social, legal, and economic factors that affect the delivery of health care
4. examine important aspects of Medicare including:
 - a. identification of fiscal intermediary
 - b. fee schedule
 - c. therapy caps
 - d. supervision requirements
 - e. durable medical equipment
 - f. coding and billing
 - g. documentation
 - h. denials, audits and appeals.
5. describe the mechanisms and key aspects of reimbursement for physical therapy services in our current healthcare systems
6. analyze the main elements of laws and regulations that are relevant to physical therapists
7. explain legal terms and issues related to the practice of physical therapy in the U.S.
8. identify key aspects of the New York State Physical Therapy Practice Act.
9. explain the difference between legal and ethical considerations in clinical practice.
10. describe the current critical health policy issues in the U.S. and predict future trends

Course expectations

Lecture: 4 hours/week (half semester)

Other: It is expected that students will spend approximately 3 hours per completing reading assignments, reviewing lecture notes, on case study project and preparing for assessments. This is a total of approximately 7 hours outside of lecture and lab scheduled meetings.

Grading

Assessment method	% of total grade
Quizzes	20 (4 @ 5)
Exams	30 (2 @ 15)
Healthcare patient analysis case study	30 (3 @ 10)
Final Exam	20

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-656
Interprofessional Education/Collaboration/Practice Series

Instructor: Team collaboration across multiple programs including nursing, PT, OT, SLP, medicine, public health and pharmacy.

Course Description

Second of a three-part series designed to immerse the student within a simulated healthcare team and provide opportunities to learn from, about and with other members of the healthcare team. The course series will embrace the IPEC core competencies of Values/Ethics for Interprofessional Practice, Roles/Responsibilities, Interprofessional Communication and Teams and Teamwork. These competencies will be achieved through group projects, readings, individual assignments and reflective writings. These experiences are not graded but are required of all students in order to progress through the curriculum.

Student Learning Objectives

At the end of this series of experiences the student should be able to:

Professional Year 2 Spring – Roles & Responsibilities

Roles/Responsibilities (Competency 2)

Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.

1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.
2. Recognize one's limitations in skills, knowledge, and abilities.
3. Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.
4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.
5. Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.
6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.
7. Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.
8. Engage in continuous professional and interprofessional development to enhance team performance and collaboration.
9. Use unique and complementary abilities of all members of the team to optimize health and patient care. Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.

Physical Therapy/Binghamton University
PTD-694
Clinical Education II

Instructor: Kristen Mooney PT, DPT, NCS

Description

Second full-time experiential learning in a clinical environment which is preferably an outpatient setting such as orthopedic, sports, pediatric or similar physical therapy setting. This experience provides students with continued opportunities to apply knowledge and skills from prior coursework and to be challenged to explore more advanced theories and treatment procedures. It is expected that degree of supervision is reduced from their first experience yet remains consistent with patient complexity and/or student abilities. The student should progress to independence with simple and less complex patients and diagnoses. Prerequisite: Successful completion of all prior required coursework and Good Academic Standing. 4 credits.

Student learning objectives

At the end of this course the student should be able to:

1. demonstrates professional behavior in all situations.
2. conforms to established legal and professional standards and ethical guidelines.
3. demonstrates effective verbal and non-verbal communication skills in all situations
4. demonstrates patient centeredness by demonstrating respect for differences in patients' values, preferences, and needs.
5. demonstrates reflection and self-assessment to modify future behavior and improve clinical and professional performance.
6. practices in a manner that minimizes risks to the patient, self, and others.
7. applies current knowledge, skills and clinical judgment in all aspects of patient management.
8. incorporates evidence and patient values into all aspects of the patient/client management model.
9. integrates all aspects of the ICF model into the patient/client management model
10. designs and delivers competent, evidence informed and patient-centered physical therapy interventions consistent with their level of education/knowledge
11. consistently demonstrates the ability to listen to and incorporate feedback to improve future performance
12. documents all aspects of patient management in a timely manner consistent with legal requirements and facility specific formats
13. educates others (patients, family/caregivers and other health care providers) strategies appropriate to the topic, audience and setting.
14. utilizes outcome measures to guide intervention, discharge and clinical management improvement.
15. engages in patient scheduling, coding and billing that adheres to legal and ethical practices
16. delegates and supervises tasks to support personnel to maximize both efficiency and patient outcomes consistent with legal standards and ethical guidelines.

Course expectations

This is an 8-week full time clinical experience. Students are expected to conform to the clinical schedule for the site that they are assigned to for this experience. This is typically represented by an 8-10-hour day in a 4-6-day weekly schedule. This should total approximately 40 hours per week. Students are expected to arrive in a timely fashion so that they are prepared for patient care and complete daily activities prior to departing. In addition, it is expected that students utilize evenings and "downtime" during the work day to prepare to provide competent and safe patient centered interventions.

Grading

Satisfactory/Unsatisfactory: Each student's performance will be evaluated using regular formative and a final summative assessment of performance guided by both the Clinical Performance Instrument (CPI) and the E-Value

Competency Assessment. It is expected that the student will participate in this assessment process by completing self-assessments and creating development plans. Students will also be expected to actively seek learning experiences to address areas in need of improvement. Final grading of Satisfactory will require the student to achieve the minimum ratings on the CPI as indicated below.

Clinical Performance Instrument

Professional Practice

- | | |
|-----------------------------|-------------------------------|
| 1. Safety | Entry level performance |
| 2. Professional Behavior | Entry level performance |
| 3. Accountability | Entry level performance |
| 4. Communication | Entry level performance |
| 5. Cultural Competence | Advanced beginner performance |
| 6. Professional Development | Advanced beginner performance |

Patient Management

- | | |
|--|-------------------------------|
| 7. Clinical Reasoning | Advanced beginner performance |
| 8. Screening | Entry level performance |
| 9. Examination | Entry level performance |
| 10. Evaluation | Advanced beginner performance |
| 11. Diagnosis* and Prognosis | Advanced beginner performance |
| 12. Plan of Care | Entry level performance |
| 13. Procedural Interventions | Entry level performance |
| 14. Educational Interventions | Entry level performance |
| 15. Documentation | Entry level performance |
| 16. Outcomes Assessment | Entry level performance |
| 17. Financial Resources | Advanced beginner performance |
| 18. Direction/Supervision of Personnel | Advanced beginner performance |

A grade of "S" (satisfactory) in the clinical education course will be awarded when:

1. The student achieves minimum ratings as indicated above.
2. The student demonstrates performance improvements as evidenced by increases in ratings from formative to summative assessments.
3. to meet course expectations by the final assessment on the PT CPI Web.
4. The Clinical Instructor's comments are consistent with ratings on each of the scales.
5. The student submits a reflection paper.
6. All required paperwork is submitted to the DCE.

A grade of "U" (unsatisfactory) will be awarded in the clinical education course when one or more of the following are present:

1. The student's performance rating is below the minimum level of acceptable performance
2. The CI comments support lowering performance rating.
3. The CI comments articulate deficient performance *regardless of* the rating mark.
4. The student *has not met* criteria established in an action plan.
5. The site documents *safety concerns* regarding patient care.
6. *The site requests student termination* at the placement before the expected end date of the course due to student performance deficits.
7. The student fails to submit all required paperwork to the DCE in a timely manner.

Physical Therapy/Binghamton University
PTD-660
Introduction to Clinical Management

Instructor: *TBD*

Description

Through observation and investigation of processes at placement for Clinical Education II, students explore clinical management concepts such as effective time management, delegation and supervision of support personnel, billing tasks and guidelines, legal/ethical considerations related to billing and use of support personnel, supervision and management of personnel, and the role of the PT in advocacy for services/coverage for patients. It is a companion course with Clinical Education II and students will utilize their clinical experiences as the contexts for exploring these concepts. Prerequisites: PDT-655US Healthcare Systems, Corequisite DPT-694 Clinical Education II. 2 credits

Student learning objectives

At the end of this course the student should be able to:

1. describe strategies to effectively manage time and productivity in the clinical setting
2. incorporate strategies to improve time management and productivity
3. summarize important implications and regulations of providing physical therapy services under public and private health care plans (documentation, authorization, coding, billing)
4. locate and interpret pertinent coverage policies that describe eligibility, coverage, and documentation requirements for patient
5. understand ICD-10 and CPT codes to enable participation in the billing process
6. identify legal and ethical guidelines and mechanisms for maximizing reimbursement.
7. identify opportunities to utilize support personnel in the delivery of physical therapy services.
8. weigh the pros and cons of using support personnel in the delivery of physical therapy services.
9. evaluate legal and ethical considerations for using support personnel in the delivery of physical therapy services.
10. identify opportunities to apply communication and conflict management skills to enhance effective working relationships.
11. explain the physical therapist's role in negotiating and advocating for appropriate healthcare services for consumers
12. identify opportunities to participate in the political process to further the legislative aims of the profession.

Course expectations

Lecture: 2 hours/week. This is an online and asynchronous course delivery format. The course will deliver weekly "lectures" with assignments and required threaded discussions.

Other: It is expected that students will spend approximately 3 hours per week completing the required readings, participating in threaded discussions and completing reflective writing assignments.

Grading

Assessment method	% of total grade
Weekly threaded discussion posts	50 (10 @ 5)
Reflective writing (billing, support personnel, advocacy)	30 (3 @ 10)
Time management evaluation and plan	20

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-670
Clinical Management of Complex Patients

Instructor: *TBD*

Course Description

Students integrate knowledge and skills of examination, evaluation, diagnosis and intervention planning for complex and challenging patients. Requires students to critically examine evaluate evidence in order to apply best evidence, to consider the utility of physical therapy in the overall management of these complex patients. Difficult and challenging conversations with patients and difficult and challenging decisions will be encountered in dealing with these complex patient scenarios. Prerequisites: DPT-694 Clinical Education II. 2 credits

Student Learning Objectives

At the end of this course the student should be able to:

- 1) evaluate the appropriateness of models that guide clinical reasoning in physical therapy for complex patient scenarios.
- 2) integrate knowledge of general medical management and across PT practice patterns to plan examination and to design intervention plans for complex patient scenarios.
- 3) identify the symptom clusters that lead to the determination of suspecting, confirming, or ruling out of diagnoses in complex patient scenarios.
- 4) summarize findings on a patient/client expressed in terms of the disablement model to include impairment, functional limitation, and participation restrictions.
- 5) design a comprehensive physical therapy plan of care for a complex patient scenario and recommend appropriate outcomes measures
- 6) evaluate the current available literature and evidence that guides the management of complex patient scenarios.
- 7) defend the appropriateness of physical therapy as a component of the overall management of complex patient scenarios
- 8) determine when physical therapy services should be terminated despite impairments/limitations being present in complex patient scenarios
- 9) compose a written communication that defends the decision to terminate or include PT intervention to PCP or reimbursement entity.
- 10) reflect on the experiences of delivering end of life or end of services news to patients
- 11) Assume responsibility for consulting with and/or referral to other professionals.

Course expectations

Lecture: 1 hours/week

Team/Group meetings: 2 hours per week

Other: It is expected that students will spend approximately 2 additional hours per week working independently to complete reading, completing reflection paper and case study assignment.

Grading

Assessment method	% of total grade
Case study final paper	50
Case study presentation	25
Reflection on difficult conversation	10
Team evaluation	5
Mentor grade	10

Sample Cases:

- 1) Adolescent male football player with 5th concussion in 2 years and depression
- 2) 52-year-old male IDDM, alcoholism, s/p BKA and phantom limb pain
- 3) 72 year old obese widow, h/o kidney cancer and nephrectomy with chronic LBP with RLE pain,
- 4) 8 year old non-ambulatory female with CP and severe scoliosis and significant respiratory limitations
- 5) 46 year old single father of 2 children with Failed Back Syndrome, depression and opioid addiction

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-671
MSK IV –Advanced Spine & Manual Therapy

Instructor: *TBD*

Description

Builds on previous Musculoskeletal course series with an in depth focus on the specific challenges inherent in the examination, diagnosis and intervention for patients with spinal dysfunction. Course includes thrust and non-thrust manipulations as interventions for the spine and peripheral joints. A physical therapy management approach of manual therapy (muscle energy techniques, mobilization, and manipulation) combined with patient education and exercise will build upon the models previously presented in your courses. Greater emphasis is placed on spinal examination and diagnosis processes along with advanced manipulative intervention options as part of your physical rehabilitation course. Prerequisites: DPT-652 Musculoskeletal III. 2 credits

Student learning objectives

At the end of this course the student should be able to:

1. given a history and examination findings, correctly classify the patient based on a treatment-based classification model for the spine.
2. utilizing treatment-based classification outline a plan of care
3. recognize abnormal illness and fear avoidance behaviors and identify ways to address with interventions.
4. explain mechanical, neurophysiological, psychological, and chemical effects of manipulation
5. correctly perform selected manual therapy techniques to include muscle energy technique and thrust and non-thrust mobilization/manipulation to the spine and extremities
6. describe/demonstrate selected exercise routines for the spine and state the rationale for using each specific exercise.
7. list conditions for which spinal traction is indicated and describe the therapeutic benefit.
8. demonstrate manual and mechanical traction techniques for cervical & lumbar spines
9. list the absolute/relative contraindications and precautions for manual and manipulative techniques
10. distinguish when thrust or non-thrust techniques should be utilized, given a patient's case.
11. interpret response to treatment and make appropriate recommendations for modification.

Course expectations

Lecture: 1 hours/week

Lab: 2 hours per week (1 @ 2 hours)

Other: It is expected that students will spend approximately 2 hours per week practicing skills. It is expected that students will spend 2-4 hours completing reading assignments, reviewing lecture notes and preparing for assessments. This is a total of approximately 4-6 hours outside of lecture and lab scheduled meetings.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Exams	30 (2 @ 15)
Practical exams	40 (4 @10)
Final Exam	15

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-672
Neurorehabilitation II (Peripheral and autonomic)

Instructor: *TBD*

Course Description

The examination, evaluation and intervention for persons with pathology or disorders involving the spinal cord, peripheral and autonomic nervous systems are covered. Includes etiology, pathology, clinical signs and symptoms, diagnostic procedures and medical and physical therapy management. Examination, evaluation, intervention strategies and standardized assessments pertinent to the management of patients with neurologic injury/disease of the spinal cord and peripheral nervous system. The physical therapist, as a critical member of the interprofessional healthcare team will be addressed. Prerequisites: DPT-650 Foundations of Neurorehabilitation II. 4 credits.

Student Learning Objectives

At the end of this course the student should be able to:

1. describe the disease/injury pathology of commonly seen disorders of the spinal cord, peripheral and autonomic nervous system: (SCI, multiple sclerosis, Guillain-Barre, post-polio, myelopathy, peripheral nerve compressions, autonomic dysreflexia/complex regional pain syndrome)
2. describe the medical, surgical, and/or pharmacological management of commonly seen disorders of the spinal cord, peripheral and autonomic nervous system: (SCI, multiple sclerosis, Guillain-Barre, post-polio, myelopathy, peripheral nerve compressions, autonomic dysreflexia)
3. through observation, subjective and objective information collected during examination, determine physical therapy diagnosis, prognosis and plan of care.
4. apply the ICF framework to guide the clinical management of patient with acquired and degenerative conditions of disorders of the spinal cord, peripheral and autonomic nervous system
5. discuss prognostic indicators and differences in prognosis for various acquired neurologic disorders and neurodegenerative conditions.
6. establish goals and functional outcomes that specify expected time and duration across continuum of care
7. develop and manage an evidence-informed patient centered plan of care that addresses all systems deficits based upon patient response/progress (e.g. motor, sensory/perceptual, multi-system involvement)
8. select, administer and interpret appropriate outcome measures
9. identify discharge options and incorporate into plan of care.
10. advocate on behalf of patients/clients when additional services are required to meet expected goals and functional outcomes.
11. function as a member of the health care team in the management of patients with neurological conditions including appropriate referrals to others (in and outside of profession) when needed care is outside personal expertise.

Course expectations

Lecture: 2 hours/week

Field experiences: 4 hours per week

Other: It is expected that students will spend approximately 2 hours per week completing reading assignments, reviewing lecture notes, completing reflection papers and case study assignment. preparing for assessments.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Simulation assignments and reflection papers	50 (5 @10)
Case study project	20
Final Exam	15

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-673
Special Populations V – Clinical Management of the Pediatric Population

Instructor: *TBD*

Course Description

Student Learning Objectives

At the end of this course the student should be able to:

1. describe and discuss the development of the nervous and musculoskeletal systems.
2. perform and interpret the results of reflex and developmental reflex testing
3. differentiate and discriminate between changes in development if pathological reflexes persist.
4. describe and discuss gross motor progression from 0-10 years of age.
5. analyze the movements and behavior of typical children between the ages of 0-12 months and determine the demonstrated gross motor age
6. describe and recognize the progression of gait from automatic walking to independent ambulation
7. describe gross motor development through adolescence
8. describe and discuss fine motor development including reach and grasp patterns.
9. perform a fine motor screening to determine if referral or intervention is necessary
10. identify the sequence in the development of vision
11. describe and discuss the development of the sensory processing system
12. discuss and demonstrate treatment techniques that would address sensory processing deficits
13. discuss the development of typical postural control (righting reactions, protective reactions, equilibrium reactions and balance)
14. describe the disease/pathology of pediatric conditions including CP, Down's Syndrome, ASD, Spina Bifida, DMD/MD, congenital orthopedic conditions, etc
15. describe the medical, surgical, and/or pharmacological management of pediatric conditions including CP, Down's Syndrome, ASD, Spina Bifida, DMD/MD, congenital orthopedic conditions, etc
16. discuss the sequence of atypical motor development including missing components, compensations, habit, possible contractures and deformities
17. through observation, subjective and objective information including screening examinations collected during examination identify clinical signs and symptoms in order to determine diagnosis, prognosis and plan of care for the pediatric patient/client from birth through adolescence
18. recommend and instruct in the use of adaptive equipment for the special needs child at home, school and community.
19. apply the ICF framework to guide the clinical management of the pediatric patient/client
20. discuss prognostic indicators and differences in prognosis for various acquired neurologic disorders and neurodegenerative conditions.
21. establish goals and functional outcomes that specify expected time duration
22. develop and manage an evidence-informed patient centered plan of care that addresses all systems deficits based upon patient response/progress (e.g. motor, sensory/perceptual, multi-system involvement)
23. select, administer and interpret appropriate outcome measures
24. identify discharge options and incorporate into plan of care.
25. advocate on behalf of patients/clients when additional services are required to meet expected goals and functional outcomes.
26. integrate legal protections for pediatric patient/clients into management plan
27. function as a member of the health care team in the management of patients with neurological conditions including appropriate referrals to others (in and outside of profession) when needed care is outside personal expertise.

Course expectations

Lecture: 2 hours/week

Lab & Field experiences: 2 hours per week

Other: It is expected that students will spend approximately an additional 2 hours per week completing reading assignments, reviewing lecture notes, case study assignment and preparing for assessments.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Case study assessments (0-6 mo, 6-12 mo, 12-24 mo, school aged)	40 (4 @ 10)
Written exams	20 (2 @ 10)
Competency/Practical exam	15
Final Exam	10

Competency/Practical

These competencies are P/F however every critical component listed below must be passed. In the event that the student fails a competency, remediation will be arranged with one of the instructors and then re-testing will be arranged until the objectives are met. Students must use proper hand placements, techniques and maintain safety:

1. Facilitation of:
 - a) head control
 - b) rolling
 - c) getting into sitting
 - d) sit to standing
 - e) gait
2. perform two techniques for inhibiting spasticity
3. demonstrate two techniques for facilitating tone
4. demonstrate facilitating postural reactions.
5. demonstrate/perform a treatment progression for an impairment

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-674
Clinical Management, Administration & Marketing

Instructor: *TBD*

Description

Covers the concepts and skills critical for the successful management, administration, growth, development and marketing of physical therapy clinical services in a variety of settings. Prerequisite: DPT-660 Introduction to Clinical Management. 3 credits.

Student learning objectives

At the end of this course the student should be able to:

Clinical Management domain:

1. describe basic principles of direction and supervision of human resources.
2. recognize factors that would influence scheduling and or productivity measures.
3. describe and calculate measures of productivity.
4. assess the malpractice ramifications of direction and supervision.
5. manage billing and reimbursement activities within legal and ethical guidelines
6. identify accepted accountancy and financial techniques to determine and manage aspects of practice.
7. determine referral base, patient/client mix and other indicators of clinical performance
8. participate in the assessment of personnel performance
9. establish personnel management policies considering legal constraints and ethical issues.
10. employ risk management strategies in business operations.
11. apply communication and conflict management skills to enhance working relationships.
12. describe HR and disability laws and the impact on employees and the public.

Clinical Administration domain:

13. describe necessary leadership skills for coordinating and managing care.
14. understand and analyze organizational behavior and conceptual models of patient/ client service delivery.
15. develop justification for expansion or reduction of budgets.
16. determine staffing patterns considering mission, client mix, available resources, and fluctuations in supply and demand.
17. analyze and make recommendations based up various indicators of clinical performance
18. discuss strategic financial planning for a successful business using theories of basic accounting.

Clinical Marketing domain:

19. develop a mission statement that guides business strategy and practices.
20. perform a needs analysis to identify customers, location options, and business niches
21. examine considerations for niche markets in physical therapy.
22. formulate a business plan for a hypothetical physical therapy practice.
23. analyze principles of marketing in the context of physical therapy service.
24. describe the process of developing, implementing, and evaluating a marketing plan
25. formulate a marketing plan for a hypothetical niche practice.

Course expectations

Lecture: 3 hours/week

Lab: 1 hour per week – this is time for working through projects and having access to support
It is expected that students will spend an additional 2-4 hours completing reading assignments, reviewing lecture notes, working on assignments and preparing for assessments. This is a total of approximately 6-8 hours outside of lecture and lab scheduled meetings.

Grading

Assessment method	% of total grade
Quizzes	15 (3 @ 5)
Exams	20 (2 @ 10)
Peer performance evaluation	10
Billing/Accounting project	15
Business plan	15
Marketing plan	15
Final Exam	10

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-699
Evidence Based Practice - Capstone

Instructor: *TBD*

Course Description

Third in a 3-course series on evidence-based practice where students will be guided in drafting and finalizing the communication of their scholarly work initiated in EBP II. Students will be required to submit a formal proposal for poster presentation at Combined Sections Meeting (CSM) of the APTA. In addition, students will also present their work at a regional professional meeting of the NYPTA Chapter that conforms to guidelines for posters presented at the CSM of the APTA. Prerequisites: DPT-641 Evidence Based Practice II. 2 credits.

