CAPTE ACCREDITATION PORTAL | SELF-STUDY REPORT

2015 Self-Study Report - Husson University - PT

Institution

Institution Name:	Husson University
Institution accrediting agency:	NEASC -- CIHE
Name of Chief Executive Officer:	Robert Clark - MBA, PhD
Administrative Title:	President
Name of Chief Academic Officer:	Lynne Coy-Ogan - EdD
Administrative Title:	Provost
Name of Dean:	Paula Tingley - EdD
Administrative Title:	Interim Dean
Unit or school in which the program resides:	College of Health and Education

Program Director/Administrator

Name of Program Director/Administrator:	Suzanne Gordon - PT, MA, EdD
Administrative Title:	Director

Program

Title of Program:	Department of Physical Therapy
Year of First Class Graduation:	2000
Program Accreditation Status:	Accreditation
Degree Awarded:	DPT

Curriculum Design Characteristics

Type of Term:	Semester
Total # Terms to Complete Degree:	11
Total # of terms in academic year:	5
Term length (in weeks):	15
Length of professional/technical coursework in weeks (including exam week and count exam week as 1 wk):	117

Clinical Education

Total Hours of Clinical Education:	1280
# Weeks Full-Time Clinical Education:	32

Coursework

Year of Term	Number of Term	Prefix and Number	Course	Type	Credits	Length of Course	Classroom Hours	Lab Hours	Distance Education Hours	Clinical Education	Other Hours	Students Per Class	Students Per Section	Primary	Other	Exam	Syllabus
1	1	PT415	Therapeutic Skills I		3	16	15	45	0	0	0	42	21	Steinbarger	Olson	E_PT415.pdf	S_PT415.pdf
1	1	PT411	Kinesiology and Biomechanics	F	3	16	30	30	0	0	0	42	21	Stucker	Sidaway	E_PT411.pdf	S_PT411.pdf
															Schwarcz		
1	1	PT417	Physical Agents I		3	16	30	30	0	0	0	42	42	Adams	Olson	E_PT417.pdf	S_PT417.pdf
1	1	PT410	Gross Anatomy	F	5	16	45	60	0	0	0	42	42	Sidaway	Adams	E_PT410.pdf	S_PT410.pdf
1	1	PT431	Psychosocial Aspects of Physical Therapy	F	3	16	45	0	0	0	0	42	42	Morren		E_PT431.pdf	S_PT431.pdf
1	2	PT416	Therapeutic Skills II		1	3	0	30	0	0	0	38	19	Steinbarger		E_PT416.pdf	S_PT416.pdf
1	2	PT418	Physical Agents II		1	3	0	18	10	0	0	38	19	Adams	Olson	E_PT418.PDF	S_PT418.pdf
1	3	PT515	Therapeutic Skills III		3	16	22	38	0	0	0	40	20	Schwarcz	Steinbarger	E_PT515.pdf	S_PT515.pdf
1	3	PT550	Musculoskeletal I		4	16	30	60	0	0	0	40	40	Adams	Siegel	E_PT550.PDF	S_PT550.pdf
															Olson		
1	3	PT561	Pathophysiology	F	3	15	45	0	0	0	0	40	40	Scott		E_PT561.pdf	S_PT561.pdf
1	3	PT450	Neurophysiology	F	3	15	45	0	0	0	0	40	40	Sidaway		E_PT450.pdf	S_PT450.pdf
1	3	PT412	Motor Control	F	3	16	45	10	0	0	0	40	40	Sidaway		E_PT412.pdf	S_PT412.pdf
1	3	PT420	Life Cycles I		2	15	30	4	0	0	0	40	40	Tiernan		E_PT420.pdf	S_PT420.pdf
1	4	PT400	Clinical Education	C	4	8	0	320	8	0	0	39	39	Morren		E_PT400.pdf	S_PT400.pdf

			I													
													Steinbarger			
2	5	PT500	Clinical Education II	C	4	8	0	0	8	320	0	31	31	Morren	Steinbarger	E_PT500.pdf	S_PT500.pdf
2	5	PT510	Neuromuscular I		3	8	36	34	0	0	0	31	16	Siegel	Morren	E_PT510.pdf	S_PT510.pdf
2	5	PT642	Pharmacology		1	3	0	0	8	0	15	31	31	Sorensen-Hamilton		E_PT642.pdf	S_PT642.pdf
2	5	PT601	Research Methods I		1	8	12	0	0	0	0	31	5	Tiernan		E_PT601 G1.pdf	S_PT601 G1.pdf
														Adams			
														Siegel			
														Gordon			
														Sidaway			
														Morren			
														Steinbarger			
														Schwarcz			
2	5	PT528	Ethical, Legal and Management of PT	F	3	8	40	0	6	0	0	31	31	Scott	Hebert	E_PT528.pdf	S_PT528.pdf
															Gordon		
2	5	PT552	Musculoskeletal II		3	8	27	42	0	0	0	31	16	Schwarcz	Stucker	E_PT552.pdf	S_PT552.pdf
2	6	PT664	Geriatrics		3	2	20	20	10	0	0	31	31	Falvey	Stucker	E_PT664.pdf	S_PT664.pdf
2	7	PT554	Musculoskeletal III		3	15	23	38	0	0	0	31	15	Schwarcz	Stucker	E_PT554.pdf	S_PT554 .pdf
2	7	MS345	Biostatistics	F	3	15	45	0	0	0	0	31	31	Tudor		E_MS345.pdf	S_MS345.pdf
2	7	PT560	Cardiorespiratory		3	15	42	12	0	0	0	31	31	Scott	Sidaway	E_PT560.pdf	S_PT560.pdf
2	7	PT520	Life Cycles II		3	15	45	4	0	0	8	31	31	Tiernan	Gordon	E_PT520.pdf	S_PT520.pdf
2	7	PT602	Research Methods II		1	17	15	15	0	0	0	31	5	Adams		E_PT602 G7.pdf	S_PT602 G7.pdf
														Steinbarger			
														Morren			
														Sidaway			
														Tiernan			
														Siegel			
														Schwarcz			
														Gordon			
2	7	PT610	Neuromuscular II		3	15	32	32	0	0	0	31	31	Siegel	Morren	E_PT610.pdf	S_PT610.pdf
2	8	PT640	Diagnostic Imaging		1	3	15	0	0	0	0	31	31	Sorensen-Hamilton		E_PT640 in class.pdf	S_PT640.pdf
2	8	PT625	Prosthetics		2	3	30	0	0	0	0	31	31	Siegel		E_PT625.pdf	S_PT625.pdf
2	9	PT600	Clinical Education III	C	4	8	0	0	8	320	0	31	31	Morren	Steinbarger	E_PT600.pdf	S_PT600.pdf
3	10	PT615	Advanced Elective: Spinal Manual Therapy	E	3	14	15	60	0	0	0	11	11	Schwarcz		E_PT615.pdf	S_PT615.pdf
3	10	PT661	Exercise Prescription for Special Populations		3	14	42	0	0	0	0	32	32	Sidaway		E_PT661.pdf	S_PT661.pdf
3	10	PT599	Advanced Elective: Build and Manage a PT Practice	E	3	14	40	0	0	0	0	5	5	Hebert		E_PT599 Managing a PT Practice.pdf	S_PT599 Managing a PT Practice.pdf
3	10	PT616	Advanced Elective: Sports Medicine	E	3	14	28	14	0	0	0	8	8	Wakeland		E_PT616.pdf	S_PT616.pdf
3	10	PT630	PT as Educator, Consultant, and Advocate		2	14	30	0	0	0	0	32	16	Gordon		E_PT630.pdf	S_PT630.pdf
3	10	PT603	Research Methods III		2	14	15	30	0	0	0	32	5	Morren		E_PT603.pdf	S_PT603.pdf
														Gordon			
														Steinbarger			
														Siegel			
														Schwarcz			
														Adams			
														Scott			
														Sidaway			
														Tiernan			

3	10	PT530	Rehabilitation of Chronic Conditions		3	14	42	6	0	0	0	32	32	Siegel	Morren	E_PT530.pdf	S_PT530.pdf
														Scott	Gordon		
															Adams		
															Steinbarger		
3	10	PT650	Patient Care Seminar I		2	14	30	0	0	0	0	32	8	Olson	Stucker	E_PT650.pdf	S_PT650.pdf
															Adams		
															Steinbarger		
															Tiernan		
															Siegel		
															Gordon		
															Sidaway		
															Morren		
															Schwarcz		
															Scott		
3	10	PT599	Advanced Elective: Vestibular Rehab and Differential Diag	E	3	14	40	0	0	0	0	8	8	Whitney		E_PT599 Vest Rehab.pdf	S_PT599 Vest Rehab.pdf
3	10	PT608	PT Management of Children w/ Neuro Dysfunction		3	14	43	4	0	0	0	32	32	Tiernan	Gordon	E_PT608.pdf	S_PT608.pdf
3	11	PT604	Research Methods IV		3	8	16	32	0	0	0	32	5	Steinbarger		E_PT604.pdf	S_PT604.pdf
														Schwarcz			
														Tiernan			
														Scott			
														Sidaway			
														Adams			
														Siegel			
														Gordon			
														Morren			
3	11	PT700	Clinical Education IV	C	4	8	0	0	8	320	0	32	32	Morren		E_PT700.pdf	S_PT700.pdf
														Steinbarger			
3	11	PT605	Advanced Anatomy	F	1	8	0	24	0	0	0	32	32	Adams	Stucker	E_PT605.PDF	S_PT605.pdf
															Sidaway		
3	11	PT652	Patient Care Seminar II	F	1	8	16	0	0	0	0	32	8	Olson	Stucker	E_PT652 .pdf	S_PT652.pdf
															Adams		
															Tiernan		
															Sidaway		
															Siegel		
															Schwarcz		
															Gordon		
															Steinbarger		
															Scott		
															Morren		
3	11	PT620	Primary Health Care		2	8	16	0	0	0	16	32	8	Siegel	Olson	E_PT620.pdf	S_PT620.pdf
															Scott		
															Gordon		
3	11	PT618	Health and Wellness		3	8	30	24	0	0	0	32	32	Stucker	Sidaway	E_PT618.pdf	S_PT618.pdf

Core Faculty Workload

Faculty Name	Hours - Fall	Hours - Winter	Hours - Spring	Hours - Summer	Teaching in Entry-level Program	Teaching other programs	Clinical Practice	Committee Work	Admin Responsibilities	Scholarship	Enrolled In Degree Program	Total
Adams, Cheryl	194	57	186	0	65	0	0	20	0	15	0	100
Gordon, Suzanne	101	0	67	0	25	0	0	20	40	15	0	100
Morren, Karen	158	60	112	64	40	0	0	10	40	10	0	100
Olson, Margaret (Peg)	201	60	140	0	70	0	0	20	0	10	0	100
Schwarcz, Arthur	259	0	263	0	70	0	0	20	0	10	0	100

Scott, Wayne	97	0	170	0	65	0	0	15	0	20	0	100
Sidaway, Ben	216	0	172	0	60	0	0	10	10	20	0	100
Siegel, Sondra	210	0	207	28	65	0	0	25	0	10	0	100
Steinbarger, Kimberly	144	60	155	64	40	0	0	10	40	10	0	100
Stucker, Cathy	159	60	184	0	70	0	0	15	0	15	0	100
Tiernan, Chad	106	0	153	0	50	0	0	20	0	30	0	100

Associated/Adjunct Faculty Workload

Faculty Name	Hours - Fall	Hours - Winter	Hours - Spring	Hours - Summer	Teaching in Entry-level Program	Teaching other programs	Clinical Practice	Committee Work	Admin Responsibilities	Scholarship	Enrolled In Degree Program	Total
Falvey, Jason	0	55	0	0								
Hebert, Lauren	60	0	0	0								
Scott, Ron	20	0	0	0								
Sidaway, Bonnie	45	0	45	0								
Sorensen-Hamilton, Fiona	32	0	0	32								
Tudor, Gail	0	0	55	0								
Wakeland, Tim	45	0	0	0								
Whitney, Susan	45	0	0	0								

Faculty

# of PT FULL-TIME core faculty positions:	9
# of PT PART-TIME core faculty positions:	1
# of Non-PT FULL-TIME core faculty positions:	1
# of Non-PT PART-TIME core faculty positions:	0
# of FTE's the above # of core faculty represents:	9.07
Describe the definition of 1 FTE at your institution (ie, 9 mo, 10 mo, 11 mo, 12 mo)	9 Months
# of current vacancies in currently allocated (budgeted) core faculty positions:	0
% of core faculty positions turned over in last year:	0
# of projected vacancies in currently allocated positions:	0
# of associated/adjunct faculty who teach half the contact hours of a course:	8
FTE's represented by the previous # of adjunct/associated faculty	0.88

Core Faculty List

Name	CV/Resume	Faculty Scholarship	FTE
Cheryl Adams, PT, BS, MHS, DSc, OCS	CV_AdamsC.pdf	F3_AdamsC.pdf	0.8
Suzanne Gordon, PT, BS, MACT, EdD	CV_GordonS.pdf	F3_GordonS.pdf	1
Karen Morren, PT, DPT, MS	CV_MorrenK.pdf	F3_MorrenK.pdf	1
Margaret (Peg) Olson, PT, MEd, PhD, NCS	CV_OlsonP.pdf	F3_OlsonP.pdf	0.5
Arthur Schwarcz, BSc, MA, PT, PhD, ATC, MNMST	CV_SchwarczA.pdf	F3_SchwarczA.pdf	0.8
Wayne Scott, BS, MPT, PhD	CV_ScottW.pdf	F3_ScottW.pdf	0.8
Ben Sidaway, BSc, MA, MSPT, PhD	CV_SidawayB.pdf	F3_SidawayB.pdf	0.8
Sondra Siegel, BA, BSPT, PhD	CV_SiegelS.pdf	F3_SiegelS.pdf	0.8
Kimberly Steinbarger, BSPT, MHS	CV_SteinbargerK.pdf	F3_SteinbargerK.pdf	1
Cathy Stucker, PT, DSc, CMPT	CV_StuckerC.pdf	F3_StuckerC.pdf	0.8
Chad Tiernan, MS, PhD	CV_TiernanC.pdf	F3_TiernanC.pdf	0.8

Associated / Adjunct Faculty List

Name	CV/Resume	Faculty Scholarship
Jason Falvey, DPT, GCS	CV_FalveyJ.pdf	
Lauren Hebert, PT, DPT, OCS	CV_HebertL.pdf	
Ron Scott, JD, LLM, MSBA, MSPT, EdD	CV_ScottR.pdf	
Bonnie Sidaway, PT, MS	CV_SidawayBM.pdf	
Fiona Sorensen-Hamilton, MD	CV_SorensenF.pdf	

Gail Tudor, BS, MS, PhD	CV_TudorG.pdf	
Tim Wakeland, DPT, ATC	CV_WakelandT.pdf	
Susan Whitney, PT, PhD, DPT, NCS, ATC, FAPTA	CV_WhitneyS.doc	

Students

Freshmen:	0	**Grad 1:**	41
Sophomore:	0	**Grad 2:**	31
Junior:	0	**Grad 3:**	32
Senior:	0	**Grad 4:**	0

Student Ethnicity/Race

Hispanic/Latino of any race:	1	**American Indian/Alaskan Native:**	1
Asian:	0	**Black or African-American:**	1
Native Hawaiian/other Pacific Islander:	0	**White:**	100
Two or more races:	0	**Unknown:**	1
Total:	104		

Income Statements

Year Beginning	Year Ending	Core FTEs	Total Income	Total Expenses
2015	2016	10.5	$1,451,686.00	$1,180,634.00
2014	2015	10.5	$1,451,686.00	$1,174,627.00
2013	2014	10.5	$1,428,238.00	$1,023,344.00

Income

Category	2015-2016	2014-2015	2013-2014
tuition	$1,451,686.00	$1,451,686.00	$1,428,238.00
Total	$1,451,686.00	$1,451,686.00	$1,428,238.00

Expenses

Category	2015-2016	2014-2015	2013-2014
Core FTEs	10.5	10.5	10.5
Staff Salary (Excluding Benefits)	$71,855.00	$70,446.00	$69,065.00
Associated Faculty Compensation (Excluding Benefits)	$43,498.00	$55,998.00	$46,098.00
Core Faculty Salary (Excluding Benefits)	$897,481.00	$879,883.00	$739,984.00
Total	$1,012,834.00	$1,006,327.00	$855,147.00

Category	2015-2016	2014-2015	2013-2014
Equipment	$15,450.00	$16,950.00	$49,143.00
Operational	$71,500.00	$70,000.00	$51,913.00
Other	$34,350.00	$36,850.00	$26,494.00
Clinical Education	$6,500.00	$6,500.00	$5,194.00
Faculty Development	$40,000.00	$38,000.00	$35,453.00
Total	$167,800.00	$168,300.00	$168,197.00

Faculty List - Summary

Last Name	First Name	Credentials	Type
Adams	Cheryl	PT, BS, MHS, DSc, OCS	Core
Falvey	Jason	DPT, GCS	Adjunct/Associated
Gordon	Suzanne	PT, BS, MACT, EdD	Core
Hebert	Lauren	PT, DPT, OCS	Adjunct/Associated
Morren	Karen	PT, DPT, MS	Core
Olson	Margaret (Peg)	PT, MEd, PhD, NCS	Core
Schwarcz	Arthur	BSc, MA, PT, PhD, ATC, MNMST	Core
Scott	Ron	JD, LLM, MSBA, MSPT, EdD	Adjunct/Associated
Scott	Wayne	BS, MPT, PhD	Core
Sidaway	Bonnie	PT, MS	Adjunct/Associated
Sidaway	Ben	BSc, MA, MSPT, PhD	Core
Siegel	Sondra	BA, BSPT, PhD	Core
Sorensen-Hamilton	Fiona	MD	Adjunct/Associated
Steinbarger	Kimberly	BSPT, MHS	Core
Stucker	Cathy	PT, DSc, CMPT	Core
Tiernan	Chad	MS, PhD	Core
Tudor	Gail	BS, MS, PhD	Adjunct/Associated

Wakeland	Tim	DPT, ATC	Adjunct/Associated
Whitney	Susan	PT, PhD, DPT, NCS, ATC, FAPTA	Adjunct/Associated

Core Faculty Details - Adams , Cheryl

Qualifications Narrative

Cheryl Adams, PT, DSc, MHS, OCS is the primary instructor for PT 417: Physical Agents I (thermal, electromagnetic, and mechanical modalities), PT 418: Physical Agents II (electrical stimulation and biofeedback), PT 550 Musculoskeletal I (evaluation and treatment of peripheral joints), and PT 605 Advanced Anatomy (cadaver anatomy review). She is a section instructor for PT 601-604: Research Methods I-!V and for PT 650 & 652, Patient Care Seminar I and II (facilitator for orthopedic case discussions). She is also a lab assistant for PT 410: Gross Anatomy (cadaver dissection). An extensive background of clinical practice experience and post-professional course work in the areas of orthopedics and teaching and learning have prepared her well for her teaching responsibilities.

Dr. Adams has over 32 years of clinical experience with 30 of those years in primarily orthopedic outpatient settings that included physical agent use (1984-present) including her own sports medicine and orthopedic private practice for 11 years (1984-1995), and with 16 of those 32 years consisting of full-time practice (1982-1998). She maintains a license to practice in Maine (PT 464) that has been active since 1982. She completed a post-professional master's degree in orthopedic physical therapy at the University of Indianapolis in 1999 and became board certified in orthopedic physical therapy in 2000 with recertification in 2010. She became a core faculty member at Husson University in 1998 and completed a week-long faculty development workshop at the University of Prince Edward Island in 2002 consisting of active learning strategies for university teaching. She completed a post-professional doctor of science degree in 2011 from the University of Maryland with course concentrations in teaching methods, orthopedics, and research design (quantitative and qualitative). Outpatient orthopedic practice hours during the summer months (100-312, range of practice hours per summer, 1998-2013) and during the academic year within our pro bono clinic (first year, spring 2014) continue to inform her teaching. She often utilizes case examples in her teaching and also invites patients to class, supervising the evaluation process by students within PT 550.

Dr. Adams maintains currency in her primary teaching responsibility content areas through multiple methods such as reading current literature regarding orthopedics and teaching methods, attending national conferences and continuing education seminars concentrating on these content areas, external review of one course, PT 418, by a content expert (Dr. Gad Alon, summer of 2009), acting as a manuscript reviewer for the Journal of Physical Therapy Education (2005 to present), maintaining clinical practice, and conducting research projects that inform her teaching. For example, she attended several sessions with physical agents content (NMES and lasers) and several sessions on orthopedic evaluation and treatment of various body areas (shoulder, hip, and elbow) at CSM 2014. She has conducted 2 research projects utilizing NMES for quadriceps torque production and 2 projects centering on teaching and learning. These projects were disseminated through a peer review process (poster presentations, manuscript publication). She also received a university award for teaching excellence in 2012 related to research directed toward the improvement of teaching and student learning.

Dr. Adams was mentored by Dr. Sidaway in anatomy content and course design for several years (1997- 2002) prior to teaching an anatomy review course for senior students. Advanced courses in her doctorate program at University of Maryland provided further background in functional anatomy and biomechanics (Pathological Movements and Dysfunctions: Analysis and Management Options, 3 credits) and in cross- sectional anatomy as used in diagnostics (Radiology Imaging for Physical Therapists, 3 credits), thus providing additional content knowledge to inform her teaching of the anatomy review course and her role as a lab assistant in the gross anatomy course.

Dr. Adams' course reviews reveal that she is a caring instructor with high expectations of her students. Students report that she uses class time effectively and that her presentations are well- organized. Her course evaluations are generally above average for our university. Dr. Adams is active in governance and committee work at the university and examples are provided in her CV. She has recently been involved in university-wide assessment through work on a new assessment committee.

Core Faculty Information

Position:	Other Faculty
Months Appointed Per Academic Year:	10
FTE:	0.8
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Bachelors
Highest Earned Degree (Not E-L PT):	Professional Doctorate (EdD, DRPH, DSc, etc.)
Discipline of Highest Earned Degree:	Physical Therapy
Rank:	Associate Professor
Total Years As Faculty in Program:	17
Primary Area of Expertise Taught in Program:	Musculoskeletal
Secondary Area of Expertise Taught in Program:	Electrotherapy/Modalities
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	Yes
Scholarship Productivity:	Actively engaged, 5-10 peer reviewed disseminated products in last 10 years

Teaching (%)

Entry-Level Program:	65	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	20

Other (%)

Administrative:	0	**Scholarship:**	15
Enrolled in Degree Program:	0		

Associated Faculty Details - Falvey , Jason

Qualifications Narrative

Jason Falvey, PT, DPT, GCS, CEAA has developed and taught the winter term PT 664 Geriatrics course at Husson University for two years. He brings to his teaching his geriatric PT knowledge acquired from earning his geriatric clinical specialist certification and his exercise for aging adults certification; from his experience working with the geriatric population in inpatient and outpatient clinics (MaineGeneral Medical Center for 1 year, 2010-2011; Cheyenne Regional Medical Center part-time for 3 years, 2011-2014) and in home health (in Wyoming for 2 years, 2012-2014); and, from his doctoral studies and research (2011-2012, 2014-present). His recent and ongoing research is focused on the deconditioning processes in the aged especially due to hospitalization and interventions necessary for ensuring functional living at home. Jason is currently enrolled as a PhD student and research assistant at the University of Colorado, where his studies are targeted on geriatric care and policy.

Jason's teaching interest similarly stresses the importance and value of maintaining quality of life for community-dwelling elderly. He brought this passion to his teaching as a clinical instructor after acquiring his APTA CI certification. His knowledge of expert clinical instruction, and hence of instruction in general, was supported by his DPT-program research on the characteristics of the exemplary clinical instructor.

Jason's one student course evaluation (the second course is not yet completed) reveals that he is well-organized in presenting case-based information, problem-solving, and clinical reasoning to his hybrid course. While he utilizes active learning for student learning, course evaluations suggest a need to balance differently his teaching methods and use of lecture,

online discussion boards, and classroom activities. Jason received better than average ratings for his instructing.

Associated Faculty Information

Sex:	Male
Total Teaching Contact Hours Per Academic Year:	55
PT or PTA:	PT
Entry-Level PT/PTA Degree:	DPT
Highest Earned Degree (Not E-L PT):	Not Applicable
Discipline of Highest Earned Degree:	Physical Therapy
Total Years As Faculty:	2
Total Years As Faculty in Program:	2
Primary Area of Expertise Taught in Curriculum:	Geriatrics
Secondary Area of Expertise Taught in Curriculum:	None
Enrolled in Degree Program:	Yes (Other Doctoral Program)
Certified Clinical Specialist:	Yes

Core Faculty Details - Gordon , Suzanne

Qualifications Narrative

Suzanne P. Gordon, PT, MACT, EdD, is the primary course instructor for PT 630 PT as Educator, Consultant and Advocate; a primary section instructor and principal investigator for one group of student researchers enrolled in PT 601 through PT 604 Research Methods I to IV; a secondary course instructor in PT 620 Primary Health Care and in PT 608 PT Management for Children with Neurologic Dysfunction; a seminar facilitator for PT 650 and PT 652 Patient Care Seminars; and a guest lecturer teaching qualitative research in PT 603 Research Methods III and embryology in PT 561 Pathology.

Dr. Gordon has three degrees in adult education: a duel BS degree in science education and in physical therapy, a Master of Art in College Teaching degree designed to prepare PT clinicians for faculty positions, and a Doctorate in Higher Education Leadership. This preparation informs her teaching in PT 630 in which students examine the individual, social, and relationship factors which support successful adult learning within health care and community settings. Because effective teaching is culturally competent, PT630 emphasizes cultural pluralism and the development of cultural proficiency, content which Dr. Gordon studied for her dissertation on multicultural education in entry-level PT programs. Her knowledge of qualitative research methodologies was acquired in her doctoral program, was used in her dissertation, and is maintained through her scholarship on leadership in higher education and on expert versus novice clinical education practices. Her knowledge of current educational practices is strengthened by her interest in and presentations on critical thinking and clinical reasoning, service as an Associate Editor for the Journal of Physical Therapy Education, attendance at APTA-sponsored Educational Leadership Conferences and other Section for Education meetings and conferences, and memberships in the American Education Research Association and the Association for the Study of Higher Education. Knowledge for developing and facilitating a problem-based section of PT 620 was acquired from a 2-day consultation and workshop presented to Husson PT faculty by an invited expert from Queen's College, CA. Student course evaluations, formal faculty reviews, and faculty promotions confirm her strength as an educator and researcher. Positive formal faculty and administrative reviews support her strength as the Director of the School of Physical Therapy.

The dominant focus of Dr. Gordon's MACT degree was the advanced study of pediatric PT with Suzann K. Campbell; to a lesser degree she studied clinical education with Mabel Parker. This knowledge supported her experiences as a CCCE, ACCE, professor, and pediatric PT. Her pediatrics expertise was further acquired by working as a school-based pediatric PT from 1977-2002, a consultant and advocate for adults with developmental disabilities from 1982-1995, and an advocate for special education services as an elected school board member from 1990-1996. Content currency in pediatrics and geriatrics has been maintained through continuing education: CSM sessions, continuing education courses, and Annual APTA conference sessions; and, collaboration with pediatric PT clinicians, local special interest groups, and pediatric researchers, all of which inform her teaching of life-span motor development (PT 420 and 520 Life Cycles I and II courses, taught for 15 years) and evidence-based pediatric therapeutic interventions (PT 608, taught for 4 years). This knowledge base supports her current mentoring of a new pediatric faculty member and facilitation of students' pediatric patient care seminars. Medical school courses in embryology and neurophysiology, current readings, genetics workshops, and her working experience and knowledge of congenital disabilities informs her embryology lectures.

Examples of other service experiences that support Dr. Gordon's currency in PT practices and their implication for entry-level education include
- Formal leadership positions in APTA State Chapters, Arizona and Maine, 1996-2008,
- ME delegate in APTA House of Delegates, 2006-2008,
- ME State Board of Examiner, 2008-present,
- Co-organizer for and co-author of the successful 2005 Husson College NEASC Self-Study and Report, 2001-2003,
- New England Consortium of ACCEs member, 1995-2000, and president, 1999-2000.

Core Faculty Information

Position:	Chair/Director
Months Appointed Per Academic Year:	12
FTE:	1
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Bachelors
Highest Earned Degree (Not E-L PT):	Professional Doctorate (EdD, DRPH, DSc, etc.)
Discipline of Highest Earned Degree:	Education
Rank:	Professor
Total Years As Faculty in Program:	19
Primary Area of Expertise Taught in Program:	Education
Secondary Area of Expertise Taught in Program:	Pediatrics
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No
Scholarship Productivity:	Actively engaged > 10 peer reviewed disseminated products in last 10 years

Teaching (%)

Entry-Level Program:	25	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	20

Other (%)			
Administrative:	40	**Scholarship:**	15
Enrolled in Degree Program:	0		

Associated Faculty Details - Hebert , Lauren

Qualifications Narrative

Lauren Hebert, DPT, OCS, is an adjunct instructor invited to teach content about the business of managing a PT clinic. He has been a primary instructor for PT 599 Advanced Elective: Build and Manage a PT Practice, and a co-instructor teachiing the business management content for PT 528 Ethical, Legal and Management Issues in Physical Therapy. Dr. Hebert has 40 years of clinical and practice management experience with a strong focus on outpatient orthopedic services, ergonomics, industrial consulting, and work injury management. He brings his clinical and entrepreneurial expertise to continuing education as a speaker, instructor, and author of courses and materials on business management, ergonomics, and work injury prevention programs.

Dr. Hebert received his BS in PT from University of Vermont in 1974 and his Doctor of PT degree from University of New England in 2008. He became APTA Board Certified in Orthopedics in 1999 and again in 2009. He currently owns a successful outpatient clinic, SmartCare PT in Dixfield ME but has managed PT practices in SNF's (Burlington, VT, 1974-77); was a PT Director for Rehabilitation Agency (Milwaukee, WI, 1977-1979) and a PT Director at hospital (Rockland, ME, 1979-1983); and, then operated his own private practice with offices in Augusta, Portland, Bangor, Dixifield, Turner, ME (1983-present). Lauren has also created a patient education medical publishing company (IMPACC-USA) and a workplace injury ergonomics and injury prevention consulting company (IMPACC). He has provided ongoing practice management consulting to dozens of clinical settings nationwide and taught dozens of continuing education courses on these topics since 1985.

Dr. Hebert is known to be a caring and supportive clinical instructor and CCCE when supervising a clinical education student. Similarly, student feedback reveals that he enjoys teaching about the business of managing a PT clinic. Student course evaluations rate his instructing as better-than-average with his business knowledge and business proposal assignments rated as highly valuable, especially by students interested in private practice.

Associated Faculty Information

Sex:	Male
Total Teaching Contact Hours Per Academic Year:	60
PT or PTA:	PT
Entry-Level PT/PTA Degree:	DPT
Highest Earned Degree (Not E-L PT):	Not Applicable
Discipline of Highest Earned Degree:	Physical Therapy
Total Years As Faculty:	6
Total Years As Faculty in Program:	4
Primary Area of Expertise Taught in Curriculum:	Administration/Management
Secondary Area of Expertise Taught in Curriculum:	Musculoskeletal
Enrolled in Degree Program:	No
Certified Clinical Specialist:	Yes

Core Faculty Details - Morren , Karen

Qualifications Narrative

Karen Morren, PT, DPT, MS as Director of Clinical Education has her primary duties within the clinical education portion of the curriculum (PT 400, PT 500, PT 600, PT 700: Clinical Education I-IV). She is the primary instructor for PT 431: Psychosocial Issues in Physical Therapy annually and PT 416: Therapeutic Skills II (patient mobility skills) in alternate years. She is a section instructor for PT 601-604: Research Methods I-!V and for PT 650 & 652, Patient Care Seminar I and II (facilitator for case discussions). She is also a lab assistant for PT 510: Neuromuscular I (CVA) and PT 610: Neuromuscular II (vestibular and SCI). An extensive background of clinical practice experience and post-professional course work in the areas of teaching and learning, generalist practice, and neurologic care have prepared her well for her teaching responsibilities.

Dr. Morren has clinical care experience and supervisory experience in a broad array of settings. She has provided patient care in acute rehab (1988-1991), acute care (1991-1998), and outpatient settings (1994-1998). She has filled a variety of supervisory and managerial roles including senior therapist on an SCI team (1991), quality improvement coordinator (1988-1991), staff education coordinator (1995-1996), and clinical supervisor (1996-1998). At Maine Coast Memorial Hospital she was the Director of Rehab Services (1998-2000) where she provided management for over 40 staff members in 6 disciplines at multiple clinical sites and contract service locations, as well as participated in multidisciplinary committees and collaborated with community agencies and businesses. These experiences significantly developed her expertise in administrative function, human resources function, regulatory issues, and multi-disciplinary team management. This expertise is supported through numerous continuing education courses and has translated well into the administrative and teaching components of the clinical education program and content of PT 431.

Dr. Morren maintains currency in her primary teaching responsibility content areas through multiple methods. Dr. Morren completed a MS in Adult and Higher Education at the University of Southern Maine in 2010 and then completed her DPT degree at Simmons College in 2011. Coursework in these programs have been influential in developing her teaching skills in all areas, with an emphasis on clinical education and research. Dr. Morren completed the three week NDT Training Course in Adult Hemiplegia in 1993. She regularly attends national conferences and continuing education programs in the areas of geriatrics, neurology, health policy, and education. She reads current literature in these same content areas. She is regularly in close communication with the state chapter payment and policy chairperson regarding legislative and regulatory issues which impact practice. She has been an active participant the New England Consortium of ACCEs since becoming a core faculty member at Husson in 2000 and has been a trainer for the APTA Certified Clinical Instructor Program (CCIP) since 2004. Frequent communications with clinical faculty allow her to identify trends in clinical practice and areas for further self-directed exploration. Dr. Morren's research agenda focuses on issues that impact clinical education. For example, she has conducted several projects with Dr. Gordon investigating the development of expertise in exemplary and novice clinical instructors. She has also undertaken several projects, collaborating with Kim Steinbarger, investigating the influence of social media on student-CI communication and professionalism.

Dr. Morren's course reviews highlight student appreciation of her clinical management expertise. Her enthusiasm, energy, and humor contribute to effectiveness in the classroom. She has participated in faculty development opportunities offered at Husson University. Her reviews as a DCE note her ability to effectively solve problems when they arise, addressing the learning needs of the individual. Clinical faculty also note her effectiveness as an instructor of the CCIP. Her involvement on the institutional Safety Committee and HICHEP have been integrated into course content and clinical faculty development

Core Faculty Information

Position:	ACCE
Months Appointed Per Academic Year:	12
FTE:	1
PT or PTA:	PT
Entry-Level PT/PTA Degree:	DPT

Highest Earned Degree (Not E-L PT):	Masters (advanced)
Discipline of Highest Earned Degree:	Education
Rank:	Assistant Professor
Total Years As Faculty in Program:	14
Primary Area of Expertise Taught in Program:	Clinical Education
Secondary Area of Expertise Taught in Program:	Psychosocial Aspects of Care
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No
Scholarship Productivity:	Actively engaged, 5-10 peer reviewed disseminated products in last 10 years

Teaching (%)

Entry-Level Program:	40	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	10

Other (%)

Administrative:	40	**Scholarship:**	10
Enrolled in Degree Program:	0		

Core Faculty Details - Olson , Margaret (Peg)

Qualifications Narrative

Peg (Margaret) Olson, PT, MEd, PhD, NCS received her BS in Physical Therapy at Marquette University in Milwaukee, Wisconsin. Dr. Olson has been a practicing physical therapist for more than 35 years. While working for a variety of hospitals in Wisconsin and Maine as a staff physical therapist and as a department head, in addition to traveling therapist positions in small Michigan and New Mexico hospitals, Dr. Olson treated patients throughout the life span who presented problems in most of the body systems. Her work in home health, a large hospital, skilled nursing and long-term care facilities, as well as a CARF accredited head injury outpatient program led Dr. Olson to become a certified Neurological Clinical Specialist, credentialed by the American Board of Physical Therapy Specialties in 1998 and recertification in 2008. Dr. Olson continued to work with adults with neurological diseases or injuries and those patients with dizziness or balance problems while she studied for her Masters and Doctorate degrees.

Dr. Olson earned a Master's in Education, concentrating on student development and teaching, and a PhD in Education/Higher Education from the University of Maine. Her quantitative dissertation topic was adjunct faculty member's understanding and use of active learning theory. She participates in continuing education courses to maintain currency in clinical areas of neurology, geriatrics, and ethics/juris prudence, as well as professional development courses in teaching, and collaboration with physical therapy clinicians in neurology.

Dr. Olson has been involved in teaching for nearly all of her professional years, beginning as a clinical instructor, guiding one to four PT/PTA students nearly every year after 1977 from PT programs across the United States. She was a lab assistant at Husson College for Neuromuscular I and II in 1999 and guest lecturer for Neuromuscular II vestibular evaluation and rehabilitation in 2000 and 2001, an adjunct faculty member at Husson College for PT 430 Professionalism in PT in 2005, an American Heart Association Basic CPR Instructor 1990 through 2010, and has been a core PT faculty member at Husson University for the past four years.

All of these activities, in addition to her continuing education efforts and consultation with other PT faculty topic experts, inform Dr. Olson's teaching of PT 650 and 652 Patient Care Seminar I and II as well as PT 620 Primary Health Care, in addition to assisting the teaching of massage, ROM, MMT, and basic exercises in PT 415 Therapeutic Skills I, patient mobility and vital signs in PT 416 Therapeutic Skills II, the use of physical agents and musculoskeletal evaluation in patients with other than orthopedic diagnoses in PT 417 Physical Agents and PT 550 Musculoskeletal I.

Dr. Olson is the primary instructor/course coordinator for PT 650 and 652 Patient Care Seminar I and II; a section instructor for PT 620 Primary Health Care and PT 415 Therapeutic Skills I; and is lab assistant/section instructor for PT 416 Therapeutic Skills II, PT 417 Physical Agents, and PT 550 Musculoskeletal I. Dr. Olson is also a presentation evaluator for the PT 604 Research Methods IV presentation and assists with practical examinations in PT 515 Therapeutic Exercise III and PT 610 Neuromuscular II. Dr. Olson is co-coordinator and instructor for an annual interprofessional experiential activity involving the four schools within the College of Health and Education, School of Pharmacy, and program in Healthcare Studies at Husson University.

Core Faculty Information

Position:	Other Faculty
Months Appointed Per Academic Year:	9
FTE:	0.5
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Bachelors
Highest Earned Degree (Not E-L PT):	Doctor of Philosophy
Discipline of Highest Earned Degree:	Education
Rank:	Assistant Professor
Total Years As Faculty in Program:	5
Primary Area of Expertise Taught in Program:	Therapeutic Exercise
Secondary Area of Expertise Taught in Program:	Education
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	Yes
Scholarship Productivity:	Actively engaged, < 5 peer reviewed disseminated products

Teaching (%)

Entry-Level Program:	70	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	20

Other (%)

Administrative:	0	**Scholarship:**	10
Enrolled in Degree Program:	0		

Core Faculty Details - Schwarcz , Arthur

Qualifications Narrative

Arthur Schwarcz, PT, PhD, ATC, MNSMT is the primary instructor for PT 515 Therapeutic Skills III (assessment of extremity joint mobility and treatment and rehab of the musculoskeletal extremity problems), PT 552 Musculoskeletal II (evaluation and treatment of pelvic and spinal problems via McKenzie & Muscle Energy), PT 552 Musculoskeletal III (evaluation and treatment of pelvic, spine, ribs, via Nordic & Australian approach, TMJ problems, and ergonomic assessment), and PT 615 Advanced Spinal Manual Therapy (evaluation and treatment of musculoskeletal problems of the pelvis, spine and rib problems.) He is a lab assistant for PT 411 Kinesiology and Biomechanics. He is also a section instructor for PT 601-604 Research Methods I-IV and a facilitator for orthopedic case discussions in PT 650 and 652 Patient Care Seminar I and II. Dr. Schwarcz has extensive training in the areas of sports medicine, gross human anatomy, exercise physiology, manual physical therapy, and countless hours of continuing education in the area of musculoskeletal evaluation and treatment.

Dr. Schwarcz has been a certified athletic trainer for over 40 years and a physical therapist for 29 years. He completed an Honors BSC in exercise science with specialization in athletic training in 1974 at York University, and a Master's degree in athletic training in 1975 at Indiana State University. He worked as an athletic therapist at the World Masters Games in Toronto in 1975 and the 1976 Olympics in Montreal. He obtained his physical therapy graduate level certificate in 1985 at the University of Iowa and completed his PhD specializing in anatomy, exercise physiology, adapted PE and sports medicine in 1986 at the University of Iowa. Beginning in 1985 he practiced full time in outpatient orthopedics and covered high school athletics until January of 1989 when he did an eighteen month full time residency program in the Norwegian Level I manual therapy program in Charlotte, NC and in 1991 a part-time residency program in the Norwegian Level II manual therapy program in Memphis, TN. Dr. Schwarz has been an instructor with the Ola Grimsby Institute of Manual Therapy since 1992. He taught three two year part-time residency programs for the OGI during the 1990's and a number of their extremity manual therapy and STEP courses (Scientific Therapeutic Exercise Progression). He became a certified ergonomic assessment specialist through the Back School of Atlanta in 2008 in order to feel qualified to teach ergonomics, work hardening and work conditioning. He has been a research fellow for the OGI since 1999 which involves chairing or serving as a member of student dissertation committees. Since the second year that he has been at Husson University he has worked in the clinic during the summers and during holidays during the academic year mainly in outpatient orthopedics but also inpatient rehab and nursing home settings. One summer was spent mainly doing home health.

Dr. Schwarcz maintains currency in the content areas of his primary teaching responsibility through numerous ways such as reading current literature on orthopedics and sport medicine, attending two or more conferences and/or seminars each year. He maintains his NATA certification as an athletic trainer by completing at least 50 CEU's every two years. Dr. Schwarcz focuses his attendance at conferences and seminars on evidence based clinically relevant information and practical skills that he can apply when treating patients and to the material he teaches at either the entry level or for the advanced spinal manual therapy elective course. His research focuses around sports medicine and outpatient orthopedic related topics. He has also presented at national conferences on the current evidence of static stretching in health individuals and on the treatment of pelvic instability.

Dr. Schwarcz's student course evaluations rate his performance above the average and very high on the advanced spinal manual therapy elective course. He is described as very knowledgeable and excellent at teaching and giving feedback in lab sessions. He has been given awards from graduating classes acknowledging extra time he spends outside of regular class/lab time in helping students learn the material. Many CI's report that Husson students have better knowledge and clinical hands on skills than most students from other programs.

Dr. Schwarcz is very active in governance and committee work at Husson University. He is has been on the faculty handbook committee for about 10 years and has been the chairperson for the last two years. He was the chairperson of the Husson University Vision committee for ten years. Other examples of committee involvement are provided in his CV.

Core Faculty Information

Position:	Other Faculty
Months Appointed Per Academic Year:	9
FTE:	0.8
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Certificate
Highest Earned Degree (Not E-L PT):	Doctor of Philosophy
Discipline of Highest Earned Degree:	Exercise Physiology; Ex Science; Sports Med
Rank:	Associate Professor
Total Years As Faculty in Program:	15
Primary Area of Expertise Taught in Program:	Musculoskeletal
Secondary Area of Expertise Taught in Program:	Therapeutic Exercise
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	Yes
Scholarship Productivity:	Actively engaged, < 5 peer reviewed disseminated products

Teaching (%)

Entry-Level Program:	70	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	20

Other (%)

Administrative:	0	**Scholarship:**	10
Enrolled in Degree Program:	0		

Associated Faculty Details - Scott , Ron

Qualifications Narrative

As an adjunct instructor, Dr. Ron Scott has taught PT 528 Ethical, Legal, and Management Issues in PT for 17 years: as a primary instructor for 15 years, and as a co-instructor for the past two years. Dr. Scott has his JD and LLM, with foci in health law and ethics. He is the author of Promoting Ethical and Legal Awareness: A Guide for Health professionals (Mosby, 2009), and Ethical, Legal and Practical Aspects of Documenting Patient Care, 4th ed. (Jones & Bartlett, 2013). Ron has written over 10 articles on health professional ethics, and is the creator of the widely-used systems model for health professional ethical decision-making and the 4-quadrant ethical-legal PT practice grid. He is faculty in 7 programs across the US, teaching health professional ethics to PTs and OTs. Ron was a past member and chair, APTA EJC. He has a passion for pro-bono service delivery, and lectures to the TRPTA annually on PT ethics, as well as rendering over 50 hours annually for the past 12 years as an attorney-mediator in San Antonio, TX. Ron has been an ethics consultant to PTs and other primary health professionals since 1983.

Annual institutional student course evaluations and anecdotal student feedback consistently note students' appreciation for Dr. Scott's vast ethical and legal experience, his entertaining but pertinent cases and associated stories, his engaging teaching, and his promotion of the profession. His course evaluations reveal his overall strength as an instructor. After teaching his courses, Dr. Scott remains a resource for student and alumni responding to their legal and ethical questions. He willingly mentors students, including two Husson DPT students, in re-writing ethical-legal assignment papers for successful professional publication.

Associated Faculty Information

Sex:	Male
Total Teaching Contact Hours Per Academic Year:	20
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Masters
Highest Earned Degree (Not E-L PT):	Professional Doctorate (EdD, DRPH, DSc, etc.)
Discipline of Highest Earned Degree:	Gerontology
Total Years As Faculty:	20
Total Years As Faculty in Program:	16
Primary Area of Expertise Taught in Curriculum:	Professional Issues (Communications, Ethics, etc.)
Secondary Area of Expertise Taught in Curriculum:	Administration/Management
Enrolled in Degree Program:	No
Certified Clinical Specialist:	Yes

Core Faculty Details - Scott , Wayne

Qualifications Narrative

Wayne Scott, MPT, Ph.D. teaches courses related to the areas of physiology, chronic diseases and exercise. Dr. Scott is the primary instructor for Cardiorespiratory Physical Therapy (PT 560), Pathophysiology (PT 561), Health Promotion and Wellness (PT 618) and Exercise for Special Populations (PT 661). He co-teaches Rehabilitation of Chronic Conditions (PT 530) with Dr. Sondra Siegel. Dr. Scott also serves as a facilitator for Primary Health Care (PT 620) and Patient Care Seminars I and II (PT 650 and PT 652), and oversees student research projects for the Research Methods courses (PT 601 to PT 604).

Dr. Scott completed his Master of Physical Therapy and Ph.D. in Biomechanics and Movement Science degrees at the University of Delaware. The Physical Therapy Program at the University of Delaware is consistently ranked as one of the top programs in the country. The Biomechanics and Movement Science program was a multidisciplinary program which included the Physical Therapy faculty. Dr. Scott completed his doctoral work under the supervision of Dr. Stuart Binder-Macleod. During his doctoral work Dr. Scott taught the dissection and surface anatomy/palpation portions of Gross Anatomy. Following completion of his doctorate work Dr. Scott was a post-doctoral fellow in the Physical Therapy and Rehabilitation Science program at the University of Maryland, Baltimore working with Dr. David Russ.

Dr. Scott was hired by Husson University in 2009 at the assistant professor level. In 2012 Dr. Scott's multi-year contract was renewed and he was promoted to associate professor. Prior to joining Husson University he was employed for 3 years as an assistant professor in the Physical Therapy Department at East Carolina University (ECU). While at ECU, Dr. Scott taught classes in the DPT program in the areas of electrotherapy and other modalities, muscle physiology and health promotion. Dr. Scott was nominated for the William F. Beardsley Teaching Excellence Award in 2011.

Dr. Scott has engaged in several areas of research related to his areas of teaching expertise. The primary focus of research in Dr. Binder-Macleod's lab was muscle fatigue associated with recruiting muscle with electrical stimulation, a factor limiting the use of Functional Electrical Stimulation (FES). Dr. Scott's initial work in the lab centered on exploring the way different patterns of electrical stimulation influenced muscle fatigue. This work required a well-developed understanding of muscle physiology. Dr. Scott's doctoral dissertation work involved moving the work of the lab from able-bodied persons to a patient population that could benefit from the use of FES. This work characterized the muscle physiology of the paralyzed muscles of persons with spinal cord injuries as well as investigated the response of the paralyzed muscles to different patterns of electrical stimulation. Dr. Scott's doctoral training at the University of Delaware resulted in several publications in journals such as Physical Therapy and Muscle & Nerve. Dr. Scott's post-doctoral experience provided an opportunity to work with a different population with a chronic disease; persons infected with HIV, and expanded his research area beyond the level of the muscle to include measures of cardiorespiratory fitness. This work which examined the muscle physiology, cardiorespiratory fitness and function of persons infected with HIV resulted in 3 publications. Dr. Scott's research focus at ECU was twofold. He began collaborative efforts to explore issues related to childhood obesity as obesity and diabetes were major areas of research focus at the University. This work further expanded Dr. Scott's knowledge into new areas of physiology and chronic disease. In an independent line of research Dr. Scott began to explore how the parameters of electrical stimulation influence the maximum electrically-elicited forces a person is willing to tolerate during neuromuscular electrical stimulation. This latter line of research has been the primary focus of Dr. Scott's research efforts since joining Husson University and has resulted in multiple publications.

In summary Dr. Scott's research experiences have involved a wide scope of chronic disease conditions which require a thorough understanding of physiology and pathophysiology. In addition Dr. Scott regularly takes continuing education courses to enhance his knowledge in areas related to his course content. These courses have included topics such as pulmonary rehabilitation, chronic heart failure, cardiac medications, and diabetes. Furthermore, Dr. Scott's long-standing interest in electrical stimulation of muscle has provided him with a background understanding of muscle physiology that has served him well as he expanded his areas of teaching expertise to include exercise and wellness.

Core Faculty Information

Position:	Other Faculty
Months Appointed Per Academic Year:	9
FTE:	0.8
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Masters
Highest Earned Degree (Not E-L PT):	Doctor of Philosophy
Discipline of Highest Earned Degree:	Physiology
Rank:	Associate Professor
Total Years As Faculty in Program:	6
Primary Area of Expertise Taught in Program:	Cardiopulmonary
Secondary Area of Expertise Taught in Program:	Physiology
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No
Scholarship Productivity:	Actively engaged > 10 peer reviewed disseminated products in last 10 years

Teaching (%)

Entry-Level Program:	65	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	15

Other (%)

Administrative:	0	**Scholarship:**	20
Enrolled in Degree Program:	0		

Associated Faculty Details - Sidaway , Bonnie

Qualifications Narrative

Bonnie Sidaway (B.S.Ed., M.S., M.P.T) teaches Exercise for Special Populations (PT 661) in the professional phase of the program and also Exercise Physiology (PT 425) in the pre-professional phase. She has taught at an adjunct professor in Husson's physical therapy program since 2003. Her education and years of experience as a clinician makes her well qualified to teach courses related to the important role of exercise in the treatment of clinical populations.

Bonnie's first degree was a Bachelor of Science in Education majoring in Exercise Science that she received from the University of Arkansas in 1988. She then went on to complete a Master of Science degree in Cardiac Rehabilitation and Exercise Physiology at Louisiana State University in 1990. In 1992 Bonnie completed a Master's degree in Physical Therapy at the University of Central Arkansas. She is currently enrolled in a post-professional Doctor of Physical Therapy degree at Utica College with an anticipated date of gradation of June 2016.

Bonnie has extensive clinical experience that enables her to draw from a wide variety of real clinical scenarios to inform her teaching. She is currently a home health physical therapist but has extensive experience in acute care, skilled nursing, outpatient and pediatric settings. Student evaluations of her teaching consistently report that Bonnie uses patient cases she has experienced to bring the lecture material to life. She maintains currency in her areas of teaching expertise by reading widely on recent research on physiological mechanisms and attending relevant continuing education courses. Bonnie has also recently enrolled in a post-professional DPT program where she will take courses that will improve her clinical expertise and her enhance her teaching.

Associated Faculty Information

Sex:	Female
Total Teaching Contact Hours Per Academic Year:	90
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Bachelors
Highest Earned Degree (Not E-L PT):	Masters (advanced)
Discipline of Highest Earned Degree:	Exercise Physiology; Ex Science; Sports Med
Total Years As Faculty:	6
Total Years As Faculty in Program:	6
Primary Area of Expertise Taught in Curriculum:	Physiology
Secondary Area of Expertise Taught in Curriculum:	Cardiopulmonary
Enrolled in Degree Program:	Yes (DPT Program)
Certified Clinical Specialist:	No

Core Faculty Details - Sidaway , Ben

Qualifications Narrative

Dr. Sidaway is responsible for teaching foundational sciences courses and coordinating student research experiences. His teaching responsibilities include teaching and coordinating: Gross Anatomy (PT 410) with accompanying dissection lab, Motor Control and Learning (PT 412), Neurophysiology (PT 450) and Research Methods III and IV (PT 603, PT 604). He also assists in Kinesiology and Biomechanics (PT 411), Patient Care Seminars I and II (PT 650 and PT 652) and serves as a project advisor in Research Methods courses. Dr. Sidaway's educational background and teaching experience along with his extensive research background have more than adequately prepared him for his assigned teaching role.

Dr. Sidaway developed the gross anatomy lab and the subsequent anatomy course at the program's inception following consultation with the director of the State Body Donor Program. Dr. Sidaway continues to consult regularly with the current director and anatomy professors at the University of New England. Since the establishment of the anatomy lab Dr. Sidaway has supervised the dissection of over 200 cadavers and has trained professors in PT and OT and DO's in the Neuromusculoskeletal Fellowship program at Eastern Maine Medical Centre in anatomical dissection.

Prior to joining Husson Dr. Sidaway was a professor at Louisiana State University for 8 years. While at LSU Dr. Sidaway was instrumental in designing, implementing, and evaluating a human movement science curriculum option that was taken by pre-PT/OT/med students. Dr. Sidaway taught numerous undergraduate classes relevant to physical therapy education including Anatomy (with lab), Neuromechanical Basis of Kinesiology, Neuromotor Control of Human Movement, Biomechanics, and Motor Control and Learning. Dr. Sidaway also taught graduate seminar courses in neuroscience, motor control, perception and biomechanical analysis of human movement.

At LSU Dr. Sidaway was nominated for the College of Education Excellence in Teaching Award in 1992. In 1993, he received the Outstanding Teacher Award from the Louisiana State University Student Government Association and in 1995; he was awarded the Tiger Athletic Foundation University Excellence in Teaching Award. Dr. Sidaway also sat on a number of College-wide committees that were responsible for curricular and teaching issues. He served as Chair of the College of Education's Curriculum Advisory Council from 1994 to 1996 and also served as the Chair of the College of Education's Excellence in Teaching Committee.

Dr. Sidaway completed his Ph.D. in motor control and learning with minors in biomechanics and experimental psychology from Penn State University during which time Dr. Sidaway took numerous courses in motor control, motor learning, neuroscience, experimental psychology, statistics and biomechanics from internationally recognized researchers and teachers. He also took courses in effective classroom communication and teaching evaluation techniques. Prior to his Ph.D. Dr. Sidaway completed an MA in motor control and learning with a minor in biomechanics at the University of North Carolina at Chapel Hill. His undergraduate education was in England where he received a joint honours degree in Kinesiology, Physical Education and Ecology. Cornerstones of this B.Sc. degree were pedagogical theory and teaching practice along with courses in neuroscience, exercise physiology, biomechanics, gross anatomy and motor control.

Dr. Sidaway's teaching effectiveness is supported by his extensive scholarly background in motor control and learning and biomechanics. He has over 100 peer-reviewed published papers and abstracts in nationally and internationally recognized journals. Dr. Sidaway has also made over 100 invited and peer-reviewed presentations at PT and motor behavior conferences throughout North America and Europe. His research expertise is recognized by a number of scientific journals, including Physical Therapy, Journal of Motor Behavior, Human Movement Science, and Research Quarterly, by their requests to regularly review manuscripts submitted for publication.

Since arriving at Husson Dr. Sidaway completed a physical therapy degree and has practiced part time in a number of outpatient clinics since 2002 and has established a home-health private practice. His teaching is informed by his clinical experiences; he regularly uses patient scenarios in all his classes. Currency for his teaching is maintained by annually attending scientific and educational conferences, particularly the APTA's Combined Sections meeting and the annual conference of the North American Society for Psychology of Sport and Physical Activity. Dr. Sidaway's efforts to maintain currency in teaching content and methods are reflected in the very positive student evaluations of his teaching.

Core Faculty Information

Position:	Other Faculty
Months Appointed Per Academic Year:	9
FTE:	0.8
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Masters

Highest Earned Degree (Not E-L PT):	Doctor of Philosophy
Discipline of Highest Earned Degree:	Motor Learning
Rank:	Professor
Total Years As Faculty in Program:	18
Primary Area of Expertise Taught in Program:	Neuroscience
Secondary Area of Expertise Taught in Program:	Anatomy
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No
Scholarship Productivity:	Actively engaged > 10 peer reviewed disseminated products in last 10 years

Teaching (%)

Entry-Level Program:	60	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	10

Other (%)

Administrative:	10	**Scholarship:**	20
Enrolled in Degree Program:	0		

Core Faculty Details - Siegel , Sondra

Qualifications Narrative

Dr. Sondra Siegel received her Bachelor's Degree in Physical Therapy (PT) from Washington University (St. Louis) in 1987. She began working at an in--patient neurologic rehabilitation facility where her caseload also included amputees and people who had undergone orthopedic surgery. Dr. Siegel focused on the treatment of patients with spinal cord injury (SCI), and was promoted to the position of Clinical Specialist for SCI. She held that position from 1989--1991, at which point she chose to pursue a graduate degree. While was working toward her Ph.D. (1991--1998), she worked as a part time PT in a general acute hospital. Since completing her degree and moving to Maine, she has worked as a per diem therapist in long term care (2005--2009) and at an outpatient clinic that also provides home care (2009-present). Sondra has been involved in treatment settings ranging from acute care through long--term rehabilitation and skilled care, including home care and out--patient therapy. She has volunteered countless hours and travel time with disabled athletes, which has given her invaluable practical knowledge about living with disabilities.

Dr. Siegel received her Ph.D. in Neuroscience from Emory University in 1998. Along with courses in cellular neuroscience, her degree requirements included courses in movement science, brain plasticity, neurological disease, and others that are relevant to her responsibilities at Husson. Sondra's Ph.D. training prepared her effectively for the challenges of developing student research projects and training students in the process of research, as required for participation as a research advisor in Research Methods I-IV.

At Husson, Dr. Siegel's scholarship has centered on gait and balance training techniques in the neurological population, including body weight supported gait training, use of a harness without body weight support, and use of orthoses to enhance gait. This work has been presented at national meetings. She has just completed a collaboration with the PT department at a local hospital investigating two methods of pain control following knee replacement surgery. Dr. Siegel's commitment to research at Husson is enhanced by her work on the Husson Institutional Review Board, which she has chaired for the past 13 years.

Within the School of PT at Husson, Dr. Siegel teaches Neuromuscular I and II, Prosthetics and Primary Health Care. She shares the teaching of Rehabilitation for Chronic Conditions with another faculty member; her portion of that course covers wound care, burns and lymphedema management. She is a lab assistant for Musculoskel I and an instructor in Patient Care Seminar I and II. She typically works with two student research groups as part of her responsibilities for Research Methods I–IV. Sondra's clinical experience in neurological rehabilitation and her Ph.D. in Neuroscience combine to provide excellent qualifications for her role in teaching the adult neurological rehabilitation content. In addition to this formal preparation, she continues to enhance her knowledge by attending workshops and continuing education in this area.

Beyond her clinical experience with amputee patients, Dr. Siegel has augmented her knowledge of Prosthetics and has maintained currency in this field by collaborating with a local prosthetist and attending local workshops. She has advanced her understanding of this area by observing as the prosthetist worked with patients who had computerized prosthetic components. Sondra's preparation for teaching wound care began with her work with patients with SCI. She helped carry out a weekly interdisciplinary wound clinic and an in--patient skin care program designed for people with SCI who had decubitus ulcers. Her work at this clinic involved a close collaboration with nurses who were experts in wound care, from whom she learned the basics of wound management. She has attended courses for updates on wound and burn care, and has completed a 45--hour course on the management of lymphedema, reinforcing her competence for her portion of PT 530.

Dr. Siegel's knowledge base for her role in Primary Health Care (PHC) has been enhanced by completion of an APTA course on Differential Diagnosis for PTs, in addition to continued reading on the topic. PHC is a hybrid course that includes traditional classroom sessions as well as problem--based learned (PBL) tutorials. Prior to teaching a PBL course, Sondra attended a workshop on use of PBL in PT programs. To support her role as a lab assistant for Musculoskel I, Dr. Siegel has enhanced her basic knowledge of the topic under the tutelage of Dr. Cheryl Adams, an Orthopedic Clinical Specialist with an Advanced Master's in Orthopedics. Dr. Siegel's clinical experience across the spectrum of PT settings has provided her the ability to competently facilitate discussions for the two-semester Patient Care Seminar series.

Core Faculty Information

Position:	Other Faculty
Months Appointed Per Academic Year:	9
FTE:	0.8
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Bachelors
Highest Earned Degree (Not E-L PT):	Doctor of Philosophy
Discipline of Highest Earned Degree:	Neuroscience; Neuroanatomy
Rank:	Associate Professor
Total Years As Faculty in Program:	16
Primary Area of Expertise Taught in Program:	Neuromuscular
Secondary Area of Expertise Taught in Program:	Integumentary
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No
Scholarship Productivity:	Actively engaged, 5-10 peer reviewed disseminated products in last 10 years

Teaching (%)

Entry-Level Program:	65	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	25

Other (%)

Administrative:	0	**Scholarship:**	10
Enrolled in Degree Program:	0		

Associated Faculty Details - Sorensen-Hamilton , Fiona

Qualifications Narrative

Dr. Fiona Sorensen has been teaching PT640 Medical Imaging and Rehabilitation, and PT642 Pharmacology and Rehabilitation for the last seven years. Initially these courses were part of the transitional DPT curriculum so were offered online. Since 2010, Dr. Sorensen Hamilton has also taught both of these courses as part of the regular entry-level DPT curriculum, variously taught in several formats: face-to-face, hybrid, and completely online.

Dr. Sorensen trained as a medical practitioner in the United Kingdom and is fully certified as a General Practitioner (Family Physician) in that country. She also acquired foreign medical graduate certification upon moving to the United States. Fiona's background as a physician gives her a thorough grounding in these pharmacology and medical imaging as well as a wealth of practical experience. This knowledge is kept up to date by reading text books and online journals on relevant topics.

Student course evaluations of both PT 640 and PT 642 reveal that Dr. Sorensen's teaching is above average for the university. She is a well-organized instructor who is conscientious about communicating with the students.

Associated Faculty Information

Sex:	Female
Total Teaching Contact Hours Per Academic Year:	64
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Not Applicable
Highest Earned Degree (Not E-L PT):	Professional Doctorate (EdD, DRPH, DSc, etc.)
Discipline of Highest Earned Degree:	Medicine; Other Health Discipline
Total Years As Faculty:	8
Total Years As Faculty in Program:	8
Primary Area of Expertise Taught in Curriculum:	Clinical Medicine
Secondary Area of Expertise Taught in Curriculum:	None
Enrolled in Degree Program:	No
Certified Clinical Specialist:	Not Applicable

Core Faculty Details - Steinbarger , Kimberly

Qualifications Narrative

Kim Steinbarger PT, MHS as Academic Coordinator of Clinical Education has her primary responsibilities within the clinical education portion of the curriculum (PT 400, PT 500, PT 600, PT 700: Clinical Education I – IV). She is the primary instructor for PT 415: Therapeutic Skills I and PT 416: Therapeutic Skills II in alternate years. She is a section instructor for PT 601, 602, 603, 604: Research Methods I – IV and a facilitator for case discussions for PT 650 and 652: Patient Care Seminar I and II. She is also the lab assistant for PT 515: Therapeutic Skills III. Course content taught includes: goniometry, manual muscle testing, therapeutic exercise, body mechanics, soft tissue and joint manual techniques, research, and generalist physical therapy practice.

Her extensive generalist experience, as both staff and lead physical therapist, in an acute care hospital, outpatient facility, and several skilled nursing facilities informs her teaching in all her courses. She has treated thousands of patients in the past 24 years, which provided the basis for her work in the Therapeutic Skills, Clinical Education, and Patient Care Seminar classes. Her certifications as an Ergonomics Assessment Specialist I and II enhance her ability to teach body mechanics, body positioning, work efficiency, muscular flexibility, and therapeutic exercise, and her Credentialed Clinical Instructor certification developed her expertise in the clinical education portion of the curriculum. Current research activities in professionalism and social media, research mentoring from Karen Morren, and poster (2014) and platform (2015) research presentations at CSM, substantiate her role in the Research Methods and Clinical Education courses. Her teaching and research roles are also informed by her graduate work, which resulted in her MHS degree in Physical Therapy in 2005. Her graduate work also supported her in the integration of evidence based practice into her teaching. Administrative, teaching, and managerial skills were advanced in her position as the Director of the PTA program at Michiana College from 1998 – 2000, and in her multiple clinical managerial roles as listed on her CV. Her training and work as an item writer for the Federation of State Boards in 1999 developed her skills in course management, content evaluation, and examination design.

She maintains currency in her teaching content areas through regular attendance at national continuing education opportunities, such as ELC and CSM conferences, as well as regional offerings. Her attendance at NEC-ACCE meetings and Clinical Faculty Institutes provide the opportunity to update her academic and administrative knowledge and skills. Husson University also offers faculty development seminars several times a year, and she has attended these seminars on topics such as clinical precepting (2012), collaborative practice (2012), and outcomes assessment (2013). She reads current literature on topics covered in her teaching. Her clinical skills are strengthened through community and university service, providing functional screening to Special Olympics athletes (2013), postural screenings to the Maine Teacher's Association (2008), and the development of and participation in the School of Physical Therapy pro bono clinic (2012 – present). As the ACCE, she visits many clinics each academic year, and has the opportunity to observe and discuss current practice with both clinical instructors and students.

Her course reviews note her organizational skills, approachable manner, and ability to relay course content effectively to student learners. Her ACCE reviews emphasize her ability to problem solve clinical situations and organize quality clinical experiences that fulfill the educational needs of her students.

Core Faculty Information

Position:	ACCE
Months Appointed Per Academic Year:	12
FTE:	1
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Bachelors
Highest Earned Degree (Not E-L PT):	Masters (advanced)
Discipline of Highest Earned Degree:	Health Sciences; Allied Health
Rank:	Instructor

Total Years As Faculty in Program:	7
Primary Area of Expertise Taught in Program:	Clinical Education
Secondary Area of Expertise Taught in Program:	Therapeutic Exercise
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No
Scholarship Productivity:	Actively engaged, < 5 peer reviewed disseminated products

Teaching (%)

Entry-Level Program:	40	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	10

Other (%)

Administrative:	40	**Scholarship:**	10
Enrolled in Degree Program:	0		

Core Faculty Details - Stucker , Cathy

Qualifications Narrative

Cathy Stucker, PT, DSc, CMPT graduated from Indiana University, Bloomington, IN in 1986 with a BS in Business Administration with a Minor in Psychology. She returned to Indiana University at Indianapolis, IN to pursue her physical therapy education and received her BS in Physical Therapy in May, 1992. She practiced in diverse settings for the first several years of her career, including staff level positions in wound care, inpatient, outpatient, neuro, and geriatrics. She received broad exposure to a variety of patient populations while working in a small rural hospital, a large urban hospital, and skilled nursing facilities. Her career became more specialized in 2000 when she accepted a position with a home health agency. The challenge and gratification of working with patients in their own familiar setting became Dr. Stucker's preferred treatment approach. This passion moved into on-site industrial rehab where patients who were injured on the job could be seen at their place of employment. This move also helped to build a strong base for treating orthopedic patients, which has become a specialty area for Dr. Stucker. In order to strengthen her orthopedic skills in preparation for pursuing her doctorate education, she moved into outpatient orthopedic clinics with a focus on the industrial rehab and worker's compensation population. During this time, she was attending Andrews University in Berrien Springs, Michigan, in pursuit of her doctorate with a certification in Manual Physical Therapy. She attended Andrews University from August, 2008 until receiving her Doctor of Science in Physical Therapy in May, 2013. During the completion of her degree requirements, she also achieved the designation of Certified Manual Physical Therapist from the North American Institute of Orthopaedic Manual Therapy (NAIOMT) in March, 2012.

Dr. Stucker's capstone project for completion of her doctorate incorporated the home health patients with which she was working during the final years of her graduate work. In 2009, she moved from the outpatient setting back to the home care setting at Gentiva Home Health in Muncie, IN. There was a high concentration of total joint patients at Gentiva, due to their Orthopedic Specialty program. These patients were agreeable to being subjects for her study in "Joint Mobilization in Acute Total Knee Arthroplasty for Improvement in Pain and Range of Motion." This study was selected as a Platform Presentation at CSM in Las Vegas in February, 2014. It will also be submitted for consideration to the Journal of Manual and Manipulative Therapy.