Student Learning Objectives

At the end of this course the student should be able to:

1. identify the typical and essential components of a scientific manuscript.
2. prepare a written manuscript conforming to the format and style guidelines of a specific publication.
3. critically evaluate the scholarly work of a peer and provide feedback
4. defend the role that the peer review process plays within the physical therapy profession.
5. Explain the contributions of practice-based evidence to evidence-based practice.
6. create and present a poster conforming to an acceptable format at the APTA CSM
7. demonstrate professionalism and comfort when presenting to peers and professionals
8. demonstrate confidence in responding to questions from peers and professionals

Lecture: 1 hours/week

Other: It is expected that students will spend approximately 4-6 hours per week completing the writing process (multiple drafts with feedback and revisions) to complete the manuscript as well as creating a poster for presentation.

Grading

Assessment method	% of total grade
Peer review of manuscript	15
Final manuscript	40
Poster	20
Poster presentation	25

Grading Scheme

<i>Grade</i>	<i>Points</i>	<i>Percent</i>
A		97 – 100%
A-		90 - <97%
B+		87 - <90%
B		84 - <87%
B-		80 - <84%
C+		77 - <80%
C		74 - <77%
C-		70 - <74%
F		<70%

Physical Therapy/Binghamton University
PTD-676
Interprofessional Education/Collaboration/Practice Series

Instructor: Team collaboration across multiple programs including nursing, PT, OT, SLP, medicine, public health and pharmacy.

Course Description

Final course in a three-part series of experiences is designed to expose and immerse the student in the healthcare team and provide opportunities to learn from, about and with other members of the healthcare team. The course series will embrace the IPEC core competencies of Values/Ethics for Interprofessional Practice, Roles/Responsibilities, Interprofessional Communication and Teams and Teamwork. These competencies will be achieved through group projects, readings, individual assignments and reflective writings. These experiences are not graded but are required of all students in order to progress through the curriculum. 0 credits.

Student Learning Objectives

At the end of this series of experiences the student should be able to:

Professional Year 3 Fall - Teamwork and Team-based practice

Teams and Teamwork (Competency 4)

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

1. Describe the process of team development and the roles and practices of effective teams
2. Develop consensus on the ethical principles to guide all aspects of team work.
3. Engage health and other professionals in shared patient-centered and population focused problem-solving.
4. Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.
5. Apply leadership practices that support collaborative practice and team effectiveness.
6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health and other professionals and with patients, families, and community members.
7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
8. Reflect on individual and team performance for individual, as well as team, performance improvement
9. Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.
10. Use available evidence to inform effective teamwork and team-based practices.
11. Perform effectively on teams and in different team roles in a variety of settings.

Physical Therapy/Binghamton University
PTD-696
Clinical Education III

Instructor: Kristen Mooney PT, DPT, NCS

Description

Final full-time experiential learning placement in a physical therapy clinical environment which can be in a variety of settings, practice areas or geographic locations. The experience should culminate with the student demonstrating all competencies articulated to be “entrusted” with independent and entry-level with all professional activities as indicated by achieving “entry level performance” ratings in all areas of the CPI. It is expected that degree of supervision is significantly removed and the student is performing autonomously with only intermittent or distant oversight. Prerequisite: Successful completion of all prior required coursework. 5 credits.

Student learning objectives

At the end of this course the student should be able to:

1. demonstrates professional behavior in all situations.
2. conforms to established legal and professional standards and ethical guidelines.
3. demonstrates effective verbal and non-verbal communication skills in all situations
4. demonstrates patient centeredness by demonstrating respect for differences in patients’ values, preferences, and needs.
5. demonstrates reflection and self-assessment to modify future behavior and improve clinical and professional performance.
6. practices in a manner that minimizes risks to the patient, self, and others.
7. applies current knowledge, skills and clinical judgment in all aspects of patient management.
8. incorporates evidence and patient values into all aspects of the patient/client management model.
9. integrates all aspects of the ICF model into the patient/client management model
10. designs and delivers competent, evidence informed and patient-centered physical therapy interventions consistent with their level of education/knowledge
11. consistently demonstrates the ability to listen to and incorporate feedback to improve future performance
12. documents all aspects of patient management in a timely manner consistent with legal requirements and facility specific formats
13. educates others (patients, family/caregivers and other health care providers) strategies appropriate to the topic, audience and setting.
14. utilizes outcome measures to guide intervention, discharge and clinical management improvement.
15. engages in patient scheduling, coding and billing that adheres to legal and ethical practices
16. delegates and supervises tasks to support personnel to maximize both efficiency and patient outcomes consistent with legal standards and ethical guidelines.

Course expectations

This is a 14-week full time clinical experience. Students are expected to conform to the clinical schedule for the site that they are assigned to for this experience. This is typically represented by an 8-10-hour day in a 4-6-day weekly schedule. This should total approximately 40 hours per week. Students are expected to arrive in a timely fashion so that they are prepared for patient care and complete daily activities prior to departing. In addition, it is expected that students utilize evenings and “downtime” during the work day to prepare to provide competent and safe patient centered interventions.

Grading

Satisfactory/Unsatisfactory: Each student's performance will be evaluated using regular formative and a final summative assessment of performance guided by both the Clinical Performance Instrument (CPI) and the E-Value

Competency Assessment. It is expected that the student will participate in this assessment process by completing self-assessments and creating development plans. Students will also be expected to actively seek learning experiences to address areas in need of improvement. Final grading of Satisfactory will require the student to achieve the minimum ratings on the CPI as indicated below.

Clinical Performance Instrument

Professional Practice

- | | |
|-----------------------------|-------------------------|
| 1. Safety | Entry level performance |
| 2. Professional Behavior | Entry level performance |
| 3. Accountability | Entry level performance |
| 4. Communication | Entry level performance |
| 5. Cultural Competence | Entry level performance |
| 6. Professional Development | Entry level performance |

Patient Management

- | | |
|--|-------------------------|
| 7. Clinical Reasoning | Entry level performance |
| 8. Screening | Entry level performance |
| 9. Examination | Entry level performance |
| 10. Evaluation | Entry level performance |
| 11. Diagnosis* and Prognosis | Entry level performance |
| 12. Plan of Care | Entry level performance |
| 13. Procedural Interventions | Entry level performance |
| 14. Educational Interventions | Entry level performance |
| 15. Documentation | Entry level performance |
| 16. Outcomes Assessment | Entry level performance |
| 17. Financial Resources | Entry level performance |
| 18. Direction/Supervision of Personnel | Entry level performance |

A grade of "S" (satisfactory) in the clinical education course will be awarded when:

1. The student achieves minimum ratings as indicated above.
2. The student demonstrates performance improvements as evidenced by increases in ratings from formative to summative assessments.
3. to meet course expectations by the final assessment on the PT CPI Web.
4. The Clinical Instructor's comments are consistent with ratings on each of the scales.
5. The student submits a reflection paper.
6. All required paperwork is submitted to the DCE.

A grade of "U" (unsatisfactory) will be awarded in the clinical education course when one or more of the following are present:

1. The student's performance rating is below the minimum level of acceptable performance
2. The CI comments support lowering performance rating.
3. The CI comments articulate deficient performance *regardless of* the rating mark.
4. The student *has not met* criteria established in an action plan.
5. The site documents *safety concerns* regarding patient care.
6. *The site requests student termination* at the placement before the expected end date of the course due to student performance deficits.
7. The student fails to submit all required paperwork to the DCE in a timely manner.

Physical Therapy/Binghamton University
PTD-680
PD III – Capstone - Launching your career

Instructor: *TBD*

Course Description

Capstone course in the Professional Development series is intended to prepare the student to transition successfully into professional practice. Understanding and valuing the role of the Clinical Instructor, valuing and creating a personal professional development plan, developing a job seeking strategy, drafting a resume and cover letter, developing interviewing skills, planning for the NPTE exam, preparing to repay student loans and strategies for identifying a mentor are covered in this course. Corequisite: DPT-694 Clinical Education III. 2 credits. Pass/Fail

Student Learning Objectives

At the end of this course the student should be able to:

1. value the role of the Clinical Instructor in physical therapy education.
2. examine the process for becoming a credentialed Clinical Instructor.
3. apply communication and conflict management skills to enhance effective working relationships.
4. formulate and write a professional development plan including obtaining advanced knowledge and skills, pursuing added responsibilities, and actively responding to change.
5. develop a job seeking strategy to include identification of available positions, resume and cover letter writing, strategies for interviewing and negotiation strategies.
6. plan for preparing for licensure and propose review strategies for NPTE.
7. understand the impact of clinical mentoring and characteristics of effective mentors
8. develop a personal financial plan for loan repayment

Course expectations

Lecture: 2 hours/week asynchronous online

Other: Students will spend approximately 2 hours per week completing assignments.

Grading

Assessment method	% of total grade
Clinical instructor assessment	required
Professional development plan	required
Job seeking strategy	required
Mock interview & reflection	required
FSBPT paperwork	required
Loan repayment plan	required

Grading Scheme

Pass/Fail

Appendix F – Outside Instruction



External Instruction Form **Form 2E**

Version 2014-11-17

This form is required when external instruction is part of the degree requirements in an academic program. External instruction includes internships, field work, clinical placements, cooperative education, service learning, and the like, which are offered in cooperation with external partners, such as business and industry, health care facilities, public agencies, or schools.

1. Use the table below (expanded as necessary) to summarize proposed arrangements for required external instruction in an academic program. List all proposed arrangements. The number of placements listed below should equal or exceed the number of students expected to be in the initial cohort of a new program.

Name and Title of Contact Person	Name and Address of Placement Site	# of placements per year

2. For clinical placements for programs leading to [professional licensure in a health profession](#), **append** documentation to demonstrate each site’s commitment to a numerical range of students each year, and the time period of its commitment. The documentation should be signed by the responsible official at each proposed clinical site.
3. In the table below, list the individual(s) at the campus (or at each campus, in the case of multi-institution programs) who will have responsibility for oversight and administration of external instruction.

Name	Title	Email Address

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Appendix F – Sample Contract Boilerplate

CLINICAL AFFILIATION AGREEMENT
BETWEEN
THE STATE UNIVERSITY OF NEW YORK,
BINGHAMTON UNIVERSITY
AND
XXXXXX

THIS AGREEMENT made this **11th day of September, 2019**, by and between the State University of York, a corporation and existing under the laws of the State of New York, with its principal place of business located at State University Plaza, Albany, New York 12246, for and on behalf of the **State University of New York, Binghamton University**, hereinafter referred to as “University,” and “**XXX, XXX, CITY, STATE ZIP CODE**” hereafter referred to as “Agency.”

WITNESSETH;

WHEREAS, the University desires to have graduate /undergraduate nursing students, receive training and experience at the Agency, and

WHEREAS, the Agency desires to provide a clinical site for the training of graduate/undergraduate nursing students, and

NOW, THEREFORE, it is mutually understood by and between the parties hereto as follows:

1. Course/clinical practicums are arranged through the Clinical Site Coordinator and Faculty Member in consultation with the student and such course/clinical practicums are taken for credit toward the student’s educational program. A copy of the Graduate/Undergraduate Course Descriptions is attached as **Exhibit B**.
2. Evaluation of the student will be done in cooperation with the **Agency** Preceptor on the specific course evaluation form provided to the Preceptor by the School of Nursing.
3. The student will be under the training and general supervision of a licensed practitioner at the **Agency** in performing clinical work judged to be appropriate to the student’s level of training and the specific course goals and objectives.
4. The **Agency** shall make available to student(s) its clinical facilities for educational purposes and will provide any needed conference room space and use of instructional material, as well as cafeteria access with meals at the student’s own expense.
5. The **University** faculty and staff shall cooperate in the planning and coordination of the experience of the student. The days and hours of clinical experience shall be mutually agreed upon and arranged between the **Agency** and **University** to meet the course requirements.
6. The **University** faculty will assume general responsibility for and will cooperate with the **Agency** in planning and providing the learning experience for the student at the **Agency**.
7. The **University** will advise the student of his/her responsibility to abide by all the existing rules and regulations of the **Agency**, copies of which the **Agency** shall provide to the student.

Mario R. Ortiz, RN, PhD, FNAP Date
Dean and Professor
Decker School of Nursing; Binghamton University

Appendix G – Sample Position Descriptions for New Faculty

Director of Clinical Education (completed 1/2020)

The Division of Physical Therapy within the Decker College of Nursing and Health Sciences at Binghamton University invites applications for the Director of Clinical Education faculty position in the developing Doctor of Physical Therapy program. This is a full-time, Open Rank, 12-month position with rank and salary commensurate with credentials and experience. The successful candidate will be a creative and collaborative individual with primary responsibility for identifying and establishing partnerships with clinical sites that offer quality clinical learning experiences for our students who is also interested in contributing to program development and to creating opportunities for students to participate in innovative interprofessional educational experiences. The ideal candidate will be licensed or eligible for licensure to practice physical therapy in New York and will possess an earned terminal academic degree (PhD, EdD, DSc) with a proven record of teaching in a graduate physical therapy program. An individual with a Doctor of Physical Therapy (DPT) degree plus clinical specialization area will also be considered. The successful candidate must have at least three years of post-licensure clinical experience with two years of experience as a Clinical Coordinator of Clinical Education or Clinical Instructor, or minimum of two years of experience in teaching, curriculum development and administration experience in a physical therapist education program. Previous experience with the CAPTE accreditation process particularly as it relates to the clinical education curriculum, an established line of scholarship or clinical research and active membership in the American Physical Therapy Association are also desired.

Tenure eligible positions (multiple) - General position description

The Division of Physical Therapy within the Decker College of Nursing and Health Sciences at Binghamton University invites applications for full-time tenured/tenure-track **Assistant, Associate, or Full Professor** in the School of Rehabilitation Sciences' Division of Physical Therapy in the Doctor of Physical Therapy (DPT) Program. This is a 9-month appointment with potential for summer teaching. The successful applicant will be a licensed physical therapist with an academic doctorate (preferably PhD) in physical therapy or a related field, and have expertise in any clinical field (e.g., Sports, Geriatrics, Neurology, Oncology, Orthopedics, Pediatrics, Gender Health). Job responsibilities include teaching, scholarly activity (e.g., grant writing, manuscript submissions, and conference presentations), and service to the program, college, university, community, and profession. Teaching excellence and current scholarship/research will determine appointment at the Assistant, Associate, or Full Professor level.

Non-tenure eligible/Clinical Faculty (multiple) - General position description

The Division of Physical Therapy within the Decker College of Nursing and Health Sciences at Binghamton University invites applications for full-time non-tenure-track clinical faculty members at the **Instructor, Assistant, Associate, or Full Professor rank** in the School of Rehabilitation Sciences' Division of Physical Therapy in the Doctor of Physical Therapy (DPT) Program. This is a 9-month appointment with potential for summer teaching. The successful applicant will be a licensed physical therapist with an academic doctorate (preferably) in a related field with minimum qualifications being the possession of a Doctor of Physical Therapy (DPT) or equivalent entry-level degree from an accredited institution, eligibility for New York State licensure, and demonstrated interest or previous instructional experience in a DPT curriculum. Additionally, specialist certification by the American Board of Physical Therapy Specialties and a record of scholarship is preferred. We value diversity and seek individuals committed to inclusive practices in education and professional practice.

Appendix H – External Reviewers reports

H.1 Heathcock Report

H.2 Cook Report

Appendix I – Institutional Response to External Reviewers

I.1 Heathcock Report Responses

I.2 Cook Report Response

Appendix I - Program's Responses to External Evaluation Reports

Appendix I.1 External Reviewer # 1: Jill C. Heathcock MPT, PhD

I. Program

1. Assess the program's purpose, structure, and requirements as well as formal mechanisms for program administration and evaluation. Address the program's academic rigor and intellectual coherence.

The purpose of the program and structure of the curriculum are familiar and somewhat traditional. Shorter programs, integrated clinical experiences, remote or hybrid learning opportunities, and layout of clinical rotations in comparisons to the didactic portion of the curriculum could be considered. Global health opportunities and service learning are not mentioned which may be appropriate at this early stage. These are topics that established programs are investigating, and even creating, now. In 4-5 years, some DPT programs and the curriculum could look very different. The program administration would benefit from a director of curriculum, ongoing support from an office of research, and administrative support staff. The program evaluation and self-study are influenced heavily by accreditation requirements which are thorough. The academic rigor and intellectual coherence are strong. One minor comment on waiving observation hours for applicants: this may increase the applicant pool, but it has a risk of student drop out. The advantage of requiring observation hours is that students have realistic expectations about what a physical therapist does.

Response: The reviewer suggests that the program consider opportunities such as “shorter programs, integrated clinical experiences...”. We find this suggestion curious as the proposed program has two integrated clinical experiences, some remote learning experiences and has aligned clinical rotations with the didactic portion of the program. Furthermore, service learning activities will be combined with the capstone Interprofessional learning components of the program. The decision to not require clinical observation hours is based upon the inability to verify hours and ensure similar experiences across all applicants. We recognize that not all potential applicants have access/opportunity for these experiences thereby systematically excluding their application to the program. We will address this concern through holistic admission processes.

2. Comment on the **special focus** of this program, if any, as it relates to the discipline.

Students who graduate with a professional, clinical doctorate in physical therapy, DPT, are considered entry-level and generalists meaning that after licensure they are qualified for a job in a variety of practice settings. Specialization in a certain practice area of emphasis often occurs through residency programs or with experience. Post-graduation, and with advanced clinical practice standards, physical therapists can take board certification examinations and become clinical specialists demonstrating advanced clinical knowledge in a specialty area. For this proposed DPT program, the ability to serve rural and other vulnerable populations is an emphasis of the entry-level program. This special focus is considered in the program description, learning objectives including Entrustable Professional Activities (EPA 7), a 3-part coursework series on special populations (DPT 647 Special Populations III – Rural and At-Risk Populations), faculty to-be-hired, and the makeup of the university and local community. Demographic and financial challenges and advocacy and innovation opportunities for patients and physical therapists in rural health is an ever-present topic within professional organizations and health-care systems. An emphasis on serving rural and other vulnerable populations is likely to be meaningful to prospective students, graduates, and the community. The inclusion of other vulnerable populations in the special focus area of the program allows for adaptation of newer focus areas in an ever-changing health and health care environment.

Response: We appreciate that the rural and at-risk populations are seen as an opportunity and strength. We will work closely with our partners in the College to leverage this for the benefit of both our students/graduates and the local community.

3. Comment on the plans and expectations for self-assessment and continuous improvement.

The program will use a framework of Competency Based Education (CBE) and learning objectives written as Entrustable Professional Activities (EPA). These are modern and current applications of competency-based education for DPT students. Students are tracked using an online system to assure they are meeting minimal levels. Annual review of aggregate and individual student's data are planned for self-assessment. Other possible mechanisms of self-assessment include student surveys and focus groups, CI-reports, alumni surveys, first time and ultimate pass rates on state licensure exams, job placements, employment rates, employer surveys, and class meetings (for current students). Most of these examples are discussed and some may need to be developed when there is a more comprehensive faculty group. A director of curriculum could also take co-responsibility with the director of the DPT program to develop, refine, and monitor self-assessment activities and make action plans for continuous improvement. The director of clinical education should also contribute. Reviewing these materials at faculty meeting and deeper dives into these data at faculty retreats may allow for systematic and longitudinal self-assessment. Typically, these are scheduled at the discretion of the director of the program with regularity and predictability. Development of a strategic plan central to the DPT program that integrates with the "Road Map to Renewal" from the University that considers self-assessment and continuous improvement as part of the actions are recommended.

Self-assessment and continued professional and inter-professional development are also part of the curriculum for DPT students and mentioned specifically in the syllabi (PTD-600 Professional Development I - Learning & Teaching, for example) demonstrating that this program will model and teach good practices of self-assessment, continuous improvement, and lifelong learning.

All DPT programs are accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). CAPTE has a long and rigorous process for accreditation that includes lengthy self-assessments and onsite visits. Self-assessments required by CAPTE include such things as graduation rates, licensure pass rates, employment rates, and review of mission and goals of the program, review and documentation of available resources, considerations for future development and so on. Narratives and annual self-study documentation are required each year. A lengthy self-study and on-site review are every 10 years (and during initial accreditation). There are training workshops for CAPTE accreditation standards and process. The program director is very familiar with this process and has considerable experience with the self-study and annual reports. It may be necessary to provide financial support for a group of new faculty to attend these workshop if they have not led the process before. It is common for CAPTE to update and change the self-study requirements in- between (10 years) visits requiring faculty to be up to date on the process and requirements.

Response: We appreciate the reviewer's insight and suggestions regarding assessment and agree that the processes must be further defined once the program grows the faculty. We also appreciate the recognition of similar CQI habits being threaded through the curriculum.

4. Discuss the relationship of this program to other programs of the institution and collaboration with other institutions, and assess available support from related programs.

The proposed DPT program is one of the first in a successions of graduate allied health sciences programs in some stage of development at Binghamton University. There are plans for a doctorate in Occupational Therapy and a Master's program in Speech and Language Pathology. These programs would join the already started Masters of Public Health Program (2 cohorts admitted) and established programs in nursing. The College of Nursing has an established history and has been renamed to the Decker College of Nursing and Health Sciences in part because of the university vision for a health sciences campus and integration of several graduate-level programs in allied health. The current achievements of the College of Nursing and positive start of the Master's program in Public Health are indicators of likely success in the launch of the DPT program. Health Sciences Colleges and Schools often have complementary professions to support the education mission of the university and train students in interrelated health and rehabilitation fields. They offer opportunities for interdisciplinary training and cultivation of multidisciplinary

patient-centered care. Each profession has independent (and often unrecognizable—to the other discipline) accreditation standards and strict rules about who can teach professional and clinical courses (based on degree and licensure). Sometimes this can be surprising as there are fewer-than-expected opportunities for educational overlap in some aspects. A PhD program in Health and Rehabilitation Sciences is also anticipated. This program is likely to attract PhD-level faculty to the DPT program who want to train PhD students. It is also an asset to the research mission. In addition, our professional organization has stated that there are too few PhD-trained faculty to replace retiring faculty and keep up with emerging PT programs and increases in class size. The rapid development of 4 graduate-level programs may provide strain to financial systems, physical space, and current faculty and administration. It is understood that considerable resources are dedicated to these endeavors; however, I do wonder how quickly these programs can grow and if the NYSUNY 2020 challenge Grant Plan is big enough to support all of them. Dual degree programs DPT/PhD, DPT/MPH, OTD/MPH are an opportunity with the understanding that small numbers of students enroll in these programs. There was limited consideration for collaborations with residencies programs or how DPT graduates from Binghamton can enter residency programs (from the education side).