Teaching has been integrated throughout Dr. Stucker's career. She has been a clinical instructor for many PT and PTA students, as well as working with athletic training students at Anderson University. She was invited to give presentations at Anderson University for their Athletic Training and Nursing students. Her initial involvement with formal course coordination began at Ivy Tech Community College in Muncie, IN during the 2013-2014 academic year for their Physical Therapy Assistant program. She was the instructor for their Disease and Trauma course and instructed the lab component of their Neuro Rehab course. Her teaching excellence was verified in being honored by the 2013 graduating class when they invited her to give the commencement address at their pinning ceremony. Additional teaching opportunities included being an American Heart Association CPR instructor from 2001 until 2008.

The culmination of educational opportunities, physical therapy practice, and teaching endeavors has built a solid foundation on which to build her current student interactions. As the course coordinator for PT 411 Kinesiology and Biomechanics and lab assistant for PT 552 and PT 554, Musculoskeletal II and III, she can draw upon knowledge of anatomy, body movement, and manual therapy that has been honed throughout her career. PT 618 Health and Wellness is enhanced due to the diversity of practice areas in which she has gained experience. In addition, many years of experience with the geriatric population in various settings brings depth and substance to the PT 664 Geriatrics course in which she is a lab assistant in 2015 and will take responsibility as course coordinator in subsequent academic years. She is also involved with the PT 650 and 652 Patient Care Seminar I and II as a group moderator and participates in review of research projects. In being a new faculty member at Husson, Dr. Stucker has not yet acquired a history of course evaluations and instructor reviews although peer feedback verifies her calm and effective manner of describing kinesiology.

Core Faculty Information

Position:	Other Faculty
Months Appointed Per Academic Year:	10
FTE:	0.8
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Bachelors
Highest Earned Degree (Not E-L PT):	Professional Doctorate (EdD, DRPH, DSc, etc.)
Discipline of Highest Earned Degree:	Physical Therapy
Rank:	Assistant Professor
Total Years As Faculty in Program:	1
Primary Area of Expertise Taught in Program:	Musculoskeletal
Secondary Area of Expertise Taught in Program:	Geriatrics
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No
Scholarship Productivity:	Actively engaged, but products not disseminated

Teaching (%)

Entry-Level Program:	70	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	15

Other (%)

Administrative:	0	**Scholarship:**	15

Enrolled in Degree Program:	0

Core Faculty Details - Tiernan , Chad

Qualifications Narrative

Chad W. Tiernan, Ph.D., has the following teaching responsibilities: primary course instructor for PT 420 Life Cycles I, PT 520 Life Cycles II, and PT 608 PT Management of Children with Neurological Disorders; primary section instructor for gait content in PT 411 Kinesiology; section instructor leading a group of students through Research Methods 601, 602, 603, 604; and seminar facilitator for PT 650 and PT 652 Patient Care Seminars. Dr. Tiernan teaches in following content areas: Lifespan motor development, pediatric disabilities, gait, and research.

The Kinesiology program at the University of Michigan consistently ranks as one of the top programs in the country. Dr. Tiernan received his Ph.D. in Kinesiology from Michigan in 2012 with emphases in motor development and pediatric disabilities. His education and research experiences provided a strong foundation for his current teaching duties. As a graduate student, Dr. Tiernan taught an upper-level undergraduate course in motor development. He was also mentored by leading experts in pediatric intervention research.

Before coming to Husson, Dr. Tiernan engaged in several areas of research. Prior to his doctoral candidacy, he received a fellowship from the Office of Special Education and Rehabilitative Services to conduct treadmill training for infants with Down syndrome and cerebral palsy. The studies included training phases to promote walking onset and follow-up phases that focused on gait assessment. Dr. Tiernan co-authored several manuscripts on the treadmill studies from 2008 to 2013, including publications in Physical Therapy, Pediatric Physical Therapy, Research in Developmental Disabilities, and Experimental Brain Research. As a pre-doctoral candidate, Dr. Tiernan co-authored a grant to the National Down Syndrome Society, which enabled children with Down syndrome and other disabilities to participate in a bicycle training camp as part of a randomized controlled trial. The bicycle study was published in Physical Therapy in 2011. From 2010-2012, Dr. Tiernan also worked with school-aged children with and without Down syndrome during his dissertation, a project funded by Special Olympics that explored associations between motor and social development.

In addition to his graduate training, Dr. Tiernan was employed in two separate research positions that enhanced his current teaching qualifications. From 2009 to 2011, Dr. Tiernan worked at the University of Michigan's Autism Center. In this position, he served as a research associate under the supervision of Dr. Catherine Lord, one of the world's leading experts in autism. Dr. Tiernan was hired to work on research exploring more efficient diagnostic tools for autism. After Dr. Lord relocated, Dr. Tiernan accepted a position as a research associate and later as a post-doc at Wayne State University's Institute of Gerontology in Detroit until October 2012. There, under the mentorship of Dr. Cathy Lysack, who serves on the Editorial Boards of the American Journal of Occupational Therapy, the Canadian Journal of Occupational Therapy, and the Journal of Applied Gerontology, Dr. Tiernan worked on an inter-disciplinary research team of aging experts to investigate socio-cultural factors impacting health, well-being, and function in older African American women. Dr. Tiernan's post-doc provided him with valuable knowledge of lifespan development and important public health issues, such as healthy aging. Recently, Dr. Tiernan published his post-doc work in Archives of Gerontology & Geriatrics and the International Journal of Aging & Human Development.

The aforementioned education and employment experiences have allowed Dr. Tiernan to accumulate a wealth of knowledge in his assigned teaching areas. For nearly 15 years, he has worked with families and children with disabilities in various capacities, ranging from developmental assessment, diagnostics, intervention, parental coaching, and outcome assessment. His recent work on gerontology has also provided him with currency on important issues facing health professionals with respect to our aging society. Because he has worked in both academic and clinical settings with experts in their respective fields, Dr. Tiernan places a tremendous value on interdisciplinary collaborations. He also utilizes former mentors and colleagues to inform his teaching. Finally, as the lone non-clinician in the department, Dr. Tiernan is surrounded by a supportive faculty of physical therapists from whom he often seeks guidance. Dr. Tiernan frequently consults with Dr. Suzanne Gordon, the department chair and an experienced pediatric physical therapist, on pediatric course content and aspects of the physical therapy profession where he lacks direct knowledge or experience.

Core Faculty Information

Position:	Other Faculty
Months Appointed Per Academic Year:	9
FTE:	0.8
PT or PTA:	Neither
Entry-Level PT/PTA Degree:	Not Applicable
Highest Earned Degree (Not E-L PT):	Doctor of Philosophy
Discipline of Highest Earned Degree:	Kinesiology; Biomechanics; Pathokinesiology
Rank:	Assistant Professor
Total Years As Faculty in Program:	2
Primary Area of Expertise Taught in Program:	Pediatrics
Secondary Area of Expertise Taught in Program:	Research
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	Not Applicable
Scholarship Productivity:	Actively engaged > 10 peer reviewed disseminated products in last 10 years

Teaching (%)

Entry-Level Program:	50	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	20

Other (%)

Administrative:	0	**Scholarship:**	30
Enrolled in Degree Program:	0		

Associated Faculty Details - Tudor , Gail

Qualifications Narrative

Dr. Tudor has been a faculty member for 20 years. She is currently a professor, senior research analyst and Director of Institutional Research at Husson University in Bangor, ME. She has taught courses in probability and statistics, biostatistics, research design, public health and epidemiology; she currently teaches MS 345 Biostatistics for the DPT curriculum. She serves as the primary resource for designing and conducting and analyzing research studies for the university. In addition she serves as the biostatistical consultant for the Department of Clinical Research at Eastern Maine Medical Center and is an adjunct professor for the School for Community and Population Health at the University of New England and an external graduate faculty member at the University of Maine. She also serves as a biostatistical consultant for the University of North Carolina. Prior to coming to Husson University, Dr. Tudor was Assistant Director of the Biostatistics Consulting Laboratory at the UNC School of Public Health, a recharge center within the Department of Biostatistics of the University of North Carolina at Chapel Hill, which provides biostatistical consultation and data analysis services to investigators within the Health Affairs Division. Dr. Tudor has over 20 years of experience in providing statistical consultation for biomedical investigators. She is experienced in the areas of longitudinal data collection and analysis, communication data collection and analysis, categorical data analysis and online instruction.

Dr. Tudor has successfully collaborated with 13 different principal investigators on 18 grants over the last 20 years. As a public health professional she is particularly interested in research that concentrates on affordable ways to get a large amount of individuals to change their behavior in a positive way. Studying the relationship between providers and patients is

an effective way to do this as patients with chronic disease visit their health care provider regularly and the provider can use these visits to educate their patients. She is co-author on15 manuscripts dealing with this topic and an additional 26 manuscripts covering an array of medical and statistical topics.

Dr. Tudor's student course evaluations consistently rate her as an excellent instructor with excellent communication and teaching skills. She is recognized for her ability to make complex statistics and research designs comprehensible. Anecdotal and focus group feedback from students particularly note their appreciation for her patient and understandable advising on their PT 601-604 research projects.

Associated Faculty Information

Sex:	Female
Total Teaching Contact Hours Per Academic Year:	55
PT or PTA:	Neither
Entry-Level PT/PTA Degree:	Not Applicable
Highest Earned Degree (Not E-L PT):	Doctor of Philosophy
Discipline of Highest Earned Degree:	Other
Total Years As Faculty:	22
Total Years As Faculty in Program:	8
Primary Area of Expertise Taught in Curriculum:	Research
Secondary Area of Expertise Taught in Curriculum:	Other
Enrolled in Degree Program:	No
Certified Clinical Specialist:	Not Applicable

Associated Faculty Details - Wakeland , Tim

Qualifications Narrative

Tim Wakeland, DPT, ATC, owner of Wakeland Physical Therapy, is a 1988 graduate of Iowa State University with a BS in Education majoring in Athletic Training. He received his Athletic Training certification in 1990 after serving as a Trainer with the University of Maine Black Bear sports program. He continued his education and received his Masters of Physical Therapy Degree from Des Moines University in Des Moines, Iowa in 1992 where he was a graduate with distinction. Tim returned to school to further his education and received his Doctorate of Physical Therapy degree in May of 2008 from Des Moines University.

Tim served as the contracted Physical Therapist for the University of Maine Black Bears sports programs from 1993-2005. He was the Clinical Director of two Physical Therapy businesses prior to starting his own practice.

Dr. Wakeland has an extensive background in orthopedics with an emphasis in Orthopedic and Sports Medicine rehabilitation. He has worked closely with many local Orthopedic surgeons, Podiatrists and General Practitioners. Tim has been an Adjunct Lecturer for Husson University in the Nurse Practitioner Programs and the School of Physical Therapy for thirteen years (2001 to 2014). He teaches an advanced elective, PT 616 Sports Medicine. Student evaluations of his teaching reveal that students consistently rate highly his knowledge and teaching skills. They value his sports medicine content not only because of its applicability to the clinic, but also because it provides a strong review of musculoskeletal information but from a different perspective, that of an Athletic Trainer/Physical Therapist and the interconnectedness to sports medicine.

Tim maintains currency in areas of practice and of teaching by reading widely on recent research on Athletic Training and attending clinical education courses. He maintains his Athletic Training Certification and State of Maine Licensure in Athletic Training by completing 25 ceu's per year of educational experiences such as seminars, conferences, and professional journal articles.

Associated Faculty Information

Sex:	Male
Total Teaching Contact Hours Per Academic Year:	45
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Master's + Transition DPT
Highest Earned Degree (Not E-L PT):	Other
Discipline of Highest Earned Degree:	Physical Therapy
Total Years As Faculty:	12
Total Years As Faculty in Program:	10
Primary Area of Expertise Taught in Curriculum:	Musculoskeletal
Secondary Area of Expertise Taught in Curriculum:	Therapeutic Exercise
Enrolled in Degree Program:	No
Certified Clinical Specialist:	No

Associated Faculty Details - Whitney , Susan

Qualifications Narrative

Dr. Susan Whitney has a BS in Physical Therapy, an advanced Master's in Orthopedics and Sports, and a PhD in Education (Motor Learning and Control). Dr Whitney is responsible for teaching the vestibular and balance portion of PT 2063 Neuromuscular PT III. She has an extensive research background and is currently actively involved in research, grant writing and publishing in the area of balance and vestibular disorders. In addition, Dr Whitney is a member of the APTA Section on Research and a manuscript reviewer for Physical Therapy, Gait and Posture, Journal of Athletic Training, the American Journal of Sports Medicine, Journal of Neurologic PT, is the associate editor for the Journal of Vestibular Research.

Regarding vestibular disorders, Dr. Whitney has both passed and taken the vestibular competency course offered in conjunction with the APTA and Emory University. She also offers and advanced vestibular course to clinicians from around the world annually with colleagues Drs. Furman and Sparto. Dr. Whitney is presently funded by the NIH and the NSF to study the effect of vibrotacitie feedback in persons with vestibular disorders. She is a member of the Neurology Section and chairs the advanced vestibular rehab education team and also teaches with the basic vestibular rehab faculty around the country. Dr. Whitney treats patients one day a week at the CRS site at the Eye and Ear Institute building.

Sue has the expertise in balance and vestibular rehabilitation through education and research backgrounds for her teaching responsibilities. In addition, Dr. Whitney has taken a few teaching courses in her MS program of study at Pitt. Dr. Whitney has been named c0-Mentor of the year by the Clinical and Translational Research Institute at Pitt. She mentors doctoral students with Dr. Sparto and meets with them weekly. Course evaluations and informal feedback is collected for the content taught. Changes are frequently made to keep the content current and to have the students actively engage in their learning.

Associated Faculty Information

Sex:	Female
Total Teaching Contact Hours Per Academic Year:	45
PT or PTA:	PT
Entry-Level PT/PTA Degree:	DPT
Highest Earned Degree (Not E-L PT):	Doctor of Philosophy
Discipline of Highest Earned Degree:	Motor Learning
Total Years As Faculty:	33
Total Years As Faculty in Program:	4
Primary Area of Expertise Taught in Curriculum:	Neuromuscular
Secondary Area of Expertise Taught in Curriculum:	Geriatrics
Enrolled in Degree Program:	No
Certified Clinical Specialist:	Yes

Outcome Data

General Information

	2010_1	2011_1	2012_1
Graduation Rate	82.5	91.9	79.4
Admission Month/Year	09/2007	09/2008	09/2009
Students Admitted	40	37	34
Expected Graduation Month/Year	05/2010	05/2011	05/2012
150% Expected Graduation Month/Year	September 2011	September 2012	September 2013

Number of Students Who Did Not Complete the Program Due to:

	2010_1	2011_1	2012_1
Academic Standards	3	2	5
Clinical Standards	0	0	0
Disabled/Deceased	0	0	0
Other	2	1	1

Students Graduated

	2010_1	2011_1	2012_1
On Time	31	32	27
Required 101% to 150%	2	2	0
Required > 150%	0	0	0
> 150% Still Matriculated	0	0	0

Graduation Rate

Class Year	Graduation Rate (%)
2010	82.5
2011	91.9
2012	79.4

Class Year - 2010

G1.1. Cohort Graduating	Yes
G1.1a. If Yes, how many cohorts graduated in the year being reported?	1

2010 - Cohort 1

G1.2. MM/YYYY of Matriculation	09/2007
G1.3. MM/YYYY of Expected Graduation	05/2010
G1.4. MM/YYYY that represents 150% of program length	September 2011

Number of Students Admitted:

G1.5. Number of Students Admitted to original cohort	40

Number of Students In Original Cohort Who:

G1.6. Graduated on Time	31
G1.7. Required 101%-150% of Time	2
G1.8. Required > 150% of Time	0
G1.9. Are Still Enrolled in Program	0
Number of Students In Original Cohort Who Did Not Complete the Program Due To:	
G1.10a. Academic Deficit	3
G1.10b. Clinical Deficit	0
G1.10c. Died/Severely Disabled/Active Military Duty	0
G1.10d. Health/Family Issues	2
G1.10e. Other Reasons	2
G1.11. Graduation Rate	82.5

G1.12. If students left for other reasons (G1.10e), identify the reasons, the number of students involved for each reason and briefly describe the assessment of changes needed/taken, if any:

One student who left entered the program with a foreign PT degree, and later transferred to a more appropriate U.S. program for foreign-trained PTs. The other student was academically superior but determined mid-way through the PT program that PT was a poor career choice for her.

Class Year - 2011

G1.1. Cohort Graduating	Yes
G1.1a. If Yes, how many cohorts graduated in the year being reported?	1

2011 - Cohort 1

G1.2. MM/YYYY of Matriculation	09/2008
G1.3. MM/YYYY of Expected Graduation	05/2011
G1.4. MM/YYYY that represents 150% of program length	September 2012
Number of Students Admitted:	
G1.5. Number of Students Admitted to original cohort	37
Number of Students In Original Cohort Who:	
G1.6. Graduated on Time	32
G1.7. Required 101%-150% of Time	2
G1.8. Required > 150% of Time	0
G1.9. Are Still Enrolled in Program	0
Number of Students In Original Cohort Who Did Not Complete the Program Due To:	
G1.10a. Academic Deficit	2
G1.10b. Clinical Deficit	0
G1.10c. Died/Severely Disabled/Active Military Duty	0
G1.10d. Health/Family Issues	0
G1.10e. Other Reasons	1
G1.11. Graduation Rate	91.9

G1.12. If students left for other reasons (G1.10e), identify the reasons, the number of students involved for each reason and briefly describe the assessment of changes needed/taken, if any:

One student left the DPT program due to lack of interest; she changed her career plans. No program changes were recommended or made.

Class Year - 2012

G1.1. Cohort Graduating	Yes
G1.1a. If Yes, how many cohorts graduated in the year being reported?	1

2012 - Cohort 1

G1.2. MM/YYYY of Matriculation	09/2009
G1.3. MM/YYYY of Expected Graduation	05/2012
G1.4. MM/YYYY that represents 150% of program length	September 2013
Number of Students Admitted:	
G1.5. Number of Students Admitted to original cohort	34
Number of Students In Original Cohort Who:	
G1.6. Graduated on Time	27
G1.7. Required 101%-150% of Time	0
G1.8. Required > 150% of Time	0
G1.9. Are Still Enrolled in Program	0
Number of Students In Original Cohort Who Did Not Complete the Program Due To:	
G1.10a. Academic Deficit	5
G1.10b. Clinical Deficit	0
G1.10c. Died/Severely Disabled/Active Military Duty	0
G1.10d. Health/Family Issues	1

G1.10e. Other Reasons 1

G1.11. Graduation Rate 79.4

G1.12. If students left for other reasons (G1.10e), identify the reasons, the number of students involved for each reason and briefly describe the assessment of changes needed/taken, if any:

The one student who left for other reasons earned excellent grades but decided after 3 semesters that PT was not the profession for her. Assessment determined no need to change program policy.

Preface

The Husson University School of Physical Therapy proudly presents a mature and stable physical therapy program that balances educational excellence with affordability. When Husson College first admitted freshmen students into its five-year Master of Science in Physical Therapy (MSPT) program in 1995, it did so recognizing the dearth of physical therapy services in large swaths of western, northern, and downeast Maine; the emergent health care needs of the oldest population of all fifty states; and the financial constraints of many of its citizens. Now Husson-educated physical therapists work in, manage, and own clinics in all pockets of Maine as well as throughout the U.S. Despite significant changes in statewide healthcare and education, the societal problems evident nineteen years ago persist as health care reform adversely affects rural communities, the population continues to age, and the state remains hampered by the effects of the recent financial recession. As the School prepares to graduate its sixth Doctor of Physical Therapy (DPT) class in May, 2015, it does so with pride in meeting its commitment and Husson's mission to provide professional career education to those students for whom a professional education is the key to a significantly better future. This CAPTE Self-Study Report introduces the successes of the School of Physical Therapy students who are career-oriented, come from low-to-middle income families, are often the first in their families to go to college, have at best average academic preparation, and enter higher education committed to expanding their career and life opportunities. Many who are now physical therapists have returned to their communities with a profession that gives back to society while providing a vibrant, challenging, and financially rewarding career.

Husson College has its origins in two separate, independent institutions founded in Bangor, Maine in the 1890s—a proprietary business school and a hospital-based school of nursing. In adding a physical therapy graduate degree in 1995, Husson embarked upon a path of significant cultural change moving from an undergraduate teaching college toward a university that offers rigorous graduate degrees taught by well-prepared faculty, using a wider scope and volume of library resources and technology, and requiring equipment, space, and processes to support scholarship. When the physical therapy program transitioned from offering a MSPT degree to a DPT in 2004, the institution offered no doctoral degrees necessitating Maine Department of Education approval for awarding the professional doctorate. In addition to the DPT, Husson now grants a doctorate of pharmacy, is exploring the development of professional doctorates in nursing and occupational therapy, and offers many more graduate programs in many new spaces. In 2006, the PT program moved into a new purpose-built School of Health (O'Donnell Commons) building, providing expanded lab and research spaces. Currently, the School of Physical Therapy is one of four schools (along with Education and Counseling, Nursing, and Occupational Therapy) in the College of Health and Education that offer graduate and undergraduate degrees. This organizational structure was created in 2010 as an outgrowth of Husson's transition from a College to a University. The School's six-year BS in Kinesiology/DPT degree program is strategic in that it offers a strong education and valuable profession as expediently and affordably as possible. The DPT faculty is solely responsible for the three-year DPT curriculum and degree; the undergraduate BS in Kinesiology degree is granted by the School of Sciences and Humanities although its curricular design, plan, and students are managed by the School of Physical Therapy. This background, bolstered by the information presented in this Self-Study Report, makes evident Husson University's strong institutional support for this physical therapy program.

As a private institution, Husson University is "lean" in that it relies predominantly upon tuition revenue. Financial resources, student demographics, and the accelerated nature of the six-year BS in Kinesiology/DPT program create educational challenges in regard to upholding quality academic standards, providing appropriate and sufficient student support services, advising, and retention. As this Self-Study reveals, the strength of the physical therapy program lies in its ability to manage these challenges while educating its students for contemporary practice as promoters of safe and effective physical therapy services through evidence-based practices and scholarship, community educators and advocates for wellness and the prevention of disease, and members of effective interprofessional health teams. We look forward to building upon these efforts while adding broader perspectives in support of global health, policy development, and political activism for driving healthcare change.

Evaluative Criteria

Institutional Integrity and Capacity

I-1.
The sponsoring institutions authorized under applicable law or other acceptable authority to provide a program of post-secondary education and has been approved by appropriate authorities to provide the professional physical therapist education program. In addition, the sponsoring institution is accredited by a regional accrediting agency recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA). For programs accredited by CAPTE as of January 2006 in institutions that do not hold US regional accreditation, the institution is accredited by an agency recognized by USDE or by CHEA. For programs in institutions in other countries, the institution is recognized by the appropriate governmental agency.

The New England Association of Schools and Colleges (NEASC), Inc., through its Commission on Institutions of Higher Education, granted full accreditation status to Husson University in 2013 with the next review scheduled for spring 2023. Husson University is incorporated as a nonprofit, independent institution of higher education by the State of Maine. The Maine Legislature first enacted degree-granting authority for Husson in specific Bachelor of Science programs in 1953, followed by generic degree-granting authority for the Associate of Science (1991), Bachelor of Science (1991), and Master of Science (1993) degrees. Husson's degree granting status was expanded by the Maine Department of Education (2004) and by NEASC (2008) to include the Doctor of Physical Therapy as the program transitioned from the Master of Science in Physical Therapy degree program to the Doctor of Physical Therapy degree program. The authority to grant the Doctor of Pharmacy degree was obtained upon approval by NEASC (2012).

Institutional Integrity and Capacity

I-2.
Institutional policies related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes the physical therapist education program as both a professional and an academic discipline.

Name
Employee Handbook_Husson.pdf
Faculty Handbook_Husson.pdf
Policy List.pdf
Program Policies_PT.pdf
Student Catalog_Husson 2013-14.pdf
Student handbook_PT.pdf

Husson University identifies as a provider of premier professional programs with a mission to support a blending of the sciences and humanities with professional education, as guided by program accreditation in business, pharmacy, education, guidance counseling, nursing, occupational therapy, and physical therapy (Husson Vision and Mission, http://www.husson.edu/content/5003/fast-facts).

Husson faculty honor institution-wide academic standards, faculty roles, and workloads as outlined in appendices: Employee Handbook_Husson, Faculty Handbook_Husson, and the Student Catalog_Husson. As with other professional faculty groups, the physical therapy (PT) faculty uphold professional standards for quality education through the creation of program-specific variations in academic standards, student performance, and faculty roles and workloads. Program-specific policies are documented in appendices: Student Handbook_PT, Clinical Education Handbook, and Program Policies_PT. A list of policies can be found in appendix Policy List.

The Student Catalog notes that academic standards for graduate programs are determined by the specific program of study (Student Catalog, p 41). Because a mix of undergraduate

and graduate students enters into the DPT program, the PT faculty attend to undergraduate Academic Policies, specifically Academic Integrity, Transfer Credit, and Graduation Requirements (Student Catalog, pp 31, 33 and 36) as well as the graduate policies for Withdrawal and for the Grading System (p 42). The School of Physical Therapy website (www.husson.edu/school-of-physical-therapy) and Student Catalog describe program-specific curricular, admissions, and progression policies. The PT Student Handbook describes program-specific Professional Behavior Policies, Essential Requirements of Physical Therapy Education, and Physical Therapy Academic Policies for progression, retention, and dismissal (Student Handbook_PT, pp 32-48).

Similar to the structure provided by institutional academic policies, policies in the Husson Faculty Handbook provide an infrastructure describing faculty roles, promotion and workload, but allow for discipline-specific variations. PT faculty duties accord with faculty rank as described by Definition of Faculty, Faculty Rank and Faculty Titles (Faculty Handbook_Husson, pp 13-18), and by program-specific variations as noted in specific job descriptions (Program Policies_PT, pp 45-68). Of the eleven PT faculty, two (Director and DCE) hold the rank of faculty with administrator responsibilities, one (ACCE) holds the rank of administrator with faculty rank, with the remaining eight holding faculty ranks according to education and experience. By institutional policy, all core faculty participate in teaching, scholarship, service, and advising with teaching workload and faculty responsibilities varying by faculty rank as well as by discipline. Husson faculty are expected to carry a teaching load of twenty-four credit hours per a 9-month academic year, but schools may reduce this full-time teaching load (Faculty Handbook_Husson, p 35). In the School of Physical Therapy, reduced teaching workloads and faculty responsibilities are described by job description, which also sets expectations for maintenance of currency within the faculty member's professional area of expertise.

The School of Physical Therapy faculty is accountable for ensuring quality professional education including curriculum design and assessment, faculty teaching assignments, delegation of faculty responsibilities, admissions processes, educational methodology and pedagogical practices (including clinical education), and policy for faculty and student performance. Husson provides the infrastructure to support the educational processes as well as institutional and administrative oversight for review and approval. Curricular decisions about courses, content and academic policies are determined by the PT faculty; referred to the Registrar; and sequentially approved by the College, Academic Affairs Committees, the Faculty Forum, and the Provost. The clinical education program is managed by the DCE, ACCE and staff with the support of the Provost's office for managing system-wide clinical site agreements. Undergraduate and Graduate Admissions offices guide admissions processes while the PT Admissions Committee determines admissions criteria and acceptance decisions. PT faculty responsibilities are acknowledged in the PT job descriptions, which are created by PT faculty with approval by the Dean and Provost. Course assignments are negotiated among the PT faculty in consideration of content, faculty expertise and experience, time, space, curricular design, and student numbers. PT class sizes are limited to 40 students--a limit supported by PT faculty and administration.

Program Mission, Goals, and Expected Outcomes

P-1.
The mission of the program is written, congruent with those of the sponsoring institution and the unit(s) in which the program resides, and consistent with contemporary preparation of physical therapy professionals.

Name
Program Policies_PT.pdf

As noted in appendix Program Policies_PT, Husson University adopted the following Mission statement October, 2011.

Husson Mission Statement
Husson University inspires and prepares students for professional careers in current and emerging fields within the context of an education informed by the sciences and humanities.

We achieve this career preparation by supporting and emphasizing
• Outstanding teaching
• An undergraduate and graduate curriculum that is challenging, relevant, and promotes critical thinking skills, self-confidence and strong communication skills
• Commitment to ethical behavior and social responsibility through involvement in the world by faculty and students, administrators and staff, board members, and involved citizenship as a university
• Lifelong learning to prepare students professionally and personally for the challenges of a constantly changing world
• A diverse cultural and global perspective achieved through student development and experiential learning opportunities that reinforces our commitment to a strong academic community
• Careful management and stewardship of University resources
• Scholarly contributions to one's discipline or field of expertise.

The College of Health and Education (COHE) Vision and Mission Statements illustrate congruence with Husson's Mission through consistency of language and themes addressing professionalism and ethical practices; experiential learning; scholarship, scholarly contributions, and evidence-based practices; and cultural and global perspectives, cultural competency, social responsibility and social justice.

COHE Vision
The members of the College of Health and Education believe that educational excellence leads to professionals who possess the qualities of compassion, leadership, reflective practice, lifelong learning, and global engagement.

COHE Mission
In accordance with the mission of Husson University, the College of Health and Education inspires and prepares students for effective, evidence-based, and ethical practice in contemporary health, counseling, and education professions.

We achieve this professional preparation by emphasizing
• Interprofessional collaborative practice
• Professionalism
• Experiential Learning
• Excellence
• Relationship-centered practice
• Critical Reflection
• Cultural competency
• Social Justice
• Scholarship

The PT Mission reiterates the above themes. Professionalism is described by defining the generalist practitioner. Experiential learning provides students' acquisition of skills and advanced skills in lab classes and practice environments. Scholarship is integral to educating for evidence-based practices which are founded on critical inquiry processes. Cultural and global perspectives are essential for learning about diverse health care systems, practice environments and client populations. PT's professional responsibility for global engagement, community involvement, and social justice is intrinsic to educating for self-directed learners who use evidence-based practices to address diversity across systems, practices, and populations.

Physical Therapy Mission
The mission of the Husson Physical Therapy Program is to graduate generalist practitioners with advanced skills in selected practice areas. These skilled, knowledgeable, ethical, and reflective practitioners are independent in their assessment of client needs and collaborative within the health care team for the promotion of health and function. These graduates are responsible and self-directed learners, both adaptable and successful in utilizing evidence-based practice to address issues within diverse and complex health care systems, practice environments and client populations.

The above missions acknowledge the imperatives to teach for evidence-based practice, reflection and critical thinking as foundation for effective clinical reasoning and interprofessional practice, imperatives promoted as PT education norms in the Normative Model of Physical Therapist Professional Education, the Guide to Physical Therapist Practice, PT literature, CAPTE Evaluative Criteria, and the American Council of Academic Physical Therapy (ACAPT). The PT Mission and Philosophy statements adopt the PT education norms in describing the program's commitment to educate generalist practitioners who hold the necessary breadth and depth of knowledge and skills to assume the multiple roles (autonomous clinician,

educator, community consultant, health and wellness advocate, clinical researcher, and collaborative team member) necessary to meet society's needs in diverse practice environments and population groups. In particular, the program's Mission and Philosophy purposefully include an introduction to advanced skills and experiential learning in rural environments to support social responsibility.

Program Mission, Goals, and Expected Outcomes

P-2.
The program has goals that are based on its stated mission.

Name
Program Policies_PT.pdf

The School of Physical Therapy program, faculty, and student and graduate goals (Program Policies_PT, p. 6) emerged directly from the Mission and Philosophy statements, demonstrating congruency through the use of similar language and conceptual themes. The program goals support the mission of teaching for generalist practice in a diversity of clinical environments, of practicing and teaching to promote physical therapy in meeting society's needs for such services, and of promoting and teaching for critical inquiry and scholarship as a foundation for evidence-based practice. The faculty goals address similar themes: of effectively teaching future practitioners, of serving as models for the multiple physical therapist roles within society and the profession, and of engaging in and promoting critical inquiry and scholarship. The student and graduate goals expand upon those three themes adding ethical and legal practice standards to learning how to be the competent generalist practitioner, learning some introductory advanced skills, becoming a life-long learner, and serving the community and profession in order to meet society's needs for physical therapy services.

Program Goal

1. The program will prepare graduates to competently practice physical therapy in a diversity of clinical settings.
2. The program will show a commitment to enhancing the profession, the physical therapy community, and the health and wellness of the public.
3. The program will promote inquiry and scholarship within the Husson community and the physical therapy profession.

Faculty Goals

1. Faculty members are committed to serving as professional physical therapy role models.
2. Faculty members are engaged in and promote inquiry and scholarship.
3. Faculty members are committed to outstanding teaching practices that engage students in active learning.

Student and Graduate Goals

1. Students and Graduates will demonstrate the knowledge and skills necessary to practice physical therapy as generalist practitioners with high ethical and legal standards.
2. Student and Graduates will demonstrate advanced skills in select practice areas.
3. Students and Graduate will develop the skills for life-long learning that will contribute to their professional development.
4. Students will engage in professional activities to serve the community and the profession.

Program Mission, Goals, and Expected Outcomes

P-3.
The program has expected program outcomes that are based on its goals and reflect the activities of the program, core faculty, and students.

Name
Program Policies_PT.pdf

The following list of program goals with outcomes statements (Program Policies_PT, p 6) suggests the means for measuring the attainment of each goal. The appendix named Mission, Goals, Outcomes Assessment and Action Plan links these elements, and outlines specific performance indicators and assessment measures for each outcome.

Program Goals and Outcomes Statements

1. The program will prepare graduates to competently practice physical therapy in a diversity of clinical settings.
• Students will demonstrate entry-level competence.
• The program will provide students with a diversity (depth and breadth) of clinical experiences: setting type, population groups (ages, types, diagnoses, comorbidities) and complexity of care.

2. The program will show a commitment to enhancing the profession, the physical therapy community, and the health and wellness of the public.
• The program will provide the resources and support for faculty member and student engagement in pro-bono services, and in leadership and participation in professional organizations and meetings.
• The program will advance, sponsor or present continuing education courses.
• Faculty will create a culture of student and graduate professional engagement (as evidenced by student and graduate membership and leadership in professional projects, events, and organization).
• Students will participate in community health education, service, and wellness promotion activities; professional and student organizations; and, professional service.
• Graduates will engage in activities that advance the roles and responsibilities of physical therapy by providing community health and wellness education, becoming CIs, accepting leadership roles in the clinic, administration, or professional organizations.

3. The program will promote inquiry and scholarship within the Husson community and the physical therapy profession.
• Faculty will incorporate current literature and evidence-based learning activities in courses.
• Faculty members will show evidence of disseminated scholarly activity.
• Students will demonstrate the skills necessary to read, interpret, and apply current scholarly literature.
• The program will provide the resources and support necessary for faculty engagement in scholarship.