The DPT program has planned relationships with student affairs and a strong student advising program. Some of the details about how this program will expand to accommodate new students are forthcoming but I broadly described it as strong. There is also a strong pre-and post-award office to support burgeoning research. The teams in this office have the experience to support DPT faculty in submitting and managing grants from federal organizations. Personnel may need to be trained to source and disseminate Research Funding Announcements that are appropriate for faculty who study physical rehabilitation. Pre- and post-award support staff for foundational level funding would help new and early career faculty with early grant submissions and all ranks of faculty for pilot awards. Considerable instructional support for startup packages, research laboratory construction, and pilot data collection are needed. There are also planned collaborations with the Librarian who has emerging plans on how to support a growing health sciences faculty and student body. Innovative ideas like editors groups and an expansion of online resources are in the works. A lack of gender diversity in executive level administration was noted. More women with ethnic and racial diversity in high-level leadership roles may support the recruitment of a diverse faculty. It was clear that the leadership is devoted and it is clear everyone is on board with the development of the DPT program.

The DPT program has planned collaborations with the Simulation laboratory and the faculty conducting education-based research there. The expanded simulation space in the new building is an asset and may be larger than necessary. In general, the Simulation Laboratory is considered a positive and an excellent opportunity for the DPT program and university. The Center for Inter-Professional Education and Research may support such endeavors.

The DPT program has considerable support from the local community based on the reputation and work to date of the director and experience of the director of clinical education. The local clinicians and community health systems are engaged, eager to participate, and express a need to train students in the area. Some threats of future oversaturation of the job market and interest in rural health are underdeveloped. In addition, clinical placement, management of clinical placements, order of didactic teaching and competencies to clinical placements, and ratios of students to clinical instructors is an ongoing and important conversation at all levels of DPT education. Current projections suggest there will not be enough clinical sites for DPT students in the future. The DPT program will need to be aware of current trends and be nimble.

The University's plans for a comprehensive center around Baseball offers considerable opportunities for faculty and students studying sports medicine, exercise performance, adaptive sport, child development, physical activity, return to sport, and upper extremity biomechanics (just to name a few). Inclusion of DPT faculty in the development of this center and the physical space would be a huge asset to the DPT program.

Response: Reviewer comments are much appreciated. It should be noted that there are multiple conversations currently happening that address the highlighted concerns/opportunities. For example, we are discussing the co-sponsoring of PT Residency programs with local partners, we are working with Athletics to explore opportunities for students in sports medicine, and we are collaborating with existing PhD and EdD programs to create pathways for both local clinicians and future students to earn terminal academic degrees. But, as the reviewer appropriately indicated, we need to stage these developments appropriately as the system can only support a limited amount of growth at any one time without sacrificing the primary mission of the program.

5. What is the evidence of need and demand for the program locally, in the State, and in the field at large? What is the extent of occupational demand for graduates? What is the evidence that demand will continue?

There was a general consensus from the site visit that the city and community were supportive, and the university found a need for physical therapists and possible demand for graduate study from pre-physical therapy undergraduate students. Importantly, all current SUNY DPT programs objected to the decision to start a DPT program at BU. The reasons for the objections are “1) a shortage of qualified faculty; 2) limited clinical placement sites for students; and 3) a decreasing market or pool of both applicants and future employers.” There are 22 DPT programs in the state of New York, and 2 additional in Northeastern Pennsylvania that are considered part of the geographical area of BU. This is a large number of programs producing an undetermined amount of licensed DPTs each year (it is unclear where the number 1,015 DPT graduates per year in New York came from, but this is also a large number). There is mixed opinion about the demand for physical therapists and growing concerns about the addition of more programs, increasing class sizes of existing program, and possibly stagnant salaries for new graduates. This is further complicated by the gap between loan debt of DPT students and salary potential (Shields, 2018). Our profession may be at a threshold where the loan gap is too great.

In terms of community and national need, there are likely many underserved patients who would benefit from physical therapy across the country. Furthermore, the population is aging, the health care system changing, and technology rapidly advancing – all offering the potential for a growing workforce of well-trained DPTs. The demand for PT services is projected to continue to grow and unemployment is low.

In summary, the need for this program appears to be high at the university and does not seem to overlap with any existing programs. There may be more caution at the state and at the national level than at BU because of emerging evidence on the widespread shortage of qualified faculty, limited clinical placements, loan debt of students, and the start of what could possibly be a decreasing market pool. If the need for physical therapist does rise, the former will still need to be addressed at a state and national level. It is not uncommon for cities that have universities with DPT programs to have a more competitive and even an oversaturated job market.

Response: None

II. Faculty

6. Evaluate the faculty, individually and collectively, with regard to training, experience, research and publication, professional service, and recognition in the field.

The program director has considerable experience leading a DPT program (previously at Ithaca University), mentoring faculty, managing a budget, performing annual reviews, meeting accreditation standards, designing

and implementing curriculum changes, and working with clinical and community partners. The program director has a terminal degree and is aware of the rigors of clinical and basic science research. He also has realistic expectations about grant funding and teaching loads. The program director has a national reputation and frequently attends professional meetings.

The director of clinical education has residency training and does not have a terminal degree. This level of education for this position is common among most programs. She has considerable clinical ties in the area which will be an asset as she develops necessary clinical contracts for student placements, trains PTs to become CIs, chooses software to manage clinical placement assignment, and evaluates student performance during their clinical education.

The DPT program at BU is committed to recruiting and hiring a diverse faculty that are able to effectively fulfill Standard 5 of the CAPTE Standards and Required Elements document. The to-be-hired faculty plan includes 9 additional tenure track faculty positions, 4 non-tenure track positions, and 8-10 part time positions. This number is sufficient for the projected class size but does represent a recruitment and hiring challenge over the next several years. There is a need to hire both senior and junior faculty. Having a range of faculty ranks in which at least a proportion are established in terms of scholarly productivity including dissemination and external grant funding is likely a key to the long-term success of the program. It is unclear if the current faculty have experience recruiting,

teaching, or advising potential PhD students and consideration for building residencies (clearly a second or third step) are underdeveloped.

Response: None

7. Assess the faculty in terms of number and qualifications and plans for future staffing. Evaluate **faculty responsibilities** for the proposed program, taking into account their other institutional and programmatic commitments. Evaluate faculty **activity in generating funds** for research, training, facilities, equipment, etc. Discuss any **critical gaps and plans for addressing them**.

There are no other adjunct faculty or support personnel at this stage. The plan for faculty hiring includes: 9 additional tenure track faculty positions, 4 non-tenure track positions, and 8-10 part time positions with expertise across the main practice areas of physical therapy practice. This plan is sufficient to cover the curriculum as designed. Most faculty appointments are 10-months. Joint appointments for research faculty in the simulation laboratory and engineering are also considered and would be an asset to the DPT program. The salary ranges documented are considered competitive. Established research collaborations beyond the DPT program (nursing, public health, social work, pharmacy, psychology and engineering) will be important to foster collaboration outside of the specific discipline and to achieve breadth and depth of student knowledge. If research faculty are expected to compete for R01-level NIH funding, the current plans (from in-person discussions about startup packages and research laboratory space) for tenure track faculty might be less than adequate. Many of these spaces can be shared and partially customized.

Response: We appreciate and concur with these observations and recommendations. The current hiring plan is to first establish financial and space resources to support a state-of-the-art biomechanics and motion analysis lab that will attract a R01 and NIH grant funded level research faculty. These discussions are currently underway and appear promising.

8. Evaluate credentials and involvement of adjunct faculty and support personnel.

There are no other adjunct faculty or support personnel at this stage which is appropriate. An administrative assistant to the program director and support for the director of clinical education are needed in the near future. Local clinicians I met with were eager to fill adjunct roles and contribute to and support the teaching mission of the program. Some have previous experiences in teaching assistantships or as Clinical Instructors.

Response: None

III. Students

9. Comment on the student population the program seeks to serve, and assess plans and projections for student recruitment and enrollment.

The DPT program proposal uses CAPTE Standard 5: “The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program and consistent with societal needs for physical therapy services for a diverse population” for guidance on ensuring diversity and international perspectives. The student body is more racially and ethnically diverse than the local community. Socioeconomic diversity is unknown. The successful strategies used to recruit and retain a diverse undergraduate student body should be implemented at the graduate level.

Response: None

10. What are the prospects that recruitment efforts and admissions criteria will supply a sufficient pool of highly qualified applicants and enrollees?

From reputation and admissions criteria on the web, BU is considered selective for undergraduate admission. The DPT program proposes a number of unique admission criteria including waving the common standard of having a certain number of observation hours which is likely to expand the applicant pool. The in-person discussion about admissions was forward thinking and included options for holistic admission using experiences, attributes, and other categories with an evidence base for inclusiveness and academic rigor. I found the written proposal to be more conservative than the in-person discussions which made me feel more confident that BU could attract a sufficient pool of highly qualified applicants and enrollees.

Response: None

11. Comment on provisions for encouraging participation of persons from underrepresented groups. Is

there adequate attention to the needs of part-time, minority, or disadvantaged students?

The mission of recruiting a diverse class is sufficient and it is related to the program goals. The holistic admissions process could be stronger. I have commented on this elsewhere. There are no options (at this time) for part-time DPT study. To my knowledge there are no part time DPT programs.

Response: None

12. Assess the system for monitoring students' progress and performance and for advising students

regarding academic and career matters.

Tracking student progress and performance through competencies and requirements for accreditation are described well and are considered sufficient. The BU student advising center is strong. Some education for advising staff on physical therapy as a career and current trends and options for DPT graduates (working in a research lab, becoming a hospital administrator, opening a private practice, applying for residencies and fellowships, and so on) may be needed. Some of this information is covered in proposed coursework but it would be ideal for the advising staff to know it too.

Response: None

13. Discuss prospects for graduates' post-completion success, whether employment, job advancement, future study, or other outcomes related to the program's goals.

First-time and ultimate pass rates on licensure exams and employment rates are described as measure of success. These are common but foundational outcome measures of DPT program success. The area clinicians we met with felt like there were job opportunities and promotions within the health system(s); however, there was only 1 clinic with an open position for a physical therapist. It is likely that the vast majority of graduates of the BU DPT program will have to look for jobs in other areas of the state and country. Rural health seems to be a special focus of the program in part because the area is rural and the university wants to support the community. This suggests there is somewhat of a disconnect about the potential of hiring of Binghamton DPT graduates in the Binghamton area. The hospital expansion lessens this concern slightly but not completely as there will be 60 graduates each year (after a ramp up period). It seems likely that at least a handful each year will want to stay in the area and family or community ties may be one reason why they apply to BU for PT school in the first place. As a large school, OSU receives applications from students in many states, but the acceptance rate is much higher for in state students (reduced tuition is a consideration) and even higher for those with some ties to the greater Columbus area.

Response: Similar to OSU, we expect that the institution's reputation, the opportunity for in-state tuition reductions and the comparatively lower tuition than private institutions with DPT programs will be attractive to potential applicants.

IV. Resources

14. Comment on the adequacy of physical **resources** and **facilities**, e.g., library, computer, and laboratory facilities; practica and internship sites or other experiential learning opportunities, such as co-ops or service learning; and support services for the program, including use of resources outside the institution.

The physical space for the DPT program and construction in Johnson City offer seemingly limitless potential. Strengths include, a “new” building, approximation to the hospital, approximation to the school of public health, and a local commitment to revitalizing the area. I would like to see the new building as a premier facility of accessibility where patients with stroke, young children with disabilities, and community wheelchair users can easily participate in classroom and laboratory experiences, community programs, and exercise classes. One potential limitation is a lack of public or university transportation from Johnson City to/from main campus. It seems that many faculty, students, and staff will split their time between the 2 campuses. Safety of students and university employees is paramount as there are many abandoned buildings in the immediate area.

The descriptions of the library, study spaces, and laboratory spaces (for practice of manual skills) in the new building seem ideal. Access to these spaces may be required on the weekends and afterhours per accreditation requirements so swipe access is likely a must.

Response: The reviewer’s suggestion of being a premier facility of accessibility is very well received and should be strongly considered by the College and University administration. Concerns related to transportation between campuses as appreciated but current inter-campus transportation schedules resolve this concern. Similar transportation will be critical. Access to learning spaces outside of teaching hours will be critical to both student learning outcomes as well as achieving accreditation.

15. What is the **institution's commitment** to the program as demonstrated by the operating budget, faculty salaries, the number of faculty lines relative to student numbers and workload, and discussions about administrative support with faculty and administrators?

The operating budget is somewhat unclear. There were many discussions about how there is money but it is not apparent who has budgetary authority for the DPT program and what the limitations are. The business plan presented shows a reasonable operating budget. There were considerable assurances from upper administration that the budget is sound. One recent DPT program in development in Ohio abandoned their proposal in light of financial limitations after 2-years of development. This institution has successful and established PA and OTD programs.

At BU, faculty salaries are considered competitive; faculty lines relative to student numbers are adequate (and in one place ambitious at a 10:1 ratio); workload is also reasonable with one comment that probationary faculty at some of the strongest research-intensive DPT programs teach 1 course per year and contribute to 1 other course during their probationary period which is less than the proposed workload. There are high expectations for grant funding at these institutions. The workload for the DPT program at BU is ~2 courses per semester of a 10-month contract. As mentioned in another section, additional administrative support is likely needed.

Response: None

V. Summary Comments and Additional Observations

16. Summarize the major strengths and weaknesses of the program as proposed with particular attention to feasibility of implementation and appropriateness of objectives for the degree offered.

Strengths

1. The creation of a DPT program is part of the Strategic Plan (Road Map to Renewal) from the University indicating a strong commitment.
2. There is excellent growth potential of the cohort of Health Sciences programs in development at BU.

3. The reputation and current success of BU are strong.
4. The founding director has considerable previous experience and has been successful in getting a lot of buy in from clinical partners.
5. The new space, constructed facilities, and community support for rehabilitation of older factory building is an asset.
6. The Johnson City area has so much potential for growth, from student housing to restaurants to some sort of health sciences corridor. Concerns noted below.
7. Local clinicians are excited about the program and ready to participate.
8. Universities resources for pre- and post- grant support, library resources, student affairs, and student advising are top notch.
9. Directors of other graduate programs at BU are supportive and engaged.
10. As designed, the DPT program will likely meet the needs of training excellent physical therapists.

Response: none

Weakness

1. Approximation of faculty research laboratories – At least some research space needs to be in the new building for student research projects and modeling good behavior for students. Preferably all faculty research space would be housed there; but it is understood that other programs will be in that building and that it might not meet the needs of all faculty research programs. Security for the area, building, and those that use it is paramount.

Response: The simulation lab and associated learning spaces will provide students and faculty dedicated research space. We agree that there is limited space within the building as it is dedicated to multiple programs. Currently, there is ongoing discussion about funding and space for a motion analysis laboratory. This will likely be located on the main campus to allow for collaboration with other programs as well as clinicians at the UHS medical facility. Security for the building and users is a concern and focus for the university and will be addressed appropriately. It is worth noting that the School of Pharmacy is immediately adjacent and has minimal to no security issues

2. Support – The lack of support from other SUNY institutions with DPT programs is a concern.

a. The faculty and administration at BU could participate in conversations at APTA and ACAPT and RIPPT levels and weigh in with opinions and data about some of the topics that prompted other SUNY institutions to object

(Does profession need more programs? Should there be a limit on if current programs can increase class sizes? What are the strategies to address faculty shortages and lack of clinical sites?).

Response: While the reviewer's comments are appreciated and we can make assumptions as to why there was resistance to the development of this program at the BU campus, the fact remains the feasibility study showed a need to develop this program at BU. The DCE has initiated contact with the DCE's at the other SUNY universities and has had multiple contacts (via phone and email) with the DCE at Stony Brook. The intention is to further develop this (and hopefully, other) working relationships to develop collaboration to address the lack of clinical sites.

3. Admissions – The (holistic) approach to admissions needs to be developed and formalized in a way that matches the goals of the program. One suggestion is to commit to what other programs with holistic admissions have done successfully in the past at BU.

- a. Some of the documentation regarding admissions feels more conservative than what I heard from the administration and chair. I prefer the latter.

Response: Holistic admissions processes will be utilized within the Division of Physical Therapy in a similar, but not same, fashion as is being adopted across the Decker College of Nursing and Health Sciences. The goal is to create a process that is most inclusive of all potential applicants by articulating the desired Experiences, Attributes and Metrics that serve as indicators of students that are likely to be successful in the program. These EAM's must be aligned with the program mission, vision and values. It is for this reason that exact EAM's cannot be adopted from other programs as there are differences in the mission/vision/values between programs. We would point the readers to the section of the proposal that speaks directly to admission processes, diversity plans and student recruitment.

4. Underdeveloped relationships – such as those with the department of engineering. Courses and collaboration for Rehabilitation Engineering seem to be low hanging fruit. I did not hear about any plans for integration with or development of new residency programs. At the current stage, these are considered minor.

Response: While we appreciate the reviewer's comments here, we also agree that this concern is minor at this time. We anticipate investigating the possible relationships that could exist once this program is developed. Binghamton University's engineering school and integrative neuroscience program are among the many possible collaborations the DPT program has for future research and/or dual degree development. As the reviewer stated, there is tremendous support from the local hospital community. One of the hospital organizations is in the early stages of developing an orthopedic residency program. This will serve as an initial path toward integrating with a residency program. The proximity to the local trauma center serves as a possibility for developing a cardiopulmonary residency program. Again, these relationships and residency development will be an ongoing process.

5. Lack of childcare for new faculty (and current university employees) and unclear support regarding community resources for childcare is a major weakness for recruiting and supporting new faculty. The vast majority of new PhDs are in typical childrearing ages.

Response: Binghamton University's Childcare Center has availability for children ages 18 months to 4 years as well as a pre-school program. Early childcare in this area is known to be lacking and community resources are developing plans to increase availability. Specifically, Lourdes Hospital has recently (January 2020) opened a new facility with three times the capacity of their previous location.

6. Faculty recruitment – At a time when there are too few PhD trained physical therapists, recruitment of ~9 tenure-track faculty over a few years, may present a challenge.

Response: As the reviewer noted, the lack of PhD trained physical therapists is a nationwide problem for academic institutions to ensure the program maintains the proper ratio for CAPTE standards. Presently, the Program Director is working to develop a junior faculty member who is a PT and currently enrolled in the BU EdD program. She has interest in curriculum development and teaching pedagogy which would be an asset as the reviewer mentioned. Additionally, there are a couple of local clinicians who have expressed interest in discussing a PhD residency program. We are in the early stages of a collaborative Interdisciplinary PhD with Decker and

CCPA which will target clinicians with interest in migrating from the clinic to the classroom.

7. Funding – It is unclear how much money is available for the creation of this program and who has the ultimate say in how it is spent.

Response: The program has the support from BU's upper administration as well as local to the College. The Program Director has established a budget from a faculty and staff perspective as well as physical resources which has been approved by the Senior Vice Provost/CFO. Funding for the motion analysis lab is being developed from an external donor at this time and appears promising.

17. If applicable, particularly for graduate programs, comment on the ways that this program will make a unique contribution to the field, and its likelihood of achieving State, regional and/or national prominence.

1. The focus on rural health is an opportunity for BU to make a unique contribution to the field.
2. The emphasis on selective academics will likely contribute to achieving national prominence.
3. The goal of conducting high quality research and joining research intensive physical therapy programs is also likely to contribute to making novel discoveries in the field of PT.
4. The options for dual degree programs (PhD, MPH, Engineering) may be a way for BU to make unique contributions.

Response: The reviewer's comments are appreciated.

18. Include any further observations important to the evaluation of this program proposal and provide any recommendations for the proposed program.

1. A larger number/percentage of women in executive positions within the health sciences and university is needed.
2. An early seat at the table during the development of the baseball complex is recommended.
3. A clear and unobstructed budget for the DPT program is needed.
4. An early hiring of a senior researcher is likely to build confidence in the program and demonstrate that the department can provide senior-level mentorship to junior faculty who are pursuing primarily research careers.
5. Contingency plans for growth that is too rapid to accommodate or with unanticipated barriers should be considered.

Response: The reviewer's comments are appreciated. The Program Director reached out to the personnel responsible for the baseball complex to initiate collaboration. The development of this relationship is ongoing. As noted in a prior response, the budget has been developed and approved by the Senior Vice Provost/CFO. The Dean and Program Director meet regularly and have discussed the hiring strategies for the program. The next hire they plan to make is a senior researcher. Once funding for the state-of-the-art motion analysis lab is secured through a donor, this hiring process will commence.

Appendix I - Program's Responses to External Evaluation Reports

Appendix I.2 External Reviewer # 2: Chad E. Cook PT, PhD, FAPTA

I. Program

1. Assess the program's purpose, structure, and requirements as well as formal mechanisms for program administration and evaluation. Address the program's academic rigor and intellectual coherence.

As stated in the proposal, Binghamton University's (BU) vision is dedicated to providing a higher education, that combines an international reputation for graduate education, research, scholarship and creative endeavor....." It's newly updated strategic plan "Road Map to Renewal" identified 4 University Initiatives and 10 Divisional Initiatives. The first University Initiative was to "Develop a College of Nursing and Health Sciences." The doctorate of Physical Therapy would be part of the new college. Several of the Divisional Initiatives also support the new college and the growth of health-related programs including the establishment of a Center for Inter-Professional Education and Research. The development of the program would be partly funded by the NYSUNY 2020 Challenge Grant Plan for BU, which includes funds for renovation of a facility to house the College of Nursing and Health Sciences.