Faculty Goals and Outcomes Statements

1. Faculty members are committed to serving as professional physical therapy role models.
• Faculty members will participate in professional and interprofessional activities.
• Faculty members will be life-long learners.

2. Faculty members are engaged in and promote inquiry and scholarship.
• Faculty members will show evidence of disseminated scholarly activity.
• Faculty members will promote student inquiry and scholarship.

3. Faculty members are committed to outstanding teaching practices that engage students in active learning.
• Faculty members will participate in professional development activities to learn teaching theory, models, and/or methods that promote student reflection and critical thinking.

• Faculty members will incorporate active learning methods into their courses.

Student and Graduate Goals and Outcomes statements

1. Students and Graduates will demonstrate the knowledge and skills necessary to practice physical therapy as generalist practitioners with high ethical and legal standards.
• Students/graduates will demonstrate entry-level competence.
• Students/graduates will demonstrate strong oral and written communication skills in professional interactions.
• Students/graduates will demonstrate entry-level practice management skills while adhering to ethical and legal practice standards.

2. Student and Graduates will demonstrate advanced skills in select practice areas.
• Students/graduates will develop beyond-entry level knowledge and skills in at least one content area of practice or specialty area.

3. Students and Graduate will develop the skills for life-long learning that will contribute to their professional development.
• Students will engage in entry-level professional development.
• Graduates will pursue life-long learning.

4. Students will engage in professional activities to serve the community and the profession.
• Students will participate in activities that serve the community and advance the roles and responsibilities of physical therapy.
• Graduates will engage in activities that serve the community and advance the roles and responsibilities of physical therapy.

Program Assessment and Planning

P-4.
There is an ongoing, formal program assessment process that determines the extent to which the program meets its stated mission. The assessment process: (1) uses information from professional standards and guidelines and institutional mission and policies; (2) uses data related to program mission, goals, and expected program outcomes, program policies and procedures, individual core faculty, collective core faculty, clinical education faculty, associated faculty, communication, resources, admissions criteria and prerequisites, curriculum plan, clinical education program, and expected student outcomes; (3) identifies program strengths and weaknesses; (4) includes considered judgments regarding need for change; and (5) includes steps to achieve the changes, with anticipated dates of completion.

Name
FSBPT Content Report_Husson.pdf
Mission, Goals, Outcomes Assessment & Action Plan.pdf
Program Assessment Matrix.pdf

Two matrices guide the annual assessment processes used to measure program success. The matrix in appendix Mission, Goals, Outcomes Assessment and Action Plan globally measures the attainment of institutional and program missions and program outcomes using comprehensive data. The matrix in appendix Program Assessment Matrix uses more specific data measures to review the director, DCE and ACCE, individual and collective core faculty, associated faculty, staff, clinical faculty, students, courses (including clinical practicum courses), curriculum (including clinical education), program outcomes, and the mission, philosophy, and vision. Data sources for annual reviews are predominantly institution- and program-generated student, course, and faculty data. Data are reviewed in comparison with standards set by institutional and program strategic plans, policies, procedures, and communication processes; and, are interpreted to determine the variable's strengths, weaknesses, and need for change. External sources of professional standards and guidelines also contribute to comparative and congruent assessments of program strengths and weaknesses. The judgment of variable strength, weakness or deficiency acts to trigger decisions to maintain status quo or implement a change or revision in any of the measured variables, or change and revision in program goals, policies, procedures, strategic plans, etc. The matrices include columns for anticipated dates of completion.

Data collection processes for the annual review cycle are linked to the seasonal flow of the academic year allowing the PT faculty to conduct formative reviews of program progress at the close of each semester and during winter retreat days, and summative program reviews in May and August retreats. Decisions resulting from the assessment judgments are recorded in retreat, faculty meeting, and academic review minutes as well as minimally tracked on the matrices. Judgments reworked into action goals are reflected in annual program goals that are linked with the PT Strategic Plan. The annual review cycle starts anew with the development of annual program goals in August.

Cumulative annual reviews persuade that the DPT program adequately meets its mission and program goals. Data acquired from NPTE scores, alumni employment rates, stakeholders focus group, graduates exit surveys and focus groups, etc. supports this judgment. Examples of consistent curricular strength, identified by graduates, alumni, employers, CPI and NPTE scores, include graduate and alumni musculoskeletal knowledge and skills. CPI scores substantiate anecdotal adjunct and clinical faculty perceptions that Husson DPT students demonstrate strongly positive professional behaviors.

Some weaknesses identified over the years have contributed to current program strengths. For example, curricular weaknesses in pharmacology, medical imaging, differential diagnosis, geriatrics, and health and wellness content informed the current curricular design when transitioning to the DPT degree. The PT faculty believes that graduates' consistent relative strength in the NPTE Other Systems category scores is due to the systems focus in differential diagnosis (FSBPT Content Report_Husson). Successive refinement of the DPT curriculum led to increasing credit hours in gross anatomy and musculoskeletal I courses, which contributes to the strength of student performance on the NPTE Musculoskeletal section. Support for these changes in content emphases, credits, and sequencing (along with changes in dissection anatomy, life cycle I, pathophysiology, and pharmacology) emerged from the review of student grades and course feedback, graduate exit surveys and focus groups, NPTE content analyses results, professional education guidelines, and faculty review. Currently, course revisions goals for 2014-15 target Kinesiology, Health and Wellness, and Cardiorespiratory courses in accordance with student feedback, continued review of health and wellness guidelines, faculty experience, and efforts for interprofessional experiences. An identified institutional weakness in interprofessional education led to PT faculty involvement in a 3-year HRSA Interprofessional Education grant and project begun during the summer 2014.

A review of the program's annual goals reveals other program weaknesses addressed over the past several years. Variable and occasional high DPT attrition rates (ranging from 10-23%) triggered curriculum review and change in the first-year course design and pedagogies, implementation of increased tutoring, change in Husson pre-professional to professional phase acceptance criteria (cumulative GPA requirements increased from 3.0 to 3.3 (2010) to 3.5 (2013), changes in the BS/DPT undergraduate curriculum, and changes in undergraduate advising. The persistence of this problem argues for a curricular modification with planning scheduled for the 2015-2016 academic year.

Program Assessment and Planning

P-5.
The program has a formal, iterative, long-term planning process that occurs on a regular basis to improve the effectiveness of the program.

Name
PT Strategic Plan 2014-15.pdf

The PT program's long-term planning process is linked to Husson's institutional strategic planning. The current Husson and the current PT Program Strategic Plans span 2011-2016; each has been informed by previous strategic plans spanning 2004-2011. The PT Strategic Plan is assessed annually upon review of the previous year annual goals and the development of current year annual goals. In this way, progress in meeting the PT Strategic Plan is reviewed and updated annually as part of the August PT faculty retreat. In addition, the PT Strategic Plan is reviewed concomitantly with any institutional strategic plan reviews when conducted by the College of Health and Education (last reviewed summer of 2013), the Board of Trustees (last reviewed in 2011), and NEASC (last reviewed spring of 2013).

As noted in appendix named PT Strategic Plan 2014, future plans for change include continued development of a student-run pro-bono clinic, expansion of interprofessional education experiences, expansion of community partnerships for service and for research, and advocacy for the development of larger lab spaces for movement analysis and research, community education and exercise programs for special populations, and the pro-bono clinic. The biggest and most critical long-term plan for change is a clinical education and curricular redesign to address the program's clinical site needs and changes in national trends for terminal and integrated clinical education experiences.

Policies and Procedures

P-6.
Policies, procedures, and practices exist for handling complaints that fall outside the realm of due process, such as complaints from clinical education sites, employers of graduates, and the public. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint are maintained by the program.

Name
Clinical Education Handbook 2014-2015_Husson.pdf
Program Policies_PT.pdf
Student Catalog_Husson 2013-14.pdf
Student handbook_PT.pdf

The following Complaints Policy from Program Policies_PT, p 31 summarizes those also found in the Student Handbook_PT, p 52, and Student Catalog_Husson, p 38.

COMPLAINTS POLICY

Any person or agency unhappy with an encounter with a student, faculty or staff member of the Husson School of Physical Therapy is encouraged to file a written complaint against the School. Complaints from all constituents will be acknowledged and pursued. Complaints that warrant an investigation are those that suggest a breach in legalities, federal and state regulations, institutional policy, safety and professional behaviors.

Complaints will be investigated by the administrative person most responsible or appropriate: the Program Director, a Dean, the Provost, or the Human Resources Officer. If the complaint involves a student, the Dean of the College may be notified. If the complaint involves an employee, the Director of Human Resources may be notified. The identified person will conduct the investigation and preserve confidentiality as per due process and fairness. If the complaint involves a community member, the next higher administrator, not involved in the complaint, will be notified and asked to be the investigator.
1. The Program Director, Dean, Human Resources Officer or other administrator will file a written complaint after collecting the information supporting the complaint (incidents, time, date and feelings).
2. The Program Director, Dean, Human Resources Officer, or other administrator will clarify what action the complainant wants to have happen.
3. There will be no retaliation against the person who brings a complaint founded in good faith.
4. The person being charged with the complaint will be notified promptly and be given an opportunity to respond to the complaint. If the complaint involves departmental image, policy or procedures, the physical therapy faculty will be notified and the item will be added as an agenda item for discussion at the next departmental faculty meeting.
5. The investigator will attempt to make a decision or determination within one week of the complaint. The determination will be made concerning resolution, a remediation plan and/or sanctions.
6. The investigator will respond to the complainant and, those others who are involved, following the determination of a resolution, remediation plan and/or sanctions.
7. Records of complaints will be maintained by the Program Director and/or by the other administrative personnel involved.

Student Complaints
Husson University has a Student Complaint Policy described in the Catalog. If a student has a complaint, students are asked to document the complaint on a Student Complaint Form, and summit it to the Provost. Alternatively, any student in the Program may file a complaint within the School of Physical Therapy about an individual instructor, peers, the physical therapy program, or an activity of the program. The student may submit a complaint following this sequence:
1. The student schedules a personal meeting with his or her academic advisor, course instructor, program director, or the Dean of the College of Health and Education to discuss the complaint.
2. The student documents the complaint in a written communication submitted to a faculty member, the program director, or the Dean. The document may be submitted through the Office Manager, Cécile Ferguson.
3. The recipient of the complaint, the advisor, instructor, director or dean, is responsible for informing the director and/or the Dean of the complaint.
4. The program director, or dean, will review the complaint, initiate an investigation, and offer a determination following the above investigation process.
5. Depending upon the level of confidentiality, records of student complaints may be maintained in individual student files, or in the program director's office.

Community Complaints
Occasionally, parents, community members, patients and other community members associated with Husson may wish to file a complaint. All complaints will be considered for review following the above investigative process.

Faculty, Adjunct Faculty, Staff and Clinical Education Personnel Complaints
Employees of the University, or those associated with the education of the University's students, may file a complaint as outlined in grievance procedures described in the Employee and Faculty Handbooks. Those who educate the Husson student in the clinical environment may file a complaint about an individual instructor, student, the physical therapy program, or an activity of the University by first contacting the Director of Clinical Education or Academic Coordinator of Clinical Education, then Director of the School of Physical Therapy or the College of Health and Education Dean. Complaints from the clinical education community follow the above investigative process.

Policies and Procedures

P-7.
Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff are written, disseminated, and applied equitably.

Name
Employee Handbook_Husson.pdf
Faculty Handbook_Husson.pdf
Program Policies_PT.pdf

Institutional policies and procedures ensuring the rights, responsibilities, safety, privacy and dignity of all Husson faculty and staff are written in the Husson Employee Handbook and Husson Faculty Handbook. These resources are distributed at orientation and available at all times at Husson's secure Google website, go.husson.edu. In addition, the Safety and Security Department, along with the Science Safety Officer, provides and shares with constituents the policies and procedures for premises safety, located at sites.google.com/a/husson.edu/safety-security/. This information is distributed over the Husson website via email updates, automated security alerts using e2Campus, and is available in an MSDS folder in every campus science lab. Internet security is carefully monitored with regular procedural and policy updates, which are also distributed via email updates and stored on the Information Resources website at sites.google.com/a/husson.edu/husson-iro-helpdesk/policies .

Husson Employee Handbook policies are found in appendix Employee Handbook_Husson.
• Equal Opportunity Statement, p. 4

• Harassment and Unlawful Discrimination, p. 4
• Whistleblower Protection, p. 6
• Definition of Employment Status and Workweek, p. 8
• Attendance and Punctuality, p. 9
• Employee Records and Privacy, p. 12
• Corrective Action, p. 12
• Leaving Employment, p. 13
• Building Security, p. 29
• Job Safety, p. 29
• Electronic Communications, p. 30
• Grievance Procedure, p. 31
• Drug Free Workplace, p. 33
• Tobacco Use on Husson University Campuses, p. 33
• Workplace Violence Prevention, p. 33

The equitable application of Employee policies is most evident by the transparent availability of these policies to all employees; access to a software program for requesting and approving of various leaves; access to benefits (insurance, tuition exchange program, retirement, employee assistance program, and wellness program); and concerns for employee safety.

Husson Faculty Handbook policies are found in appendix Faculty Handbook_Husson.
• Definition of Faculty, Faculty Rank and Faculty Titles, p. 13
• Types of Contracts and Contract Definition Policies, p. 19
• Promotion Policies and Procedures, p. 24
• Faculty Responsibilities Subject to Evaluation, p. 26
• Faculty Obligations, Rights, Academic Freedom, and Code of Ethics, p. 28
• Separation, p. 37
• Grievance Procedures and the Review Committee, 43
• Compensation Policies, Benefits, and Personnel Records, p. 45

The equitable application of Faculty policies is most evident in the consistent structure of the review processes for continuation of multiple-year contracts. The Contract Review Committee is composed of three faculty-voted peers from the same college or school as the faculty member under review as well as two faculty members from other colleges or schools. The assumption is that peer faculty are best able to explain to other reviewers the disciplinary-specific expectations for scholarship, teaching and service. Hence, committee representation from across the campus ensures for the equitable assessment of faculty responsibilities while the disciplinary peers also ensure for protection from unreasonable (as defined by discipline) workload expectations. PT faculty are reviewed by peer faculty from the College of Health and Education with one member being a PT faculty member, plus two others from other colleges or schools.

PT Program Policies are found in appendix: Program Policies_PT. These program-specific policies and procedures supplement institutional policies. For example, PT job descriptions delineate specific roles and responsibilities of each differing position in the School. These policies and procedures are available to PT staff and faculty at all times at the School of Physical Therapy's secure Google site named PT Faculty.
• PT Job Descriptions (Program Policies_PT, pp 45-66)
• PT Faculty Evaluation Policies and Procedures (Program Policies_PT, pp 38-40)
• PT Faculty Development Support and Requests (Program Policies_PT, pp 41-43)

PT faculty annual review and advancement procedures are structured by the institution and implemented within the COHE (Husson Faculty Handbook), thereby ensuring internal to the School, external and equitable reviews for promotion. The distribution of faculty development funds provides another example of equity in that $1500 for annual faculty development is available for each faculty member from the Dean's Faculty Development Fund in addition to monies from the PT budget.

Policies and Procedures

P-8.
Prospective and enrolled students are provided with relevant information about the institution and program that may affect them, including, but not limited to, catalogs, academic calendars, grading policies, financial aid, the program's accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.

Name
Admission & Recruitment materials_Husson.pdf
Clinical Education Handbook 2014-2015_Husson.pdf
Policy List.pdf
Student handbook_PT.pdf

Husson University is committed to posting clear academic information to prospective and enrolled students at its website, www.husson.edu. From this website, the reader can find School of Physical Therapy information under the Academics-College of Health and Education heading, or at www.husson.edu/school-of-physical-therapy. The opening page for the School of Physical Therapy provides a description of the program along with its CAPTE accreditation status, methods for submitting a CAPTE complaint, and contact information. The webpage provides program outcomes information such as graduation rate, licensing passage rates, and employment rates. Successive webpages list program goals and expected outcomes; prerequisites, admissions criteria and admissions information including the Essential Requirements document; and, curriculum outlines. Facilities and research information are also described at this website.

Interested prospective and the enrolled student may obtain the following information by exploring the Academics section of www.husson.edu: catalog information that can be downloaded as a pdf document, grading policies, academic policies, and course descriptions. The Admissions section of this website displays tuition and financial aid information. The Undergraduate Admissions office annually updates and distributes recruitment brochures to potential undergraduate applicants while the Graduate Admissions office provides similarly updated information for the potential graduate applicant (Admission & Recruitment materials_Husson appendix). Graduate applicants to the DPT program can also obtain limited institutional and program information through PTCAS and the CAPTE online directory of programs. All admissions resources, advertisements and brochures concerning the physical therapy program are reviewed for content consistency and currency, and are approved by the physical therapy program prior to publication.

Once enrolled into the DPT professional phase, which occurs in May prior to the September start of the program, the School of Physical Therapy provides each student with access to the secure Husson google site named DPT Professional Phase Students and located at sites.google.com/a/husson.edu/dpt-professional-phase-students/. Here students can find the annually updated PT Student Handbook, the Clinical Education Handbook, and curriculum sheets. The PT Student Handbook (appendix Student Handbook_PT) provides addition information about the PT curriculum, facilities and access, PT-specific academic policies, criminal background checks and drug screens, and how to register complaints about the program to CAPTE. Before the start of the fall semester, entering DPT students are requested via email and at a spring meeting for already enrolled students to read the PT Student Handbook and electronically signing the first page verifying that the student will abide by the stated policies. Policy and curricular information are reviewed by the Director and PT faculty in the first orientation class meeting scheduled during the first week of the DPT program. Clinical Education policies are also available at this website and are reviewed in the fall as the DCE and ACCE hold class meetings to introduce the clinical education curriculum, policies, costs, selection/assignment process, liability, and access to emergency healthcare services (clinical education policies are found in appendices Clinical Education Handbook and in Student Handbook_PT). While progressing through the program, students are reminded of these resources and policies by their PT instructors and advisors.

In orientation, class meetings, and through advising, the enrolled student is encouraged to use learning center resources, student health and counseling resources, library resources,

student jobs service, and the career services office. Information for all of these student service resources can be found at www.husson.edu. All referenced policies noted in this document are listed in the appendix called Policy List.

Policies and Procedures

P-9.
Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law and ensure nondiscrimination and equal opportunity. This criterion does not preclude a program's right to act affirmatively for certain groups of people.

Name
Physical Therapy website_Graduate Admissions.pdf
Physical Therapy website_Kinesiology (6-year DPT) description.PDF
Physical Therapy website_Undergraduate Admissions.PDF
Student Catalog_Husson 2013-14.pdf

Husson University "believes all individuals who have the desire to further their education and have the potential to succeed should have the opportunity to develop college-level competence" (Husson Admission Requirements found at www.husson.edu/admission-requirements). Accordingly, its Admissions website, www.husson.edu/apply?ext, states "Husson University does not discriminate or permit discrimination by any member of its community against any individual on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability, citizenship, or veteran status in matters of admissions, employment, housing, or services or in the educational programs or activities it operates. The University operates its programs so that, when viewed as a whole, they are accessible to handicapped persons. Husson's policy is to "ensure that no qualified student with a disability is denied the benefits of, excluded from participation in, or otherwise subjected to discrimination in any University program or activity". The program's Essential Requirements policy, found at http://www.husson.edu/graduate-pt-admission, further aids the applicant with a disability. Husson University "reserves the right to refuse the acceptance of a degree candidate if the applicant fails to achieve academic success in course work. Admission to Husson or to particular programs may be refused to applicants considered incapable of making reasonable academic progress" (found at www.husson.edu/admission-requirements). This and all admissions information are found on the Husson website and at PTCAS, thereby allowing all applicants open and equal access to information. Husson University recruits from the public by advertising via news media; website; biannual undergraduate and graduate open house events; Admissions Officers travel to Maine and a few New England high schools, college and career fairs, and select events such as Bangor's American Folk Festival; and International Initiatives director travels to other countries.

Students enter into the DPT program in one of two ways: as a 4th-year undergraduate student enrolled in Husson's six-year BS in Kinesiology/DPT program, or as a graduate student who has applied through PTCAS. The criteria for entry into the DPT program as an undergraduate student is posted on the School of Physical Therapy's website, found at www.husson.edu/physical-therapy-and-kinesiology. Screenshots of the description of the admissions criteria for the undergraduate student can be found at appendices named Physical Therapy website_Kinesiology description and Physical Therapy website_Undergraduate Admissions. This website provides a description of how to apply for the DPT program if students do not meet the cumulative GPA requirement. Transfer student applicants may find pertinent transferring and application information at www.husson.edu/pt-admission, www.husson.edu/transfer, and in appendix Student Catalog_Husson, p. 33.

Criteria for admission as a graduate student are posted at the School of Physical Therapy website at www.husson.edu/graduate-pt-admission and at PTCAS. The website directs the applicant to PTCAS, and describes the process for rolling admissions. The exact description of the admissions criteria for the graduate student can be found at appendix named Physical Therapy website_Graduate Admissions.

Equal access to information and transparent application processes protect from discrimination. Equity for applicants is supported by the program's admissions processes which rely upon a multi-step review of undergraduate student prerequisites by the PT Office Manager, PT student advisors and the PT faculty; and, of graduate applicants by a five-member PT Admissions Committee, the Graduate Admissions office. A summary report of acceptance decisions, developed for administrative review, supports equity through transparency and external review.

Policies and Procedures

P-10.
Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written, disseminated, and applied equitably.

Name
Clinical Education Handbook 2014-2015_Husson.pdf
Policy List.pdf
Program Policies_PT.pdf
Student Catalog_Husson 2013-14.pdf
Student handbook_PT.pdf

The distribution of three documents ensures equitable student access to policies and procedures that protect student rights, academic success, safety, and privacy: the Student Catalog, the PT Student Handbook and the Clinical Education Handbook. The Student Catalog is available to all potential and enrolled students at www.husson.edu/catalog, and is referred to during student orientation and advising meetings. Program-specific policies and procedures are located in Handbooks and available to enrolled students at the DPT program's google site, DPT Professional Phase Students. These resources are referenced at class meetings, clinical education informational meetings, and in individual interactions with PT instructors and advisors. The list of student policies can be found at four appendices: Policy List, Student Catalog_Husson, Student Handbook_PT, and Clinical Education Handbook.

The Registrar's Office ensures compliance with the Family Educational Rights and Privacy Act (FERPA) by monitoring the privacy of student records. Student information records, available through Husson's Comprehensive Academic Management System (CAMS), are password protected and restricted to faculty advisors and administrators. CAMS provides faculty advisors with access to documentation of student's signed release of FERPA information for purposes of academic advising, discipline, or financial aid. Husson's Confidentiality of Student Records policy (Student Catalog, p 37) and the PT Confidentiality Policies and Procedures (Student Handbook_PT, p 55) include the conditions for sharing student information with clinical sites and clinical faculty. By policy, Criminal Background Checks and the Drug Screens results are confidential information, available only to the clinical education team when shared by the student with the clinical site (Clinical Education Handbook, p 73). Student information about special accommodations based upon disability or religious restrictions is kept confidential by the Dean of Students' office and by instructors with whom the student has shared the information (Student Catalog, p 13; Student Handbook_PT, p 62). Policies concerning special accommodations are stated in each course syllabus.

The institutional Distance Education Verification of Student Identity Policy (Student Catalog, p 36), assures that students registered for online courses are the same as those who are participating in them. This policy requires student compliance with the University's Academic Integrity policies to guard login and password so that signing into an online course verifies that they are who they say they are. Because students are known by the PT faculty when enrolling in distance-learning or hybrid courses, establishing the identity of the registered student is a simple matter, as stated in the program's PT Distance Learning Procedures (Program Policies_PT, p 38). Access to Husson's three course management systems (CAMS, Husson's Google drive or sites, or Canvas) is secured by each enrolled student's user name and password. Currently, PT does not use any other student verification data which falls under Husson's "restricted" or "protected" data classification.

Student Health and Immunization Polices (Student Handbook_PT, p 62; Clinical Education Handbook, p 75) outline health and safety requirements for student participation in clinical education experiences. These policies describe the need for immunizations, annual OSHA training, student health insurance, and professional liability coverage. The policies alert students to clinical-site health-care services availability. Health and safety information is included in each Clinical Practicum course syllabus and shared in clinical education meetings. Student safety in campus labs is ensured by OSHA compliance for safety regulations and emergency procedures as supervised by Husson's Safety Office, by safety manuals, equipment

and emergency information in each lab, and by course-specific lab manuals. Due to the high need for student safety training for Anatomy and Physical Agents labs, students receive OSHA training and a lab manual prior to dissecting, and lab manuals and instruction for the use and maintenance of physical agents equipment. Due to this safety education, DPT students are allowed keyed access to the Anatomy and PT labs when not scheduled, as outlined in the Access to Physical Therapy Facilities procedures (Student Handbook_PT, p 27).

Policies and procedures for student complaints and sexual harassment are found in Student Handbook_PT, p 52, Clinical Education Handbook, p 79, and Student Catalog_Husson, p 38. The Student Catalog, p 34, and course syllabi state grade appeal procedures. In accordance with recent Title IX requirements, PT course syllabi include a statement that faculty must report any student information concerning sexual violence, harassment or intimidation.

Policies and Procedures

P-11.
Policies, procedures, and practices related to student retention and progression through the program are based on appropriate and equitable criteria and applicable law and ensure nondiscrimination and equal opportunity.

Name
Clinical Education Handbook 2014-2015_Husson.pdf
Policy List.pdf
Student Catalog_Husson 2013-14.pdf
Student handbook_PT.pdf

Consistent with Academic Policies (Student Catalog, p.33), each course syllabus describes the course grading system and mechanisms for earning the course grade along with a description of grade appeal procedures. Faculty are expected to use a variety of assessment measures for establishing grades, and to share those grades as a semester progresses. Assignment and test grades may be posted on two course management systems (CAMS or Canvas) or directly delivered to individual students. Assignments may be returned to students in a mailbox folder with the signed permission of each student (Student Handbook_PT, p. 60). Final course grades are released through CAMS and transcripts. All referenced policies are listed in appendix named Policy List.
Husson Student Catalog policies are found in appendix Student Catalog_Husson
• Grading System, p. 33
• Student Appeal of a Course Grade, p. 34
• Pass/Fail Courses, p. 34
• Incomplete Grades, p. 34
• Academic Warning, Probation and Dismissal, p. 34
• Repeating a Course, p. 35
• Academic Forgiveness, p. 35
• Graduation Requirements, p. 36
• Graduate Programs Grading System, p. 42

Students are encouraged to use utilize multiple resources in support of learning: peer study groups; library resources, labs and learning materials when out of class; 1-1 or small group meetings with instructors; counseling resources to address anxiety and personal-life issues; peers in the Organization of PT Students (OPTS); and tutors. Tutoring and writing assistance is provided by Husson's Learning Center. The PT program regularly hires upper-class DPT students to tutor lower class DPT students. Occasionally, local PT clinicians are hired to tutor groups of students for specific assignments or to tutor individuals as part of a formal learning accommodations plan.

As per PT Academic Policies (Student Handbook_PT, p 45), student performance undergoes a formal Academic Review at the close of every semester and before progressing into a clinical experience. Progression and Retention policies guide PT faculty decisions as to whether each student progresses, is dismissed, or is retained with remediation. If criteria for progression are not met, students receive a dismissal letter. The Progression and Retention policy states that when a student is dismissed for not meeting progression criteria, they may be offered a remediation plan at the student's written request. The decision to recommend remediation is based upon the Academic Review Committee's decision that the student will more likely than not successfully graduate. A remediation plan requires a majority vote of the Academic Review Committee and the agreement of the instructor of the course(s) involved. Remediation may include repeating a course or courses, pursuing independent study covering course content, writing specific papers, and/or completing comprehensive course exams. Faculty will be credited for the extra work created by remediation, hence the student will pay for retaking a PT course, officially auditing a PT course, or enrolling in PT 698 Individualized Physical Therapy Remediation course. When a remediation plan is offered, students receive the written remediation plan approved by faculty and designed to correct deficient knowledge, performance or behaviors. The student's signature on the remediation plan represents his or her understanding that the remediation plan must be completed successfully before being allowed to progress within the physical therapy program. Students are allowed no more than one remediation opportunity.
Physical Therapy Student Handbook policies are found in appendix Student Handbook_PT
• Professional Phase Progression and Retention, p. 45-46
• Remediation Guidelines: Academic Course Remediation, p. 46
• Remediation Guidelines: Clinical Education Remediation, p. 47
• Professional Behaviors Remediation, p. 48
• Incomplete Grades, p. 48
• Leave of Absence and Re-Entry Policy, p. 49
• Dismissal Policy, p. 49
• Appeal Procedures, p. 49

Clinical education assessment is an ongoing process shared by the student and the clinical instructor (CI). The formative process is driven by course and student goals reviewed on a regular, often weekly, basis. Both the student and the CI are required to complete the APTA Clinical Performance Instrument (CPI) midway and at the completion of the experience. Student progression is monitored by the DCE and ACCE with either a site visit or phone call mid-way through the experience. The DCE and ACCE review assessment materials and assign the final grade at the close of the experience.
Clinical Education Handbook policies are found in appendix Clinical Education Handbook
• Evaluation Procedures for Clinical Education, p. 51
• PT Student Clinical Education Progression, p. 60
• Remediation Guidelines, p. 60

Policies and Procedures

P-12.
Policies, procedures, and practices protect the rights, safety, dignity, and privacy of patients and clients and other individuals involved with the program. Additionally, policies exist to protect the rights of clinical education sites. These policies are written, disseminated, and applied equitably, and conform to applicable law.

Name
Clinical Education Agreement.pdf
Clinical Education Handbook 2014-2015_Husson.pdf
Policy List.pdf

Program Policies_PT.pdf
Student handbook_PT.pdf

Policies for the protection of patients, clients, and other individuals involved with the program are located in appendices Student Handbook_PT, Clinical Education Handbook, and Program Policies_PT, which are available online to all DPT students and faculty. A recent change in process places the Clinical Education Handbook on the Husson University website whereas previous distribution was by CD or by email to the CCCE. Clinical coordinators and instructors also receive a copy of the appropriate clinical education course syllabus, which references key clinical education policies. Introductory letters prior to each clinical education course invite the clinical faculty to contact the DCE/ACCE with any questions and concerns. All referenced policies are listed in appendix Policy List.

Student professional behaviors policies and expectations, Essential Requirements of PT Education, Conflict of Interest statement, and Confidentiality Policy and Procedures to Ensure Patient and Client Confidentiality when Participating in Educational Activities describe relationship expectations that protect the ethical and legal rights of patients (Student Handbook_PT, p. 55; Clinical Education Handbook, p. 58, 64, 65). Students are required to use and sign the confidentiality forms assuring of their responsibility to uphold confidentiality and to adhere to the clinical site's protocol for informed consent and confidentiality (Clinical Education Handbook, p. 69-71). The Community Complaints section of the Reporting of Complaints policy describes for patients how to file a complaint concerning Husson personnel or students (Student Handbook_PT, p. 51; Clinical Education Handbook, p. 79).

Clinical instructor and clinical site rights, protections, and expectations are defined as in the appendix Clinical Education Agreement. Clinical instructors and CCCEs have the right to request a clinical faculty appointment (Clinical Education Handbook, p. 54). The PT Confidentiality Policy and Procedures to Ensure Clinical Center Personnel Confidentiality inform the clinical personnel of their right to confidentiality (Student Handbook_PT, p. 55; Clinical Education Handbook, p. 65). The Faculty, Adjunct Faculty, Staff and Clinical Education Personnel Complaints section of the Reporting of Complaints policy describes how clinical instructors may file a complaint concerning Husson personnel or students (Student Handbook_PT, p. 51; Clinical Education Handbook, p. 79).

Policies and Procedures

P-13.
Policies, procedures, and practices provide for compliance with accreditation policies and procedures, including: (1) timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates; (2) 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 (3) coming into compliance with accreditation criteria within 2 years of being determined to be out of compliance.

Name
Program Policies_PT.pdf

Husson administrators and the faculty members of the Physical Therapy program are committed to maintaining accreditation by ensuring compliance with policies, procedures, and evaluative criteria established by CAPTE, by submitting requested fees and documentation, and by notifying CAPTE of substantive changes as substantiated by the program's Accreditation Policy Statement (Program Policies_PT, p 4) which states:

"The Program Director is responsible for ensuring continued accreditation by the Commission on Accreditation in Physical Therapy Education (CAPTE) by retaining compliance with policies, procedures, and evaluative criteria established by CAPTE, the Normative Model of Physical Therapist Education, and The Guide to Physical Therapist Practice; by submitting to CAPTE requested fees and documentation; and, by notifying CAPTE of substantive changes."

The Director's job description (Program Policies_PT, p 44) reiterates this policy statement.

"The Director will ensure continued accreditation by the Commission on Accreditation for Physical Therapy Education (CAPTE) by retaining compliance with policies, procedures, and criteria established by CAPTE's Evaluative Criteria PT Programs Accreditation Handbook, the Normative Model of Physical Therapist Education, and the Guide to Physical Therapist Practice; by submitting to CAPTE requested fees and documentation; and by notifying CAPTE of substantive changes."

Past accreditation and a review of the program's practices illustrates compliance as evidenced by the program's submission of CAPTE requests for information, completion of the Annual Accreditation Report, attention to updates released by CAPTE online and at annual Section for Education and ACAPT meetings, and dissemination of CAPTE and Section on Education information to PT faculty, Husson administration, and the public. The annual budget identifies the cost of CAPTE fees. CAPTE generated ideas and updates in policy, curricular designs and content, clinical education, and national trends are discussed, reviewed, added to the program's assessment process, and measured for successful implementation.

Policies and Procedures

P-14.
The program conducts regular and formal assessment of its policies and procedures to determine the extent to which they meet program needs. This assessment includes review of the extent to which practices adhere to policies and procedures.

Name
Program Assessment Matrix.pdf

Policies, procedures, and practices are reviewed annually as indicated in the appendix named Program Assessment matrix. The focus of review is more frequently than not triggered by satisfaction or dissatisfaction as policies are applied to specific situations or cases. Admissions and Essential Requirements policies are reviewed by the PT Admissions Committee and Office Manager at the close of the spring Admissions Process. The review compares the intent of the policy and procedures with the admissions practices used and with the decisions and outcomes of the admissions process. Academic and Student Due Process policies are reviewed by the PT faculty at the close of each academic year in consideration of how these policies were implemented over the prior year. Again, the review compares the intent of the policy and procedures with the PT faculty's satisfaction in regard to the policy decisions and outcomes experienced over the prior year. Academic policies are utilized most frequently to guide student progression and retention decisions. Clinical Education policies are reviewed annually by the DCE and ACCE at the close of the last clinical education experience in the spring. The review focuses on how well the implementation of the policies addressed the desired program outcome. In addition, the review considers the need for revision based upon legal, regulatory, and PT education trends. Last, the Clinical Education Agreement between Husson and clinical sites is reviewed by the DCE, ACCE, and legal counsel whenever a revision is requested by the clinical site, and annually in order to assess for consistency with institutional requirements, educational trends, and new legal regulations. All policies are reviewed as part of the institution's and the program's re-accreditation process.