The proposed program is a three-year and 9-term program that students matriculate into the program and proceed through the curriculum in a lock-step fashion. The curriculum is primarily built around a systems structure (musculoskeletal, neuromuscular, cardiopulmonary, integumentary) with content threads related to Professional Development, Clinical Management/Administration, Evidence Based Practice, Clinical Education Experiences and Special Populations. Effort has been made to ensure that timing and sequencing of content is aligned with clinical experiences so that students are prepared for the clinical experiences in order to enhance the learning as well as reduce the stressors placed upon our clinical education partners related to underprepared students that are directly due to curriculum design. The curriculum is also built around Competency Based Education so that students ultimately meet Entrustable Professional Activities (EPA's) at graduation. Students will be expected to demonstrate progression toward meeting all competencies throughout the curriculum using both course embedded assessments and formative assessments.

a) What are all admission requirements for students in this program? Please note those that differ from the institution's minimum admissions requirements and explain why they differ.

The proposed program is a graduate program. The program's admissions requirements are similar to those of other graduate programs that house a DPT educational program. This program will utilize the PTCAS (PT common application system) and will require GRE scores, personal essay, letters of recommendation, transcripts and evidence of prerequisite course completion. These are standard elements of a clinical doctorate in physical therapy.

There may be opportunities for a 3 + 3 transition, which would remove an extra 1 year of academic financial burden on the student. The only additional admission requirement for the program is the completion of a list of prerequisite courses with a minimum grade of a "B" in each of the courses. These courses include:

- Biology 8 credits
- Chemistry 8 credits
- Physics 8 credits
- Anatomy & Physiology 8 credits
- Statistics 3 credits
- Psychology 3 credits
- Writing 3 credits
- Proof of current CPR/First Aid certification

It is my experience as an academic researcher that these pre-requisites give strong perspective of an individual's academic rigor. There were no observational experiences that were required. We have lost 1 student per year because they changed their perspective once matriculated in the program and that may be a consideration here.

Response: The reviewer's suggestion to consider observational experiences as an admission requirement is fully appreciated and was considered. A significant concern of existing and developing DPT programs is the availability of clinical experiences for matriculated students. This is recognized several times by this external reviewer. Including a requirement for applicants to complete PT supervised observational hours adds further expectations to clinical partners providing clinical experiences. Furthermore, the authenticity and quality of these experiences likely vary widely and cannot be confirmed with confidence during the admissions vetting process. The observation that approximately 1 matriculant per cohort has been lost for reasons related to a lack of awareness of the profession is also appreciated. The plan for holistic admissions criteria will require the program faculty to articulate the specific experiences, attributes and metrics that we are seeking in successful applicants. The experiences (observation hours) and attributes (knowledge of profession) that might be gained through traditional requirements for observation hours can also be both gained and demonstrated through other means. The current plan will be to articulate attributes such as empathy, the heart for service centric careers and experiences such as community service and philanthropy in order to identify desired matriculants with an awareness of the profession.

2. Comment on the special focus of this program, if any, as it relates to the discipline.

As with most doctorate of physical therapy programs, the goal of the program is to graduate a generalist: an individual who can function in all practice domains of a physical therapist.

Nonetheless, there are opportunities to partner with community providers and the University to cover the rural health needs of the New York state region and Northern Central Pennsylvania. The proposal discusses a focus on special populations within the curriculum, which should allow the curriculum to flex toward newer foci within the profession.

Response: We appreciate that the reviewer recognizes this curricular thread and the ability of this course series (Special Populations) to allow the program to be nimble in remaining contemporary.

3. Comment on the plans and expectations for self-assessment and continuous improvement.

As required by all DPT programs, the program will require a CAPTE accreditation and subsequent approval. CAPTE requires a self-study (-each decade and before initial accreditation) and yearly self-assessment documents (the CAPTE Annual end of year report AAR). This is a fairly rigorous standardized process that looks at programs at a more global level.

Further, BU plans to provide more granular assessment at the student level. As the proposal states, the scope, sequence and evaluation of student progression toward mastery of knowledge, skills, and abilities are built around a framework of Competency Based Education (CBE). Students will be expected to meet specific benchmark (advanced, entry-level) at critical points and to achieve entry-level upon graduation. Specific and critical competencies across several domains have been identified for each of the learning objectives. These data will be tracked on an annual basis looking for attainment of predetermined minimum scores or benchmarks.

If tracking data fall below targets or if declining trends are noted a deeper dive into the data will commence with the intent of identifying an action plan to address the findings. This process will be utilized across the continuum of learning in order to provide early and leading indicators as formative assessment and at graduation as summative assessment. The initial assessment cycle will occur on an annual basis and across a minimum 5-year period prior to action plans being developed. If competencies consistently meet and/or exceed targets, new or more sensitive indicators can be selected or the monitoring could be reduced from the initial annual basis.

In addition to direct measures of student learning, other outcomes indicator data will be collected by BU and analyzed, monitored and reported. These include number of applicants, number of accepts, selectivity rate, matriculation cohort size, annual attrition rates, graduation rates, FSBPT scores, passing rates on licensing exam (first time and ultimate), employment rates, etc. BU will also utilize a graduate survey to provide indirect evidence of the degree to which we are meeting our program goals and learning objectives. Each of these measures are consistent with current DPT programs across the nation.

Response: We appreciate that the reviewer recognizes and articulates both the proposed programs detailed plan for outcomes assessment that is both formative and summative, multifaceted in approach and able to trigger more in depth analyses should leading indicators or patterns suggest concerns. We appreciate that the reviewer recognizes that the assessment plan incorporates multiple stakeholders and data sources. Lastly, we appreciate that the reviewer recognizes that this program will need to demonstrate compliance with a very rigorous external accreditation process at initial and regular periods of time (annual reports and 10-year cycles).

4. Discuss the relationship of this program to other programs of the institution and collaboration with other institutions, and assess available support from related programs.

The University has ambitiously planned to initiate a DPT program, a doctorate in Occupational Therapy (OTD), a PhD in Rehabilitation Sciences (or Health Sciences) and a Speech Language Pathology program. The natural synergies of these programs is self-evident, as these three programs generally function together in a clinical setting. Presently, there is a pre-existing Nursing program and a Master's in Public Health that is approximately 2 years in existence. There is a strong undergraduate biology program and neuroscience program, both of which provide collaborative opportunities for the DPT program. The PhD will provide an opportunity for a general health sciences focus. Because of the developmental phase of all these programs, I don't think discussion has ramped up to the level of how collaborative they will be. There is an expectation of IPE and it is likely something formal will result (perhaps beyond an "event" type of IPE). Certainly, with all the programs in one school, the opportunities for collaboration within the institution are strong.

Response: We appreciate and agree with the reviewer's comments about the natural collaborations that can occur between and among existing and developing programs especially related to IPE. Furthermore, we believe that if IPE is to be effective it needs to be more than just events. This DPT program is advocating and planning for capstone experiences (at a minimum) to be both patient-centered and service oriented responsive to identified needs of the community. The program director (PD) participates on the IPE-CAC (CAC = curriculum and assessment committee) which is currently overseeing and leading IPE at BU as well as working directly with existing and developing program directors to ensure high quality and impactful learning experiences.

Interestingly, the other 4 SUNY DPT programs voted against the development of a new BU program. These programs cited challenges in finding qualified faculty, clinical sites, and a lack of need for physical therapists in the region. These are concerns of nearly ALL DPT programs in the United States, as the market and clinical environment is changing. I do believe the research focus that BU plans will increase the likelihood of collaboration with other institutions (for scholarship), although I think the collaborative capacity on the teaching side (shared faculty) is likely low. There was discussion of collaboration between SUNY schools of nursing and Upstate school of medicine that presently occurs. The university does seem to value collaboration with peer universities.

Response: We both appreciate and understand the concern raised here regarding the objection voiced by SUNY institutions that are home to DPT programs. From the outside it would seem as though these sister programs within the SUNY system would be natural partners, however, that is historically not the case. We fully expected objections to be filed by these institutions as a matter of process more than an indication of unwillingness to collaborate. The primary concern of these institutions is more likely related to sharing of SUNY resources and competition for well-prepared student-applicants. Currently, Kristen Mooney, the Director of Clinical Education (DCE), is working collaboratively with the DCE at Stony Brook in a mentoring role. Jamie Greco, PT, DPT, EdD provided initial guidance (discussed clinical education challenges, discussed student management software, and shared a template of Stony Brook's contract) and recommendations including join the NY/NJ Physical Therapy Clinical Education Consortium,

attend ELC (Education Leadership Conference), and continue to receive mentoring from both experienced and DCE's who have recently been accredited. It is our opinion that this initial interaction is more indicative of the future collaborations that are possible with our SUNY partner schools than was the filing of objections.

5. What is the evidence of need and demand for the program locally, in the State, and in the field at large? What is the extent of occupational demand for graduates? What is the evidence that demand will continue?

The projections for shortages for physical therapists have been identified by a number of external agencies; these reports are a bit dated and don't reflect the recent changes in dynamics. According to the Bureau of Labor Statistics, employment of physical therapists is expected to grow by 36 percent from 2014 to 2024, much faster than the average for all occupations. While demand for physical therapists varies by geographical region and area of practice, it is well documented that the unemployment rates are low across the country. It is projected that the need for physical therapists is expected to remain strong into the foreseeable future as the US population ages and the demand for physical therapy services grows.

Although formal external groups identify a shortage of physical therapists, recent trends have reduced this demand. Insurance funding has flattened and has reduced increases in salaries for physical therapists (academic costs outpace salary increases). The rapid proliferation of new programs and current program expansion has led to increasing graduates of physical therapists throughout the nation. Regional demands are currently present, although the three representatives from healthcare agencies from the area only identified 2 open clinical lines presently within their groups. It is likely BU will need to enroll graduates from all regions in and outside New York to not overpopulate the local regions' need for physical therapists. I estimate that regional needs will be met by two graduating cohorts only (meaning, by year two the program will need to export PTs to different regions to find jobs). It is worth noting that this is not uncommon for a specific geographic region that houses a school.

Response: We agree that projections for employment remain strong into the future but also are impacted by insurance reimbursements for physical therapy services. Changes to Medicare and other insurance plans are difficult if not impossible to predict and can change frequently. We also appreciate and agree that projections of local employers create concern for employability of program graduates especially if geographical targets for program matriculants remain local/regional. We plan to eventually market the program nationally and will gradually grow the geographic representation from a regional to a national applicant pool. We understand that graduates are likely to return to their geographic "home" to seek employment so expanding our recruiting base will result in increased employment opportunities for our graduates. Despite this strategic plan, we do recognize that the cohort profile will likely closely mirror that of the undergraduate geographical profile.

II. Faculty

6. Evaluate the faculty, individually and collectively, with regard to training, experience, research and publication, professional service, and recognition in the field.

At present, BU has hired two faculty for the proposed program. This (hiring of only 2 people) is not uncommon, since the accreditation of the program is likely 4 to 5 years away. The program director is an experienced academician with PhD training, with 27 years of academic experience, including roles as a faculty member and a program director (Ithaca). He is well known and respected within the profession. His vision is strong and is student-centered and competency-based. The DCE that was hired is a former clinician with over a decade of clinical experience and experience as a CCCE. Although she has no prior academic experience, this is not uncommon for individuals in a DCE role. She does not have a terminal academic degree but this is also not uncommon for the DCE role. Both faculty are not mainstream researchers who will be competitive for external funding. I would recommend that a senior faculty level individual be targeted to improve the likelihood of mentoring future faculty and obtaining external funding.

Response: Although we appreciate the commentary on the first two faculty members, our response is specific to the final two sentences. We fully recognize that we are not “mainstream” researchers and we will not likely be competitive for external funding. Since arrival on this campus the PD has been both communicating and advocating the strategic importance for the next hire to be a research faculty member with an established record of external funding and peer reviewed publications. It is also critical that resources including physical space (proposed Motion Analysis Lab), capital equipment funds and workload space be ensured to be successful in attracting a faculty member of this stature. It is our belief that the presence of a faculty member of this stature combined with the demonstrated institutional commitment to research and scholarship will attract other qualified faculty. This research faculty member will not only be critical in attracting other faculty but will also be able to provide mentoring targeted to specific faculty needs. This strategic vision is currently being discussed at upper administration who report understanding and awareness of this need. We are optimistic that significant progress will be evident in the near future.

7. Assess the faculty in terms of number and qualifications and plans for future staffing. Evaluate faculty responsibilities for the proposed program, taking into account their other institutional and programmatic commitments. Evaluate faculty activity in generating funds for research, training, facilities, equipment, etc. Discuss any critical gaps and plans for addressing them.

The plan is to hire 16 total faculty, 10 tenure lines and 6 non-tenure lines. This includes the two currently hired faculty positions. I think this is an appropriate number of faculty to cover the traditional curriculum. There are expectations to hire research faculty with primary research roles. The two current faculty will not likely be expected to generate external funding. There was some discussion about incorporating current talent within BU to compliment the faculty core (e.g., PhD researchers within the simulation lab, or a PhD level researcher for a movement science laboratory).

Response: As the program develops and faculty are brought on-board, we will look to collaborate with programs across campus to incorporate current talent in order to enhance both research and teaching. Discussion and planning with Nursing faculty and staff that work in the Simulation lab have occurred and are ongoing. The PD has already collaborated with a faculty member in Anthropology on a proposal and may result in a teaching collaboration in the Clinical Human Anatomy course. The PD has co-authored a TAE Seed Grant application submission with faculty from Psychology and Computer Science departments. These faculty members have expressed significant interest in collaborations in the proposed Motion Analysis Lab mentioned previously. The DCE is working closely with peers in Nursing, MPH and Occupational Therapy seeking collaborations contracts with clinical partners and identifying efficiencies in fieldwork and clinical education experiences.

8. Evaluate credentials and involvement of adjunct faculty and support personnel.

Adjunct faculty were termed "part time faculty" (or part-time pool) and they are to consist of local clinicians within the BU geographic region. Most likely, these will consist of individuals with MPT or DPT-level training. It is expected that a pool of 8 to 10 faculty will serve in that role, with a projected faculty to student ratio of 10 to 1 (which is ambitious). There was no formal discussion about the adjunct faculty pool but we did meet three clinician-leaders from the local healthcare systems who may play a role in filling these positions or identifying talent to fill these positions. There was great interest in these pool (adjunct) roles when queried.

Response: We have experienced a significant level of interest from local clinicians in becoming involved with the PT program. We will launch a formal mechanism to identify clinicians with interest in teaching, clinical specializations and availability. It is important to note that even adjunct/associated faculty must meet accreditation standards and we will ensure that all faculty are in compliance with accreditation expectations.

III. Students

9. Comment on the student population the program seeks to serve, and assess plans and projections for student recruitment and enrollment.

Binghamton University is a selective, public school and a research intensive university. According to data on the Binghamton University website, the presently enrolled student population at Binghamton University is 54% White, 12.2% Asian, 9.84% Hispanic or Latino, 4.96% Black or African American, 2.03% Two or More Races, 0.0865% American Indian or Alaska Native, and 0.0634% Native Hawaiian or Other Pacific Islanders.

As of the 2016 APTA membership demographics profile, nearly 70% of APTA member physical therapists (PTS) were female and 88.5% were white. Review of this data across the last 15 years demonstrates minimal to no changes over time. According to the APTA, underrepresented minorities (URM) include Black or African Americans, Hispanic or Latinos, and American

Indian or Alaskan Natives. In many cases, graduate students include fewer URMs than undergraduate figures.

Response: We appreciate and agree with the reviewers' report on diversity within Binghamton University. As he noted, there is a lack of diversity within practicing physical therapists. With the use of holistic admissions, it is our hope to facilitate minority representation within our program that is consistent with the representation at the university level.

10. What are the prospects that recruitment efforts and admissions criteria will supply a sufficient pool of highly qualified applicants and enrollees?

The university has robust and prolific undergraduate programs in biology and neuroscience, as well as a research culture. Because of lower tuition costs, they have also indicated that they attract a large amount of qualified students from the New York City region. As a selective school, they feel that they will attract a qualified applicant pool. They also have a strategy of spooling up their class size (starting initially with either 30 or 40 matriculates) to a maximum of 60. Sixty students is ambitious and does influence teaching dynamics, research and faculty work load. My experience at Duke suggests that teaching experience quality and student preparation quality (the amount of students who apply and excel) begins to decline at 50 matriculates; however, we are a private institution with a higher tuition cost (we are about 10K more than the projected tuition at BU).

Response: Projecting appropriate cohort size is a factor of teaching spaces available and pedagogy/andragogy practices. Instruction and practice of technical skills in laboratory or clinical settings requires smaller groups and lower student:faculty ratios. This type of instruction is often equipment intensive and access to equipment can be limited in larger groups. Planned teaching spaces will allow for a maximum of 20-24 students plus instructors so total cohorts need to be a multiple of this size. A cohort size of 60 would require three repetitions of a teaching lab session while a cohort of 40 would require two sessions and 20 would require 1 session. Certainly, increasing cohort sizes leads to greater revenue generation but increases also require increased expenditures. There is certainly a point of diminishing returns when increasing cohort size. Jensen, Hack, et al (1) in their "National Study of Excellence and Innovation in Physical Therapist Education" identify that academic programs should have autonomous controls over financial resources and they specifically advocate for larger programs in order to maximize both revenues and learning outcomes.

Recommendation 26: Assure that academic programs have control of their financial resources, and that they develop economic models for revenue generation through multiple means, and move toward larger programs as one means to increase the range and depth of faculty expertise and other necessary resources.

It is worth noting that the current cohort size at the home institution of this reviewer is 82 although the recommendation is that there may be declining learning outcomes above cohort sizes of 50. The cohort size of 60 has been selected for the following reasons: 1) it is a multiple of 20 requiring lab sessions to be repeated three times; 2) strikes a balance between maximizing revenue generation without compromising faculty workload/productivity; 3) allows for a faculty size that permits broad

expertise thereby maximizing student learning outcomes.

- (1) Jensen, G, Hack, L, Nordstrom, T, Gwyer, J, Mostrom, E. National Study of Excellence and Innovation in Physical Therapist Education: Part 2—A Call to Reform *Physical Therapy*, Volume 97, Issue 9, September 2017, Pages 875–888, <https://doi.org/10.1093/ptj/pzx062>

11. Comment on provisions for encouraging participation of persons from underrepresented groups. Is there adequate attention to the needs of part-time, minority, or disadvantaged students?

In physical therapy, limited PT representation is present for 1) Blacks/African Americans, 2) Hispanics, and 3) rural clinicians. This problem has occurred in our profession for multiple decades. The program plans to use a "holistic admissions strategy", similar to the one used by nursing. They claim that the nursing numbers reflect an uptick in URM although I did not see numbers to support that. There were no specific details beyond a holistic strategy and there is no intentional admissions strategy to target URMs. They do plan to work with undergraduate pre-health professions programs, but the demographics of this group are unknown, nor has there been any projected analyses showing interests from undergraduate in the health professions (that I've seen).

Response: We concur with the reviewer that increasing representation from historically underrepresented groups should be and is a focus (and a marker of success) for this program. Ultimately, increasing numbers of professionals from underrepresented groups is a significant component of the call for reform referenced in our response in Item #10. We do plan to utilize holistic admissions processes that will rely upon EAM's that attempt to remove the common barriers of traditional admission processes faced by applicants from URM's. Through assessment of the applicant pool, the admitted student profiles and ultimately the matriculant and graduation profiles we will be able to assess the effectiveness of our processes. We are also focused on the importance of identifying, attracting, hiring and retaining faculty from similar URM's and the importance of their presence on the student body. We will work intentionally and strategically to recruit a diverse student body as well as maximizing diversity among the faculty.

12. Assess the system for monitoring students' progress and performance and for advising students regarding academic and career matters.

There is currently a strong ongoing advising system that is primarily for undergraduates. The advising team has been working with nursing and we were impressed with their efforts. There will need to be a bump up to make the advising system appropriate for graduate students. Faculty advising was discussed but only with respect to nursing faculty; they plan to design the needs when the PT program initiates. Current services include advising, counseling, community space and library services. As with all programs that are accredited by CAPTE, a strong internal system that monitors student progress will be required, specific to the DPT program.

Response: We agree with the reviewer that strong advising, student support and success services exist within the Nursing program. We recognize that there are significant differences in needs of graduate students in comparison to undergraduate students and we will work closely with these partners to address student needs appropriately. Furthermore, most/all core faculty will serve as an academic advisor for students in the program and will be required to meet with them at least once per semester. Our plan for comprehensive assessment will also include measures to track the effectiveness of advising services both within the program and at the College level. We will respond to identified opportunities to improve or enhance these student services.

13. Discuss prospects for graduates' post-completion success, whether employment, job advancement, future study, or other outcomes related to the program's goals.

I have no concerns about the first cohort and potentially the second cohort of students. My concern is whether this region, and adjacent regions can manage a cohort of 60 graduates (with respect to finding clinical sites and employing these graduates). When I specifically requested "success" outcomes for the programs goals, there were two reported, 1) research and 2) financial. I think leadership and program developers could invest more time in outlining what outcomes are appropriate for the program: outside the normal program level or student level outcomes. Success metrics may consist of URM applicants and matriculates, program rankings, awards by faculty, student representation on the profession and advocacy of the profession.

Response: As previously stated, it is our plan to market the program progressively more nationally and we recognize that most graduates return to their geographic home to seek employment. While some graduates will remain in this region, there are a variety of practice settings within a commutable distance and we anticipate ample employment opportunities to match this demand. We recognize that if all graduates remain in the Northern Tier of Pennsylvania and Southern Tier of New York, the area will quickly become saturated with licensed physical therapists. Currently, BU draws students from a greater geographic area and initially, we expect our cohort to at least mirror this profile. As our marketing reach increases, the impact on local employment opportunities will gradually decrease assuming students come from disparate geographic locations and return to their homes to seek employment.

With respect to the measurement of outcomes and markers of success, the reviewer's concerns and suggestions are appreciated. As an educational program, our primary markers of success are student centric and well-articulated in our program outcomes (below in black text). Realization of these graduate outcomes require the attainment of less explicitly articulated outcomes that are markers of our success. We have articulated some of these markers of success that are associated with the graduate outcomes (below in blue text). It is important to note that the strategic vision of the PD to formally articulate Program Goals/Outcomes, Faculty Goals/Outcomes and Student Goals/Outcomes that will be monitored by comprehensive assessment plans that ultimately inform strategic planning. The reason for delaying the articulation of these Goals/Outcomes is the belief that the faculty must be intimately involved in the articulation of these statements in order to maximize buy-in from faculty constituents.