Individual Core Faculty

F-1.
Each individual core faculty member, including the program administrator and ACCE/DCE, has contemporary expertise in assigned teaching areas.

Please refer to the Core Faculty Information Page for the description of each of the eleven core faculty members' contemporary expertise for teaching.

Individual Core Faculty

F-2.
Each core faculty member has effective teaching and student evaluation skills.

Please refer to the Core Faculty Information Page for the description of each of the eleven core faculty members' teaching and student evaluation skills.

Individual Core Faculty

F-3.
Each core faculty member has a well-defined, ongoing scholarly agenda that reflects contributions to: is reflected by accomplishments that: (1) contribute to the development or creation of new knowledge, OR (2) contribute to 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) apply 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) contribute to 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.

Name
DPT Mission, Goals & Outcomes Statement.pdf
Faculty Handbook_Husson.pdf
Program Policies_PT.pdf

Husson University expects all faculty to engage in scholarship, which is defined by Boyer's four scholarship categories (Faculty Handbook_Husson, pp. 26, 60). While the annual review process assesses the faculty member's scholarship goals, the Faculty Handbook acknowledges that the amount and focus of scholarship is dependent upon faculty rank, and is discipline and department specific. Consequently, the PT faculty have adopted as a minimum CAPTE's expectations for faculty scholarship outcomes as is verified by each faculty member's scholarship agenda form.

Husson University and PT program scholarship expectations are consistent with Husson's Mission to support and emphasize "Scholarly contributions to one's discipline or field of expertise;" with the College of Health and Education Mission to prepare students for "evidence-based practice" by "emphasizing…scholarship;" and, the PT Mission to graduate "reflective practitioners who are independent in their assessment of client needs" and "utilize evidence-based practice" (DPT Mission, Goals, and Outcomes, Program Policies_PT, p 6). PT Program goals include the promotion of "inquiry and scholarship within the Husson community and the physical therapy profession," and support for faculty member engagement in and promotion of "inquiry and scholarship" (DPT Mission, Goals, and Outcomes, Program Policies_PT, p 6). Because the DPT curriculum requires four research methods courses, every PT faculty member annually leads one to two research groups as the primary investigator. Student performance on their research papers and presentations is one measure of one student outcome assessing "strong oral and written communication skills in professional interactions" (DPT Mission, Goals, and Outcomes, Program Policies_PT, p 6). The PT faculty's scholarship agendas are consistent with all of these expectations.

Individual Core Faculty

F-4.
Each core faculty member has a record of service consistent with the expectations of the program and institution.

Name
Faculty Handbook_Husson.pdf
Program Policies_PT.pdf

Service is one of four faculty responsibilities subject to evaluation for continuation of a faculty contract and for promotion (Faculty Handbook_Husson, pp. 26, 61). Service for faculty governance is viewed as an essential faculty commitment. Service is also defined as engagement in the University community and as professional service.

The Husson Mission supports and emphasizes faculty commitment to" social responsibility through involvement in the world" and "stewardship of the University," expectations that support service (Program Policies_PT, p 5). Service is inherent to the College of Health and Education Mission to prepare students for "professionalism" and "social justice" (Program Policies_PT, p 5). The PT Mission educates the generalist practitioner who engages in the "promotion of health and function" and in "evidence-based practice to address issues within… health care systems, practice environments and client populations," an advocacy role that relies upon service (Program Policies_PT, p 6). PT Program goals include "the program will show a commitment to enhancing the profession, the physical therapy community, and the health and wellness of the public" (Program Policies_PT, p 6). Faculty meet this program goal and another faculty goal by demonstrating a commitment "to serving as professional physical therapy role models" (Program Policies_PT, p 7). The intent of these two goals is to sustain a culture of service within the School of Physical Therapy.

As a group, PT faculty's service commitments are high and are verified as part of the annual review process. All PT faculty participate in faculty governance, serve on institutional and/or faculty forum committees, serve on institutional search committees, and provide professional service. Each faculty member participates in the School of PT Academic Review, Curriculum Review, and Program Evaluation and Student Assessment committees. The following individual PT faculty service contributions for 2013-2014 provide evidence for PT faculty's typical engagement and leadership.

Cheryl Adams: served on Graduate Council; Graduate Academic Affairs, Husson Research & Scholarship Day, Assessment, Co-Chair School of PT Admissions committees; advisor to Organization of PT Students; manuscript reviewer for JOPTE; contributes to pro-bono clinic; facilitator for institutional interprofessional education event; manages physical agents lab equipment **Karen Morren:** served on Health Institute Continuing Health Education Program (HICHEP) Advisory Board, Husson Safety committee; School of PT Department Director and PT faculty Search committees; 4 New England Consortium of ACCEs committees, authored annual report; trainer for CCIP **Suzanne Gordon:** served on Graduate Council; HICHEP Advisory Board; Husson Assessment, Promotion, and Graduate Academic Affairs committees; Co-Chair School of PT Admissions committee; Associate Editor of JOPTE; member, Maine Board of Examiners in Physical Therapy; contributes to pro-bono clinic; facilitator for institutional interprofessional education event; as director, Chair of Academic Review, Curriculum Review, and Program Evaluation and Student Assessment committees **Peg Olson:** served on EMR Task Force; co-chair of Husson Interprofessional Evening of Conversation event; PT faculty representative for implementing HRSA Interprofessional Education Grant initiatives **Art Schwarcz:** served on Wellness, School of Business Multiyear Contract Review, Chair Handbook committees; Research Fellow for the Ola Grimsby Institute of Orthopedic Manual Therapy; contributes to pro-bono clinic and provides musculoskeletal consultation; repairs hi-low tables for PT labs **Wayne Scott:** served on Commencement, Scholarship committees; Chair of PT Faculty Search committee; facilitator for institutional interprofessional education event; Chair Orono School Board **Ben Sidaway:** served on Graduate Council; Faculty Compensation, Benefits Advisory Board, Chair of Husson Research Fund committees; director, Kenduskeag Institute's Human Performance lab; Director, Dahl Gross Anatomy Lab; manuscript reviewer for Physical Therapy, Neuroscience, and Human Movement Science. **Sondra Siegel:** served on Gen Ed committee; Chair of Husson IRB; PT Admissions Committee; contributes to pro-bono clinic; facilitator for institutional interprofessional education event **Kim Steinbarger:** served on New England Consortium of ACCEs technology committee; Chair of KVCC PTA Program Advisory Board; developer and Director Student Run Pro-Bono Clinic; facilitator for institutional interprofessional education event **Chad Tiernan:** served with Muscular Dystrophy Association, Special Olympics of Maine; fund-raised for Autism Society of Maine; manuscript reviewer for Journal of Pediatrics, Research in Developmental Disabilities

Core Faculty With Special Responsibilities: Program Administrator

F-5.
The program administrator is a physical therapist with an earned doctoral degree, senior faculty status, and an understanding of higher education and contemporary clinical practice appropriate for leadership in physical therapy education.

Suzanne P. Gordon, PT, MACT, EdD, is a Professor and the Director of the School of Physical Therapy. She has earned three degrees in adult education: a duel BS degree in education and in physical therapy, a Master of Art in College Teaching degree designed to prepare PT clinicians for faculty positions with a special focus on the advanced practice of pediatric physical therapy, and a Doctorate in Higher Education Leadership. Dr. Gordon's knowledge of current educational practices is strengthened by her membership in the APTA Section for Education and American Council of Academic Physical Therapy (ACAPT), annual attendance at APTA-sponsored Educational Leadership and CSM conferences, service as an Associate Editor for the Journal of Physical Therapy Education, and memberships in the American Education Research Association and the Association for the Study of Higher Education. Her understanding of clinical education trends and issues is supported by her participation in this past summer's ACAPT Clinical Education Summit webinars and by attendance at the Clinical Education Summit 2014. She holds a special interest in and scholarship focus on multicultural education, and the development of critical thinking and clinical reasoning in healthcare practitioners. Dr. Gordon maintains an awareness of current pediatric PT trends, knowledge, and teaching content through co-instructing life cycles and pediatric courses, literature reviews, attendance at pediatric and neurologic CSM sessions, and occasional supervision in the student-run pro-bono clinic.

Core Faculty With Special Responsibilities: Program Administrator

F-6.
The program administrator provides effective leadership for the program.

Dr. Suzanne Gordon is a known and well-respected leader on the Husson campus having participated as an ACCE in the original development of the MSPT program, and as the Director in the effective transition to and development of the DPT degree program. In addition to participating in every CAPTE initial and accreditation self-study report for Husson, she assumed the responsibility of co-chairing and writing Husson's 2003 NEASC self-study and report as well as participating in writing Husson's 2013 NEASC self-study report. Because of these experiences, her position, and her two two-year terms as the faculty-nominated Trustee on Husson's Board of Trustees, Dr. Gordon has participated in multiple strategic planning sessions at the institutional, college, and school level. As the Director, she is currently engaged in the implementation of a COHE strategic plan as well as guiding the strategic planning for the PT program.

Some of Dr. Gordon's successes in negotiating and planning for change institutionally include advocating for new PT lab and office spaces resulting in a move to the O'Donnell Commons building in 2006; advocating for a redefinition and importance of scholarship as a faculty responsibility; and leading the development and creation of the Health Institute Continuing Health Education Program (HICHEP), which has since closed due to budget cuts. In regard to the School of PT, leadership successes include the expansion of core PT faculty from eight to eleven since the last CAPTE Self-Study Report; enhancement of responsibilities and salaries of staff positions; increase in faculty salaries for equity and advancement; and maintenance (Biodex, CosMed metabolic equipment) and purchase (force plate, Actiheart ECG monitors, Protokinetics Zeno walkway, iPads) of necessary technology for research and teaching. The PT operating budget has remained sufficient throughout the economic downturn of the past few years, and even generous in regard to classroom supplies, technology, and faculty development monies which ensure that all PT faculty can annually attend conferences and continuing education. Students have also benefited from Dr. Gordon's advocacy for monies to support limited attendance at professional conferences and a few graduate PT scholarships.

In modeling her philosophy of collaborative and transformational leadership, Dr. Gordon maintains her engagement in faculty governance and the Husson campus community through service (see F-4 as well as CV_GordonS) while also supporting each PT faculty member to similarly engage in campus leadership opportunities. Such an emphasis on distributed leadership strengthens the campus profile of the PT faculty and program, ensuring continued support and resources for quality education.

Dr. Gordon's annual development reviews provide a strongly positive assessment of her leadership, as does her recent multiple-year contract review and renewal in May 2014. The PT faculty provided positive feedback and a strong vote of confidence in their annual (August 2014) review of her performance as a Director.

Core Faculty With Special Responsibilities: Program Administrator

F-7.
The program administrator is responsible for ensuring that the regular evaluation of all core faculty occurs and that the evaluation results in an organized development plan that is linked to the assessment of the individual core faculty member and to program needs. Evaluation includes assessments of teaching, scholarly activity and service, and any additional responsibilities.

Name
DCE & ACCE Evaluation Form.pdf
Director Evaluation Form_School of PT.pdf
Director-Administrator Annual Evaluation Form.pdf
Faculty Annual Review and Development Form.pdf
Faculty Handbook_Husson.pdf
PT Teaching Evaluation form.pdf
Student Evaluation_Course Questions.pdf

In accordance with Husson's institutional assessment process and outlined in the Faculty Handbook (Faculty Handbook_Husson, Section 2.3, p 21; Section 2.5, p 26), at the close of the spring semester, the Director annually reviews and responds to each faculty members' self-evaluation of their performance in meeting previous year's goals, and their development of annual faculty goals for the coming year. As stated below, the faculty member's annual goals are to reflect institutional (including program) needs as well as their own professional aspirations.

2.3.1 Annual Faculty Development Plans
Each full-time member of the Faculty is required to draft a yearly Faculty Development Plan which is then forwarded to the faculty member's supervisor [the Director in the School of Physical Therapy] for review and comments. The faculty member and supervisor will meet to finalize the plan. The plan is then signed by both parties. The plan must address teaching, scholarship, service and advising (see Section 2.5) and should reflect both institutional needs and the faculty member's professional aspirations. At the end of each academic year, each Dean will submit to the Provost a report verifying annual review of Faculty Development Plans for all faculty members within the respective school.

The tool used for the annual review of all PT faculty and administrators with faculty positions is appendix Faculty Annual Review and Development Form; it requires the assessment of teaching, scholarship, service, and advising plus administration when pertinent. Institutionally-generated student evaluation course data is generated by the CAMS course management system at the close of every course, forwarded to each faculty member and the director, and used in the assessment of the faculty member's teaching. This data is collected from a student survey, appendix Student Evaluation_Course Questions, and is intended as a summative faculty evaluation. PT faculty have the discretion to include in their annual reviews formative student-course evaluations, appendix PT Teaching Evaluation form.

The Director's annual review requires completion of the Faculty Annual Review and Development Form plus another institutional evaluation tool, appendix Director-Administrator Annual Evaluation Form, which are both submitted to the COHE Dean for review. Additional information to support the Director's self-evaluation comes from PT faculty review of the Director anecdotally in private meetings and collectively in oral review meetings, and periodically from the appendix form, Director Evaluation Form_School of PT. The DCE and the ACCE complete the faculty review process and include in their document a section assessing administrative responsibilities. Additional data to support their administrative performance comes from clinical education forms (CPI, CSIF), summary of student-completed evaluations of DCE/ACCE performance (see appendix DCE & ACCE Evaluation Form), and annual clinical education summary reports generated by the DCE/ACCE.

All reviewed and approved annual development plans are forwarded to the COHE Dean before the end of June. Individual and collective themes (in regard to faculty development needs, program goals and needs, and institutional goals and needs) identified in the faculty review process become data for program assessment and for new annual program goals, which are then discussed and developed in PT faculty retreat meetings in August, and in Directors meetings with the COHE Dean during the summer. Because the collective needs of faculty are represented in annual program goals, and hence inform the School of PT Strategic Plan, the faculty member's annual goals reflect those of the program.

The success of the review process is confirmed by the constancy of institutional support for PT faculty development as evidenced by continued funding of faculty development in the PT budget and in the COHE Dean's faculty development fund. For example, PT faculty have been supported in attending teaching development and continuing education courses, and professional conferences. The success of this review process is also evident in the advancement of individual PT faculty over the past ten years. Peg Olson was hired as a half-time lecturer and is now a half-time assistant professor after obtaining a PhD. Kim Steinbarger was a half-time ACCE and is now a full-time ACCE holding an administrative position with faculty responsibilities. Karen Morren held the full-time DCE position as administrator and transitioned to a full-time Assistant Professor with administrative responsibilities after completing a post-professional DPT and advanced master's degree. The assessment process also supports faculty advancement so that all PT faculty have successfully obtained multiple-year contract renewals and, except for the newer faculty, have advanced in faculty rank.

Core Faculty With Special Responsibilities: Program Administrator

F-8.

The program administrator is responsible for ensuring that regular evaluation of associated faculty occurs and is used to determine the relevance of course content, effectiveness of teaching, and, as appropriate, effectiveness of student evaluation.

Name
Faculty Handbook_Husson.pdf
Program Policies_PT.pdf
PT528 Course Obj and Assessment.pdf
PT664 Course Obj and Assessment.pdf

The program administrator, by job description (Program Policies_PT, p 61), is responsible for the annual assessment of the DPT program, its students, and its faculty and staff, including annually-contracted associated faculty, defined as part-time or full-time unranked faculty (Faculty Handbook_Husson, Section 2.1.3., p 15). The review process for associated professors is largely dependent upon three processes: a course syllabus review conducted by the Director in communication with the associated faculty, the Director's review of student performance and grades, and institutional student course evaluation data (same as that for core faculty and described in F-7), also reviewed by the Director and the instructor. The course syllabus review establishes the relevance of the course content in regard to curricular need, content currency, and the review of objectives for the depth of learning (see two review examples of courses taught by associated faculty in appendices PT528 Course Obj and Assessment, and PT664 Course Obj and Assessment). Learning activities, power point presentations, and tests are also reviewed for consistency with course objectives and content. Upon review of the student evaluation feedback, the Director will provide feedback (especially with new faculty or a new course design) concerning the strength of the course and teaching, and any needs for course or teaching revision. The Director has the authority to judge whether to rehire and renew the associated faculty member's annual contract. When relevant, the Director has funded faculty development opportunities for associate faculty, such as attending out-of-state teaching development courses, Husson-sponsored continuing education courses, and an APTA conference.

Core Faculty With Special Responsibilities: Program Administrator

F-9.

The program administrator has the responsibility and authority for planning and administrating the program's financial resources. The program administrator works with core faculty and administrative officials of the institution in long-range planning to ensure that there is financial support for current and anticipated program needs, including support for the unique demands of clinical education, the admissions process, core faculty development, and support for scholarly activities, as well as the basic teaching functions of the program.

Name
Program Policies_PT.pdf

Husson's overall budget is created by the President, the Vice President of Finance, and the Controller in consultation with senior administration, the Deans Council, and the Board of Trustees. Within that process, the Director, by job description (Program Policies_PT, p 61), is responsible for developing and proposing the School of PT budget following the process annually requested by the Controller. The budget proposal process starts mid-winter with the Director, PT faculty and Office Manager meeting to review current yearly expenses, collect budget requests, and determine prioritized budgetary needs. This information informs the completion of three documents outlining requests for the School's operating budget, personnel, and capital budget items. The proposed budget forms are forwarded to the COHE Dean who compiles the requests for the COHE budget. Following administrative directives for budgetary revisions, the proposed School budget data is entered by the Office Manager into an institutional budget software program; this program acts as a resource for final budget approvals prior to the initiation of the new July 1-to-June 30 budget year. Once approved, a second software finance program, FRx, tracks the institution's budget summaries and transaction details. In having access to the FRx-School of PT budget data, both the Office Manager and the Director are able to monitor budget transactions and to request, with justification, the movement of line items within the operating budget. Upon justification and the COHE Dean's approval, the Director is able to directly work with administrators in the Provost's office and/or with the Controller to request budgetary adjustments if the School of PT has a need to change approved personnel or capital expenses.

Long-range budget planning is an iterative process involving the annual review by the Director and PT faculty of program goals, the School of PT and the COHE strategic planning processes, and administrative requests for long-range programming initiatives requiring additional personnel, space, and/or equipment or for program re-design or degree expansion. In this way, information concerning future budget needs flows among the PT faculty and staff, the COHE directors and Dean, the Dean's Council, the Provost and staff, the Controller, and the Vice President for Finance. Because the COHE programs have similar budget needs, topics such as the development of new degrees and programs, new personnel, admissions, space needs, recruiting and marketing, faculty development, clinical education, faculty and student research and scholarship, and the operating budget are frequently discussed by all COHE faculty in their respective schools as well as by all the COHE directors with the Dean. This budget planning process allows the PT Director and faculty a strong academic voice in advocating for and managing the School of Physical Therapy annual budgets.

Core Faculty With Special Responsibilities: Program Administrator

F-10.

The program administrator facilitates effective communication with all program faculty and other people and departments directly involved with the program.

Several philosophical positions support the facilitation of communication throughout Husson and within the School of PT. First, transparency of information and decision-making is important to Husson University and to the School of Physical Therapy employees. The philosophy of the School of PT and of the COHE is that the open sharing of necessary information benefits our and other's work. Second, communication is facilitated when it is respectful of other's time and positional responsibility. Third, the Director, PT faculty and staff practice distributed leadership in which leadership is shared and assumed by each member of the PT team. This philosophy of leadership empowers each School employee to assume responsibility for communication. Consequently, departmental or school business communication follows the organization's hierarchical structure ensuring that all who need to receive the communication are included. However, within the organizational structure, and given an individualized issue or concern, the Husson culture supports the Director, PT faculty and staff to directly contact any other responsible party with appropriate questions, issues, concerns, or thoughts. Husson administrators almost always respond favorably to such respectful direct contact with PT faculty and staff.

With these understandings, the Director, PT faculty and staff share in attending to the informational needs of various stakeholder groups. In communicating with the public and external stakeholders, the School of PT employees share in ensuring that information on the website, in mailings and emails, on Facebook, during Open House, and in conversation with community supporters is friendly, warm, correct and consistent with the communication directives of the University. Within Husson, the Institution's Google email network allows individuals to securely communicate just as its smallness easily supports one-to-one conversations across programs and departments. Institutional and School processes and inter-departmental meetings support regular and ongoing communication between and among all schools and colleges, and other departments and offices (Registrar, Admissions, Business, Financial Aid, Library, Institutional Resources, Institutional Research, Marketing, the Dean, the Provost, and Faculty Forum) although the Director can request meetings with any of these offices and include PT faculty and staff. Internally, PT faculty and staff communicate via daily conversations and email. Structurally, the Director leads biweekly PT faculty meetings, end-of-semester academic review meetings, and biannual or tri-annual retreats for collaborative sharing of information and decision-making by PT faculty and staff.

The Director, PT faculty, and staff communicate directly with other faculty and departments, attending to both vertical and the horizontal organizational structures within the University. Hierarchically, the Director is responsible for informing the COHE Dean about School functions, dynamics and events through scheduled monthly one-to-one meetings, timely sharing of information, and impromptu conversations and meetings. Policies, procedures, processes, and issues are shared across the COHE directors at scheduled monthly Directors-Dean meetings, and on an impromptu basis. All PT faculty and staff contribute to governance and the development of policies and procedures by participating as members and leaders of Institutional, Faculty Forum, COHE, School, and adhoc committees. Organizational information obtained from these meetings are shared as appropriate in PT Faculty meetings and retreats.

Core Faculty With Special Responsibilities: ACCE/DCE

F-11.

The ACCE/DCE is a physical therapist and core faculty member with an understanding of contemporary physical therapist practice, quality clinical education, the clinical community, and the health care delivery system.

Both the DCE and the ACCE are physical therapists with the DCE (Karen Morren, PT, DPT, MS) holding the rank of Assistant Professor with administrator responsibilities while the ACCE (Kimberly Steinbarger, PT, MHS) holds the rank of administrator with instructor responsibilities. As evidenced by their CVs and F-1 narratives, both have a long history of practice and administrator responsibilities before assuming their current positions (Ms. Morren in 2000; Ms. Steinbarger in 2008). Practice experience, longevity in their current positions, and continued engagement with professional organizations assures of currency and quality.

Karen Morren earned her MPT degree from Hahnemann University in 1988. After many years as a clinician, administrator, and educator, she earned her MS in Adult and Higher Education from the University of Southern Maine in 2010, and her DPT degree at Simmons College in 2011. Dr. Morren has provided patient care in acute rehab (1988-1991), acute care (1991-1998), and outpatient settings (1994-1998). She has filled a variety of supervisory and managerial roles including senior therapist on an SCI team, quality improvement coordinator, staff education coordinator, and clinical supervisor (1988-1998). At Maine Coast Memorial Hospital she was the Director of Rehab Services (1998-2000) where she provided management for over 40 staff members in 6 disciplines at multiple clinical sites and contract service locations that served multiple varied communities. These experiences significantly developed her expertise in administration, human resources management, regulatory issues, and multi-disciplinary team management.

Dr. Morren served as a CI while at the Kessler Institute for Rehabilitation (1988-1991), as a CCCE/staff education coordinator at Frederick Memorial Hospital (1995-1996), and supervised CIs and CCCEs in multiple positions (1991-2000). She has been an active participant in the New England Consortium of ACCEs since becoming a core faculty member at Husson in 2000. She has since completed the APTA basic Certified Clinical Instructor Program (CCIP) in 2001 and the advanced CCIP in 2010. Dr. Morren has been a trainer for the basic CCIP since 2004.

Dr. Morren maintains currency in clinical skills and clinical education through multiple methods. Coursework related to MS in Adult and Higher Education and DPT degrees has been influential in developing her teaching skills in all areas, with an emphasis on clinical education and research. She regularly attends national conferences and continuing education programs in the areas of geriatrics, neurology, health policy, and education and reads current literature in these same content areas. She maintains close communication with the state chapter payment and policy chairperson regarding legislative and regulatory issues which impact practice. Frequent communications with clinical faculty allow her to identify trends in clinical practice and areas for further self-directed exploration. Dr. Morren's research agenda focuses on issues that impact clinical education. For example, she has conducted several projects with Dr. Gordon investigating the development of expertise in exemplary and novice clinical instructors. She has also undertaken several projects, collaborating with Kim Steinbarger, investigating the influence of social media on student-CI communication and professionalism. Most recently, Dr. Morren has been involved in patient care through the newly established pro bono clinic.

While a generalist practitioner in acute care, outpatient, and skilled nursing facilities (1989-2001), Ms. Steinbarger assumed multiple managerial, CI and CCCE roles, which provided the foundation for becoming the director of the Michiana College PTA program from 1998 through 2000. She later became an adjunct faculty member teaching with Husson's PT program for six years before assuming the ACCE position (2008). Ms. Steinbarger's graduate work for her MHS degree (2005) enriched her teaching, research and ACCE skill as does her ongoing active engagement in the NEC-ACCE, continuing education courses, regular participation at APTA ELC conferences, and regular attendance and presentations at CSM conferences. Currency with practice, higher education, and clinical education is aided by her social media and student scholarship. Ms. Steinbarger's development and supervision of Husson's student-run pro-bono clinic allows her to connect with other U.S. faculty similarly engaged, as well as allows for continued patient care and practice management experiences.

Clinical education currency is an interest shared by all of the faculty. The DCE, ACCE and Director participated in the ACAPT webinars and Clinical Education Summit 2014, providing rich discussion among the PT faculty. From this, the DCE and ACCE acquired strong insight for facilitating the re-design of the clinical education program, a goal on the PT strategic plan.

Core Faculty With Special Responsibilities: ACCE/DCE

F-12.
The ACCE/DCE is effective in developing, conducting, coordinating, and evaluating the clinical education program.

Name
DCE & ACCE Evaluation Form.pdf

Multiple data points and evaluative strategies are used to assess the DCE and ACCE's effectiveness in oversight of the clinical education program. Feedback is gathered from multiple stakeholders and triangulated to develop a full picture of DCE/ACCE effectiveness.

CI input is sought during mid-term site visits and phone calls. The DCE and ACCE seek out feedback at these meetings to determine how the CIs and sites can be better served. The DCE and ACCE also solicit CI and CCCE feedback regarding possible future changes impacting the clinical education program. CIs and CCCEs are periodically surveyed electronically regarding DCE and ACCE performance. Trends in feedback inform decisions impacting the clinical education program. For example, feedback from clinical instructors requesting more information regarding courses the students had taken prior to the clinical experience led to a more detailed student skill set description on each of the clinical course syllabi. Feedback from students is gathered at debriefing meetings following PT 400, 500, 600 and from exit focus groups prior to graduation. The discussions at these meetings solicit student input regarding curricular preparation for clinical education courses, as well as suggestions to improve clinical education. Student feedback specific to the DCE and ACCE job description is gathered using a clinical education-specific course evaluation in appendix DCE & ACCE Evaluation Form.

Program evaluation data also provides feedback regarding DCE and ACCE performance. For example, focus groups of key stakeholders (graduates, CIs, CCCEs, adjunct faculty and employers) have been conducted as one method of evaluating the PT program. Feedback regarding clinical education processes is carefully considered in light of feedback from other sources.

The DCE and ACCE regularly inform the Program Director regarding issues and successes within the clinical education portion of the curriculum. Annual evaluations of the DCE and ACCE are conducted by the Program Director. The Program Director uses the data described above and the DCE/ACCE self-assessment, as well as informally gathered information from students, CIs, CCCEs, program faculty, and other constituents, to assess the effectiveness of the DCE and ACCE. The DCE and ACCE are highly effective in planning, developing, coordinating, facilitating, and assessing the clinical education program.

Core Faculty With Special Responsibilities: ACCE/DCE

F-13.
The ACCE/DCE communicates necessary information about the clinical education program to core faculty, clinical education sites, clinical education faculty, and students and facilitates communication about clinical education between these groups, as needed.

Name
CE IV 2015 available slots.pdf
Clinical Availability Form 2015.pdf
Clinical Education Handbook 2014-2015 Husson.pdf
DCE & ACCE Evaluation Form.pdf
Mid-Affiliation Interview Form.pdf

Communications - Sites/clinical faculty
Per national agreement, a Clinical Availability Form (Appendix) is sent March 1st to the CCCEs of all participating sites for the next calendar year. Confirmation of the slots for each clinical is conducted by phone or email approximately three months prior to the start date. For specialty sites, or those that are first come/first served, confirmation happens sooner. Clinical site communications with the DCE, ACCE and administrative assistant occur primarily through email and phone contact. Approximately six weeks prior to each clinical start date,

confirmed sites receive a student packet through the regular mail, which includes student, course, and contact information. Historically, the program mailed an annually-updated Clinical Education Handbook (Appendix) to utilized clinical sites; currently, clinical education faculty gain access to this Handbook through a link to a clinical education Google site, (https://sites.google.com/a/husson.edu/clinical-educators-husson-university-school-of-physical-therapy/), obtained from the routine pre-clinical mailing. At the beginning of each clinical experience, each student/CI team schedules a midterm interview (see appendix Mid-Affiliation Interview Form). These interviews are completed by the DCE, ACCE or core faculty, and occur as a DCE/ACCE site visit, or a midterm phone interview. Each student and clinical faculty are reminded of their responsibility to initiate contact with the DCE and ACCE if there are any concerns, questions or crises.

Communications relating to Husson-sponsored continuing education offerings, such as the CCIP or DPT advanced electives, occur by mass email through the APTA's CPI database, as well as through the School of PT Facebook page, (http://www.facebook.com/pages/Husson-University-Physical-Therapy/147749208614500). Event and education information is also communicated to the sites/clinical faculty through mailings, Facebook posts, and Twitter feeds from the New England Consortium of ACCEs (NEC-ACCEs), (www.nec-acce.org), of which Husson is an active member.

Communications – Students
Prior to the student's first clinical experience, the DCE and ACCE schedule three clinical education orientation meetings: one in the fall to introduce clinical education, and two in the spring to discuss Clinical Practicum I. Students have a dedicated clinical education Google site for each DPT class, which contains the clinical education handbook, course syllabus, site listings, and other relevant information. Six to eight months prior to each clinical experience, the DCE and ACCE meet with each student individually for a site selection discussion after students review the availability list (see CE IV 2015_available sites as an example). Educational needs, prior depth and breadth of experience, learning objectives, and previous experiences are discussed in order to assist the student with site selection. During each clinical experience, the DCE and ACCE facilitate a weekly online discussion board with the class, and are also available by email and phone for student concerns. At midterm, each student is either visited or called by the DCE, ACCE, or faculty advisor. At the close of each clinical practicum, debriefing meetings are held with the entire class of students; in addition, individual meetings with students are held if indicated to gather information regarding experiences that the student identifies on the PTSE form as lacking.

Communications – Core Faculty
The DCE and ACCE communicate clinical education updates with the core faculty both individually and as a group through email and meetings, and at each faculty meeting as an ongoing agenda item. Student issues that affect clinical performance are discussed at faculty meetings to allow input from all parties. Core faculty are involved in the midterm phone interviews of their advisees during the regular academic year.

Communication effectiveness
According to student course evaluations and CI program evaluations (see appendix DCE & ACCE Evaluation Form), communications with the DCE, ACCE and administrative assistant are effective and timely. The addition of continuing education announcements on both the School's and NEC-ACCE's websites and Facebook pages have opened up new avenues of communication for the clinical education program. DCE and ACCE involvement as course assistants and at faculty meetings provide ample opportunity for communication with core faculty.

Core Faculty With Special Responsibilities: ACCE/DCE

F-14.
The ACCE/DCE has the responsibility to ensure that there are effective written agreements between the institution and the clinical education sites that describe the rights and responsibilities of both, including those of their respective agents. Agreements address at a minimum: 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; and the procedures to be followed in reviewing, revising, and terminating the agreement.

Name
Clinical Education Agreement.pdf

All sites new to the PT program have their Agreement for Clinical Affiliation initiated by the DCE or ACCE. Husson has a standard clinical site agreement (Appendix Clinical Education Agreement) developed and reviewed by Husson's legal counsel in concert with the DCE, which is typically used for all of the health professions programs. When a facility has their own preferred agreement, that agreement is reviewed by the DCE and Husson's legal counsel and negotiated as needed. DCE and legal counsel collaboration ensures that the Agreement addresses the purpose (provision of precepted clinical opportunities), the objective (mutual benefits), and the rights and responsibilities of Husson faculty and the facility, the required conditions for confidentiality, indemnification, insurance and immunizations, and the procedures for reviewing, revising, and terminating the agreement. Clinical education agreement expiration dates are tracked by the clinical education administrative assistant. Agreements are reviewed and renegotiated at this time as needed. All clinical education agreements are reviewed and signed by the Assistant Provost and Dean of the College of Health and Education.

After the site selections are completed, approximately six months prior to each clinical, the list of sites is forwarded to the Clinical Education Administrative Assistant, who maintains the database of agreements. The Agreement is reviewed for each facility on the list to ensure that the Agreement is still in force. Any expired contracts that have not been identified previously are renewed at that time. A written copy of each agreement is maintained as well as entered into the database.

Core Faculty With Special Responsibilities: ACCE/DCE

F-15.
The ACCE/DCE uses a process to determine if the academic regulations, policies, and procedures related to clinical education are upheld by core faculty, students, and clinical education faculty (CCCEs and CIs) and takes appropriate corrective actions, when necessary.

Name
Clinical Education Handbook 2014-2015_Husson.pdf

The clinical education policies and procedures are outlined in the Clinical Education Handbook, which is accessible to the faculty, students, and clinical education faculty through a Husson Google site and also on the student Canvas site for each individual clinical education course. The DCE/ACCE is available to all parties by email and phone to answer any policy/procedure questions throughout the year.

During faculty meetings, clinical education is a recurring agenda item, which allows time for updates, questions, and interventions as needed with the core faculty members. In this way, the DCE/ACCE present major policy changes, such as progression and remediation policies, for core faculty approval. Core faculty members participate procedurally in progression decisions in that they facilitate the mid-term interviews with their advisees on clinical during the academic year, and the reports of these interviews are reviewed by the DCE/ACCE. Core faculty are asked to identify the need for DCE/ACCE follow up with the CI, student, and/or CCCE. Any policy or procedural concerns can be addressed by the DCE/ACCE at that time.