The current program proposal has the following articulated student outcomes (black text) with potential graduate, faculty and program outcomes (blue text)

The program prepares graduates to:

- 1) *Provide patient/client-centered, evidence-based physical therapy services (examination, evaluation, diagnosis, prognosis and intervention) aimed at maximizing the function, health and quality of life of those served in a variety of practice settings and populations.*
 - *Applications, admissions and matriculants will come from a gradually increasing geographic representation.*
 - *Program graduates will obtain employment in diverse geographic locations that extend beyond the Southern Tier/Northern Tier regions.*
- 2) *Become future leaders in physical therapy that utilize assessment, data, feedback and relevant inputs to enhance and improve healthcare as clinicians, administrators, educators, consultants, and advocates.*
 - *Program graduates, as evidenced by graduate survey, impact policy/practice/education/health-wellness through their work.*
 - *Program graduates are actively involved in service and pro bono roles.*
 - *Program faculty are actively involved in roles that impact policy/practice/education/health-wellness locally, regionally, nationally or internationally.*
 - *Program faculty are actively engaged in service and pro bono roles.*
- 3) *Participate actively in the multidisciplinary health care team utilizing effective communication skills and demonstrating ethical (APTA Code of Ethics) and professional (APTA Core Values) behaviors while adhering to all legal practice standards.*
- 4) *Act as moral agents, to advance knowledge, to improve healthcare, to promote health and to minimize the impact of disability and dysfunction in individuals, families and communities, with an emphasis on rural and other vulnerable populations through clinical practice, outreach and research.*
 - *Program graduates are actively involved in research/scholarship that advances knowledge and practices.*
 - *Program students, graduates and faculty represent a diversity that equals or exceeds current demographics of peer groups at Binghamton University.*
 - *Program faculty are actively involved in research/scholarship that advances knowledge and practices.*
 - *Program faculty are actively involved in grant funded research activities that have a national impact, elevate the program status to national recognition and are recognized leaders in specific content areas*
 - *The program (faculty and students) through collaborations with Decker faculty and staff have direct and positive impact on the residents and communities in the greater Binghamton area.*

IV. Resources

14. Comment on the adequacy of physical resources and facilities, e.g., library, computer, and laboratory facilities; practica and internship sites or other experiential learning opportunities, such as co-ops or service learning; and support services for the program, including use of resources outside the institution.

This appears to be an area of strength for BU. They are investing a large amount of resources in physical resources and facilities. The facility in Johnson City has the potential to be a strong health sciences center and a beacon for effective IPE. However, there are some suggestions that I would make to better the dynamics of that environment to improve the future opportunities that will certainly arise. I will address those below in my recommendations.

Response: Although the program director was highly involved in the design of the 5th and 6th floors, the overall design of the new facility raises some concerns for us as well. There is adequate lab space for three cohorts of 60 students as is our planned target matriculated class size. In consultation with the Occupational Therapy program director, it appears that there will also be adequate laboratory space for the OT program. Furthermore, there are initial plans for mechanisms to share these teaching spaces to maximize the use of space and equipment resources. At present, with a cohort of 60 students, there are only three classrooms in the new facility that are of sufficient size for lecture. We are also cognizant of CAPTE accreditation standards that mandate adequate teaching and learning spaces that are accessible to students outside of scheduled meeting times. Additionally, we need to provide informal gathering spaces for student use such as studying, socializing and group meetings. We are anticipating significant concerns for accessing lecture space and student gathering spaces especially when all programs are running at full capacity. These concerns are currently being discussed with College administration.

In addition to teaching and learning space concerns expressed above, we share the concern that there are no dedicated faculty research spaces on the Johnson City campus. Research space on Binghamton's main campus is currently being discussed and would facilitate transdisciplinary research (with engineering, neuropsychology). It would present challenges for PT faculty and student ease of access due to travel requirements between campuses. This research space is focused on human movement analysis and is not planned to support other research interests. We do recognize that some teaching spaces such as the Simulation Lab on the Johnson City campus can facilitate faculty research. It is important to reiterate, without the addition of new dedicated research spaces on either campus, this program is not likely to achieve accreditation.

The plan of having PT, OT, SLP, nursing, and pharmacy on one campus promotes an environment that is rich for IPE. Given the space limitations that exist and a lack of traditional clinical spaces that allow collaborative student interactions with patients/clients, it makes a creating and sustaining and innovative and premier IPE program more challenging to complete.

15. What is the institution's commitment to the program as demonstrated by the operating budget, faculty salaries, the number of faculty lines relative to student numbers and workload, and discussions about administrative support with faculty and administrators?

With 16 projected faculty, 10 at tenure track there is a strong faculty commitment. Based on the budget, there is a strong commitment to appropriately pay the faculty as well (BU will be competitive in attracting faculty). We were also provided a business plan which shows adequate operating budgets. The workload formula of 2-2 is quite doable for faculty and should assist them in moving forward. Sixteen faculty are more than enough to disperse the workload (teaching, admin and advising). Projected faculty to student lab numbers were not discussed but should be good with the interest in involving regional clinicians in the educational process of the student. The current program director has experience in this issue from his prior role. I think an additional staff member may be needed to improve overall initiatives.

Response: We agree with the observations regarding numbers of faculty, tenure lines, and attractiveness of salary compensation. We remain optimistic that a non-salary operating budget as proposed, which includes monies for supporting faculty travel and clinical education, will be available and managed at the discretion of the program director in order to achieve the long term and strategic goals of the program. Although the reviewer indicated that student:faculty lab numbers were not discussed, he referenced them in his response to item #8 (10:1). Lastly, we fully agree that the planned single administrative support person for all academic and clinical programming, supporting 16 faculty members and supporting ongoing accreditation, is insufficient. Currently, the PD and DCE are working with representatives from nursing, OT, and MPH (SLP when on campus) to look for efficiencies that could be realized by centralizing support for clinical education/fieldwork/internship by reducing redundancy. If agreements can be made to centralize clinical education, a dedicated administrative support person for this area would be ideal.

V. Summary Comments and Additional Observations

16. Summarize the major strengths and weaknesses of the program as proposed with particular attention to feasibility of implementation and appropriateness of objectives for the degree offered.

Strengths

- Strong commitment and number of staff for student affairs and advising: They have an ongoing culture of student advising that should transfer well to the DPT program.
- Good university reputation: BU is a selective university, one that is growing and one that has 49 million in external funding.
- New building with opportunities to create educational needs from scratch: The new building, a new curriculum, and all the new programs are a blank slated for modeling the program to maximize opportunities for students.
- Opportunities for formal and informal collaboration with other health professions, and to

bake this collaboration into expectations within the school: BU has the opportunity to create a patient-centered IPE curriculum that could be meaningful and unique. The shared space and novel SIM lab might be environments to perform this. Careful thought should be placed into this before creating curricula.

- Strong support from local clinical providers: We were able to meet 3 leaders from the local clinical environment who were very motivated about the program and promised to commit resources for its success.
- Experienced, earnest, thoughtful, open, program director: The newly hired program director has a strong mind for a careful, detailed, meaningful student experience. His prior work has provided experience to maximize opportunities in the university.
- Strong pre-post-award mechanisms at the university: BU has a culture for externally funded research. Having a culture is essential for experienced or novice researchers to have success when coming into the BU program. Funding in DPT programs is typically low and it takes a community of researchers to experience success.
- Master of Public Health (MPH) program: Although new, the program is built around public health and the provision of meaningful, community driven projects from an **experienced** director who has lived public health for decades. I saw multiple opportunities for collaboration from DPT and OTD with the work currently being performed.
- Strong undergraduate training programs in neuroscience, psychology and biology: If BU can maximize their feeder programs and create pipeline activities, they will improve their likelihood of getting strong students from their undergraduate programs. Since they are a public institution, I would project most of the students would elect to stay within the system.
- 16 faculty, 10 tenure lines: I was very pleased to see this level of commitment to faculty, especially the 10 tenure lines. In a day where universities are looking to decrease their tenure lines, I see this level of commitment as a legitimate strength for BU.
- Devoted leadership: Based on my interactions I do think that the leadership at BU sees the potential of the DPT program and has a shared vision of its need at BU.
- Strong cohesive State of the art simulation laboratory facilities and support (and research): I've not seen a SIM lab this large and comprehensive in any DPT program I've visited.
- Strong nursing program: There is a strong legacy nursing program with an experienced Dean of the school (from a nursing background). Having the legacy program means there are many resources present for the DPT program to replicate.
- Accessibility of health sciences and library systems: The design and accessibility of these services in the new program was a very smart and useful move.

Weaknesses

- The needs analysis suggests notable ongoing need for DPT graduates: I do not agree with most of the older external figures regarding the need of DPT programs. That said, this is based on experience and changes *we've* seen in our matriculates employment mobility once they have graduated. I would have liked to have seen a legitimate needs assessment involving local and regional health institutions.
-

Response: Needs analysis was included as part of the feasibility study conducted prior to my arrival on campus and served as the basis for the approval of this program. This review was intended to assess the viability of the proposed curriculum, business plan, and facilities planned, not to provide expert opinion on whether the program is viable, justified or needed.

- Finances I still don't understand this. Mysterious regardless of who we spoke with: Although it does appear that a grant and reserve dollars are there to support the program, there do not appear to be boundaries or guidelines outside the initial budgeted figures.

Response: We agree with this observation and have similar experiences. I suspect strongly that this is just the nature of business within SUNY. I have been reassured and provided the example of the Pharmacy School by multiple people. If we have a specific concern related to finances it is continued support through the expansion from a cohort of 40 to 60 students and financial support for additional and/or replacement of equipment that can be costly at times.

- No contingency plan: What happens if faculty are employed and the program is not accredited? What happens to the matriculates?

Response: This is another example of the perception that the reviewer is helping the institution to decide if a program will be started when the decision has already been made. If two faculty were hired and the decision was made to NOT start a program, this concern is legitimate. As part of the CAPTE accreditation process, we will need to articulate a Contingency Plan specific to the matriculants. Due to the inherent challenge of variable curriculum plans/designs at institutions, transferring students to another PT program is highly unlikely. Therefore, the contingency plan will be to have no contingency plan. This meets accreditation standards as long as we communicate it clearly to students. It will likely impact the first three cohorts until we achieve full accreditation. In light of this, we must plan to meet and exceed all standards and elements for accreditation.

- Lack of support from other SUNY DPT programs: I do have concerns that the other SUNY DPT programs do not see a need for this program. Length of curriculum when the pattern nationwide is decreasing size: We are seeing a decrease in time for degree, with some programs decreasing to approximately two years in total length. The 3 X 3 would be a good start, but having a shorter timeframe than 36 months is worth investigating.

Response: We have addressed the lack of support from other SUNY programs previously. It is worth reiterating that K Mooney, our DCE, is actively collaborating with the DCE at SUNY Stony Brook so the initial objection to a program at BU is not preventing collaborations. We expect that this will be mutually beneficial and ongoing. We concur that opportunities to reduce the overall time required to earn this degree exist. Creating pathways for students at BU (and other institutions) to matriculate into the program after 3 years of undergraduate study is the lowest hanging fruit. Creating a new program that significantly reduces the traditional 3-year professional education program for initial accreditation may not be the wisest strategy as new programs are closely reviewed in an attempt to establish rigor, completeness of content, etc. We will look for innovations and efficiencies once we are fully accredited.

- Clinical sites, specifically acute and subacute sites: This is an ongoing problem throughout the United States, which is experienced by multiple programs. This includes not toward paying for clinical sites, which BU has indicated they do not plan to do.

Response: Again, we agree with this observation. We have two strategies to address this concern related to acute and subacute clinical sites. We are exploring using a 2:1 model for clinical education which means two students with one clinical instructor/preceptor. This is a common alternative to the traditional 1:1 model. We have access to significant simulation resources beyond that at most/all DPT programs. We are confident that we can prepare students for these experiences to levels that far surpass prior students at other programs. We hope that this will entice potential clinical sites to reconsider their resistance to opening opportunities for students in these settings. We believe we have the opportunity to establish this program as an exemplar nationally in this area.

- Space dedicated to SIM lab competes with other space needs (clinical space): The SIM space is really terrific, for nursing. It is overkill for DPT needs. The space lost will sacrifice needed clinical space (a clinical learning environment) and space for meaningful patient centered IPE. There is a full floor dedicated to SIM - I feel that is too much.

Response: This is evidence of the response to the previous weakness. The simulation spaces have the ability to elevate this program to an exemplar for the use of simulation in preparing students/graduates. Nationally, mechanisms for reducing the impact on clinical partners for providing clinical education and experience are being explored. Two examples are 2:1 models over 1:1 and using simulation to replace traditional “live” clinical experiences. The Sim space is not overkill for DPT; we just need to be able to access the spaces and integrate it effectively into our curriculum. Discussions with P Reuther, Director of the Sim Center, have been ongoing since my arrival on campus and are productive. Furthermore, a local clinician interested in PT education has enrolled in the EdD program at BU and she has particular interest in the use of simulation in PT education. We are hoping to have her in a graduate assistant position with responsibility to support the Sim Center in order to learn and explore simulation in PT education. Upon degree completion, she would address multiple challenges we will face. The two most obvious are effective integration of simulation to address clinical education concerns discussed above and would be a faculty member that possesses the terminal academic degree (see weakness three bullets below). These are the two biggest challenges facing PT education nationally.

- Start-up costs for legitimate research faculty: To lure an externally funded researcher, or one that has this capacity, will cost much more than what is budgeted. Startups of 500K to 1 million should be expected.

Response: The financial plan submitted for the development and launch of this PT program included over \$500k equipment purchases for a motion analysis research lab. The PD has been in communication with the Development Office since 9/2019 in an attempt to identify potential donors interested in funding this type of project. During the external reviewers exit presentation, typical start-up costs for new faculty hires was mentioned. Binghamton administrators present at that meeting appeared to heed this observation and recommendation. More recently, talks have resumed with the Development Office in an attempt to identify potential donors as well as

referring the proposal to the Space Committee to identify potential locations on campus suitable for this research space requirements. The research lab equipment purchase proposal was modified specifically to respond to this reviewer's suggestion in item #17. We see a clear opportunity to build upon the local aging population that is at increased risks for falls related to a variety of causes. We are seeking to set up a state of the art, forward looking research lab that will address these community needs through grant funded research and clinical trials. The equipment proposed (CAREN virtual reality system, motion analysis lab, and vestibular testing equipment) is estimated at more than \$100M, consistent with the estimates of the reviewer.

- Geographic location of new building and surrounding community (safety): I'm sure they have discussed this but the Johnson City location is in a poor and dilapidated area of the city and I think there will need to be measures placed on safety of the students and faculty.

Response: Student, faculty and staff safety is always of highest concern. I have inquired about mechanisms to enhance security such as access control, lighting, patrols, etc. As the building comes on line and recent purchase of structures in the immediate area are razed or renovated, the local community will gradually transition. I am confident that the BU administration will utilize similar strategies put in place at other satellite campuses to ensure safety of all stakeholders.

- 50% CAPTE rule for faculty and the challenge of securing 8 terminal academic degree faculty: Hiring qualified faculty with terminal academic degrees has become a significant issue for many programs. In North Carolina, 5 schools will be placed on probation because of this. I think this will be a challenge as well for BU.

Response: This concern cannot be understated and BU has a strategic opportunity to place itself on a strong footing for success because of the strong interest of local clinicians with expertise in content areas. It is my strong recommendation that a cohort of local clinicians be recruited and matriculated into the PhD or EdD programs at Binghamton. Using a cohort approach to the education process, we may be able to create efficiencies and success strategies for this group. Such a strategy would not only "grow our own" but could also turn into programs that prepare clinicians for teaching roles in health profession education programs. I have discussed this with the Dean and have reached out to the Director of the EdD program. This action should be both swift and decisive if it is to be effective.

- Dedicated intentional plan for diversity of students or faculty: In DPT academic environments, there is no "if you build it they will come". Efforts need to be intentional if the program is truly serious about attracting URM students and faculty. I did not see this in the proposal.

Response: This program is committed to intentional efforts to meet and exceed student enrollments and faculty members from URM's. We suspect that many traditional admission criteria can unintentionally and systematically eliminate potentially academically able students due to a lack of preparation. For example, this is one reason why the volunteer hours is not an admission criterion as not all applicants have access to these opportunities. As part of the accreditation process, we will need to explicitly address our admission process and criteria and we will work closely with Sharon Bryant, PhD (Director of Diversity, Equity and Inclusion, Director of CSTEP program and Co-Director, STEP and UBMS programs) and the Nursing

degree programs admissions processes to ensure we are inclusive in our admission processes. We will also work on intentional strategies and programming to recruit undergraduate students at BU that represent URM. Again, Dr. Bryant's work with students in these populations will be an asset and provide access.

- Limited dedicated research space in new building: There is the SIM lab, but no space for a movement science lab, a functional lab, or a clinical lab for clinical research. I think this is a major issue, one that might require a retrofit later on, or one that will require space off campus which is not optimal.

Response: This concern has been addressed thoroughly in responses to other components of this reviewer's report.

- Too much growth, too soon: The growth is truly ambitious. Is there the time, resource, and attention to create so many new programs all at once?

Response: Point well taken. The administration needs to consider the development and costs related to each as separate and distinct with a tolerance for the up-front investment required for the success of all programs. Effective working relationships between and among the program directors will be critical. The Dean's attention will require the bandwidth to be engaged in the development of these programs, the shift to the new building, the evolving culture related to moving from a School of Nursing to a College of Health Sciences. The list goes on but the institution is aware and prepared.

- Many new individuals in leadership or decision making positions: This can be a pro or a con depending on how one looks at this. Certainly, you can build a culture. But new leadership may often follow the leads of those with experience without creating diverse thoughts.

Response: Speaking only for the PD in physical therapy, I am committed to the success of this program and have demonstrated that I am an innovator and disruptor. Following the lead of those with experience only makes sense when those paths have led to success. This program is new to Binghamton and PT education is very much different than nursing education. The PT program will need to move in directions best suited for PT education and not necessarily what works for nursing. Since my arrival, I have several examples of diversity of thought and innovation in developing this program. I have received both implicit and explicit support from Dean Ortiz and fully expect this to continue. We certainly always need to be fully cognizant of history and wisdom from those that went before us.

- Refusal or inability to pay for clinical sites: I truly think this is coming and BU needs a plan if it truly hits all programs.

Response: This topic is certainly at the forefront of discussions regarding clinical education sites. We plan to stay on top and involved with the discussions at a national and regional level through membership in and attendance at Educational Leadership Conference (ELC) and regional Clinical Education Consortia. If paying sites occurs at one clinical site, it will spread rapidly to others. The effect will be a further increase in costs of education as these fees will be passed on to students. Our initial plan is to engage our clinical education faculty in discussion to find out ways that we can decrease the "burden" of clinical education. We plan to institute curriculum and assessment methods that decrease the time required of our partners. We will

explore the potential for a 2:1 model to reduce the demand on our clinical partners. We will explore and leverage the use of simulation to better prepare students for clinical experiences and potentially reduce the number of weeks required in clinical education. Exploring and realizing these quality improvements and time efficiencies will reduce the burden placed on our clinical partners and potentially avoid the request for payments. If the trend is to move to paying our clinical partners, we will work closely with campus administrators to be prepared for this change.

- Matriarchal nursing culture doesn't always merge well with PT dynamics: This is from my experience. DPT and nursing don't always fit well with their culture. Measures should be in place to allow autonomy for DPT decision making and financial oversight.

Response: This comment is well received, factual and was noted in the feasibility study prepared prior to launching the development of this program. This conflict or “fit” concern will require close, consistent and ongoing attention in order to minimize its potential impact. As the Decker School of Nursing transitions to the Decker College of Nursing and Health Sciences, the policies and practices will need to be monitored and modified in order to allow all programs to function with autonomy while still maintaining effective governance structures. The PD serves on the Bylaws Committee that is currently editing the governance documents and structures of the new Decker College.

- No medical school to collaborate with: This is a fairly significant issue for external funding and research collaboration. Because of this, patient identification will have to go outside the university.

Response: This challenge can certainly pose a challenge for some research endeavors and for obtaining external funding. Although there is not a medical school there is a presence of the SUNY Upstate Medical School Clinical Campus within the new building that can be cultivated for research relationships. There are three hospitals run by two major health organizations that can provide access to patient populations if relationships can be developed. Finally, the long-standing nursing program and its ties to the local community health services can be leveraged to provide access to patient populations. For example, Decker’s commitment to addressing the needs of the rural and at-risk communities in the greater Broome County region can provide access to research subjects and patient populations.

- Lack of current mentorship framework for research: The first DPT research hire will be essential in building a research culture and mentoring incoming individuals. Because good mentors and those successful in research funding are limited, careful effort should be placed in this initiative.

Response: This concern has been central to the strategic vision and development of this program since the PD arrived on campus. The buildout and hiring plan was to bring onboard the Director of Clinical Education (required by CAPTE) followed by identifying fiscal and space resources to establish a state of the art Motion Analysis research lab. With these two pieces in place, a successful search for an experienced research faculty member with a national reputation would be launched. This faculty members workload would be predominately scholarship over teaching and metrics for performance would include measures of successful mentorship of more junior faculty hires down the road. The expressed concern by this reviewer is well received and

supports the PD's program development plans.

17. If applicable, particularly for graduate programs, comment on the ways that this program will make a unique contribution to the field, and its likelihood of achieving State, regional and/or national prominence.

I see two potential methods that BU could distinguish themselves from the majority of DPT programs. First, by maximizing research opportunities for meaningful physical therapy investigation, they could be one of a handful of universities that actually elevates physical therapy research. Second, nearly no programs have a legitimate rural health initiative. BU could work with the MPH and local providers to create a model program in this area. Whether they will have the resources for both of these is unknown, since many resources go directly toward the education of students.

18. Include any **further observations** important to the evaluation of this program proposal and provide any **recommendations** for the proposed program.

Appendix J – CAPTE Standards

Standard 1

The program meets graduate achievement measures and program outcomes related to its mission and goals.

REQUIRED ELEMENTS:

- 1A** The mission² of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation³ of physical therapists.

Evidence of Compliance:

Narrative:

- Provide the mission statements for the institution, the unit(s) in which the program resides, and the program.
- Describe the congruency of the program's mission statement with the institution and unit(s) missions.
- Describe the consistency of the program's mission with contemporary professional expectations for the preparation of physical therapists.

Appendices & On-site Material: See SSR Instructions & Forms

- 1B** The program has documented goals⁴ that are based on its mission, that reflect contemporary physical therapy education, research and practice, and that lead to expected program outcomes.

Evidence of Compliance:

Narrative:

- Provide the goals, including those related to:
 - Students and graduates (e.g., competent practitioners, leaders in the profession);
 - Faculty (e.g., adding to the body of knowledge in physical therapy, achieving tenure and/or promotion, involvement in professional associations, improving academic credentials); and/or
 - The program (e.g., contributing to the community, development of alternative curriculum delivery models).
- Describe how the goals reflect the program's stated mission.

Appendices & On-site Material: See SSR Instructions & Forms

- 1C** The program meets required student achievement measures⁵ and its mission and goals as demonstrated by actual program outcomes.

- 1C1** Graduation rates⁶ are at least 80% averaged over two years. If the program admits more than one cohort per year, the two year graduation rate for each cohort must be at least 80%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 80%.

² **Mission:** A statement that describes why the physical therapist education program exists, including a description of any unique features of the program. [The mission is distinct from the program's goals, which indicate how the mission is to be achieved.]

³ **Contemporary preparation:** Reflects the minimum skills required for entry-level preparation of the physical therapist and the needs of the workforce as documented by the program. Contemporary preparation requires preparation for evidence based practice.

⁴ **Goals:** The ends or desired results toward which program faculty and student efforts are directed. Goals are general statements of what the program must achieve in order to accomplish its mission. Goals are long range and generally provide some structure and stability to the planning process. In physical therapist education programs, goals are typically related to the educational setting, the educational process, the scholarly work of faculty and students, the service activities of faculty and students, etc.

⁵ **Graduate and Student Achievement Measures:** The measures of outcome required by USDE (graduation rate, licensure pass rate, employment rate).

⁶ **Graduation Rate:** The percentage of students who are matriculated in the first course in the professional program after the drop/add period and who complete the program.

Evidence of Compliance:

Portal Fields:

- Provide graduation data for the most recent two years for which there is full data in the section entitled Graduation Rate Data for the years identified on the Portal. Use the Graduation Rate Table (forms packet) to collect the graduation data. Identify the number of cohorts admitted each year; data will be required for each cohort.

Narrative:

- Identify the 2-year graduation rate calculated by the data entered into the Graduation Rate Data Section on the Portal.
- If the program graduates more than one cohort of students in an academic year, provide an analysis comparing the outcomes of the different cohorts.
- **For Initial Accreditation only:** indicate that there are no graduates and provide the expected timeframe to collect and analyze graduate data. Provide the Retention Rate Table (forms packet) as an appendix.

Appendices & On-site Material: See SSR Instructions & Forms

1C2 Ultimate licensure pass rates⁷ are at least 85%, averaged over two years. If the program admits more than one cohort per year, the ultimate two-year licensure pass rate for each cohort must be at least 85%. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.

Evidence of Compliance:

Narrative:

- Provide the most current licensure pass rate data available through the Federation of State Board of Physical Therapy (FSBPT); provide the data per cohort if more than one cohort is accepted in an academic year; provide:
 - First time pass rates for each cohort for the past two academic years.
 - Two-year ultimate pass rate based on the following data for each cohort:
 - Number of graduates per cohort who took the examination at least once;
 - Number of graduates per cohort who passed the exam after all attempts;

**** NOTE:** if licensure pass rates for graduates in the last academic year have not yet stabilized provide the data for the past three years and the two-year rate for the cohorts for which the data has stabilized.

 - If the program graduates more than one cohort of students in an academic year, provide an analysis comparing the outcomes of the different cohorts.
 - If program graduates do not routinely take the FSBPT exam, provide equivalent data.
 - **For Initial Accreditation only:** identify that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

Appendices & On-site Material: See SSR Instructions & Forms

1C3 Employment rates⁸ are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two year employment rate for each cohort must be at least 90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.

Evidence of Compliance:

Narrative:

- Provide the two-year employment rate for the last two academic years for each cohort based on the number of graduates who sought employment and the number of graduates employed within one year of graduation.
- **For Initial Accreditation only:** indicate that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

⁷ **Licensure pass rate:** The percentage of graduates who take and successfully pass the National Physical Therapy Examination (NPTE). Rates are considered to be stabilized one year after graduation.

⁸ **Employment rate:** The percentage of graduates who sought employment that were employed (full-time or part-time) as a physical therapist within 1 year following graduation.

Appendices & On-site Material: See SSR Instructions & Forms

1C4 Students demonstrate entry-level clinical performance prior to graduation.

Evidence of Compliance:

Narrative:

- Describe the mechanisms used to determine entry-level performance of students prior to graduation.
- Provide evidence that each student who completed the program within the last year demonstrated entry-level performance by the end of their last clinical experience.
- **For Initial Accreditation only:** indicate that students have not yet completed their last clinical experience and provide the expected timeframe to collect and analyze this data. Note: the program will be required to provide additional information prior to CAPTE's initial accreditation decision; please refer to Part 8 of CAPTE's Rules of Practice and Procedure, accessible at www.capteonline.org, for detailed information about what must be provided and the timing of the request.

Appendices & On-site Material: See SSR Instructions & Forms

1C5 The program graduates meet the expected outcomes as defined by the program.

Evidence of Compliance:

Narrative:

- For each goal related to program graduates delineated in Element 1B, list the expected outcomes that support the goal.
- For each outcome, provide the expected level of achievement and describe the process the program uses to determine if the expectation has been met.
- Based on the data collected from the various stakeholders identified in Element 2C, provide a summary of the data and an analysis of the extent to which the graduates meet the program's expected graduate student outcomes.
- If the program has more than one cohort, provide an analysis for each cohort.
- **For Initial Accreditation only:** indicate that there are no graduates, provide response to first two bullets and provide the expected timeframe to collect and analyze graduate data.

Appendices & On-site Material: See SSR Instructions & Forms

1C6 The program meets expected outcomes related to its mission and goals.

Evidence of Compliance:

Narrative:

- For all other program goals delineated in Element 1B, list the expected outcomes that support the goal.
- For each outcome, provide the expected level of achievement and describe the process the program uses to determine if the expectation has been met.
- Based on the data collected from the various stakeholders identified in Element 2C, provide a summary of the data and an analysis of the extent to which the program meets its expected outcomes related to its mission and goals.
- If the program has more than one cohort, provide an analysis for each cohort.
- **For Initial Accreditation only:** provide response to first two bullets and indicate the expected timeframe to collect and analyze the program's expected outcome data.

Appendices & On-site Material: See SSR Instructions & Forms

Standard 2:

The program is engaged in effective, on-going, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement.

REQUIRED ELEMENTS:

- 2A** The program has documented and implemented on-going, formal, and comprehensive assessment processes that are designed to determine program effectiveness and used to foster program improvement.

Evidence of Compliance:

Narrative:

- Provide a description of the overall assessment process that summarizes the information in the program assessment matrix.
- Describe the overall strengths and weaknesses identified through analysis of cumulative assessment data. If other strengths and weakness have been identified, describe them and provide the source of evidence that led to that determination.
- Describe two examples of changes resulting from the assessment process within the last four years. For each example, describe the rationale for the change and describe the process, timeline and results (if available) of re-assessment to determine if the change resulted in program improvement.

Appendices & On-site Material: See SSR Instructions & Forms

- 2B** For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which:

- 2B1** the admissions process, criteria and prerequisites meet the needs and expectations of the program.

Evidence of Compliance:

Narrative:

- Provide an analysis of data collected and the conclusions drawn to determine the extent to which the admission process, criteria and prerequisites meet the needs and expectations of the program.
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

Appendices & On-site Material: See SSR Instructions & Forms

- 2B2** program enrollment appropriately reflects available resources, program outcomes and workforce needs.

Evidence of Compliance:

Narrative:

- Provide an analysis of data collected and the conclusions drawn to determine the optimum program enrollment considering resources, program outcomes and workforce needs.
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

Appendices & On-site Material: See SSR Instructions & Forms

2B3 the collective core, associated and clinical education faculty meet program and curricular needs.

Evidence of Compliance:

Narrative:

- Provide an analysis of data collected and the conclusions drawn to determine the extent to which the collective core and associated faculty meet program and curricular needs.
- Provide an analysis of data collected and the conclusions drawn to determine the extent to which the collective clinical education faculty meet program and curricular needs.
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

Appendices & On-site Material: See SSR Instructions & Forms

2B4 program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to, financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services.

Evidence of Compliance:

Narrative:

- Provide an analysis of the data collected and the conclusions drawn to determine the extent to which program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to: financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services (academic, counseling, health, disability, and financial aid services).
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

Appendices & On-site Material: See SSR Instructions & Forms

2B5 program policies and procedures, as well as relevant institutional policies and procedures meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures.

Evidence of Compliance:

Narrative:

- Provide an analysis of the information collected and the conclusions drawn to determine the extent to which program policies and procedures, as well as relevant institutional policies and procedures, meet program needs. This includes analysis of the extent to which practices adhere to policies and procedures.
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

Appendices & On-site Material: See SSR Instructions & Forms

2C The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the changing roles and responsibilities of the physical therapy practitioner and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The assessment addresses clinical education sites including, at a minimum, the number and variety and the appropriate length and placement within the curriculum.

Evidence of Compliance:

Narrative:

- Describe how the curricular evaluation process considers the changing roles and responsibilities of the physical therapist practitioner and the dynamic nature of the profession and the health care delivery system.
- Provide evidence that student achievement and graduate outcomes are used to assess the curriculum.
- Provide evidence that the curricular assessment includes a review of the required elements in Elements 6A through 6M.
- Describe how the clinical education component is assessed, including at minimum, the assessment of the number and variety of clinical sites and the appropriate length and placement within the curriculum.
- Identify the stakeholders from whom data is collected, the method(s) used to collect data, and the timing of the collection.
- Provide a summary of the outcome from the most recent curricular evaluation, including clinical education. Provide the identified strengths and weaknesses.
- Describe any curricular changes, including to clinical education, made within the last four years and provide the rationale for the change(s).

Appendices & On-site Material: See SSR Instructions & Forms

2D The program has implemented a strategic plan that guides its future development. The plan takes into account program assessment results, changes in higher education, the health care environment and the nature of contemporary physical therapy practice.

Evidence of Compliance:

Narrative:

- Describe the strategic planning process, including the opportunities for core faculty participation.
- Describe how the process takes into account changes in higher education, the health care environment and the nature of contemporary physical therapy practice.
- Describe any changes planned for the next 3-5 years.

Appendices & On-site Material: See SSR Instructions & Forms

**Standard 3:
The institution and program operate with integrity.**

REQUIRED ELEMENTS:

- 3A** The sponsoring institution(s) is (are) authorized under applicable state law or other acceptable authority to provide postsecondary education and has degree granting authority. In addition, the institution has been approved by appropriate state authorities to provide the physical therapy education program.

Evidence of Compliance:

Narrative:

- Identify the state agency from which the institution has authority to operate as an institution of higher education.
- Identify the state agency from which the institution has authority to offer the PT program and to award the degree, if different from above.
- If the institution is in a collaborative arrangement with another institution to award degrees, provide the above for the degree granting institution.
- Indicate if the institution has authorization to provide clinical education experiences in other states, where required.

Appendices & On-site Material: See SSR Instructions & Forms

- 3B** The sponsoring institution(s) is (are) accredited by a regional accrediting agency recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA).

Evidence of Compliance:

Narrative:

- State the agency that accredits the institution.
- Provide the date that the current institutional accreditation status was granted.
- If the institution has an accreditation status other than full accreditation, explain the reasons for the institutional accreditation status and the impact on the program.
- If in a collaborative arrangement, provide the above for the degree-granting institution.
- For institutions in countries other than the United States that are not accredited by a US regional accreditation agency:
 - Identify the agency or agencies that provide the authorization for the institution to provide (1) postsecondary education and (2) the professional physical therapy program and indicate the dates such authorization was received. Provide contact information, including address, phone number and email address.
 - State the institution's current accreditation status or provide documentation of a regular external review of the institution that includes the quality of its operation, the adequacy of its resources to conduct programs in professional education, and its ability to continue its level of operation.
 - Provide evidence that the accrediting agency fulfills functions similar to those of US regional accrediting agencies.
 - If the institution has an accreditation or external review status other than full accreditation of approval, describe the impact, if any, of the current institutional status on the program.

Appendices & On-site Material: See SSR Instructions & Forms

- 3C** Institutional policies⁹ related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and professional aspects of the physical therapy program, including providing for reduction in teaching load for administrative functions.

Evidence of Compliance:

Portal Fields:

- Provide faculty workload data for each faculty member on the individual Core Faculty Detail page.
- Provide information related to teaching responsibilities in the Course Details page for each course.

⁹ **Policy:** A general principle by which a program is guided in its management.

Narrative:

- Describe how the institution supports the professional judgment of the core faculty regarding academic regulations and professional behavior expectations of students.
- Describe how university-wide and/or unit-wide faculty roles and workload expectations are applied to the physical therapist education program so that they take into consideration:
 - Administrative responsibilities of core faculty;
 - Provide examples of functions to be considered for release time (e.g., program administration, clinical education administration, development of Self-study Report, assessment activities);
 - Requirements for scholarship, service, and maintenance of expertise in contemporary practice in assigned teaching areas;
 - Complexity of course content, number of students per class or laboratory, and teaching methodology;
 - The relationship between credit hours and contact hours for classroom and laboratory for determining workload; and
 - The unique needs of physical therapy education, similar to those of other professional education programs, where core faculty ensure the integration and coordination of the curricular content, mentor associated faculty, conduct and coordinate a clinical education program, manage admission processes, etc.

Appendices & On-site Material: See SSR Instructions & Forms

3D Policies and procedures¹⁰ exist to facilitate equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students.

Evidence of Compliance:

Narrative:

- Provide (quote) the institution's equal opportunity and nondiscrimination statement(s).
- Describe how the nondiscrimination statement and policy are made available to faculty, staff, prospective/enrolled students and the public.

Appendices & On-site Material: See SSR Instructions & Forms

3E Policies, procedures, and practices¹¹ that affect the rights, responsibilities, safety, privacy, and dignity of program faculty¹² and staff are written, disseminated, and applied consistently and equitably.

Evidence of Compliance:

Narrative:

- Provide an example of how policies are applied equitably.

Appendices & On-site Material: See SSR Instructions & Forms

3F Policies, procedures, and practices exist for handling complaints¹³ that fall outside the realm of due process¹⁴, including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.

¹⁰ **Procedure:** A description of the methods, activities, or processes used to implement a policy.

¹¹ **Practices:** Common actions or activities; customary ways of operation or behavior.

¹² **Program faculty:** All faculty involved with the PT program, including the Program Director, Clinical Education Coordinator, Core Faculty, Associated Faculty, and Clinical Education Faculty.

¹³ **Complaint:** A concern about the program, expressed by students or others with a legitimate relationship to the program, the subject of which is not among those that are addressed through the institution's formal due processes.

¹⁴ **Due process:** Timely, fair, impartial procedures at the program or institutional level for the adjudication of a variety of issues including, but not limited to: (1) faculty, staff, and student violations of published standards of conduct, (2) appeals of decisions related to faculty and staff hiring, retention, merit, tenure, promotion, and dismissal, and (3) appeals of decisions related to student admission, retention, grading, progression, and dismissal. Due process generally requires adequate notice and a meaningful opportunity to be heard.

Evidence of Compliance:

Narrative:

- Provide the relevant institutional or program policy and procedure that addresses handling complaints that fall outside due process (e.g., complaints from prospective and enrolled students, clinical education sites, employers of graduates, the general public).
- Describe how the records of complaints are, or would be, maintained by the program.

Appendices & On-site Material: See SSR Instructions & Forms

3G Program specific policies and procedures are compatible with institutional policies and with applicable law.¹⁵

Evidence of Compliance:

Narrative:

- List the program-specific policies and procedures that differ from those of the institution (e.g., admissions procedures, grading policies, policies for progression through the program, policies related to clinical education) and describe how the policies and procedures differ and why.
- For program policies and procedures that differ from those of the institution:
 - If applicable, explain how the program determines that program policies and procedures comply with applicable law.
 - Describe how institutional approval is obtained for program policies and procedures that differ from those of the institution.

Appendices & On-site Material: See SSR Instructions & Forms

3H Program policies, procedures, and practices provide for compliance with accreditation policies and procedures including:

- 3H1** maintenance of accurate information, easily accessible¹⁶ to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement) and current student achievement measures;
- 3H2** timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates;
- 3H3** following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure;
- 3H4** timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education; and
- 3H5** coming into compliance with accreditation Standards and Required Elements within two years of being determined to be out of compliance.¹⁷

Evidence of Compliance:

Narrative:

- Identify who is responsible for maintaining compliance with accreditation policies and procedures.
- Provide recent examples that demonstrate adherence to established policies and procedure.

Appendices & On-site Material: See SSR Instructions & Forms

¹⁵ **Applicable law:** Those federal and state statutes/regulations relevant to physical therapy education (ADA, OSHA, FERPA, HIPAA, Practice Acts, etc.)

¹⁶ **Easily accessible:** Can be accessed by the public without disclosure of identity or contact information and is no more than one “click” away from the program’s home webpage.

¹⁷ This is a USDE requirement.

Standard 4:
The program faculty are qualified for their roles and effective in carrying out their responsibilities.

REQUIRED ELEMENTS:

Individual Academic Faculty¹⁸

4A Each core faculty¹⁹ member, including the program director and clinical education coordinator, has doctoral preparation²⁰, contemporary expertise²¹ in assigned teaching areas, and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs and who are teaching clinical PT content are licensed or regulated in any United States jurisdiction as a PT. For CAPTE accredited programs outside the United States, core faculty who are PTs and who are teaching clinical PT content are licensed or regulated in accordance with their country's regulations. (PROVISO: CAPTE will begin enforcing the requirement for doctoral preparation of all core faculty effective January 1, 2020, except for individuals who are enrolled in an academic doctoral degree²² program on that date, in which case the effective date will be extended to December 31, 2025; this will be monitored in the Annual Accreditation Report.)

Evidence of Compliance:

Narrative:

- The only response needed in the 4A text box is to refer the reader to the Core Faculty Detail Section for each core faculty member.

Portal Fields: on the Core Faculty Information Page:

- In completing the Qualifications box on this Portal page:
 - Identify each core faculty's doctoral preparation.
 - Describe the individual's effectiveness in teaching and student evaluation;
 - For core faculty who are PTs/PTAs and are teaching clinical PT content, identify if each holds a current license to practice as a PT in any United States jurisdiction. Note: If clinical practice is required for licensure and the individual is not engaged in clinical practice, provide a statement to that effect and provide the reference in the State Practice Act that would preclude licensure;
 - Identify teaching assignments by prefix, number and title and indicate content assigned and role in course; and
 - Provide evidence of the individual's contemporary expertise specific to assigned teaching content. This evidence can include:
 - Education (including post-professional academic work, residency, and continuing education);
 - Clinical expertise (specifically related to teaching areas; e.g.: certification as a clinical specialist, residency);
 - Consultation and service related to teaching areas;
 - Course materials that reflect level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings/references, learning experiences); and

¹⁸ **Academic faculty:** Those faculty members who participate in the delivery of the didactic (classroom and laboratory) portion of the curriculum. The academic faculty is comprised of the core faculty and the associated faculty.

¹⁹ **Core faculty:** Those individuals appointed to and employed primarily in the program, including the program director, the director of clinical education (DCE) and other faculty who report to the program director. The core faculty have the responsibility and authority to establish academic regulations and to design, implement, and evaluate the curriculum. The core faculty include physical therapists and may include others with expertise to meet specific curricular needs. The core faculty may hold tenured, tenure track, or non-tenure track positions. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty.

²⁰ **Doctoral preparation:** Earned doctorate, including the DPT.

²¹ **Contemporary expertise:** Expertise beyond that obtained in an entry-level physical therapy program that represents knowledge and skills reflective of current practice. Longevity in teaching or previous experience teaching a particular course or content area does not by itself necessarily constitute expertise.

²² **Academic doctoral degree:** A PhD or other doctoral degree that requires advanced work beyond the master's level, including the preparation and defense of a dissertation based on original research, or the planning and execution of an original project demonstrating substantial scholarly achievement. Definition adapted from IPED definition found at <http://nces.ed.gov/ipeds/glossary/?charindex=D>; last accessed 1/12/15.

- Other evidence that demonstrates contemporary expertise, for example
 - Scholarship (publications and presentations related to teaching areas);
 - Written evidence of evaluation of course materials (e.g., course syllabus, learning experiences, assessments of student performance) by a content expert;
 - Independent study and evidence-based review that results in critical appraisal and in-depth knowledge of subject matter (include description of resources used and time frame for study); and
 - Formal mentoring (include description of experiences, time frame and qualifications of mentor).

Appendices & On-site Material: See SSR Instructions & Forms

4B Each core faculty member has a well-defined, ongoing scholarly agenda²³ that reflects contributions to: (1) the development or creation of new knowledge, OR (2) the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study, OR (3) the application of findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community, OR (4) the development of critically reflective knowledge about teaching and learning, OR (5) the identification and resolution of pressing social, civic, and ethical problems through the scholarship of engagement.

Evidence of Compliance:

Narrative:

- Briefly describe how the core faculty scholarly agendas fit within the context of the program's or institution's mission and expected outcomes.

Appendices & On-site Material: See SSR Instructions & Forms

4C Each core faculty member has a record of institutional or professional service²⁴.

Evidence of Compliance:

Narrative:

- Describe the program's and/or the institution's expectations related to service accomplishments for core faculty.
- Briefly summarize core faculty members' service activities.

Appendices & On-site Material: See SSR Instructions & Forms

4D Each associated²⁵ faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.

Evidence of Compliance:

Narrative:

- For each associated faculty who is responsible for less than 50% of a course, provide the following information: name and credentials, content taught, applicable course number(s) and title(s), total contact hours, and source(s) of contemporary expertise specifically related to assigned responsibilities.
- For associated faculty who are responsible for 50% or more of the course, the only response needed in the 4D text box is to refer the reader to the Associated Faculty Detail Section for each associated faculty member.