Students are introduced to the clinical education policies and procedures during three mandatory clinical education meetings during the course of their first professional year. They are given access to the clinical education handbook at that time. Adherence to these policies is tracked by the DCE/ACCE. For example, the DCE/ACCE utilizes the Certified Background software system to track required immunizations, background checks, and CPR certification. Other required procedural paperwork is tracked and logged by the Clinical Education Administrative Assistant. Students are instructed to confer with the DCE/ACCE, and secondarily with their advisors, for those academic policy and procedural questions that pertain to clinical education.

Clinical Education Faculty are encouraged to direct policy and procedural questions to the DCE/ACCE. Regular contact through Canvas course discussion boards, email, phone, or site visits enables the DCE/ACCE to monitor the student experience and address policy concerns in a timely manner. Because patient and student safety are paramount concerns, any persistent policy or procedural issues would trigger a corrective action possibly resulting in the student's removal from a clinical site. Likewise, ethical and legal infractions would similarly result in a corrective action.

Core Faculty With Special Responsibilities: ACCE/DCE

F-16.
The ACCE/DCE, using information provided by the clinical education faculty and other information as needed, is ultimately responsible for assessment of student learning in the clinical education experiences.

Name
Clinical Education Handbook 2014-2015_Husson.pdf
Mid-Affiliation Interview Form.pdf

The assignment of a grade for the clinical education experiences, PT 400 - 700, is ultimately the responsibility of the DCE and ACCE as outlined in appendix Clinical Education Handbook, pp 18-19 and further described on p 51. These experiences are graded on a Pass/Fail basis, after the DCE and ACCE takes into consideration multiple data sources accumulated during the course of each clinical. The APTA Clinical Performance Instrument (CPI) is completed by both the student and the CI at the midterm and end of each clinical experience. Both the scale scores and the comments on the CPI are read and compared for conformity and detail in describing the student's performance.

Each student and CI also participate in a midterm site or phone visit, facilitated by the DCE, ACCE. or Program Faculty. A questionnaire, appendix Mid-Affiliation Interview Form, is completed out by the facilitator, and these forms are collected by the DCE/ACCE. These visits serve as a formative assessment of the student's progress at midterm, and allow the DCE/ACCE to determine the need for intervention, provide feedback, set goals, and resolve any difficulties that arise.

During each clinical, students are required to complete assignments, such as an inservice, and participate in an online discussion board. The completion of all required paperwork and assignments are also considered in the student's grade assignment.

At all times during the clinical, both students and CIs are encouraged to contact the DCE/ACCE if any complications or questions arise, so that the DCE/ACCE is aware of any situation that might affect the student's progress. Such intervention by the DCE/ACCE is documented through email, and/or by a written summary, becoming an additional resource for determining a grade.

Once the clinical has concluded, the DCE/ACCE gathers all of the available data, and assigns the appropriate grade for the clinical placement.

Core Faculty With Special Responsibilities: ACCE/DCE

F-17.
The ACCE/DCE determines if the clinical education faculty are meeting the needs of the program. This determination is based at a minimum on the assessment, in collaboration with the CCCE, of the clinical education provided by CIs who supervise the same student for at least 160 hours in a given academic year.

Name
Clinical Education Site Evaluation & Education Form.pdf
Mid-Affiliation Interview Form.pdf
PTSE.pdf

Multiple data points and evaluative strategies are used to assess the effectiveness of clinical instructors. Feedback is gathered from multiple stakeholders and triangulated to develop a full picture of CI effectiveness.

The CCCE and DCE/ACCE relationship is one of mutual trust. Because the CCCE typically has more opportunities to observe the CI in action with the student, CCCE input is important to the clinical education process. The DCE and ACCE trust that the CCCE is using due diligence in determining staff readiness to take on the CI role, as well as determining staff effectiveness as a CI. When CCCE feedback regarding CI development needs is shared with the DCE/ACCE, a plan is mutually determined. For example, after a challenging experience with a student, one CCCE determined that the CI, while enthusiastic regarding clinical education, should not work with additional students until becoming a credentialed clinical instructor. This plan was supported by the DCE and ACCE, with academic program support for the CCIP registration fees.

Student feedback regarding CI effectiveness is gathered through multiple means. During mid-term site visits and phone calls, students are asked a variety of questions regarding CI supervision and feedback to elicit a picture of CI effectiveness. This information is collected on the Mid-Affiliation Interview Form (appendix). Student feedback regarding the clinical experience and clinical instruction is also gathered using APTA's Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction Form (see appendix PTSE). Students are expected to share the completed PTSE with the CI and provide constructive feedback regarding the CI and site. Selected data points from the PTSE are entered into an Access database and analyzed for trends or anomalies.

If data from the PTSE indicates concerns, the student meets with the DCE and ACCE to discuss the feedback on the form and the clinical experience as a whole. Further follow-up with the CCCE occurs as indicated. For instance, when a student expressed concerns regarding perceived unrealistic site expectations of students, the DCE spoke with the CCCE by phone to discuss the issue. The outcome of this discussion was a follow-up meeting with the CCCE and practice owner to improve the student orientation process, develop a student orientation handbook, and develop site specific goals for beginning, intermediate, and final clinical experiences.

The DCE and ACCE also gather informal feedback regarding CI effectiveness through student responses to DCE/ACCE prompts on the Clinical Practicum's electronic discussion board. These discussions allow the DCE and ACCE to glean information which can be further followed up on during mid-term site visits or phone calls, or through conversations with students. DCE/ACCE assessment of site or personnel education needs is noted on the appendix Clinical Education Site Evaluation & Education Form.

Because the developmental needs of CIs and sites are highly individualized and the geographic area covered by clinical sites is large, it is difficult to offer continuing education at a central location and obtain attendance. The DCE and ACCE have found it far more effective to address issues with CIs on a one-on-one basis during site visits or as part of phone or email communications. When feasible and requested by the site, the DCE or ACCE have provided site specific education in the form of small group meetings or inservices. Clinicians are allowed to register for DPT advanced elective courses on a limited basis to further their knowledge base in advanced clinical areas.

The NEC-ACCE works collaboratively to provide clinicians with the resources and information to enhance the clinical teaching environment. The School of Physical Therapy utilizes NEC-ACCE programming as a means of CI and CCCE development. Each year the NEC-ACCE offers two Clinical Faculty Institutes on topics that have been identified as needs by the NEC-ACCE members or on topics that are timely to changes in the clinical education environment. For example, recent offerings have been "Evidence Based Practice: Using Evidence to Influence Practice" and the "New England Clinical Education Summit" in response to the work begun at the 2014 Clinical Education Summit. The NEC-ACCE also offers two to six Credentialed Clinical Instructor Programs each year at a variety of locations throughout New England, which allows the Husson PT program to more effectively develop the skills of CIs over a wide geographic area. Additionally, a course specific to the development of the CCCE is offered every 1-2 years, with the most recent offering in spring 2014.

Collective Core Faculty

F-18.
The core faculty includes a blend of individuals with doctoral preparation or clinical specialization sufficient to meet program goals and expected program outcomes.

Name
Mission, Goals, Outcomes Assessment & Action Plan.pdf

As substantiated by their CVs, the PT faculty's collective professional preparation, expertise, and specializations represent the scope of practice as taught in an entry-level DPT program that educates for general practice. In regard to preparation, 10 of the 11 faculty are licensed physical therapists with 100% holding advanced degrees beyond their entry-level PT degree. 82% (n=9) have earned a research doctorate while two others (Steinbarger, Morren) hold advanced masters degrees; one of those two (Morren) holds a post-professional DPT

degree. Five (45%) hold practice certifications: Schwarcz is an ATC and a certified manual therapist, as is Stucker; Schwarcz and Steinbarger are certified ergonomics assessment specialists; Adams earned an OCS; and Olson has a NCS. When hired, 73% (n=8: Gordon, Schwarcz, Olson, Stucker, Adams, Siegel, Morren, Steinbarger) joined the faculty with strong clinical backgrounds representing experience across the continuum of care: acute care inpatient, rehab inpatient, skilled nursing inpatient, outpatient, home, and school settings. Four (36%) arrived having held prior faculty positions (Sidaway, Schwarcz, Steinbarger, Scott) while four (Sidaway, Siegel, Scott, Tiernan) arrived with a strong research preparation and history. Based upon their Husson experience, all PT faculty have acquired considerable experience in teaching, research, and service.

The PT faculty's experience and expertise also represent the range of population groups treated by physical therapy. Three faculty hold expertise in orthopedics (Schwarcz, Adams, Stucker); four hold expertise in neurologic rehabilitation (Siegel, Olson, Sidaway, Morren); two have expertise in pediatrics (Gordon, Tiernan); and two have expertise in treating the geriatric population (Stucker, Steinbarger). Other areas of expertise held by the PT faculty are motor control and learning (Sidaway, Tiernan); adult learning and higher education (Gordon, Morren, Olson); and business administration (Adams, Stucker, Morren). Multiple faculty have engaged deeply in clinical education with four having held or are holding DCE/ACCE positions (Gordon, Adams, Morren, Steinbarger), one being a CCIP instructor (Morren), and four producing clinical education-related scholarship (Adams, Gordon, Morren, Steinbarger). The PT faculty's experience and expertise allows them to bring personal experience as well as knowledge and skill to the teaching of all arenas of physical therapy: musculoskeletal, neurologic, cardiopulmonary, and integumentary care. In addition, the PT faculty's experience and expertise allow for deep exposure to orthopedic and manual therapy knowledge, motor control as a foundation to movement development, the treatment of individuals with spinal cord injury, and wound care. The PT faculty member, Peg Olson, who holds a half-time PT faculty position, devotes part of non-scheduled time to a HRSA grant focusing on the development of interprofessional education opportunities for Husson's health professions programs.

The core PT faculty represent the preparation and specialization sufficient to meet program goals and expected outcomes as stated in appendix DPT Mission, Goals, Outcomes Assessment and Action Plan Goal 1b, preparing graduates to competently practice PT in a diversity of clinical settings, and Goal 3b, promoting inquiring and scholarship within the campus community and the PT profession.

Collective Core Faculty

F-19.
The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional rules 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.

Name
Clinical Education Handbook 2014-2015_Husson.pdf
Policy List.pdf
Program Policies_PT.pdf

The PT faculty create, adopt, evaluate and uphold the program-specific academic regulations presented in appendices Program Policies_PT, Student Handbook_PT, and Clinical Education Handbook. Annual review of these documents by the Director, Office Manager, DCE, ACCE, and Clinical Education Administrative Assistant, as well as reviews by the institution when policies are adopted and included in Husson's Student Catalog, ensure that the policies are compatible with institutional rules and practices. The table of contents for each document, and the appendix Policy List, verify that PT policies address admissions requirements, clinical education, grading, minimum performance standards, professional and ethical behaviors, and student progression.

Faculty and staff have constant access to all three documents via a dedicated PT Faculty Google site and access to the dedicated DPT Professional Phase Students Google site. Students have constant access to the PT Student Handbook via the DPT Professional Phase Students Google site and to the Clinical Education Handbook via a dedicated clinical education Google site. Policies and procedures necessary for academic performance, grading and progression are shared verbally or by email with associated faculty. Clinical faculty have historically received the annual Clinical Education Handbook via mail; soon the clinical community will access the Clinical Education Handbook via a Google site specific to CIs and CCCEs.

The development of new policies and procedures, and the revision of established policies and procedures, are initiated proactively by PT faculty in response to Husson academic policies and revisions, CAPTE requirements, and best practices gleaned from higher education and physical therapy education resources. Reactive policy and procedure development and revision occurs in response to a perceived insufficiency in current policies and procedures. An example of a recent proactive Admission policy review and revision occurred as the School adopted PTCAS as its graduate application process for Fall 2012. Admissions revisions were approved by the Provost's office in collaboration with the Graduate Admissions office and the Registrar, and implemented by the Director, PT Admissions Committee, and Office Manager. The changes were communicated to potential applicants via Admissions material, the School of Physical Therapy website, and PTCAS. Once implemented, the PT Admissions Committee and the Office Manager assess their satisfaction with the Admissions policy and procedures at the close of the annual admissions process, make recommendations for change, and communicate those to the PT faculty for information sharing or for approval. Since admissions decisions are conducted in a six-person committee, all decisions follow established policy and procedures.

Reactive policy and procedural revisions are recommended by PT faculty during the course of the academic year in response to newly emergent student admission or progression issues (such as in response to undergraduate versus graduate applicant numbers; progression decisions for students requesting a leave of absence), in response to new institutional academic requirements (for example Title IX sexual harassment reporting requirements); in response to data (for example retention-attrition analysis leading to revision of admissions criteria); or, in response to the program's review processes (leading to changes in accepting undergraduate transfer students).

Many of the above examples include procedural changes that require approval of only the PT faculty and documentation. In contrast, significant program-specific Academic Policy changes are submitted for review by the Graduate Academic Affairs Committee (composed of cross-discipline graduate faculty, Registrar, and Provost's office representative) to ensure institutional consistency and legal adherence. Examples of what constitutes significant Academic policy change would include changes in admissions criteria (cumulative GPA, course pre-requisites), changes in progression criteria or structure (creation of a remediation course, PT 698 Individualized PT Remediation), and changes in dismissal criteria.

Grading and progression issues are discussed in Academic Review meetings held at the close of every semester or clinical practicum, and are attended by all PT faculty. These meetings ensure a culture of transparency about grading practices, questioning unusual trends, and shared responsibility for academic decisions. PT faculty meetings every two weeks provide another opportunity for faculty to question or update concerns about student performance and policy. Consequently, the program has not identified any issues with faculty adhering to program policies.

Collective Core Faculty

F-20.
The collective core faculty have primary responsibility for the curriculum plan. The core faculty develop, review, and revise the curriculum plan with input from clinical education faculty, associated faculty, the clinical community, and students.

Institutionally, proposals for the development and revision of the curriculum plan are initiated and developed by the collective core faculty. Following a review process in which multiple internal and external inputs and data are weighed and considered, the PT faculty reach consensus on the curriculum plan, write a proposal justifying the changes, and submit the proposal for institutional review and approval. New degree proposals, such as the transition to the DPT degree, were initiated by the PT faculty in response to external professional forces and best practices, and required the support and approval of the President, Board of Trustees, and external regulators prior to final adoption; the Director was involved in each step of this approval process. Established degree programs wishing to expand or make significant curricular revisions, such as the creation of a transitional DPT degree program, require that the faculty submit proposals for curricular redesign; a faculty member and/or the Director is involved in each step of the approval process by the Faculty Forum, Dean, and Provost. The process for less drastic curricular changes, such as dropping or adding courses, course revisions, changes in required credits, sequence of courses, and the design of clinical education, require that the PT faculty propose program policy and course changes, enter them into Courseleaf, a web-based tracking software used for the institutional approval process. PT faculty participate as advocates and participants in the institutional approval process.

Inputs considered in developing and revising a curriculum plan include best practices for higher education and the discipline, professional guidelines, institutional characteristics, student and faculty attributes and needs, and faculty knowledge and experience. Curricular proposals and revisions are based upon faculty assessment of a history and analysis of student grades, attrition and retention, student exit surveys and focus groups, student licensure rates, student employment, and program outcomes. Faculty weigh the input collected from mid-

affiliation interviews of clinical instructors, clinical instructor assessment of student preparedness and success, student clinical education debriefing sessions, and CCCE interviews. The Institutional Review Office has re-instituted graduate surveys 1-year and 3-years post-graduation, providing a few years of data concerning graduate satisfaction with their academic preparation. Periodic stakeholder focus group interviews (conducted by PT faculty every few years) concerning student, graduate and program performance are qualitatively evaluated and interpreted for recommendations for curriculum plan changes. Stakeholder focus groups consist of local PT employers, CCCEs and CIs, graduates of the Husson PT program, and associated faculty. Anecdotal feedback from associated faculty is also solicited and considered by the Director and PT faculty. Stakeholder focus groups were adopted as a means of curricular review after repeated failures in collecting sufficient graduate and employer survey data.

The breadth of the core faculty's background allows for close attention to emerging practice and professional issues. Clinical practice guidelines for entry-level curricula and novice-to-expert competencies inform the curriculum. Pertinent external guidelines provide content and practice emphases, such as the American College of Sports Medicine (ACSM) guidelines for exercise and prescription, and National Athletic Trainers Association (NATA) competencies. Faculty individually and as a group reference these and other resources that provide conceptual practice frameworks for, as examples, hypothesis-oriented clinical decision making; WHO International Classification for Functioning, Disability and Health (ICF); CDC Healthy People series; Core Competencies for Interprofessional Collaborative Practice; and policy summaries such as those for the physical therapy and society summit (PASS) and global health summits. These resources plus conferences and our own research, informs our pedagogy and strategies for teaching function and disability, health and wellness, critical thinking and clinical reasoning, differences between novice and expert practices, and interprofessional education. This response is cross-referenced with that of CP-1.

Collective Core Faculty

F-21.
The collective core faculty determine each student's readiness to engage in clinical education, including review of performance deficits and unsafe practices of the students.

Name
Student handbook_PT.pdf

The Professional Phase Progression and Retention policy in appendix Student Handbook_PT, p 45, states that at the close of each semester's classes, and prior to entering clinical education experiences, students' grades and records are reviewed by the Academic Review Committee, which is composed of all PT faculty. In practice, Academic Review meetings are regularly scheduled mid-fall semester before students leave for Clinical Education II, at the close of the fall semester prior to Clinical Education IV, and at the end of the spring semester prior to Clinical Education I and III. Impromptu Academic Review meetings are also called by any faculty member at any point of the year if a student is deemed to be at-risk for non-progression or failure. The intent of Academic Review meetings is to ensure that only those students prepared to enter into clinical education experiences actually progress into them.

At Academic Review meetings, and in consideration of the criteria for non-progression as stated in the Student Handbook_PT, p. 45, faculty systematically report on collective student success in each course, on written tests, high-stakes assignments, and on practical exam performance. Each course instructor identifies each student who has earned a C grade or worse, each student whose grades will potentially drop below 3.0 cumulative GPA, each student who has performed unsuccessfully on written tests, and each student who has failed a practical exam or the retake of a practical exam. Practical exams are graded by rubrics which identify those behaviors that indicate unsafe practices as well as the performance attributes of skills under assessment. The student who fails a practical exam retake is closely reviewed by the Academic Review Committee for a dismissal determination in which the Committee considers overall academic performance, psychomotor performance, and affective and professional behaviors. If a dismissal decision is made for an undergraduate student in the first year of the program, the student will be allowed to complete the BS in Kinesiology degree, which does not require a clinical education experience. Decisions for dismissal are typically made by consensus of the faculty.

The PT faculty, DCE and ACCE also track the academic and physical performance of those students who have health concerns in order to ensure that neither the student, the CI, nor the patient is at-risk for safety reasons. Consequently, student progression into the clinic has been delayed while students recover from illnesses, surgeries, concussions, and joint injuries, and are then placed upon submission of a doctor's written release. Students are asked to inform their receiving CCCE and CI if any residual health or physical performance issues may potentially threaten the student's clinical performance. Every student who has been delayed due to health reasons has met the 4-year graduation rate.

A student who does not meet the criteria for progression and who is dismissed may be offered a remediation plan at the student's written request. The decision to recommend remediation is based upon the Academic Review Committee's decision that the student will more likely than not successfully graduate with the clinical reasoning, safe handling, and professional behaviors expected of novice physical therapists. In addition, a remediation plan requires a majority vote of the Academic Review Committee and the agreement of the instructor(s) of the course(s) involved. Remediation may include repeating a course or courses, pursuing independent study covering course content, writing specific papers, and/or completing comprehensive course exams. Faculty will gain recognition for the extra work created by individualized remediation plans, hence the student will pay for retaking a PT course, officially auditing a PT course, or enrolling in PT 698 Individualized Physical Therapy Remediation course. When remediation is offered, students will receive the written remediation plan approved by faculty and designed to correct deficient knowledge, performance or behaviors. The student's signature on the remediation plan represents his or her understanding that the remediation plan must be completed successfully before being allowed to progress within the physical therapy program and into a clinical practicum. Students will be allowed no more than one remediation opportunity.

This remediation process has worked to ensure that students are prepared to enter clinical education. Consequently, in the history of the PT program, only two MSPT students failed a clinical practicum (one for deficient performance; one for professional behaviors) and one DPT student failed a clinical practicum for deficient performance. In all three situations, the DCE, CI and CCCE tracked the student's performance throughout the clinical experience.

Collective Core Faculty

F-22.
The collective core faculty is sufficient in number to allow each individual core faculty member to meet the teaching, scholarship, and service expectations (Criteria F1-F4) 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.

Name
Faculty Membership on Committees, 2014-2015.pdf
Mission, Goals, Outcomes Assessment & Action Plan.pdf
Program Policies_PT.pdf

Core faculty participation in teaching, scholarship, service and advising is verified by the annual review process and by the Director's monitoring of individual workloads. The collective contribution of the core faculty is annually monitored through the comprehensive accounting of service and scholarship activity, by verification of curricular course coverage, and by the fact that all undergraduate and graduate PT students are advised by PT faculty. In addition, all core faculty participate in the career advising of graduating students and alumni. This review process verifies that each individual core faculty member is able to meet teaching, scholarship, service and advising expectations. Annual reviews also produce individual faculty narratives that provide evidence of faculty committing to active teaching practices, engaging in inquiry and scholarship, and acting as professional role models through clinical work and professional service (such as acting as journal reviewers and editors, participating in the ME Chapter of the APTA and Board of Examiners, and assuming leadership roles in the New England Consortium of ACCEs)--activities that meet faculty goals as stated in appendix Mission, Goals, Outcomes Assessment & Action Plan. Hence the review of faculty service, professional activities and scholarship also provides evidence supporting program outcomes of enhancing the profession; engaging with the PT community; promoting students' engagement in the profession and in health and wellness of the public; and, of promoting inquiry and scholarship (Mission, Goals, Outcomes Assessment & Action Plan).

The administrative function of the DPT program is shared among the Director and Office Manager, and the DCE, ACCE, and the Clinical Education Administrative Assistant for clinical education, as illustrated by the job descriptions for each of these positions in appendix Program Policies_PT, p 45-68. Activities of associated faculty are coordinated primarily by the Director and Office Manager, although individual faculty assist individual associated faculty to prepare for, teach, and review course content. All core faculty assist with administrative function of lab maintenance (Dr. Sidaway is Director of the Kenduskeag and anatomy lab, Dr. Schwarcz maintains upkeep of hi-lo tables, Dr. Adams oversees physical agents

equipment). Core faculty also assume responsibility for technology and equipment ordering and maintenance, admissions, and curricular and instructional design. Clinical practice is not required by faculty job descriptions yet six of the eleven faculty schedule, as time allows, work in local PT clinics or in home health, and nine of the eleven faculty have volunteered to supervise in the student-run Pro-Bono clinic.

All core faculty are members of the Faculty Forum, hence participate in governance. The PT core faculty have a long history of high participation as members and leaders of Institutional (Promotion, Multiple-Year Contract), Faculty Forum (Handbook, General Education, Graduate Council), and Adhoc (Vision, Research & Scholarship Advising Committee) committees, so regularly contribute to the policy, administrative, and assessment functions of Husson University. In addition, PT faculty are sought by other faculty for participation on search, multiple year contract review and promotion review committees. See appendix Faculty Membership on Committees for 2014-2015.

In addition to participating in governance, all PT faculty engage in School of PT committees in order to share the work of admissions, curricular planning and review, policy development and review, and student performance evaluations. The iterative process of evaluating student outcomes and program outcomes is time consuming, requiring the repeated and collective input of the PT faculty throughout the year. Comprehensively, the annual processes for review of program, student, and faculty reveals that program outcomes are successfully met thereby verifying that the number of faculty is sufficient for the operations of the DPT program. While faculty numbers and workloads allow for adequately meeting program and student outcomes, their workloads are challenged by the need to provide lab-assistant coverage for lab classes, a problem due to difficulty in attracting sufficient clinicians to act as lab assistants. In addition, a close review of faculty workloads finds that in the current environment of decreasing clinical placement slots, the DCE and ACCE are challenged by limited time to find placements for four clinical rotations per each class. This challenge argues for either a curricular/clinical education redesign or for an increase in clinical education faculty support.

Clinical Education Faculty (CCCEs and CIs)

F-23.
The clinical education faculty (CCCEs and CIs) have a minimum of 1 year of clinical experience and demonstrate clinical competence in the area of practice in which they are providing clinical instruction.

Name
Clinical Education Handbook 2014-2015_Husson.pdf

As previously described in item F17, the CCCE and DCE/ACCE relationship is one of mutual trust. Because the CCCE typically has more opportunities to observe the CI in action with the student, CCCE input is important to the clinical education process. The DCE and ACCE trust that the CCCE is using due diligence in determining staff readiness to take on the CI role based on clinical competence in addition to other factors. The appendix Clinical Education Handbook, p 57, contains the minimal criteria for a clinical instructor: active pursuit of the development of knowledge and skills in clinical teaching; demonstration of sound educational principles in planning, implementing, and evaluating the clinical education experience; a minimum of one year of clinical experience and/or sufficient professional knowledge and competent clinical skills in order to facilitate the student's learning; and collaboration on a regular basis throughout the clinical experience with the student and CCCE in the evaluation of student progress. In conversations regarding an upcoming clinical placement, CCCEs frequently note the experience level of the potential CI, as well as clinical expertise and clinical instructor expertise, in an effort to determine a CI who will best meet the student's needs. During the 2013-2014 academic year, clinical instructors had an average of 11.69 years of clinical experience (min= 1 yr; max= 34 yr). In this same time frame, clinical specialty certifications were held by 17% of CIs, 36% of CIs were APTA members, and 48% of CIs were credentialed clinical instructors. Percentages of CIs with clinical certifications and of CIs who are credentialed have steadily increased over the past three years. The percentage of CIs with clinical certifications has risen from 10% to 17% in this time frame and the percentage of credentialed clinical instructors has risen from 35% to 48%.

Clinical Education Faculty (CCCEs and CIs)

F-24.
The clinical education faculty (CCCEs and CIs) demonstrate the ability to be effective clinical teachers, including the ability to assess and document student performance, including deficits and unsafe practices.

Name
Clinical Education Handbook 2014-2015_Husson.pdf
Clinical Education Site Evaluation & Education Form.pdf
Mid-Affiliation Interview Form.pdf
PTSE.pdf

The criteria for clinical sites and CIs are described on pages 55-56 of the appendix Clinical Education Handbook. The CCCE has responsibility for coordinating the assignments and activities of students at the clinical center; demonstrate knowledge of contemporary issues in clinical practice, practice management, clinical education, advanced clinical skills, and scholarship; maintain a liaison and collaborative efforts with clinical instructors, clinical center personnel, the academic faculty and the student; be accessible to the student during clinical experiences; and utilize effective interpersonal skills in relationships with students, academic faculty, clinical center staff and clients, including skills for effective conflict resolution. The CI is a physical therapist who should actively pursue the development of knowledge and skills in clinical teaching; demonstrate sound educational principles in planning, implementing, and evaluating the clinical education experience; have a minimum of one year of clinical experience and/or sufficient professional knowledge and competent clinical skills in order to facilitate the student's learning; and collaborate on a regular basis throughout the clinical experience with the student and CCCE in the evaluation of student progress. These criteria are assessed by the DCE and ACCE through discussion by phone and email throughout the clinical experience as needed (including pre-planning and post-clinical review), but most directly during site visits or mid-term phone calls. DCE and ACCE impressions are documented on appendices Mid-Affiliation Interview Form and the Clinical Education Site Evaluation & Education Form.

Student feedback regarding the clinical experience and clinical instruction is also gathered using the appendix Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (PTSE) form. Selected data points from the PTSE are entered into an Access database and analyzed for trends or anomalies. While all items on the PTSE form are reviewed by the DCE/ACCE in an effort to triangulate data, the students' overall rating of the clinical site (item #16) and the 21-item rating scale of clinical instruction (#22) are specifically reviewed for consistency with narrative comments and DCE/ACCE impressions from previously gathered information. These items are also reviewed in light of specific student circumstances and the track record of the clinical site and CI. Anomalies are addressed through discussion with the CCCE, review of the PTSE with the CI, or identification for future tracking.

Clinical instructors for Husson students have shown a high level of performance and commitment. Overall clinical experience ratings by students averaged 3.89 (1-4 scale, from PTSE) during the 2013-2014 academic year. CI total clinical instruction scores by students averaged 99.49 (105 max score, from PTSE). The mode of assessment of clinical instruction scores for the CI averaged 4.87 (1-5 scale, from PTSE). DCE and ACCE impressions of CI performance were consistent with student ratings. In only two cases during this time frame did students provide an overall rating less than a 3. Further exploration of these situations revealed misunderstandings which were resolved with further discussion. Percentages of CIs with clinical certifications and of CIs who are credentialed have steadily increased over the past three years. The percentage of CIs with clinical certifications has risen from 10% to 17% in this time frame and the percentage of credentialed clinical instructors has risen from 35% to 48%.

CI ability to assess and document student performance is assessed informally during review of midterm and final CPI assessments, as well as during midterm site visits or phone calls. CPI ratings are reviewed for consistency with narrative comments, anchor definitions, and performance dimensions. When inconsistencies are noted or questions arise, the DCE or ACCE will contact the CI for clarification or to provide feedback. CI description of student performance is also assessed during midterm site visits and phone calls. As note in the F-15 response, patient and student safety are paramount concerns, as is the ethical and legal safety of the receiving clinic and clinical faculty. Consistent with the focus of the CPI, experiences of unsafe practices, whether committed by the student, clinic employees or patient, are a trigger for immediate attention, and if not resolved, or if serious, are a reason for immediate action including removal of the student from the clinical experience.

Clinical Education Faculty (CCCEs and CIs)

F-25.

The responsibilities of the clinical education faculty (CCCEs and CIs) are delineated and communicated to them and to other program faculty, as needed. The participation of clinical education faculty in program activities and curriculum review is consistent with institutional policy and with their level of participation in the program.

Name
Clinical Education Agreement.pdf
Clinical Education Handbook 2014-2015_Husson.pdf
Mid-Affiliation Interview Form.pdf

The responsibilities of clinical education faculty are described in detail in appendix Clinical Education Handbook, and in broader terms in appendix Clinical Education Agreement, which is accessible to all parties. The Clinical Education Agreement expectation for their role as educators is consistent with that of clinical faculty in other Husson health professions programs. CI responsibilities are also communicated in pre-clinical mailings, emails, and placement discussions. Any questions that arise are referred to the DCE/ACCE, with education provided on an individual basis as needed.

In addition to responsibilities for educating and supervising students, CIs are expected to provide student and program feedback on a regular basis. During mid-affiliation site visits and phone calls each CI is asked to provide feedback regarding student and CI preparation (see appendix Mid-Affiliation Interview Form). They complete the CPI twice during each student's clinical experience. This feedback is collated and discussed with core faculty at regular faculty meetings and at curriculum review meetings, thereby informing curricular decisions. CIs, CCCEs, program directors, and other administrators are periodically invited to participate in focus groups to share their perspectives on Husson's DPT graduate and current student performance, the success of the program in educating for physical therapy expectations and needs, and how the DPT curriculum should change to address future professional directions. Information provided in the focus groups is used as part of the curriculum review process.

As educators, clinical education faculty are professional and clinical role models for students so are expected to maintain currency with ethical and legal practice issues, changes in concepts concerning professionalism, clinical practices, and clinical education, hence they are responsible for their continuing education. Clinical education faculty voluntarily participate in a variety of program activities through the course of the academic year based on availability and interest. They are encouraged to attend CI certification and CCCE courses offered by Husson and the New England Consortium of ACCEs. Several clinical education faculty members have served as lab assistants in academic courses, as well as provided experiential learning for the students in their local clinics. Clinical education faculty attend events at Husson, including continuing education offerings, advanced electives, fundraisers such as wheelchair basketball, state chapter meetings of the APTA, and job fairs. The School of PT Facebook page and emails are conduits of information regarding these types of events.

Clinical Education Faculty (CCCEs and CIs)

F-26.
The clinical education faculty (CCCEs and CIs) are afforded rights and privileges that are appropriate for their level of participation in the program and similar to the rights and privileges afforded to the clinical education faculty in other programs throughout the institution. The rights and privileges of the clinical education faculty are delineated and communicated to core and clinical education faculty.

Name
Clinical Education Agreement.pdf
Clinical Education Handbook 2014-2015_Husson.pdf

The rights of clinical education faculty are described within appendices Clinical Education Handbook and the Clinical Education Agreement. Privileges are described on Husson's clinical education Google site at (https://sites.google.com/a/husson.edu/clinical-educators-husson-university-school-of-physical-therapy/). Clinical instructors are eligible for formalized clinical faculty appointments. This process is described on p. 54 of the Clinical Education Handbook. Other health care profession programs within Husson University offer similar appointment opportunities for clinical staff.

Clinical instructors and CCCEs are able to obtain library privileges by contacting the DCE or ACCE. This allows the clinical faculty to access all onsite and online resources of the Husson University library. The library staff are available to provide individual education regarding use of online resources. CIs, CCCEs, and staff at contracted sites are eligible to attend advanced electives as continuing education at a significantly reduced cost. These opportunities are advertised through email and the program Facebook page. Husson University may provide space for outside groups to offer continuing education and these events are also publicized to clinical faculty. For example, recent events have included Ola Grimsby continuing education courses and Maine Chapter APTA meetings/educational programs.

Clinical faculty are welcomed to contact academic faculty members at any time. The DCE/ACCCE may facilitate contacts between these parties as needed or as interest is expressed. Academic faculty are available as resources in content areas for clinical questions, as inservice providers, and as potential research partners.

Husson University's membership in the New England Consortium of ACCEs (NEC-ACCE) provides many opportunities for clinical faculty. The Credentialed Clinical Instructor Program (CCIP) is offered at a variety of locations in New England each year. In recent years the CCIP has been offered annually in Maine, alternating between Bangor and Portland. The NEC-ACCE provides two registration vouchers a year for each academic program to distribute to clinical sites. In addition, the Husson School of PT has maintained funding for a limited number of registration scholarships to the CCIP each year.

The NEC-ACCE offers two Clinical Faculty Institutes each year. These day long courses are free to any staff member of a facility associated with a NEC member school. The NEC-ACCE also has taken an active role in clinical education discussions nationally with events such as focus groups, promoting the webinars in advance of the recent Clinical Education Summit, and authoring Summit position papers. Information is provided to clinical partners through educational opportunities such as the Clinical Faculty Institute, emails, website announcements, and social media venues.