Portal Fields: on the Associated Faculty Information Page:

- In completing the Qualifications box on this Portal page:
 - Describe the individual's effectiveness in teaching and student evaluation;
 - Identify teaching assignments by prefix, number and title and indicate content assigned and role in course; and

²³ **Scholarly agenda:** A long-term plan for building lines of inquiry that will result in original contributions to the profession. It should include the principal topics of scholarly inquiry, specific goals that identify the types of scholarship, scholarly activities, and anticipated accomplishments with a timeline. The agenda may also include plans for relevant mentorship and collaboration with colleagues.

²⁴ **Service:** Activities in which faculty may be expected to engage including, but not limited to, institution/program governance and committee work, clinical practice, consultation, involvement in professional organizations, and involvement in community organizations.

²⁵ **Associated Faculty:** Those individuals who have classroom and/or laboratory teaching responsibilities in the curriculum and who are not core faculty or clinical education faculty. The associated faculty may include individuals with full-time appointments in the unit in which the professional program resides or in other units of the institution, but who have primary responsibilities in programs other than the professional program.

- Provide evidence of the individual's contemporary expertise specific to assigned teaching content. This evidence can include:
 - Education (including post-professional academic work, residency, and continuing education);
 - Licensure, if required by the state in which the program is located;
 - Clinical expertise (specifically related to teaching areas; e.g.: certification as a clinical specialist, residency);
 - Consultation and service related to teaching areas;
 - Course materials that reflect level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings/references, learning experiences); and
 - Other evidence that demonstrates contemporary expertise, for example:
 - Scholarship (publications and presentations related to teaching areas);
 - Written evidence of evaluation of course materials (e.g., course syllabus, learning experiences, assessments of student performance) by a content expert;
 - Independent study and evidence-based review that results in critical appraisal and in-depth knowledge of subject matter (include description of resources used and time frame for study); and
 - Formal mentoring (include description of experiences, time frame and qualifications of mentor).

Appendices & On-site Material: See SSR Instructions & Forms

4E Formal evaluation of each core faculty member occurs in a manner and timeline consistent with applicable institutional policy. The evaluation includes assessments of teaching, scholarly activity and service, and any additional responsibilities. The evaluation results in an organized faculty development plan that is linked to the assessment of the individual core faculty member and to program improvement.

Evidence of Compliance:

Narrative:

- Describe the faculty evaluation process, including how it addresses teaching, service, scholarship and any additional responsibilities.
- Provide a recent (within past five years) example for each core faculty of faculty development activities that have been based on needs of the faculty and for program improvement.

Appendices & On-site Material: See SSR Instructions & Forms

4F Regular evaluation of associated faculty occurs and results in a plan to address identified needs.

Evidence of Compliance:

Narrative:

- Describe the process used to determine the associated faculty development needs, individually and, when appropriate, collectively.
- Describe and provide examples of development activities used by the program to address identified needs of associated faculty.

Appendices & On-site Material: See SSR Instructions & Forms

Program Director²⁶

4G The program director demonstrates the academic and professional qualifications and relevant experience in higher education requisite for providing effective leadership for the program, the program faculty, and the students. These qualifications include all of the following:

- is a physical therapist who is licensed or regulated in any United States jurisdiction as a PT. For CAPTE accredited programs outside the United States, the program director is licensed or regulated as a PT in accordance with their country's regulations;

²⁶ **Program director:** The individual employed full-time by the institution, as a member of the core faculty, to serve as the professional physical therapist education program's academic administrator: Dean, Chair, Director, Coordinator, etc.

- has an earned academic doctoral degree (program directors who have been determined by CAPTE as of January 1, 2016 to meet the 2006 Evaluative Criteria expectations without an academic doctoral degree may seek an exemption from this expectation);
- holds the rank of associate professor, professor, clinical associate professor, or clinical professor;
- has a minimum of six years of full time²⁷ higher education experience, with a minimum of three years of full-time experience in a physical therapist education program.

Evidence of Compliance:

Narrative:

- Describe how the program director meets the following qualifications:
 - is a physical therapist;
 - holds a current license to practice **as a PT in any United States jurisdiction**. Note: If clinical practice is required for licensure and the individual is not engaged in clinical practice, provide a statement to that effect and provide the reference in the State Practice Act that would preclude licensure;
 - has an earned academic doctoral degree;
 - has the rank of associate professor, professor, clinical associate professor, or clinical professor; and
 - has a minimum of six years of full time higher education experience, with a minimum of three years of full-time experience in a physical therapist education program.
- If the program director does not have an earned academic doctoral degree, but has been determined by CAPTE to meet the 2006 Evaluative Criteria, and the program wishes to seek an exemption, provide a rationale for the equivalency of the program director's qualifications to meet the intent of this expectation.

Appendices & On-site Material: See SSR Instructions & Forms

4H The program director provides effective leadership for the program including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation.

Evidence of Compliance:

Narrative:

- Describe the effectiveness of the mechanisms used by the program director to communicate with program faculty and other individuals and departments (admissions, library, etc.) involved with the program.
- Describe the responsibility, authority and effectiveness of the program director for assessment and planning.
- Describe the responsibility, authority and effectiveness of the program director in fiscal planning and allocation of resources, including long-term planning.
- Describe the responsibility, authority and effectiveness of the program director for faculty evaluation.
- Describe the process used to assess the program director as an effective leader.
- Provide evidence of effective leadership which might relate to:
 - A vision for physical therapist professional education;
 - Understanding of and experience with curriculum content, design, and evaluation;
 - Employing strategies to promote and support professional development;
 - Proven effective interpersonal and conflict management skills;
 - Abilities to facilitate change;
 - Negotiation skills (relative to planning, budgeting, funding, program faculty status, program status, employment and termination, space, and appropriate academic and professional benefits);
 - Effective experience in strategic planning;
 - Active service on behalf of physical therapist professional education, higher education, the larger community, and organizations related to their academic interest;
 - Effective management of human and fiscal resources;
 - Commitment to lifelong learning;
 - Active role in institutional governance; and
 - Program accomplishments.

Appendices & On-site Material: See SSR Instructions & Forms

²⁷ Full time: 35 hours/week

Clinical Education Coordinator²⁸

- 4I** The clinical education coordinator is a physical therapist who is licensed or regulated in any United States jurisdiction as a PT and has a minimum of three years of full-time post-licensure clinical practice. Two years of clinical practice must include experience as a CCCE or CI in physical therapy, or minimum of two years of experience in teaching, curriculum development and administration in a physical therapy education program. For CAPTE accredited programs outside the United States, the clinical education coordinator is licensed or regulated in accordance with their country's regulations.

Evidence of Compliance:

Narrative:

- Identify the core faculty member(s) who is/are designated as the clinical education coordinator.
- If more than one core faculty member is assigned as a clinical education coordinator, describe the role and responsibilities of each.
- Describe how the clinical education coordinator meets the following qualifications:
 - Is a physical therapist;
 - Current license to practice as a PT in any United States jurisdiction. Note: If clinical practice is required for licensure and the individual is not engaged in clinical practice, provide a statement to that effect and provide the reference in the State Practice Act that would preclude licensure;
 - A minimum of three years of full time (or equivalent) post-licensure clinical practice; and
 - A minimum of two years of clinical practice as a CCCE and/or CI or two years of experience in teaching, curriculum development and administration in a PT program.

Appendices & On-site Material: See SSR Instructions & Forms

- 4J** The clinical education coordinator is effective in developing, conducting, and coordinating the clinical education program.

Evidence of Compliance:

Narrative:

- Describe the process to assess the effectiveness of the clinical education coordinator(s).
- Describe the effectiveness of the clinical education coordinator(s) in planning, developing, coordinating, and facilitating the clinical education program, including effectiveness in:
 - Organizational, interpersonal, problem-solving and counseling skills; and
 - Ability to work with clinical education faculty (CCCEs and CIs) to address the diverse needs of the students.
- Describe the mechanisms used to communicate information about clinical education with core faculty, clinical education sites, clinical education faculty (CCCEs and CIs), and students.
 - Describe how the clinical education faculty are informed of their responsibilities.
- Describe the timing of communications related to clinical education to the core faculty, clinical education sites, clinical education faculty (CCCEs and CIs), and students.
- Describe the process used to monitor that the academic regulations are upheld.
- Describe the methods used to assign students to clinical education experiences.
- Describe how the program works to ensure that the supervision and feedback provided to students is appropriate for each student in each clinical education experience, assuming that the student is progressing through the program in the expected manner.
- Describe how the need for an altered level of clinical supervision and feedback is determined, communicated to the clinical education faculty, and monitored during the experience.

Appendices & On-site Material: See SSR Instructions & Forms

Collective Academic Faculty

- 4K** The collective core and associated faculty include an effective blend of individuals with doctoral preparation (including at least 50% of core faculty with academic doctoral degrees) and individuals with clinical specialization sufficient to meet program goals and expected program outcomes as related to program mission, institutional expectations and assigned program responsibilities.

Evidence of Compliance:

²⁸ **Clinical Education Coordinator:** The core faculty member(s) responsible for the planning, coordination, facilitation, administration, and monitoring of the clinical education component of the curriculum. The clinical education coordinator(s) is/are the faculty member(s) of record for the clinical education courses. NOTE: the term is intentionally generic; programs are free to use any appropriate title.

Narrative:

- Describe the institutional expectations for doctoral preparation of faculty.
- Indicate the percentage of core faculty who hold an academic doctoral degree. If less than 50% of the core faculty hold an academic doctoral degree, provide the plan and timeline to meet this expectation.
- Describe the blend of clinical specialization of the core and associated faculty in the program.
- Describe the effectiveness of the blend to meet program goals and expected outcomes as related to program mission and institutional expectations and to meet assigned program responsibilities.

Appendices & On-site Material: See SSR Instructions & Forms

- 4L** The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional policies, procedures and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.

Evidence of Compliance:

Narrative:

- Describe the process by which academic regulations specific to the program are developed, adopted and evaluated by the core faculty.
- Describe the process used to verify that the academic regulations are upheld.
- Describe the process that would be used to address violations of academic regulations. Provide examples, if available.

Appendices & On-site Material: See SSR Instructions & Forms

- 4M** The collective core faculty have primary responsibility for development, review and revision of the curriculum with input from other appropriate communities of interest.

Evidence of Compliance:

Narrative:

- Describe the responsibility of the core faculty for the development, review, and revision of the curriculum plan.
- Provide examples of community of interest involvement in curriculum development, review and revision.

Appendices & On-site Material: See SSR Instructions & Forms

- 4N** The collective core faculty are responsible for **assuring** that students are safe and ready to progress to clinical education.

Evidence of Compliance:

Narrative:

- Describe how the core faculty determine in which skills students are expected to be competent and safe.
- Describe the processes used by the core faculty to determine students are competent and safe in the skills identified by the core faculty and that the students are ready to engage in clinical education.
- Describe how the program ensures that critical safety elements are identified in the competency testing process.
- Describe how grading procedures for the competency testing process ensure students are not placed in the clinical setting without being determined to be competent and safe.
- Describe the criteria upon which the determination is made that each student is ready to engage in clinical education.
- **Describe what happens if a student is found to not be safe and ready to progress to clinical education.**
- Describe the mechanisms used to communicate to students and clinical education faculty the specific skills in which students must be competent and safe.

Appendices & On-site Material: See SSR Instructions & Forms

Clinical Education Faculty²⁹

²⁹**Clinical education faculty:** The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs). While the educational institution/program does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services. The primary CI for physical therapist students must be a physical therapist; however, this does not preclude a physical

40 Clinical instructors are licensed physical therapists, with a minimum of one year of full time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers.

Evidence of Compliance:

Narrative:

- Describe how the program determines that clinical instructors are meeting the expectations of this element, including but not limited to:
 - the program's expectations for the clinical competence of the CIs;
 - the program's expectations for clinical teaching effectiveness of the CIs;
 - how the clinical education sites are informed of these expectations; and
 - how these expectations are monitored.
- Summarize the qualifications of the CIs who provided clinical instruction for at least 160 hours to the same student in the last academic year (e.g., years of experience, specialist certification, or other characteristics expected by the program).
- Describe the program's expectations for clinical teaching effectiveness of the CIs.
- If not using the CPI Web, identify how CIs are trained in completing the tool to assess student performance.
- Describe how the program determines that the tool used for the evaluation of student performance in the clinical setting has been completed correctly.
- Summarize the teaching effectiveness, including the ability to assess and document student performance, of the CIs who provided clinical instruction for at least 160 hours to the same student in the last academic year.

Appendices & On-site Material: See SSR Instructions & Forms

Standard 5

The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program and consistent with societal needs for physical therapy services for a diverse population.

REQUIRED ELEMENTS:

- 5A** Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, are written and made available to prospective students, and are applied consistently and equitably. Recruitment practices are designed to enhance diversity³⁰ of the student body.

Evidence of Compliance:

Narrative:

- Provide the planned class size and the rationale for it.
- Describe procedures for recruitment of students.
- Describe the admissions criteria for the program, including any special considerations used by the program.
- Describe the admission procedures.
- Describe procedures to maintain planned class size. Identify related policies to prevent over enrollment.
- Describe how the program ensures that the admission procedures are applied equitably, including how prospective students' rights are protected.
- Describe the program process for determining the acceptance of credit in transfer from other institutions.
- Describe the efforts of the program to recruit a diverse student population.

Appendices & On-site Material: See SSR Instructions & Forms

- 5B** Prospective and enrolled students are provided with relevant information about the institution and program that may affect them including, but not limited to, catalogs, handbooks, academic calendars, grading policies, total cost to student, financial aid, the program's accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent print and/or electronic information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.

Evidence of Compliance:

Narrative:

- Describe how the following information is provided to prospective and enrolled students:
 - Catalogs;
 - Recruitment and admissions information, including admissions criteria, transfer of credit policies and any special considerations used in the process;
 - Academic calendars;
 - Grading policies;
 - Technical standards or essential functions, if used;
 - Acceptance and matriculation rates;
 - Student outcomes including, but limited to, the most current two year data available for graduation rates, employment rates, pass rates on licensing examinations;
 - Costs of the program (including tuition, fees, and refund policies);
 - Financial aid; and
 - Enrollment agreement, if used.
- Describe how the following information is communicated to enrolled students including:
 - Process for filing complaint with CAPTE;
 - Job/career opportunities;
 - Availability of student services;
 - Health and professional liability insurance requirements;
 - Information about the curriculum;

³⁰**Diversity:** Includes group/social differences (e.g., race, ethnicity, socioeconomic status, gender, sexual orientation, country of origin, as well as cultural, political, religious, or other affiliations) and individual differences (e.g., age, mental/physical ability, personality, learning styles, and life experiences).

- Information about the clinical education program, including travel expectations to clinical sites;
- Required health information;
- Potential for other clinical education requirements, such as drug testing and criminal background checks; and
- Access to and responsibility for the cost of emergency services in off-campus educational experiences.

Appendices & On-site Material: See SSR Instructions & Forms

5C Enrollment agreements³¹, if used, comply with institutional accrediting agency and state requirements and are only executed with a prospective student after disclosure of the information delineated in 5B and formal admission to the program has occurred.

Evidence of Compliance:

Narrative:

- Identify whether enrollment agreements are used.
- If used, provide evidence that the agreements are consistent across enrollees for a given cohort.
- If used:
 - Describe the institutional accrediting agency and state requirements for using enrollment agreements and explain how the current agreement complies with these requirements;
 - Indicate when in the enrollment process the student is required to sign the agreement; and
 - Provide evidence that, prior to having to sign the enrollment agreement, prospective students are provided with:
 - Catalogs;
 - Recruitment and admissions information, including transfer of credit policies and any special considerations used in the process;
 - Academic calendars;
 - Grading policies;
 - Accreditation status of the institution and the program, including contact information for CAPTE;
 - Technical standards or essential functions, if available;
 - Acceptance and matriculation rates;
 - Student outcomes, including graduation rates, employment rates, pass rates on licensing examinations, and other outcome measures;
 - Costs of the program (including tuition, fees, and refund policies);
 - Any additional fees associated with verification of identity for distance education purposes;
 - Financial aid; and
 - Enrollment agreement.

Appendices & On-site Material: See SSR Instructions & Forms

5D Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written and provided to students and applied consistently and equitably.

Evidence of Compliance:

Narrative:

- Describe how policies and procedures that affect students are disseminated to students and program faculty.
- Provide examples of situations that illustrate the equitable application of policies that relate to the rights of students.

Appendices & On-site Material: See SSR Instructions & Forms

5E Policies, procedures, and practices related to student retention,³² student progression³³ and dismissal through the program are based on appropriate and equitable criteria and

³¹ **Enrollment agreements:** Formal contracts between the institution, program, and student which articulate basic legal tenets, assumptions, and responsibilities for all parties identified in a transactional relationship.

³² **Retention:** Maintenance of enrollment across multiple terms.

³³ **Progression:** Ability of students to enroll in subsequent courses based on defined expectations.

applicable law, are written and provided to students, and are applied consistently and equitably. Retention practices support a diverse student body.

Evidence of Compliance:

Narrative:

- Describe the mechanism by which students receive regular reports of academic performance and progress.
- Describe the mechanism by which students receive regular reports of their clinical performance and progress, including the minimal expectations of the program for frequency of these reports.
- Describe the resources available to support student retention and progression of students through the program.
- Describe remediation activities, if provided, when knowledge, behavior or skill deficits, or unsafe practices are identified.
- Describe how retention practices support a diverse student body.

Appendices & On-site Material: See SSR Instructions & Forms

Standard 6: The program has a comprehensive curriculum plan.

REQUIRED ELEMENTS:

- 6A** The comprehensive curriculum plan³⁴ is based on: (1) information about the contemporary practice³⁵ of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.

Evidence of Compliance:

Narrative:

- Describe how the curriculum plan is based on information about the contemporary practice of physical therapy; standards of practice; and current literature, documents, publications, and other resources related to the profession, to physical therapy professional education, and to educational theory.

Appendices & On-site Material: See SSR Instructions & Forms

- 6B** The curriculum plan includes an expectation that students enter the professional program with a baccalaureate degree. Alternatively, students may have three years of undergraduate education that includes in-depth upper division study in one discipline comparable to a minor at the institution **prior to entering the professional program.**

Evidence of Compliance:

Narrative:

- If the program requires a baccalaureate degree prior to admission, a statement to that effect is the only response required.
- If the program does not require a baccalaureate degree prior to admission, provide evidence that students enter the program with a balance of course work, including upper division courses in at least one content area that is the equivalent of a minor at the institution.

Appendices & On-site Material: See SSR Instructions & Forms

- 6C** The specific prerequisite course work is determined by the program's curriculum plan.

³⁴ **Curriculum plan:** A plan for the education of learners that includes objectives, content, learning experiences and evaluation methods—all of which are grounded in the mission and expected student outcomes of the program and are based on consideration of educational theory and principles, the nature of contemporary practice, and the learners' previous experiences. The curriculum plan is part of the overall program plan, the latter of which may include goals related to areas such as program growth, finances, faculty development, faculty scholarship, community involvement, etc.

³⁵ **Contemporary practice:** Delivery of physical therapy services as documented in current literature, including the *Guide to Physical Therapist Practice*, the Standards of Practice, and the Code of Ethics.

Evidence of Compliance:

Narrative:

- Identify the prerequisite course work and describe the rationale for inclusion of each specific prerequisite course, including the knowledge and skills that students are expected to possess upon entrance into the professional program.
- Analyze the adequacy of the prerequisite course work to prepare students to be successful in the professional program.

Appendices & On-site Material: See SSR Instructions & Forms

6D The curriculum plan includes a description of the curriculum model³⁶ and the educational principles on which it is built.

Evidence of Compliance:

Narrative:

- Describe the curriculum model and the educational principles of the curriculum.
- Provide examples of how the educational principles translate into learning experiences.

Appendices & On-site Material: See SSR Instructions & Forms

6E The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes, including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems³⁷, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated³⁸ and full-time³⁹ terminal experiences.

Evidence of Compliance:

Narrative:

- Describe how the courses are organized, sequenced, and integrated, including clinical education.
- Provide the rationale for the model used to integrate the didactic and clinical education portions of the curriculum; include a description of the course work that prepares students for each clinical education experience.
- Provide examples of sequential and integrated learning experiences that prepare students to provide care to individuals with orthopedic, neurological, and cardiopulmonary conditions and to geriatric and pediatric populations.
- Describe how the organization, sequencing, and integration of courses facilitate student achievement of the expected outcomes.
- **For Initial Accreditation ONLY:** if curricular changes have occurred since the program started, provide the requested information based on the curriculum experienced by the charter class. Summarize curricular changes, including rationale for changes, in Element 2C.

Appendices & On-site Material: See SSR Instructions & Forms

³⁶ **Curriculum model:** A general description of the organization of the professional curriculum content.

³⁷ **Major Systems:** Cardiovascular, pulmonary, integumentary, musculoskeletal, neuromuscular systems.

³⁸ **Integrated clinical education:** Clinical education experiences that occur before the completion of the didactic component of the curriculum.

Options include but are not limited to one day a week during a term, a short full-time experience at the end of a term, a longer full-time experience between two regular terms. Integrated experiences cannot be satisfied with patient simulations or the use of real patients in class; these types of experiences are too limited and do not provide the full range of experiences a student would encounter in an actual clinical setting. **Integrated clinical experiences must be satisfied prior to the start of any terminal clinical experiences.**

³⁹ **Full time terminal clinical education:** **Extended full-time experience that occurs at the end of the professional curriculum but may be followed by didactic activity that does not require additional clinical experiences.**

6F The didactic and clinical curriculum includes interprofessional education⁴⁰; learning activities are directed toward the development of interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork. NOTE: this element will become effective January 1, 2018.

Narrative:

- Describe learning activities that involve students, faculty and/or practitioners from other health care professions.
- Describe the effectiveness of the learning activities in preparing students and graduates for team-based collaborative care.

Appendices & On-site Material: See SSR Instructions & Forms

6G The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.

Evidence of Compliance:

Narrative:

- Only response needed is to refer the reader to the course syllabi that are accessed from the WinZip file.
- **Note: for Initial Accreditation ONLY:** provide the curriculum and syllabi for the charter class as CAPTE must make an accreditation decision based on their curriculum. If curricular changes have occurred since the program started, provide a summary of the changes and the rationale for the changes in Element 2C. Contact Accreditation Staff to discuss how to provide syllabi for current curriculum.