Associated Faculty

F-27.
Associated faculty have contemporary expertise in assigned content areas and in assigned teaching responsibilities, including effectiveness in teaching and student evaluation.

Please refer to the Associated Faculty Information Page for the description of each of the eight associated faculty members' contemporary expertise for teaching. All associated faculty who currently teach have previously taught for the DPT program therefore have acquired a history of positive student reviews that support their teaching effectiveness. They have been hired for their expertise and as a complement to the knowledge and skills offered by the core faculty. Other associated faculty are invited by course instructors to assist as guest lecturers or as lab assistants. The following list of additional associated faculty taught in the DPT program over the past year.

Jon Morren, PT, GCS - teaches Medicare regulations and reimbursement, PT 528 & PT650 (12 contact hours); knowledge base: clinician, prior clinical supervisor and current electronic records IT developer for MaineCoast Memorial Hospital, ME Chapter of the APTA President, and payment and policy chairperson

Readell Orff, DPT - lab assistant for co-teaching manual therapy skills for PT 554; knowledge base: graduate of Husson DPT program, outpatient PT with orthopedics as primary clinical focus

Benjamin Rogozinski, DPT, Asst Prof Emory University - teaches pediatric and cerebral palsy gait analysis, PT 608 (12 contact hours); knowledge base: biomechanics, 5-year experience in Shriners Hospital, SC, motion analysis/gait lab, authored several peer-reviewed movement analysis research papers and presentations

Jessica Speed, DPT - lab assistant to guide students in a small EMG research project for PT 412 (10 contact hours); knowledge base: graduate of Husson DPT program, outpatient and home health PT

Lastly, PT instructors use upper class PT students who have demonstrated excellent academic success and strong communication skills as tutors and as lab assistants. Duties include setting up and cleaning up the labs before and after class sessions, assisting in lab instruction, and tutoring first and second year DPT students in PT 410, PT 417, PT 416, PT 515, PT 550, and PT 552. Students are hired as tutors or as graduate assistants and not as adjunct faculty. For the 2014 year, six Class of 2015 students were hired.

Associated Faculty

F-28.
The responsibilities of associated faculty and the relevant academic policies are delineated and communicated to them. The participation of associated faculty in program activities and curriculum review is consistent with institutional policy and with their level of participation in the program.

Name
Faculty Handbook_Husson.pdf

Associated faculty are called unranked faculty in appendix Faculty Handbook_Husson, Section 2.1.1.2, p 13, and Section 2.1.3, p 15, and are described as an employee of the University who has been appointed by contract granted by the Provost. Associated (unranked) faculty hired for the PT program are employed on a semester-by-semester basis to teach a specific course(s). The contract letter specifies the course(s) to be taught, the start and exam dates for the semester, the credits and the compensation as well as the policy limits of employment (duration, termination at will, agreement to comply with the definition of part-time faculty, background check). The contract letter notes the possibility of being asked to attend training or program meetings, and does not include academic policies.

When associated faculty are hired, they gain access to the CAMS course management system and to the go.husson.edu Google system which provides access to all materials and posts from the Registrar's office, including FERPA information and institutional grading policies and procedures. Program academic policies (grading, professional behaviors, student progression) and procedures (grading and progression review, syllabus format) are communicated with the associated faculty verbally by the Office Manager and Director, and via email by the Office Manager, Director, and Registrar. The PT Policies Handbook, or specific policies, are shared as needed. This process works to ensure that the associated faculty members are aware of their teaching responsibilities. By practice, associated faculty are not required to attend faculty or academic meetings, largely because the majority of associated faculty live a distance away from campus and commuting for meetings is not practical or reasonable. Student and course reviews between the instructor and the Director occur while the instructor is on-campus, or by phone or email. These reviews ensure that academic policies are appropriately honored, that course content and activities appropriately addressed objectives, and that expected student outcomes were met. Associated faculty also share their perspectives of the Husson teaching experience with other core faculty. Any comments, student performance, grades, and any course content or curricular changes recommended as a result of the course review are shared and considered with the core faculty during curriculum review meetings.

The program's reliance on associated faculty is relatively low with seven associated faculty regularly teaching six of the 42 required courses, and, during this past fall, three associated faculty teaching three of the four advanced elective courses. All associated faculty who taught this past year have previously taught for the DPT program, so for several years, none have required an introduction to the program's academic policies. Consequently, current associated faculty receive reminders about grading and seek from us additional policy information if they have concerns. For example, in the past year, associated faculty have questioned our academic policies when concerned about students' professional behaviors (the suspicion of cheating on a quiz) or about the implication of a low grade on a student's progression.

Associated Faculty

F-29.
The associated faculty are afforded rights and privileges that are appropriate for their level of participation in the program and similar to the rights and privileges afforded to associated faculty in other programs throughout the institution. The rights and privileges of the associated faculty are delineated and communicated to the core and associated faculty.

As employees of Husson University, associated faculty are afforded the protections provided unranked faculty for equal employment, freedom from harassment, and free speech. As per institutional policy and practice, associated faculty are provided with the space, materials and infrastructure for effective teaching of contracted courses. They are not provided their own office space hence teach and advise students in their assigned classroom(s), or are offered to share office space with the program's Office Manager or other PT faculty.

In gaining access to Husson's online faculty materials as noted in F-28, associated faculty acquire a husson.edu email address, and with that they acquire access to library resources, instructional guidance from the Instructional Technologist, and technology support from the Information Resources Office (IRO). Through contact with the School's Office Manager, they are provided support for business office and employment processes, scheduling, traveling, hotel accommodations, copying or online sharing of course materials either through Canvas course management or Google Drive, access to a laptop and other A-V media resources, plus any of the teaching materials and equipment resources owned by the program. The program purchases for the instructor the books, reference texts, and teaching materials required for the course if the instructor so desires. For lab courses, the associated faculty are offered the option of hiring lab assistants or the use of PT faculty as lab assistants. The Office Manager, Instructional Technologist, and IRO all offer their services for technology troubleshooting.

While all associated faculty are invited to teach in their areas of expertise, many associated faculty are nationally-recognized experts in their content area and hold faculty positions at other Universities. In contrast, those associated faculty who are developing educators may benefit from Husson support for continuing education in their area of expertise or in education. When identified by the Director as a benefit to the program, developing associated faculty have occasionally received support to travel to and attend faculty development workshops and APTA-sponsored workshops/conferences.

Students

R-1.
The enrolled student body is consistent with the mission and goals of the program, the profession's need for qualified, competent practitioners, and the societal need for diversity , among physical therapists.

Name
DPT Mission, Goals & Outcomes Statement.pdf

Husson University's Mission (appendix DPT Mission, Goals & Outcomes) is to provide professional education for health, business and education careers. With a long-standing commitment as an "opportunity campus," Husson has historically served students predominantly from Maine and New England, aspiring to provide education at the lowest possible cost to those students for whom education is the key to a better future. Husson students are career-oriented, come from low-to-middle income families, are often the first in their families to go to college, have at best average academic preparation, and enter University committed to expanding their career and life opportunities. To best meet the academic needs of the DPT students, Husson administrators and PT faculty agreed to limit the size of each DPT class to forty students.

Currently, approximately 85% of the 3000+ Husson student body are from the state of Maine. In comparison, freshman entering the fall 2014 semester of the six-year BS in Kinesiology/DPT program (n=36) reveal that 75% are from Maine, about 20% are from other New England states, and 2.6% are international students. This profile shifts slightly in the professional phase. For the history of the DPT program (Class of 2010-2017), approximately 75% of students came from Maine, 17% came from other New England states (CT to NH) while the remaining 8% arrived from states scattered across the U.S. (NY, PA, VA, TX, OK, CO, MT, WY) or are foreign-born.

Diversity within Husson and Husson's DPT program is reflected more by socioeconomic status (SES) than by race or ethnicity. U.S. Census data for Maine reveals that in 2013, 95.2% of the population were white with 3.4% being foreign born. The program's racial, ethnic minority, and international student profile reflects that of Maine and ranges from its current 3% to a high of 7% with most of the diversity attributed to international or foreign-born students; the remainder of the student body is white. Religious diversity is similarly low. The current student body is comprised of 64% female students; 19% are nontraditional students with ages ranging up to 42 years of age. The mean age of all entering DPT classes ranges between 21 and 23 years of age.

Over the past seven years, 34% to 45% of all freshmen entering Husson have been first-generation college attendees as compared with approximately 20% of B.S. in Kinesiology undergraduates first entering the DPT program in fall 2014 (incomplete data from 2014 FAFSA forms). Current higher education research shows that about a third of college students are first generation attendees, often begin college less academically prepared, and are more likely to work while in college. A 3-year review of DPT student (Class of 2014-2016, n=100) financial need reveals that 87% have high financial need as determined by the Financial Aid office. In another measure of financial need, National Survey of Student Engagement (NSSE) data collected in 2012 reveals that of the Husson seniors who responded, 34% said they worked 30+ hours per week. In comparison, NE private schools reported 13% and, of all students nationwide who participated in NSSE, 21% reported 30+ hours. A program survey of the employment history of the DPT Class of 2014 (n=35) reveals that, over six fall and spring semesters, 44%-69% (mean=54%) were employed with 6%-23% (mean=14%) working 21 to 30 hours per week. One student worked 30+ hours per week for each of those six semesters. Students tend to reduce their work hours during the final semester of the program.

Freshman students entering into the BS in Kinesiology/DPT program meet prerequisite criteria. For example, freshman entering into the 2011-2014 fall semesters had mean high school GPAs of 3.55 to 3.84 and mean SAT total scores of 1587 to 1635. As an example of undergraduate academic success, 84 of 142 (59%) students received 2014 fall honors with 33 earning the highest President's List honor, 33 earning placement on the Dean's List, and 18 receiving Honors. All Husson undergraduate students progressing into the first DPT year successfully completed, with a C grade or better, all DPT program prerequisite courses and met the required cumulative GPA, which was set at 3.0 for those entering into Classes 2010-2014, and 3.3 for those entering into Classes 2015-2017. All Husson graduate students entering into the DPT program similarly passed all prerequisite courses and earned a 3.0 or better cumulative GPA for their Bachelor's degree. The mean pre-requisite course GPA for all DPT entrants (n=315) is 3.42 and the mean cumulative GPA for all DPT entrants (n=315) is 3.54. Once enrolled, all students must meet academic progression criteria in order to graduate.

This profile of the DPT student body is consistent with the Husson and the program mission and goals, the need for qualified and competent PTs, and the need for a diverse profession.

Student Services

R-2.
Counseling services, academic services, disability services, and financial aid services are available to students.

Counseling Services
The Husson Counseling Services (HCS) Center is located in 214 Peabody Hall with a mission to assist students in their pursuit of success. Counselors help students use their strengths and resources to overcome barriers and to develop strategies to improve mood, relationships and academic performance. The HCS is directed by psychologist Joshua M. Lawrence, Ph.D., ABPP and staffed by two part-time, fully-licensed counselors. HCS utilizes a short-term model of intervention, networking with community mental health providers when longer-term care is needed. The HCS has proven itself capable of meeting the needs of the PT program. Students have been referred by faculty for assistance in dealing with stress, anxiety and family issues.

Academic Services
The Center for Academic Services (CAS), including the Writing Center and the Learning Center, is available to help students with their academic needs. The CAS is located in 208 Peabody Hall and overseen by John Lowe, Ph.D. The CAS provides a number of services including orientation for first-year and transfer students; services for students with disabilities and for veterans; coordination of first-year student success course (The Husson Experience, HE 111); study skills and time management advising; assistance with adjustment to college and early intervention strategies; and facilitation of contact with the Learning Center, the Writing Center, and tutors for science courses.

The Writing Center supports writing composition, the creative process, grammar, and style as well as providing help in evaluating papers and feedback before papers are submitted. The Writing Center consultants can help students invent, organize, and revise documents to meet specific course assignment requirements. The Writing Center is coordinated by Matthew Pifer, Ph.D.

The Learning Center houses both faculty and student tutors to assist with both general undergraduate classes and degree-specific courses. These services are free to students and include individualized instruction in subjects such as mathematics, statistics, chemistry, physics, anatomy, psychology plus others. Tutors with experience in degree-specific classes including criminal justice, physical therapy, nursing, and pharmacy are available. The Learning Center is overseen by Dr. John Lowe and has a strong relationship with the Dean of Students, Sharon Wilson-Barker, who provides academic outreach services, counseling, and accommodations for students with academic needs. CAS meets the general needs of the PT program.

The School of PT provides course-specific support by hiring clinicians and upper-class DPT students to act as lab assistants and peer tutors under the supervision of course instructors and management of the Office Manager. Peer tutoring is most frequently provided via group review sessions with tutors assigned to support specific first- and second-year DPT courses.

Disability Services
Disability Services is located on-campus in 208 Peabody Hall with a mission to assist students with specialized learning needs achieve academic success. Students are required to provide documentation of a disability from a qualified individual. Dean of Students, Sharon Wilson-Barker directs Disability Services providing a range of learning accommodations and supports. The most common accommodations provided are increased time for taking tests and a quiet place to take tests. Disability Services meets the needs of the PT program. It is not uncommon to have students who qualify for additional testing time or a quiet place to take exams.

Financial Aid Services
Husson University prides itself on being the lowest net-price 4-year private university in Maine and the 8th lowest in New England. Financial Aid Services (FAS) is located on the first floor of the Robert O'Donnell Commons building, and is staffed by a director and 5 personnel who assist students with their financial aid needs. The goal of FAS is to help students understand the variety of assistance options available and to help navigate the many steps involved in applying for financial aid. Information is made available to students through entrance counseling where the focus is on how to attain the students' financial objectives. In addition, the University has added a full-time Financial Aid Counselor to allow students to have more direct, one-on-one personalized service . Counselors are available by phone or via appointment in the office. FAS is able to meet the needs of PT students at Husson University. Although PT students may graduate with large debt the program has not lost students due solely to inability to pay for school.

The above student services are available via email to those students who are learning off-campus. For PT students attending clinical affiliations, the DCE and ACCE will act to mediate and ensure for student services in an off-campus crisis.

Support Staff

R-3.
The program has, or has access to, administrative, secretarial, and technical support staff to meet its professional education, scholarship, and service goals and expected program outcomes.

Name
DPT Mission, Goals & Outcomes Statement.pdf
Program Policies_PT.pdf

Three administrators with faculty or instructional responsibilities direct the School of PT and its Clinical Education program: the Program Director, the Director of Clinical Education, and the Academic Coordinator of Clinical Education. Two staff members are dedicated solely to the needs of the program: the Office Manager, Cecile Ferguson, and the Clinical Education Administrative Assistant, Karen Nodden, who provide full support to the director, faculty and students. Job descriptions for these five positions, found in appendix Program Policies_PT, pp 45-68, reveal that this administrative and staff team meets the management needs for the School of Physical Therapy.

In addition the PT program is supported at the institutional level by the Office of Institutional Research and the Information Resources Office. The Office of Institutional Research (OIR) exists to advance Husson University's mission of preparing students for professional careers by providing comprehensive information to support institutional planning and decision making, policy formation, evaluations of effectiveness, and to coordinate responses to external accountability mandates and to internal and external requests for information about the campus. The OIR is coordinated by Gail Tudor, Ph.D., Director of Institutional Research and Travis Allen, M.Ed, C.A.S., Director of Assessment. The OIR meets the needs of the PT program, assisting in areas such as graduate surveys and student retention.

The Information Resources Office (IRO) provides computing, networking and communications innovation, development, promotion, training and management in order to advance the mission of the institution. The IRO is divided into several functional units. The Help Desk provides technical computing support to faculty and staff, and is the main point of contact for student and staff service requests. The Help Desk is located on the lower level of Bell Hall and is open Monday through Friday 7:30am to 7:30pm during all regular semesters. In addition there is an email account -- helpdesk@husson.edu – which is monitored several times a day. Network and Computer Services is responsible for the installation, configuration, troubleshooting, maintenance and repair of all campus computer and network equipment, switches, hubs and other network hardware, as well as data lines and other physical elements of the Husson network. Information Systems and Training Services are responsible for the storage, backup and maintenance of institution-wide data. Telecommunications ensures optimal telephone service to the entire campus. Student Computing maintains the computer labs, common space "kiosk" machines and residence hall network connections. Academic Computing is responsible for Instructional Technology and Media Services. Instructional Technology at Husson is defined as all technology used inside or outside of the classroom which augments or otherwise supports effective teaching and learning, which includes, as an example, support for the School of Nursing Simulation Lab. Media Services is responsible for making available technology equipment in support of Academic Computing's Instructional Technology function. While Media Services supplies faculty and students primarily with laptop and LCD projectors, Media Services can also assist parties in securing equipment supplied by other groups, such as the library. IRO services support distance-learning classrooms and portable options for interactive video and online learning. Two Instructional Technologists are available to support faculty in their use of technology. They regularly conduct workshops and assist faculty, staff and students in learning the effective use of Husson's Google capabilities, Canvas by Infrastructure course and learning management system, web-design, social networking for instruction, and other innovative technology resources for instructional use.

IRO meets the needs of the PT program through services such as supplying and maintaining faculty computers, iPads, and equipment computers (for example, those used for the Biodex and the Zeno Gaitway), storage of files, and maintaining and assisting in the use of classroom media and instructive technologies. Canvas, in supporting online learning, meets the distance-learning and communication needs of the clinical education program. IRO and administration support other internet needs of clinical education, especially in regard to students' internet access to library resources and web-based clinical education forms and data (CPI, CCIP); and, faculty/staff use of an Access clinical database plus the future use of a newly purchased AllofE eMedley clinical tracking system. In summary, these resources meet the management, teaching, scholarship, service, and development needs necessary to attain the goals and outcomes as outlined in appendix DPT Mission, Goals, and Outcomes Statement.

Financial Support

R-4.
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.

Name
DPT Mission, Goals & Outcomes Statement.pdf
Evidence of Routine Financial Support.pdf

Husson's 2013 NEASC Self-Study notes the University's strong fiscal operations despite its reliance on revenue acquired predominantly from tuition. This report also notes institutional efforts to augment its financial position using strategies such as utilizing its endowment in support of financial aid, enhancing grant efforts, and developing revenues from continuing professional education, online programming and international students. These strategies have little impact on the fiscal operations of the DPT program which relies upon tuition revenue for its operating and personnel budgets. Husson has reviewed labor predictions for Maine and for the U.S. to determine that the demand for DPT education will remain strong for the near future. Stability of tuition revenue is supported by the current trend of abundant graduate applicants who meet admissions criteria despite a state trend for an increasingly smaller student pool. Financial stability is secured by the administrative decision to hold solid the size (40 students per class) of the DPT program, hence enrollments, tuition and fees, and costs are closely monitored to ensure for an adequate revenue flow. There are no near-future goals for developing new space, a larger faculty, or expanding the PT's educational offerings. Outcomes data for student satisfaction and achievement; licensure; faculty productivity, professional engagement and scholarship; and capital, space and equipment resources reveals that the program meets its Mission, Goals and Outcomes Statement (appendix).

Financial resources allocated to the program are outlined in the attached Income and Expense form for 2013-14, 2014-15, and 2015-16 fiscal years. The current budget of $1,451,686 comfortably meets the personnel and operating expenses as evidenced by prior financial history despite the fact that the operating budget has been static for this three-year period. The current year's budget increase reflects the replacement (Cathy Stucker, fall 2014) of one core faculty member who was on medical leave and left Husson. Budget variations over the past several years reflect administrative decisions to differently account for associate faculty, graduate assistant and work-study student salaries, and to differently delegate monies, for example, for marketing and technology. Budget variations are also due to faculty and staff salary increases that exceed the annual rate of inflation, adding one faculty member (Chad Tiernan, fall 2013), and differently using adjunct faculty now the program has filled all of its faculty positions.

Other budgets support the program. The Director annually submits a prioritized technology request (managed by the Information Resources Office) and a capital budget request for meeting the program's needs. This process allows for a strong academic voice in the budget process. Other revenue sources include intramural research grants (University Research Fund) of up to $2000 to support scholarship; core faculty regularly receive these grants. Additional faculty development funds of up to $1500 per year per faculty member are granted from the COHE Dean's Faculty Development fund; most faculty annually receive this support in addition to faculty development funds from the PT budget. A small HRSA grant stipend supports one part-time faculty member in developing interprofessional education opportunities. With a record of ending the fiscal year with a balance, the program's personnel and operating budgets, along with other budget and funding resources, are adequate to meet the needs of program faculty, staff and students, and to plan for future needs. The appendix, Evidence of Routine Financial Support, provides examples of how funds are used.

As per the annual budget process, the Director develops with faculty and staff an operating budget proposal, and technology and personnel requests based upon history, projected cost increases and program needs. Short-term budget needs are based upon usage, equipment replacement and upgrade needs, and new equipment/material needs for teaching and scholarship (such as adding laser machines; purchasing a Zeno walkway). Short- and long-term development needs (such as purchasing clinical education tracking software or inviting experts for providing faculty development education), and program expansion needs (such as space for a student-run pro bono clinic or a proposed community fitness for special populations program) are added to the budget proposal as appropriate. Projected long- and short-term program development and expansion needs are explored in faculty retreats, voted upon for adding to annual goals and strategic plans, and forwarded to the Dean for inclusion in COHE strategic planning. In this manner, development and expansion needs are linked to program and institutional goals and outcomes. This process ensures that administrators are aware of development and expansion needs before they appear as budget requests.

Library

R-5.
The resources of the institutional library system and associated learning resources are adequate to support the educational and scholarship goals of the program, including both program faculty and student activities.

The Husson library maintains a physical collection, including journal subscriptions, but also relies upon online resources. The primary method for accessing online resources is from the library home page ((www.husson.edu/library)). From this link, library patrons may search the collections and borrow items from Minerva libraries and the Maine InfoNet libraries, which include the libraries of the University of Maine System, Bates, Bowdoin and Colby College libraries, Bangor Public and Portland Public libraries, and the Maine State Library. The library has three electronic book collections, the Credo Reference, the Ebrary Psychology and Social Work Collection, and the EBSCOHost eBook Collection representing numerous academic disciplines. In the fall of 2013 the library added Ovid/Embase online resources. Physical therapy students and faculty may now search Academic Search Complete, CINAHL, Ovid Nursing Collection, PsychINFO, PubMed, Embase plus others to locate journal articles. They also have access to databases that support the pharmacy program: PharmacyLibrary, UpToDate, Natural Medicines Comprehensive Database, Clinical Pharmacology, and Lexicomp. The librarian is currently testing the National Library of Medicine's (NLM) LinkOut service, which allows patrons to search NLM's PubMed database and link directly to full-text articles in ejournals owned by the library. This service benefits all the students, faculty and preceptors in all the health-science degree programs. Many physical therapy students and faculty use the Loansome Doc service to request articles. If a patron requests an article in a journal owned by the library, the library scans or downloads the article and sends the PDF to the patron's Husson email address.

The library provides 24/7 access to online databases and indexes that support all the degree programs. These resources are accessed from the library's home page and grouped according to major disciplines. For example, under Subject Guides on the library home page, physical therapy library guides provide access to pertinent databases and resources such as DSM-5; Mendelian Inheritance of Man, resources on anatomy and PT podcasts; pertinent journals in print held by the library; professional websites; instructional videos; and citation

resources. Online resources are available to all of Husson's instructional locations and distance learners whether at home or on a clinical education practicum through the use of a proxy server system which allows access to online resources from off-campus.

To advance information literacy, the librarians offer online instructional materials to promote library resources, willingly schedule class meetings with the PT students, and are available to work one-on-one with patrons. They assist students in locating appropriate resources for completing class-specific assignments or research. Patrons who have questions about the library may send an email to reference@husson.edu which is an asset when students are at clinical sites. An Instructional Technologist supports the use of learning technology for the classroom. She regularly conducts workshops and assists faculty, staff and students one-on-one and in the classroom; recent efforts support the campus adoption of Canvas as a learning management system. Other people resources include the Information Resource Office that support staff and students in the use of the library and other information resources. Efforts by the library staff, Instructional Technologist, and members of IRO support the faculty's undertakings to enhance information literacy in the classroom.

The Husson Library adequately supports the needs of both the PT faculty and students. Faculty and students are able to acquire books and research articles for both instructional and research purposes. Annual survey responses from students and employees reveal satisfaction with library resources ranging from book and journal collection to cleanliness and noise level. Off-campus access to online materials poses no problems given adequate internet access. PT student reviews note limitations in access to the library itself over weekends and holidays, which the library has partially addressed by hiring more work-study students to keep the library open for longer periods during breaks, holidays and weekends. PT students also note the occasional delay of journal articles when requested through Loansome Doc; this delay will be partially addressed once everyone learns to more effectively use Ovid/Embase databases. The physical spaces provided by the library are small, but in response to feedback, the library has expanded collaborative environments for student groups to work, including the addition of three study rooms, equipped with a HDTV screen and white board, available 24/7 to students for group study space.

Facilities

R-6.
The program has, or has ensured access to, classroom and laboratory space of sufficient quality and quantity to carry out program goals. The physical environment is supportive of effective teaching and learning processes.

The physical environment at Husson University allows for effective teaching with classrooms providing sufficient space and technology for the PT program to carry out program goals. Classrooms have the technology to project lecture material from laptops onto large screens. All rooms have access to WiFi. The Anatomy Lab is located in the O'Donnell Commons Building (COMM) room 133. This is a 1071 ft2 space for dissection and 245 ft2 cooler for storage of 10 cadavers. The size of the room allows all 40 students and 4 instructors to be in class at the same time. For purposes of demonstrating anatomical features to the whole class simultaneously the lab is equipped with a digital camera that projects onto 3 big screen HD TVs mounted on the walls. The Anatomy Lab is also equipped with a screen and overhead projector that can be interfaced with the digital camera or laptop computer.

The PT program has two large classrooms with lab space reserved for its exclusive use, the Therapeutic Skills lab and the Physical Agents lab. The Therapeutic Skills Lab (COMM 321) is an 1843 ft2 space with desks and seating for 40 students. There are whiteboards, an overhead projector and screen with PC and laptop computer connections for didactic instruction. For lab instruction and student practice there are 19 Hi Lo tables and two large low tables. There are 2 big screen HD TVs that interface via iPads with Apple TV that allow projection of demonstrations so that all students can view them adequately. The program has 8 iPads available for instructor and student use. Many courses are taught in COMM 321, both lectures (PT 410, 411, 515, 616, etc.) and labs (PT 415, 510, 515, etc.). The Physical Agents Lab (COMM 218) is a 1229 ft2 space equipped with the same teaching technology as COMM 321. There are 8 Hi Lo tables and 6 plinths and chairs to accommodate 40 students. This classroom is used for the Physical Agents courses (PT 417 & 418) as well as lectures (PT528 & 559) and the lab portion of other courses (PT 415, 552, 560, 618).

In addition to the dedicated PT classrooms, multiple other classrooms on campus that accommodate 40+ students are routinely used. These include Peabody 134, 205, 324, 332 & 340. All of these rooms have whiteboards and a screen with laptop interface to an overhead projector. Libra (COMM 114) is a 1789 ft2 classroom that seats over 100 students that is at times used by the PT program when a particularly large class exists (e.g. a combined course taught to PT and OT students). In addition to classrooms that accommodate a full PT class there other rooms are available for small group discussions for courses such as PT 620, 650 and 652. These include COMM 136 (518 ft2) & 215 (307 ft2). These rooms accommodate 8–10 students and an instructor. COMM 136 is also a research space and reserved for exclusive use of the PT program. COMM 215 is the PT Library and has a big screen TV that interfaces with a laptop. The Kenduskeag lab is primarily a large (960 ft2) research space but it is also used for course labs at times (e.g. PT 412 and PT 618).

For safety purposes all lab spaces are kept locked. Students are given keys that allow them access to COMM 218 and 321 for practice at all times outside of class. Students are also given a key that allows access to COMM 136 and the changing rooms outside the Anatomy Lab but must borrow a key from the instructor or department administrative assistant to access the Anatomy Lab itself. Electronic ID card access to all the lab spaces is planned for the near future. Students have access to changing rooms or bathrooms close to the classrooms to allow privacy when changing into appropriate clothing for labs. Labs are typically conducted in large open rooms but the PT program provides accommodations for students who are uncomfortable with such arrangements for cultural or personal reasons.

Temperature in the classrooms is maintained for comfort during both lecture and labs. The cleanliness of the classrooms is adequately maintained by Husson custodial staff, while work-study students facilitate regular linen service. The classroom facilities are kept in good repair by Husson maintenance staff. The department maintains a service contract with Synernet for repair of electrical equipment including the Hi Lo tables. Husson has a safety officer that ensures compliance with all OSHA regulations. In addition to the cabinets and racks in COMM 321 and 218 there are 2 spaces to store teaching equipment such as wheelchairs, crutches, etc. On the second floor of the O'Donnell Commons building there is a 93 ft2 closet that is shared with the Nursing Department. In the back of the COMM 321 there is a 186 ft2 storage closet. These areas are adequate to store teaching equipment and materials for the PT program.

Facilities

R-7.
The program has offices and other space of sufficient quantity and quality for core and associated faculty to carry out their teaching, advisement, and service activities efficiently and effectively.

All core faculty have individual offices located on the 3rd floor of the O'Donnell Commons building in close proximity to one another and the administrative assistants' offices. This allows for efficient communication among all members of the program. The offices are typically 122 ft2 (one is 145 ft2) which is enough space for a desk and chair, filing cabinets, book shelves and additional chairs for meeting with students. The program director's office is larger, 206 ft2, providing enough meeting space for a table and chairs. Per institutional policy, associated faculty are not provided with office space at Husson University and therefore share office space with core faculty or the Office manager and/or use a common desk/computer space in the School's file room. Full-time associated faculty have their own offices in space provided by other programs (such as Dr. Gail Tudor who has her own office space in a different building). In having access to computers, laptops and internet services, associated faculty have access to Canvas course management, student management service for grading, copying and printing resources, library services, and any PT equipment that they require for teaching. When meetings with more than a few persons space is scheduled in Commons Conference rooms 214, 215 and 300, the student research lab Commons 136, or the Provost's Conference (Tyler) room. When meeting with an entire class, the therapeutic skills lab, Commons 321 is typically used. The office space available is adequate for core faculty to meet their teaching, advisement and service activities but does not well support the needs of associated faculty.

Facilities

R-8.
The program has, or has ensured access to, space for core faculty to fulfill their role as scholars.

In addition to the offices and rooms available for meetings with research groups, there are spaces available to carry out data collection for research projects. The students' Research Lab (COMM 136) is a 518 ft2 space located on the 1st floor of the O'Donnell Commons building. This space is reserved for the use of the PT program. The larger Kenduskeag Lab (960 ft2) located in the Newman Gymnasium is also a dedicated PT program space where much of the data collection for faculty research projects take place. In addition other spaces are available for research purposes when required such as the Physical Agents lab (COMM 218).

Cheryl Adams – Requires space for Biodex force dynamometer, small tables for electrical stimulators and an exercise bicycle. This equipment is housed in the Kenduskeag Lab with more than adequate space available.

Suzanne Gordon – Requires meeting space which is available in her office (COMM 334). A current proposed study will take place off-campus in a dance studio which will accommodate a

Zeno walkway.

Karen Morren - Projects are related to outcomes and clinical education performance using survey data. Her office is sufficient for analyzing interview transcripts or working with surveys & databases.

Peg Olson – Projects require space for interviews and analysis of survey data. Her office provides adequate space.

Arthur Schwarcz – Projects require meeting space which his office provides. Studies in the past have used COMM 136 for data collection, while the current study is using the Biodex Force Dynamometer which is housed in the Kenduskeag Lab. Space is adequate to carry out research.

Wayne Scott - Projects require space for Biodex force dynamometer, small tables for electrical stimulators and an exercise bicycle. This is equipment is housed in the Kenduskeag Lab with more than adequate space available.

Ben Sidaway - conducts motor control and learning experiments in a variety of venues including patient's homes, the Kenduskeag lab and the students' Research Lab. His research typically analyzes behavioral measures but occasionally makes use of kinematic analysis of movement patterns. There is the necessary space with the two research labs to conduct motor control and learning studies.

Sondra Siegel- Projects have utilized the equipment and space that is available in the Kenduskeag Lab for studying balance and gait. The space within the lab and the adjacent hallways has been sufficient for these studies. Office space is adequate for analysis of surveys, and other electronic data.

Kimberly Steinbarger - Projects are related to outcomes and clinical education performance using survey data. Her office is sufficient for analyzing interview transcripts or working with surveys & databases.

Cathy Stucker - Projects will involve the space and equipment that is currently available in the Kenduskeag Lab for gathering data on gait, balance, and strength. The Zeno Walkway (Gait mat) and force plate will be utilized. The space within the lab and adjacent hallways will be sufficient. Data analysis can be completed in currently available office space.

Chad Tiernan – Requires a large, dedicated space for a 20 ft. Zeno Walkway (Gait mat) as well as a Biodex force dynamometer. The size and layout of the Kenduskeag Lab is sufficient for use of the walkway and dynamometer.

Facilities

R-9.
The program has, or has ensured access to, adequate administrative and secretarial space, including storage.

The PT program's two staff members each have their own cubicle offices. One office is 150 ft2and the other is 139 ft2, providing sufficient space for a desk with a computer and chair, shelves, and filing cabinets. One office has a table with chairs for meeting with prospective students and for workstudy students. The program's office suite has two 36 ft2 closets that contain office supplies and the department mailboxes. In the middle of office suite is the File Room (143 ft2) which secures the files for current students, administrative forms, the department's black and white, and color printers, a fax machine, a small refrigerator and a coffee machine. In addition there is a desk with a computer and document scanner. Files of students who have graduated are stored off campus with a Records Management company. While the design of the staff cubicles is less than desirable in regard to airflow and noise, the space is sufficient for staff needs as well as for interacting with other employees and students. The closets, file room, and the staff offices are organized and locked to provide appropriate security for all confidential materials.

Equipment, Technology, and Materials

R-10.
The program has, or has ensured use of, equipment, technology, and materials necessary to meet the curricular goals and expected student outcomes. The program is responsible for ensuring that equipment and materials are typical of those used in contemporary physical therapist practice, are sufficient in number, and are available when needed.

Name
Equipment Inventory List.pdf

The PT program owns equipment typical of that used in contemporary PT practice sufficient to conduct labs of at least 20 students. Equipment is generally stored in common storage spaces and in the teaching and research labs so is shared by and accessible to faculty and, as needed, students. Faculty are responsible for checking on the availability of the equipment prior to needing it, requesting replacement purchases for expendable items as they are used, and remaining mindful of other faculty's equipment, technology and material needs to ensure availability for teaching and scholarship schedules. If items are taken out of the program and off-campus, faculty notify the office manager (especially in the case of iPads and PC computers) and assume responsibility for returning the item in good condition. Individuals who predominantly use a specific piece of equipment or group of items assume responsibility for monitoring availability and appropriate functioning of the item(s).