NOTE: Each syllabus must include at least the following:

- title and number;
- description;
- department offering course;
- credit hours;
- instructor(s);
- clock hours (lecture and laboratory) and schedule;
- course prerequisites;
- course objectives;
- outline of content and assigned instructor;
- description of teaching methods and learning experiences;
- methods of student evaluation/grading; and
- textbook and other learning resources.

Appendices & On-site Material: See SSR Instructions & Forms

Note: If the program or institution requires a syllabus format that does not include all of the above, the required syllabi plus an addendum is acceptable. For the purpose of accreditation review, all of the above are required.

6H The curriculum plan includes learning objectives⁴¹ stated in behavioral terms that reflect the breadth and depth⁴² of the course content and describe the level of student performance expected.

Evidence of Compliance:

Narrative:

- Describe the adequacy of the objectives, in the aggregate, to reflect the depth and breadth needed to meet expected student performance outcomes.

⁴⁰**Interprofessional Education:** Occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care. (WHO, 2002)

⁴¹**Objectives:** Statements specifying desired knowledge, skills, behaviors, or attitudes to be developed as a result of educational experiences. To the extent possible, objectives are expected to be behavioral (e.g., observable and measurable) across all learning domains.

⁴²**Breadth and depth:** Qualities associated with the extent to which a learning experience, or a series of learning experiences, includes: (1) a diversity of subject matter (breadth) and/or (2) a focus on one subject (depth). In the context of physical therapy course content and objectives, breadth is usually demonstrated by objectives that describe the variety of knowledge, behaviors, or skills the student is expected to achieve, while depth is demonstrated by the description of the degree of student achievement expected as described in the objectives (e.g., the taxonomic level within the appropriate domain of learning).

- Describe the extent to which course objectives, in the aggregate, are written in behavioral (measurable and observable) terms.
- Provide two examples of how expected competencies (as delineated by learning objectives) progress from introduction of core knowledge in didactic courses to demonstration of performance in the academic setting to the expected level of clinical performance.

Appendices & On-site Material: See SSR Instructions & Forms

6I The curriculum plan includes a variety of effective instructional methods⁴³ selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.

Evidence of Compliance:

Narrative:

- Describe the variety of instructional methods and learning experiences used in the curriculum to facilitate students' achievement of the objectives.
- Describe the rationale for the selection of instructional methods and learning experiences used in the curriculum.

Appendices & On-site Material: See SSR Instructions & Forms

6J The curriculum plan includes a variety of effective tests and measures⁴⁴ and evaluation processes⁴⁵ used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.

Evidence of Compliance:

Narrative:

- Describe the variety of evaluation mechanisms, including formative and summative, used by the program to measure students' achievement of objectives. Describe the timing of student evaluation across the curriculum, in didactic, laboratory, and clinical education courses, including demonstrating that performance based competencies are assessed in the academic setting prior to clinical performance.
- Describe how the program ensures that evaluations used by the program to evaluate student performance are appropriate for the instructional content and for the expected level of student performance.
- Identify instrument(s) used to assess student performance during clinical education experiences.
- Describe how the program ensures that students have achieved the objectives stated for each clinical education experience.

Appendices & On-site Material: See SSR Instructions & Forms

6K If the curriculum plan includes courses offered by distance education⁴⁶ methods, the program provides evidence⁴⁷ that:

Evidence of Compliance:

Narrative:

- Describe the use of distance education methods in the curriculum, if any. If no distance education methods are used, state that for each Element 6K1 through Element 6K8.

Appendices & On-site Material: See SSR Instructions & Forms

⁴³ **Instructional methods:** Classroom, laboratory, research, clinical, and other curricular activities that substantially contribute to the attainment of professional (entry-level) competence.

⁴⁴ **Tests and measures:** Procedures used to obtain data on student achievement of expected learning outcomes.

⁴⁵ **Evaluation processes:** Methods and activities to determine the extent to which student test data relate to overall student performance.

⁴⁶ **Distance Education:** An educational activity characterized by separation of the faculty member from the student by either distance or time or both. For the purposes of these standards, the following definitions also pertain:

- Distance Education course: a course in which 50% or more of the contact hours are completed using distance education modalities and less than 50% of the contact hours include direct (face-to-face) interaction between the student and the faculty member(s).
- Distance Education program: a program in which 50% or more of the required courses (not including clinical education courses) are distance education courses.

⁴⁷ Assessment of the quality of distance education is required by USDE.

6K1 faculty teaching by distance are effective in the provision of distance education;

Evidence of Compliance:

Narrative:

- Provide evidence that faculty teaching by distance are effective in the provision of distance education.

6K2 the rigor⁴⁸ of the distance education courses is equivalent to that of site-based courses;

Evidence of Compliance:

Narrative:

- Describe how the program ensures the rigor of the distance education courses.

Appendices & On-site Material: See SSR Instructions & Forms

6K3 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;

Evidence of Compliance:

Narrative:

- Describe how the program ensures student performance in distance education courses meets the expectations described in course syllabi.

Appendices & On-site Material: See SSR Instructions & Forms

6K4 there is a mechanism for determining student identity during course activities and when testing occurs at a distance;

Evidence of Compliance:

Narrative:

- Describe the mechanism(s) used to determine student identity during course activities and when testing occurs at a distance.

Appendices & On-site Material: See SSR Instructions & Forms

6K5 there is a mechanism for maintaining test security and integrity when testing occurs at a distance;

Evidence of Compliance:

Narrative:

- Describe the mechanism(s) used to maintain test security and integrity when testing occurs at a distance.

Appendices & On-site Material: See SSR Instructions & Forms

6K6 there is a mechanism for maintaining student privacy as appropriate;

Evidence of Compliance:

Narrative:

- Describe the mechanism(s) used to maintain student privacy during distance education courses (e.g., distribution of grades on tests and assignments).

Appendices & On-site Material: See SSR Instructions & Forms

6K7 students have been informed of any additional fees related to distance education; and

Evidence of Compliance:

Narrative:

- Identify additional student fees, if any, for distance education courses.
- If there are additional student fees for distance education courses, describe how and when students are informed of the fees.

Appendices & On-site Material: See SSR Instructions & Forms

⁴⁸ **Rigor:** Expectations for student assignments, engagement in the course and performance.

6K8 distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.

Evidence of Compliance:

Narrative:

- Describe how distance education students have access to academic, health, counseling, disability and financial aid services.
- Compare the academic, health, counseling, disability and financial aid services available to students taking distance education courses to those that are available for students taking on-site courses.

Appendices & On-site Material: See SSR Instructions & Forms

6L The curriculum plan includes clinical education experiences⁴⁹ for each student that encompass, but are not limited to:

6L1 management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;

Evidence of Compliance:

Narrative:

- Describe the program's expectations for types of patients and treatment that each student will have worked with by the end of the program.
- Describe the program's expectations for management of patients/clients across the lifespan and continuum of care.
- Describe how the program monitors that each student has the required experiences.
- Describe the range of experiences other than those required that students have had.

Appendices & On-site Material: See SSR Instructions & Forms

6L2 practice in settings representative of those in which physical therapy is commonly practiced;

Evidence of Compliance:

Narrative:

- Describe the range of practice settings available.
- Describe the clinical education practice settings in which students are required to participate.
- Describe how the program monitors that each student has the required experiences.

Appendices & On-site Material: See SSR Instructions & Forms

6L3 involvement in interprofessional practice⁵⁰

Evidence of Compliance:

Narrative:

- Describe the program's expectation for opportunities for involvement in interprofessional practice during clinical experiences.
- Provide evidence that students have opportunities for interprofessional practice.

Appendices & On-site Material: See SSR Instructions & Forms

6L4 direction and supervision of the physical therapist assistant and other physical therapy personnel; and

Evidence of Compliance:

Narrative:

- Describe the program's expectation for opportunities for direction and supervision of physical therapist assistants and other physical therapy personnel during clinical experiences.

⁴⁹ **Clinical education experiences:** That aspect of the professional curriculum during which student learning occurs directly as a function of being immersed within physical therapist practice. These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment.

⁵⁰ **Interprofessional practice:** "When multiple health workers from different professional backgrounds work together with patients, families, carers [sic], and communities to deliver the highest quality of care" (WHO, 2010).

- Provide evidence the students have an opportunity for direction and supervision of PTAs or other physical therapy personnel.

Appendices & On-site Material: See SSR Instructions & Forms

6L5 other experiences that lead to the achievement of the program's defined expected student outcomes.

Evidence of Compliance:

Narrative:

- Describe the program's expectation for other clinical education experiences that lead to the achievement of the program's expected student outcomes.
- Provide evidence that the students have these experiences.

Appendices & On-site Material: See SSR Instructions & Forms

6M The series of courses included in the professional curriculum is comprised of at least 90 semester credit hours (or the equivalent) and is completed (including clinical education) in no less than 6 semesters⁵¹ or the equivalent. The clinical education component of the curriculum includes a minimum of 30 weeks of full-time clinical education experiences.

Evidence of Compliance:

Narrative:

- Identify the length of the program in semesters (or equivalent) and in semester credit hours (or equivalent).
- Identify the number of weeks of full time clinical education.
- If program is offered part-time, provide evidence that the credits and contact hours are the same as for the full-time programs.

Appendices & On-site Material: See SSR Instructions & Forms

6N The institution awards the Doctor of Physical Therapy (DPT) as the first professional degree for physical therapists at satisfactory completion of the program.

Evidence of Compliance:

Narrative:

- State the degree granted.

Appendices & On-site Material: See SSR Instructions & Forms

⁵¹6 semesters: As of 2014, the average length of professional programs is 8.33 semesters, ranging from 6 to 12 semesters or equivalent.

Standard 7

The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment.

REQUIRED ELEMENTS:

- 7A** The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral and movement sciences necessary for entry level practice. Topics covered include anatomy, physiology, genetics, exercise science, biomechanics, kinesiology, neuroscience, pathology, pharmacology, **diagnostic imaging**, histology, nutrition, and psychosocial aspects of health and disability.

Evidence of Compliance:

Narrative:

- Describe where and how each of the delineated biological and physical sciences content areas is included in the professional curriculum. Do not include prerequisite courses.

Appendices & On-site Material: See SSR Instructions & Forms

- 7B** The physical therapist professional curriculum includes content and learning experiences in communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidenced-based practice and applied statistics.

Evidence of Compliance:

Narrative:

- Describe where and how each of the delineated content areas is included in the professional curriculum.

Appendices & On-site Material: See SSR Instructions & Forms

- 7C** The physical therapist professional curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; system interactions; differential diagnosis; and the medical and surgical conditions across the lifespan commonly seen in physical therapy practice.

Evidence of Compliance:

Narrative:

- Describe where and how each of the delineated clinical sciences content areas is included in the professional curriculum.

Appendices & On-site Material: See SSR Instructions & Forms

- 7D** The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of physical therapy. Courses within the curriculum include content designed to prepare program students to:

Evidence of Compliance:

Narrative:

- For each of the following elements:
 - Describe where the content is presented in the curriculum and provide example(s)/descriptions(s) of the learning experiences that are designed to meet the practice expectations (i.e., describe where and how the content is taught throughout the curriculum);
 - Provide a maximum of 5 examples of course objectives that demonstrate the highest expected level of student performance, include course **prefix and number, course name, objective number and the full wording of the objective**. Include objectives from clinical education courses, if applicable. If the expectation is a curricular theme, examples of course objectives from multiple courses are required, up to a maximum of 10 objectives; and

- Describe outcome data, where available, that demonstrates the level of actual student achievement. **For Initial Accreditation ONLY**, describe how the program will determine the actual level of student achievement, including planned outcome data.
- **For Initial Accreditation ONLY:** if curricular changes have occurred since the program started, provide the requested information based on the curriculum experienced by the charter class. Contact Accreditation Staff to discuss what additional information should be provided for the current curriculum.
- If the program teaches content beyond what is addressed in Elements 7D1-7D43, identify the content, where and how it is taught and the highest expected performance level. If being taught to competency, identify how and where competency is tested.

Appendices & On-site Material: See SSR Instructions & Forms

Professional Ethics, Values and Responsibilities

- 7D1** Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
- 7D2** Report to appropriate authorities suspected cases of abuse of vulnerable populations.
- 7D3** Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.
- 7D4** Practice in a manner consistent with the APTA *Code of Ethics*.
- 7D5** Practice in a manner consistent with the APTA *Core Values*.
- 7D6** Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.
- 7D7** Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.
- 7D8** Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.
- 7D9** Access and critically analyze scientific literature.
- 7D10** Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.
- 7D11** Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.
- 7D12** Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.
- 7D13** Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.
- 7D14** Advocate for the profession and the healthcare needs of society through legislative and political processes.

7D15 Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students.

Patient/Client Management

Screening

7D16 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Examination, Evaluation and Diagnosis

7D17 Obtain a history and relevant information from the patient/client and from other sources as needed.

7D18 Perform systems review⁵².

7D19 Select, and competently administer tests and measures⁵³ appropriate to the patient's age, diagnosis and health status including, but not limited to, those that assess:

- a. Aerobic Capacity/Endurance
- b. Anthropometric Characteristics
- c. Assistive Technology
- d. Balance
- e. Circulation (Arterial, Venous, Lymphatic)
- f. Self-Care and Civic, Community, Domestic, Education, Social and Work Life
- g. Cranial and Peripheral Nerve Integrity
- h. Environmental Factors
- i. Gait
- j. Integumentary Integrity
- k. Joint Integrity and Mobility
- l. Mental Functions
- m. Mobility (including Locomotion)
- n. Motor Function
- o. Muscle Performance (including Strength, Power, Endurance, and Length)
- p. Neuromotor Development and Sensory Processing
- q. Pain
- r. Posture
- s. Range of Motion
- t. Reflex Integrity
- u. Sensory Integrity
- v. Skeletal Integrity
- w. Ventilation and Respiration or Gas Exchange

7D20 Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.

7D21 Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations.

7D22 Determine a diagnosis that guides future patient/client management.

⁵² **Systems Review:** Including the cardiovascular/pulmonary system through the assessment of blood pressure, heart rate, respiration rate, and edema; the integumentary system through the gross assessment of skin color, turgor, integrity, and the presence of scar; the musculoskeletal system through the gross assessment of range of motion, strength, symmetry, height, and weight; the neuromuscular system through the general assessment of gross coordinated movement and motor function; and the gross assessment of communication ability, affect, cognition, language, and learning style, consciousness, orientation, and expected behavioral/emotional responses.

⁵³ **Test and Measures:** The list is adapted from the *Guide to Physical Therapist Practice (2014)*.

Prognosis and Plan of Care

- 7D23** Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.
- 7D24** Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other professionals and other appropriate individuals.
- 7D25** Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on (a) the needs of the patient/client, (b) the role, education, and training of the PTA, (c) competence of the individual PTA, (d) jurisdictional law, (e) practice guidelines policies, and (f) facility policies.
- 7D26** Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care.

Intervention⁵⁴

- 7D27** Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
- a. Airway Clearance Techniques
 - b. Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification
 - c. Biophysical Agents
 - d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life
 - e. Integumentary Repair and Protection
 - f. Manual Therapy Techniques (including mobilization/manipulation thrust and nonthrust techniques)
 - g. Motor Function Training (balance, gait, etc.)
 - h. Patient/Client education
 - i. Therapeutic Exercise

Management of Care Delivery

- 7D28** Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.
- 7D29** Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA.
- 7D30** Monitor and adjust the plan of care in response to patient/client status.
- 7D31** Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation.
- 7D32** Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.

⁵⁴ **Interventions:** This list is adapted from the *Guide to Physical Therapist Practice (2014)*.

- 7D33** Respond effectively to patient/client and environmental emergencies in one's practice setting.
- 7D34** Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.
- 7D35** Provide care through direct access.
- 7D36** Participate in the case management process.

Participation in Health Care Environment

- 7D37** Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team
- 7D38** Participate in activities for ongoing assessment and improvement of quality services.
- 7D39** Participate in patient-centered interprofessional collaborative practice.
- 7D40** Use health informatics⁵⁵ in the health care environment.
- 7D41** Assess health care policies and their potential impact on the healthcare environment and practice.

Practice Management

- 7D42** Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.
- 7D43** Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.

⁵⁵ As defined by the U.S. National Library of Medicine, **health informatics** is the interdisciplinary study of the design, development, adoption, and application of IT-based innovations in healthcare services delivery, management, and planning. **Medical Informatics**, physician, **Health IT**. Jan 7, 2014

Standard 8

The program resources are sufficient to meet the current and projected needs of the program.

REQUIRED ELEMENTS:

- 8A** The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching, scholarship and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes.

Evidence of Compliance:

Portal Fields:

- Provide faculty workload data for each faculty member on the individual Core Faculty Detail page(s).
- Provide information related to teaching responsibilities in the Course Details page for each course.

Narrative:

- Describe how the program determines the number of core faculty needed to accomplish all program activities delineated in the element.
- Describe the core faculty resources for the program.
- Identify the core faculty:student ratio⁵⁶ and the average faculty:student lab ratio.
- Provide evidence that the core faculty workloads are within the defined workload policies.
- Describe how the faculty teaching and workloads for the program faculty are adequate to meet the program needs with regard to:
 - teaching, including coordination of associated faculty;
 - scholarship;
 - program administration;
 - administration of the clinical education program;
 - institutional and program committee and governance activities;
 - student advising;
 - any expectations related to student recruitment and admissions process; and
 - other institutional and program responsibilities.

Appendices & On-site Material: See SSR Instructions & Forms

- 8B** The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.

Evidence of Compliance:

Narrative:

- Describe the secretarial/administrative and technical support available to the program, including the secretarial/administrative support available for the clinical education program.

Appendices & On-site Material: See SSR Instructions & Forms

- 8C** Financial resources are adequate to achieve the program's stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.

Evidence of Compliance:

Portal Fields:

- Provide three years of allocations and expense data in the Portal section entitled *Income Statement*. Data must be provided for the academic year of the visit, the previous academic year and projected data for the next academic year. The form, Allocations and Expense Statements, can be used to collect the required data.

⁵⁶ **Core faculty:student ratio:** When determining this value, use (1) the number of full-time and part-time core faculty positions allocated to the program (regardless of the number of cohorts) and (2) the total number of students enrolled in the professional phase of the program (regardless of the number of cohorts).

Note: **Allocations** refers to the amounts budgeted to the program; it should never be zero nor should it reflect all tuition dollars collected by the institution unless all tuition dollars are indeed allocated to the program.

Narrative:

- Describe the various revenue sources, including the expected stability of each.
- Describe how allocated funds from each source are used.
- Describe the process used to determine short- and long-term budgetary needs that are tied to the strategic planning process.

Appendices & On-site Material: See SSR Instructions & Forms

8D The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity to meet program goals related to teaching, scholarship and service.

8D1 Classroom and laboratory environments are supportive of effective teaching and learning.

Evidence of Compliance:

Narrative:

- Describe the classroom and laboratory space consistently used by the program.
- Describe other classroom and laboratory space used by the program in the past two years, if different than that described in response to the first bullet.
- Describe how the space is supportive of effective teaching and learning: access to current technology, access to safety features, good repair, cleanliness, temperature control, etc.

Appendices & On-site Material: See SSR Instructions & Forms

8D2 Space is sufficient for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.

Evidence of Compliance:

Narrative:

- Describe the space available to the program for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.

Appendices & On-site Material: See SSR Instructions & Forms

8D3 Students have access to laboratory space outside of scheduled class time for practice of clinical skills.

Evidence of Compliance:

Narrative:

- Identify the opportunities students have for access to laboratories for practice outside of scheduled class times.

Appendices & On-site Material: See SSR Instructions & Forms

8D4 Equipment and materials are typical of those used in contemporary physical therapy practice, are sufficient in number, are in safe working order, and are available when needed.

Evidence of Compliance:

Narrative:

- Provide a general description of the equipment and materials available for the support of the program including equipment and supplies loaned by vendors or by facilities other than the institution.
- Describe the process used to ensure that equipment is in safe working order, sufficient in number and reflective of contemporary PT practice.
- Describe access to equipment being borrowed/loaned or used off-site; describe the contingency plan should borrowed/loaned equipment not be available for remediation and testing.

Appendices & On-site Material: See SSR Instructions & Forms

8D5 Technology resources meet the needs of the program.

Evidence of Compliance:

Narrative:

- Describe how the program uses technology for instructional and other purposes.
- Describe how the available instructional technology meets the needs of the program.

Appendices & On-site Material: See SSR Instructions & Forms

8D6 Core faculty have access to sufficient space and equipment to fulfill their scholarly agendas.

Evidence of Compliance:

Narrative:

- Describe the scholarship equipment and space needs of each core faculty member.
- Describe the scholarship equipment and space to which core faculty have access.

Appendices & On-site Material: See SSR Instructions & Forms

8E The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program, faculty and students.

Evidence of Compliance:

Narrative:

- Describe the adequacy of the library resources, including the technological resources, and related learning resource centers available to the program faculty and students.
- Describe the accessibility of library resources and related learning resource centers to program faculty and students.
- If the educational program has its own facility for books, periodicals, instructional, and audiovisual materials, describe how the facility and materials are in an environment that is conducive to their intended purpose and accessible to students and academic faculty when needed.

Appendices & On-site Material: See SSR Instructions & Forms

8F The clinical sites available to the program are sufficient to provide the quality, quantity and variety of expected experiences to prepare students for their roles and responsibilities as physical therapists.

Evidence of Compliance:

Narrative:

- Describe the process used by the program to determine that the clinical education sites offer experiences for the students consistent with the goals of the clinical education portion of the curriculum and with the objectives of the individual clinical education courses in the curriculum.
- Describe how the program ensures a sufficient number and variety of clinical education sites to support the goals of the clinical education portion of the curriculum and to meet the objectives of the individual clinical education courses in the curriculum.

Appendices & On-site Material: See SSR Instructions & Forms

8G There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.

Evidence of Compliance:

Narrative:

- Briefly describe the provisions of the clinical education contracts used by the program.
- Describe how the program maintains the currency of written agreements with clinical education sites.
- Describe the process used to ensure that there are current written agreements between the institution and the clinical education sites.

Appendices & On-site Material: See SSR Instructions & Forms

8H Academic services, counseling services, health services, disability services, and financial aid services are available to program students.

Evidence of Compliance:

Narrative:

- Briefly describe the academic, counseling, health, disability, and financial aid services available to program students.

Appendices & On-site Material: See SSR Instructions & Forms

Note: Accessibility of these services for students taking distance education courses is requested in 6K8.

Appendix K – External Instruction support letters