Students have 24/7 keyed access to unscheduled labs for practice with equipment and materials as supplied and instructed by faculty. Teaching and study equipment includes skeletons (with bone boxes assigned to student groups), isolated bones and joint models for the instruction of the anatomy and musculoskeletal areas of the curriculum, and library-supported anatomy software. The program supports a dissection anatomy lab in which groups of 4-8 students are assigned to dissect one cadaver. For instruction of exercise there are treadmills, bikes and various equipment for resistance training (e.g. dumbbells, theraband, pulley machines), as well as floor mats and other equipment for various modes of exercise. Assessment equipment and materials range from a full complement of goniometers and dynamometers to EMG equipment for investigating motor control and related issues; Biodex dynamometer; COSMED pulmonary function assessment system; Protokinetics Zeno walkway; 3-D motion analysis system; force plate; iPads and cameras for capturing video; and PC laptops for motion analysis. Laptops and iPads, plus other tools, are signed out by faculty for student use in the pro-bono clinic. Standardized assessment tools to measure development and function are available for student practice as required by instructors and are occasionally signed-out for clinical experiences. For instruction of physical agent modalities the program owns electrical stimulators (including home units), ultrasound, diathermy, iontophoresis, and electromagnetic devices. In addition there are cryodevices and superficial thermal devices as well as traction devices (see the Equipment Inventory List appendix for details). Sphygmomanometers, stethoscopes, pulse oximeters, airway clearance devices and incentive inspiratory devices, plus the COSMED, are available for cardiopulmonary assessment and treatment. Equipment for mobility training instruction includes mat tables, gait belts, crutches, and canes as well as wheelchairs. Students have supplies for learning and practicing taping, wound care, lymphedema bandaging, casting, and foot-alignment with shoe insert materials.

Equipment, Technology, and Materials

R-11
The program has, or has ensured use of, equipment, technology, and materials necessary for each core faculty to pursue scholarly activities.

The University's Information Resources Office provides the network and computer technology to support scholarly activity as well as secures institutional licenses for quantitative analysis software such as SPSS. The program purchases individual licenses for software (for example, EndNote, NVivo, MatLab) on an as-needed basis, which is uploaded onto individual faculty laptops, some departmental laptops, and dedicated research laptops. In general, equipment in support of scholarly activity is available for teaching, shared by faculty, and located in the student research lab, the Kenduskeag Lab, or one of the two teaching labs.

Cheryl Adams – Biodex force dynamometer, electrical stimulators and an exercise bicycle. Library electronic resources are adequate for literature reviews and systematic reviews performed by some of her groups.

Suzanne Gordon- NVivo and SPSS software, Zeno walkway (gait mat and software), purchased standardized assessment tools and surveys, purchased transcribing services. Materials, equipment and resources are adequate and available.

Karen Morren – NVivo and SPSS software, online survey platform, audio recording devices, purchased transcription services. Materials, equipment, and resources are adequate and

available. Peg Olson – NVivo and SPSS software, purchased transcribing services. Materials, equipment and resources are adequate and available.

Arthur Schwarcz – Biodex Force Dynamometer

Wayne Scott – Data collection requires a Biodex force dynamometer, electrical stimulators and an exercise bicycle. This equipment is available at Husson and adequate to conduct scholarly activities.

Ben Sidaway - Motor control and learning research at Husson is adequately supported by 2D kinematic analysis, kinetic analysis via a strain gauge force plate, 10-channel surface electromyography and pressure-sensitive computerized gait mat.

Sondra Siegel - Gait and balance research is adequately supported by 2D kinematic analysis, 10-channel surface electromyography, video cameras, Lite-gait body weight support system. Survey research is supported by the University's subscription to Survey Monkey. SPSS software is utilized for data analysis. Materials and equipment are sufficient.

Kimberly Steinbarger – NVivo and SPSS software, online survey platform, audio recording devices, purchased transcription services. Materials, equipment, and resources are adequate and available.

Cathy Stucker - Zeno Walkway (gait mat and software), force plate, and purchased standardized assessment tools. SPSS software is utilized for data analysis. Materials, equipment, and resources are adequate and available.

Chad Tiernan – Zeno Walkway (gait mat and software), Biodex force dynamometer, scale, stadiometer, and various surveys/questionnaires; All equipment, technology, and materials are sufficient and available.

Equipment, Technology, and Materials

R-12.
The program has, or has ensured use of, equipment, technology, and materials for administrative, secretarial, and technical support of the program.

Administrators and staff have computers with appropriate software for word processing, data management (Microsoft Office Pro, Adobe Pro, SPSS), internet access for communication and web-based programs such as the CPI, PTCAS, WebAdmit. They also have access to Husson programs for budgets, student registration and management, technology and maintenance requests, course and room scheduling. They have access to copiers, printers, Scantron grading machines, filing resources and storage. The program has what it needs plus the support to request and/or purchase other equipment, technologies, and resources as the need develops.

Curriculum Plan

CP-1.
The curriculum plan is based on: (1) information about the contemporary practice of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to physical therapy professional education, and to educational theory.

As noted in F-20, inputs considered in developing the curriculum plan include best practices for higher education; professional guidelines; institutional, student and faculty attributes and needs, and faculty knowledge and experience. Inputs also include the faculty assessment of program history, professional currency, plus an analysis of student and program outcomes. The DPT program was initially designed around the experience with its own MSPT design, CAPTE Evaluative Criteria, and an intensive review of then-current DPT curricula. Desired curricular outcomes were informed by APTA-CAPTE expectations of the DPT for differential diagnosis, direct access, stronger evidence-based clinical reasoning, and expanded roles of the autonomous practitioner such as that of an educator for community health and an advocate for social justice. Documents such as the Normative Model of Physical Therapist Education, the Guide to Physical Therapist Practice, and APTA professionalism documents, such as the Code of Ethics, Guide for Professional Conduct, and the Standards of Practice for Physical Therapy, also guided the development of course content and objectives. The Minimal Skills Assessment Tool is used to ensure that minimal skills expectations are met by the curriculum.

In addition, instructors used, and continue to use, clinical practice guidelines and current PT literature to ensure that content taught addresses the knowledge, behaviors, and skills recommended for entry-level performance. Examples of discipline-specific clinical practice guidelines range, for example, from those for pediatric curriculum content, to neurologic curriculum, spinal manual therapy, exercise physiology and nutrition, and geriatrics outcomes measures. PT Now clinical practice guidelines for specific diseases and orthopedic condition are also used regularly. As listed in F-20, pertinent external guidelines contribute to clinical practice content (such as ACSM exercise guidelines) and to conceptual practice frameworks (such as the WHO ICF). Faculty use policy summaries (such as PT and society summit, and global health summit summaries; those on interprofessional education and cultural competency) to emphasize the changing role of PT both nationally and globally. The APTA website supports, with numerous current practice, policy and political resources, attention to practice management issues. These resources, plus conferences and our own research, inform our pedagogy and strategies for teaching function and disability, health and wellness, critical thinking and clinical reasoning, differences between novice and expert practices, and interprofessional education.

Inherent to the curriculum plan is the design of the clinical education program, which was and is informed by all of the above plus recognition of the limitations of Maine's rural practice environment. The current model of four eight-week clinical practicums interspersed throughout the three-year program has been re-affirmed almost every year as faculty review the curriculum plan in light of recommendations to move to integrated clinical experiences and an expanded terminal clinical placement. Section for education resources, NEC-ACCE, and opportunities such as the recent ACAPT clinical education summit provide insight for how to better plan for today's clinical education needs.

The challenge of an early-admit curriculum is that some students enter the DPT program without the cognitive and affective attributes necessary to persist in the rigor of a DPT program. Constructivist learning theories provide insight and teaching structures to support the developmental processes for acquiring, for example, Chickering and Reisser's self-directed purpose and learning commitment, Perry's and Belenky's contextual knowing processes, King and Kitchener's reflective thought, and Brookfield's critical thinking. Further theory comes from research in physical therapy education on clinical reasoning and novice-expert thinking processes, as well as on theories of motor and cognitive learning informed by dynamic systems theory. With these insights, the curriculum plan sequences content and active teaching methods to support the development of proficient, committed, self-directed, and critical-thinking adult learners. The program also provides models for adult-learning and professional behaviors by combining undergraduates with graduate students, by faculty conscientiously modeling expert clinical reasoning, and by inviting experts as guest faculty. In providing a learning environment that supports reflection, commitment and action, students in the last year of the professional phase are expected to independently and collaboratively construct their own understandings based upon evidence and experience, generalize their understandings to the unfamiliar or unique, and use reflective judgment and critical thinking for decision-making in uncertain situations.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.1.
A statement of the philosophy and the principles and values of the professional program.

Name
Clinical Education Handbook 2014-2015_Husson.pdf
Student handbook_PT.pdf

The following Philosophy Statement is posted on the School of Physical Therapy website and printed in appendices Student Handbook_PT, p 9, and Clinical Education Handbook, p 11. The Clinical Education program also has a philosophy statement, posted in the Clinical Education Handbook, p 12.

Philosophy of Physical Therapy Education
Husson is committed to providing individuals with a personalized, cost-effective educational experience leading to successful performance in productive and satisfying careers. In keeping with the Husson philosophy, the Physical Therapy faculty is dedicated to providing excellent student-centered learning in secure and open learning environments. The faculty incorporates active teaching and learning strategies that support the learner in assuming responsibility for his or her behavior, self-directed learning, evidence-based clinical knowledge and skills, critical and reflective thinking, and strong clinical experiences. The Physical Therapy program emphasizes the preparation of the generalist practitioner who provides a continuum of care responsive to the individualized needs and well-being of clients and patients from diverse backgrounds. Given the limited access to healthcare in the rural state of Maine, the PT program is committed to ensuring that its graduates are capable of working effectively in rural environments.

The Clinical Education philosophy extends active learning to the clinic, valuing the essential contribution of clinical experiences and the clinical faculty towards the development of the autonomous practitioner.
Philosophy of Clinical Education
The clinical education program at Husson University is an integral part of the academic curriculum, building upon the knowledge provided by the didactic education. The success of the clinical education program depends upon the mutual efforts of the academic faculty, the clinical faculty and the learner as all coordinate their efforts to integrate the didactic and clinical learning experiences. Academic faculty members are committed to the provision of the professional knowledge base, the development of appropriate critical-thinking skills, and the coordination of the clinical experiences. Clinical faculty are primarily responsible for providing the appropriate clinical learning experiences and evaluating the learner's performance. Learners assume responsibility for monitoring and communicating their professional competencies according to their academic level, their acquisition of clinical learning experiences and skills, and their pursuit of individualized goals.

In believing that each member of society has the right to receive quality health care, the Physical Therapy faculty emphasizes an educational preparation consistent with society's expectations of a physical therapist as an autonomous practitioner, educator, evaluator, therapy provider, family and community consultant, health and wellness advocate, clinical researcher, and an effective member of the health care community.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.2.
Statements of expected student outcomes at the completion of the program.

Name
DPT Mission, Goals & Outcomes Statement.pdf

The Student and Graduate Goals and Outcomes consist of the following statements from the document named DPT Mission, Goals & Outcome Statement (appendix), also found in the Student Handbook_PT, pp 9-10, and Program Policies_PT Handbook, pp 6-7.

1. Students and Graduates will demonstrate the knowledge and skills necessary to practice physical therapy as generalist practitioners with high ethical and legal standards.
a. Students/graduates will demonstrate entry-level competence.
b. Students/graduates will demonstrate strong oral and written communication skills in professional interactions.
c. Students/graduates will demonstrate entry-level practice management skills while adhering to ethical and legal practice standards.
2. Student and Graduates will demonstrate advanced skills in select practice areas.
a. Students/graduates will develop beyond-entry level knowledge and skills in at least one content area of practice or specialty area.
3. Students and Graduate will develop the skills for life-long learning that will contribute to their professional development.
a. Students will engage in entry-level professional development.
b. Graduates will pursue life-long learning.
4. Students will engage in professional activities to serve the community and the profession.
a. Students will participate in activities that serve the community and advance the roles and responsibilities of physical therapy.
b. Graduates will engage in activities that serve the community and advance the roles and responsibilities of physical therapy.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.3.
An expectation that students enter the professional program with a balance of course work in humanities, social sciences, and natural sciences that is appropriate in breadth and depth to develop the ability of students to think independently, demonstrate problem-solving techniques for solving simple and complex problems, weigh values and set priorities, understand fundamental theory, exhibit responsible social behavior, demonstrate professional collegiality and good citizenship, and effectively communicate both orally and in writing. Based on the complexity of this course work, the baccalaureate degree is the preferred standard for entry into the physical therapy program.

Name
BS Kinesiology_DPT Curriculum Form 2014-2015.pdf
Program Policies_PT.pdf

The six-year B.S. in Kinesiology/DPT degree program allows for early admission into the professional phase of the PT program. This curriculum was designed in response to Husson University's mission to educate students of modest financial means to competency for professional careers as quickly as possible for the lowest possible cost. This program requires a 3-year pre-professional curriculum consisting of 96 credits intended to provide a general, global and liberal undergraduate education that supports personal development, critical thinking, strong speaking and writing ability, general skills of inquiry, and problem solving. The pre-professional courses outlined in appendix B.S in Kinesiology-DPT Curriculum Form reveal students' exposure to the sciences and the humanities as well as to human, cultural, and global issues before entering the first year DPT courses, which complete the B.S. in Kinesiology degree.

This B.S. curriculum also includes five course sequences that require upper level courses: 1) probability and statistics ⇒ research design ⇒ epidemiology; 2) general psychology ⇒ human growth and development ⇒ abnormal psychology ⇒ plus a possibility of one other upper level biology psychology course; 3) general biology ⇒ cell biology ⇒ genomic biology ⇒ plus a possibility of one other upper level biology course; 4) anatomy and physiology I and II ⇒ principles of physiology ⇒ exercise physiology; and 5) rhetoric & composition I and II ⇒ approaches to literature ⇒writing in the health professions. These sequences facilitate the development of professional writing skills, scientific reasoning, knowledge of human relations and development, and adult learning skills including self-reflection and critical thinking. This sequence also provides a foundation for how to research questions sufficiently well to justify findings and positions as well as an introduction to discipline-specific knowledge such as anatomy and physiology. As per Husson's requirements for a minor, those wishing to pursue a minor in psychology are required to take two additional courses, PY 242 Research Methods (in psychology) plus one additional upper level psychology, while someone pursuing a minor in biology needs to add SC 192 General Biology II which covers environmental biology and plant content. Every BS in Kines/DPT class includes students who enroll in and obtain a minor.

Cumulative GPA requirements are used as the primary pre-requisite for progressing into the DPT program at the completion of the pre-professional program, thus ensuring that students acquire the intended learning experiences, knowledge and skills. As per policy stated in appendix Program Policies_PT, p 10, pre-professional students may progress into the fourth of the six-year program, which is the first year of the professional DPT program, if they have earned the following: 1. a grade of C or better in the pre-requisite courses (listed in CP-2.4), and 2. a cumulative GPA of 3.3 or greater by the close of the spring semester of the third year for those entering into the DPT Classes of 2015 to 2018; or a cumulative GPA of 3.5 or greater by the close of the spring semester of the third year for those entering into the DPT Classes of 2019 and beyond.

As noted in R-1, all Husson undergraduate students progressing into the first DPT year successfully completed, with a C grade or better, all DPT program prerequisite courses and met the required cumulative GPA, which was set at 3.0 for those entering into DPT Classes 2010-2014, and 3.3 for those entering into DPT Classes 2015-2017. With about 75% of the DPT entrants composed of Husson-prepared undergraduates, the mean pre-requisite course GPA for all DPT entrants (n=315) is 3.42 and the mean cumulative GPA for all DPT entrants (n=315) is 3.54.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.4.
A description of the specific prerequisite course work upon which the professional curriculum is built.

Husson's prerequisite courses are consistent with those listed by the vast majority (86% to 98%) of other entry-level physical therapy programs as listed on the PTCAS 2014-15 Course Prerequisites Summary found at (www.ptcas.org/ProgramPrereqs/). These prerequisites are also consistent with established recommendations for other graduate-level health professional education.

In order to progress into the professional-phase of the DPT program, students enrolled in the six-year B.S. in Kinesiology/DPT program are required to complete the third pre-professional year with a grade of C or better in the following prerequisite courses.
• Ms 180 Pre-calculus with Trigonometry
• Ms 132 Introduction to Probability and Statistics
• Py 111 General Psychology
• Sc 221 and Sl 221 Anatomy and Physiology I and labs
• Sc 222 and Sl 222 Anatomy and Physiology II and labs
• Sc 181 Chemistry I
• Sc 182 Chemistry II
• Sc 271 Physics I
• Sc 272 Physics II
• Sc 291 Cell Biology

Graduate students entering into the professional DPT program are required to earn an undergraduate degree with a cumulative GPA of 3.0 or greater and successfully complete with a grade of C or better the following prerequisite courses.
• Introductory Statistics (3 credits)
• General Psychology (3 credits)
• Anatomy with lab (4 credits)
• Physiology with lab (4 credits) o May take Anatomy and Physiology I and II with labs to meet anatomy and physiology requirements (8 credits)
• Chemistry I and II with labs (8 credits)
• Physics I and II with labs (8 credits)
• Two Biology courses (6 credits)
• Upper level Psychology (3 credits), such as Abnormal, Developmental, or Child Psychology

These pre-requisites intend to develop scientific reasoning and introduce knowledge of human relations and development, the manipulation of data, anatomy and physiology, and adult learning skills such as self-reflection and critical-thinking.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.5.
A description of the curriculum model and the educational principles on which the professional curriculum is built.

Name
DPT Curriculum Form 2014-2015.pdf

The PT faculty designate the curriculum model as hybrid: it is traditional in that the curriculum begins with basic sciences followed by clinical and PT science courses; is systems-based in that it presents the clinical and PT science content in musculoskeletal, neuromuscular and cardiopulmonary courses, (integumentary content is taught in a Rehab of Chronic Conditions course); is guide-based in that it is built around function as defined by the WHO ICF model; heavily utilizes case studies in all courses; and introduces problem-based learning for the practice of differential diagnosis at the end of the program. In this manner, the curriculum is developmental in fostering self-directed adult learning skills. Social cognitive and constructivist learning theory supports the scaffolding of learning experiences as they increasingly build upon and add complexity to previously learned materials. Thus, students are expected to demonstrate progressive clinical abilities, clinical reasoning, self-directed learning and professional behaviors as they move through the curriculum.

In regard to the traditional curricular model, the first semester provides foundational science courses such as gross anatomy and kinesiology as well as an overview course, Psychosocial Aspects of PT, which introduces students to professional behaviors, professional communication, and the social contexts for healthcare and PT (see appendix DPT Curriculum Form). While introducing this foundational information, it is immediately integrated with clinical practice skills in Physical Agents and Therapeutic Skills I which provide introductory examination, evaluation and treatment of strength, flexibility, injury and musculoskeletal problems. The second semester builds upon the knowledge learned in the first by providing basic orthopedic examination, evaluation and treatment skills in Musculoskeletal I and Therapeutic Skills III while also adding foundational information in regard to Neurophysiology, Motor Control and Learning, and the functional development of movement and mobility in Life Cycles I. All of the behavioral and clinical skills are practiced and measured in case studies and lab classes, and practiced by volunteer students with patients in the student-run pro-bono clinic. The integration of foundational knowledge, basic skills, and practice supports the students in their first clinical practicum, further described in CP-2.6. While the first year introduces the students to reflective thinking and clinical reasoning, at this point, the students rely predominantly upon hypothetical-deductive processes and less upon reflection, inquiry and critical thinking.

The second year of the curriculum completes the systems-based courses while adding complexity to the case studies, clinical reasoning, and practical skills with the addition of Musculoskeletal II and III, Neuromuscular I and II, and Cardiorespiratory courses. These clinical courses, plus Life Cycles II, focus on activity and participation as patient outcomes while also using the patient management model for clinical-decision making. Case studies and clinical reasoning become more challenging with the addition of social contexts and community participation thereby requiring students to engage more in inquiry and critical thinking for the selection and justification of evidence-based interventions. Consistent with experiential learning, students integrate their knowledge and practice their skills in two additional clinical practicums, as well as volunteer to work in the pro-bono clinic.

The complexity of cases and of clinical reasoning increases in the third year of the program with the study of how to best promote activity and participation for complex patient populations studied in PT Management of Children with Neurologic Dysfunction, Rehab of Chronic Conditions, and Exercise for Special Populations courses. Just as importantly, throughout this year, students are asked to engage in more independent problem-solving and critical thinking as they 1) present and justify their interventions in Patient Care Seminar I and II with a detailed case study of a patient treated during each of their two last clinical practicums, and 2) use problem-based learning to differentiate PT-related and metabolic pathologies in Primary Health Care. Student understanding of adult learning; of reflection, inquiry and critical thinking; and of clinical reasoning is explored in readings and discussion in PT as an Educator, Consultant and Advocate, and reinforced, in some part, by Research Methods III and IV courses. By using multiple curricular models, DPT students learn and practice the skills necessary for becoming a novice practitioner who independently and collaboratively relies upon professionalism, reflective judgments, inquiry, and critical thinking to support clinical reasoning.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.6.
A series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes.

Name
Clinical Education Handbook 2014-2015_Husson.pdf
DPT Curriculum Form 2014-2015.pdf

The CP-2.5 response introduces the organization, sequence and integration of courses outlined in appendix DPT Curriculum Form. This response along with the following descriptions of clinical education and of curricular threads convinces that the curriculum is designed as a developmental process. Concepts introduced at a basic level in one course are revisited in other courses at successively more complex levels, thus enabling students to attain entry-level knowledge and skills by their last clinical practicum. This progression is also evident in CC-5 responses.

The curricular model outlined in CP-2.5 reveals that the four eight-week clinical experiences are coordinated with didactic courses, hence are scheduled throughout the curriculum in order to support the integration and practice of increasingly complex patient management skills. Clinical Education I to IV course descriptions found in appendix Clinical Education Handbook, pp 16-17, reveal that learning expectations for the culminating Clinical Education IV, exhibiting competency in providing the full spectrum of clinical and administrative functions of the entry-level generalist PT, meet the first student outcome. As an example of sequential learning, Clinical Education I requires students to demonstrate competency in the beginning clinical skills of client-therapist interactions, simple musculoskeletal and functional assessments, and application of simple treatment techniques and modalities. Clinical Education II and III require the competent practice of patient management skills for patients with complex musculoskeletal conditions and simple to intermediate levels of neurologic, cardiopulmonary and integumentary conditions. By Clinical Education IV, students competently manage patients with simple to complex conditions as well as engage with administrative functions.

In addition to the sequencing and integration of didactic knowledge and clinical education, the curriculum supports the integration of several conceptual themes. For example, professional behaviors, inquiry, clinical reasoning, functional movement, mobility and gait are all integrated curricular threads. In regard to professional behaviors, students are introduced to professionalism, the social contexts for healthcare and for practice, communication including documentation, ethical resolution, and basic legal and regulatory limits in Psychosocial Aspects of Physical Therapy. Ethical, legal and practice management issues are explored in greater depth in Ethical, Legal and Management Issues in PT. Professional behaviors and communication skills are reinforced and practiced in all clinical courses. PT as Educator, Consultant and Advocate requires students to consider issues of diversity, cultural competence, and social justice in practice environments. This course requires a community health project in which student groups independently identify educational need in the community and the design and present a health promotion session to that community. This sequence of courses develops professionalism hence meeting outcomes for practicing with high ethical and legal standards, strong communication skills, community service, and advancing the roles and responsibilities assumed by the PT.

Another curricular thread focuses on inquiry and research. Inquiry and critical thinking are first introduced with simple literature reviews and the presentation of evidence to support the use of equipment in Physical Agents I and the measure of strength and flexibility in Therapeutic Skills I. The value of using and questioning evidence for understanding movement and its development is presented in Motor Control and Life Cycles I and II. The process of questioning evidence for practice is emphasized in clinical courses such as Musculoskeletal I, Neuromuscular I and II, PT Management of Children with Neurologic Dysfunction, Geriatrics and an Advanced Elective. Case studies in clinical courses reinforce inquiry, critical thinking and clinical reasoning practices. Following a clinical practicum, students are required to justify their clinical reasoning in a written paper and presentation of case study in Patient Care Seminar I and II. The culminating clinical reasoning experience occurs with the differential diagnosis of problem-based cases in Primary Health Care. Formal processes for inquiry and research are also taught and practiced in the Research Methods I to IV sequence in which students, as members of small research groups, engage in all aspects of the research process. This process of developing inquiry and critical thinking skills supports the development of discipline-specific clinical reasoning, and a commitment to evidence-based practice through continued professional development. The inquiry and research thread supports the student outcome for demonstrating advanced skills in select practice areas.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.7.
Course syllabi with objectives stated in behavioral terms that are reflective of the breadth and depth of the course content and of the level of student performance expected.

Name
Program Policies_PT.pdf

All course syllabi are developed according to an institutional template (see appendix Program Policies_PT, p 69) with attention to the presence of appropriate informational headings as well as for the inclusion of mandatory policy information. As part of the self-study review process, PT faculty conducted a peer review of each course syllabus to ensure that all syllabi have the headings required by Husson and by CP-2.7. In addition, this peer review of each syllabus included a review of congruency among the instructional elements, such as course description, course goals, behavioral objectives, course content, teaching methods, educational experiences and assessment processes. For example, when reviewing objectives, the reviewers determined if they were stated behaviorally, addressed the learning domains (affective, cognitive or psychomotor) appropriate to the content being taught, and were consistent with the expected depth of learning. The peer review of syllabi also included a review of the outcomes, assessing if consistency existed between/among objective, depth of learning and assessment; consistency between/among objective, domain of learning and assessment; currency of the course content; and face validity and reliability of the assessment tools or process. To satisfy PT faculty's curiosity, the peer review included an exploration of whether the course content addressed current professional issues, such as changing roles of the PT, changes within the nature of the profession, or changes within the healthcare delivery system. A working Google spreadsheet tracked the reviewers' determinations for each course, triggering discussions between the reviewer and the course instructor concerning needed corrections, and, ultimately, triggering course syllabus and subtle course content changes. The spreadsheet will be available for the on-site reviewers.

On the basis of this peer review of each course syllabus, the PT faculty determined that all course syllabi are written in behavioral terms and adequately describe the depth and breadth of learning needed to meet expected student outcomes.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.8.
A variety of instructional methods selected to maximize learning. Instructional methods are chosen based on the curriculum philosophy, the content, the needs of the learners, and the defined expected student outcomes.

Name
Course Objectives and Assessment Measures Form.pdf
Distance Learning Courses.pdf

The PT faculty emphasize active learning methods to uphold the program's philosophy to provide student-centered learning. To verify that statement, each instructor completed as part of the curriculum review process the appendix form named Course Objectives and Assessment Measures, and reviewed each course for variety and type of instructional methods used to

teach each objective. These forms and the extensive learning experiences listed in CC-5 items reveal that instructional methods vary depending upon the material being taught, depth of required learning, student performance expectations, and developmental level and learning needs of the learners.

PT faculty purposefully structure instruction to promote the development of self-directed learning. Direct instructional methods, such as lecture and discussion of information, and demonstration and practice of psychomotor skills, are used to teach comprehensive bodies of knowledge and skills that all students must master. For example, anatomy and neurophysiology are taught primarily in a lecture format and reinforced with active learning through gross dissection; introductory topics for neuromuscular and cardiopulmonary practice are presented in lecture format followed by discussion and case application; and physical agents and therapeutic skills are demonstrated and practiced for competency in lab activities. Kinesiology and all clinical courses utilize all of the direct instructional strategies in incorporating lecture with active learning lab activities. Such instructional methods support cognitive outcomes ranging from comprehension to application; psychomotor outcomes from mechanistic proficiency up to coordinated, complex performances; and affective outcomes from behaviorally responds in a satisfactory manner to actively perfects a valued behavior.

Group instructional strategies are active, as well as dialogic, learning strategies that reinforce professional communication skills, behavioral skills to foster team dynamics, and higher levels of cognitive processing and critical thinking. Group instructional methods include group projects, reciprocal teaching, discussion, case studies and dialogue, and are used in all professional, clinical and research courses for content that requires deep and meaningful comprehension, problem solving, and group interactions necessary for future interprofessional collaboration. For example, Psychosocial Aspects of PT relies upon group strategies to problem-solve cases describing ethics, legal, communication, and behavioral dilemmas that are likely to occur in professional practice. Physical agents and therapeutic skills courses integrate direct and group strategies with an emphasis on demonstration, practice and group problem-solving. Musculoskeletal I uses "mystery" cases asking student groups to develop an hypothesis-oriented clinical reasoning process that would lead to an orthopedic diagnosis. That and all other clinical courses use case studies, patient videos, live patient guests, role-playing, and practice of examination, evaluation and intervention skills in the classroom and labs. Group assignments in Life Cycles II and PT Management of Children ask students to interpret the literature in defense of intervention decisions, especially as applied to family-centered care. PT as Educator relies heavily on dialogue for the exploration of readings, media, case examples, and lived experience to determine the most appropriate professional roles and responses for practice, education and social justice advocacy given complex and diverse social contexts. The seminar format of Patient Care Seminar I and II and the problem-based learning format of Primary Health Care formalize student's demonstration of clinical reasoning when determining the most effective patient management approaches for given complex cases. Group research for Research Methods courses foster quantitative and/or qualitative critical thinking skills necessary for producing data-driven evidence. Group instructional strategies promote cognitive outcomes for application, analysis, evaluation, and the creative construction of a resolution or plan; affective outcomes for valuing, displaying, judging and verifying valued behaviors necessary for professional socialization, and psychomotor outcomes for complex overt responses and the ability to adapt motor responses to new situations. These instructional methods are also viewed as inquiry strategies, which support the development of self-directed, independent learning skills and critical thinking.

One online course (Pharmacology) and two hybrid courses using a flipped classroom format (Physical Agents II and Geriatrics) rely on distance instruction, as does the four Clinical Education courses. See appendix Distance Learning Courses for an additional discussion of instructional methods.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.9.
A variety of evaluation processes used by faculty to determine whether students have achieved the educational objectives. Evaluations of student performance in the cognitive, psychomotor, and affective domains occur regularly and, at a minimum, must occur at the end of each term of the curriculum.

Name
Course Objectives and Assessment Measures Form.pdf
Program Policies_PT.pdf
Student Catalog_Husson 2013-14.pdf
Written Comprehensive Master 1st year Fall 2014.pdf
Written Comprehensive Master 3rd year Fall 2014.pdf

The PT faculty attend to the appropriateness of evaluation methods used to measure course objectives. To verify that statement, each instructor completed as part of the curriculum review process the appendix form named Course Objectives and Assessment Measures, and reviewed each course for variety and type of evaluation processes used to measure each objective. Each course utilizes multiple assessment measures, both formative and summative, that vary and range from measuring the 1) comprehension and application of knowledge through written quizzes or exams, and the demonstration of knowledge and clinical reasoning in practical exams; to 2) the measure of synthesis and evaluation of information in graded quizzes or exams, written papers, case studies, and presentations; and to 3) the creative application of problem-solving and clinical reasoning using methods such as projects, presentations, case studies, literature reviews, and papers. Psychomotor skills are measured in practical exams and graded by rubric in all clinical courses. Classroom participation, lab behaviors, role-playing case studies, practical exam behaviors, reflective papers, presentations and written project summaries assess affective learning. All courses have multiple evaluative measures upon which to determine student grades.

Comprehensive evaluative measures consist of written comprehensive exams at the close of every semester, and the APTA's Clinical Performance Instrument (CPI) completed at mid-affiliation and at the close of every Clinical Education course. The comprehensive exam is composed of a pre-ordained number of multiple choice questions for each course, which are created by course instructors. This exam intends to mimic National Physical Therapy Exam (NPTE) items thereby providing ongoing test-taking practice for students as well as a measure of comprehensive knowledge. Appendices named Written Comprehensive Master 1st year Fall 2014 and Written Comprehensive Master 3rd year Fall 2014 provide examples of these summative tools. Just prior to graduation, and prior to taking the NPTE, graduating students complete a Scorebuilders Online Advantage-Academic Version exam, purchased by the program, instead of a written comprehensive exam. The score data and the test is a valuable self-assessment and practice tool for students; individual and group scores are also one source of data for the program's annual curriculum review.

One online course (Pharmacology) and two hybrid courses using a flipped classroom format (Physical Agents II and Geriatrics) rely on distance instruction, as does the four Clinical Education courses. Pharmacology tests online; Physical Agents II has low-stakes quizzes online; both use Canvas which is secured by username and password. As stated in P-10, the institutional Distance Education Verification of Student Identity Policy (Student Catalog_Husson, p 36) assures that students registered for online courses are the same as those who are participating in them. This policy requires student compliance with the University's Academic Integrity policies to guard login and password so that signing into an online course verifies that they are who they say they are. Because students are known by the PT faculty when enrolling in distance-learning or hybrid courses, establishing the identity of the registered student is evident through discussion board conversation, reference to known past experiences, and quality of performance, as stated in the program's PT Distance Learning Procedures (Program Policies_PT, p 38). Currently, the institution and program do not use any other student verification data which falls under Husson's "restricted" or "protected" data classification.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.10.
A description of the methods used by the program to assign students to clinical education experiences. These methods are designed to ensure that the type and amount of clinical supervision and feedback provided are appropriate for the students' experience, ability, and point of progression in the program.

Name
CE IV 2015 available slots.pdf
CE IV 2015 available slots detail.pdf

The Husson School of Physical Therapy abides by the national March 1 mailing date for clinical placement requests for the next calendar year. The clinical placement slots that are

provided by the clinical sites are collated by clinical course. Approximately 6-9 months prior to a clinical course, students are provided with information regarding available clinical sites: a listing of clinical sites (see appendix CE IV 2015_available slots); a detailed list with additional information regarding settings, patient diagnostic groups, and additional experiences available (see appendix CE IV 2015_available slots_detail); a list of sites that have indicated they may be available for specific requests; and a memo highlighting key points of the process.

Students are divided into quartiles prior to the first clinical education course for the purpose of site selection meetings. The groups rotate priority for each clinical education course. For instance group 1 will be first for PT 400 site selection, last for PT 500 site selection, third for PT 600, and second for PT 700. At the designated group meeting time, students draw numbers for the site selection meeting. Each student meets individually with the DCE and the ACCE. At this meeting students are given the opportunity to discuss personal goals, strengths and weaknesses, personal constraints, thought process behind the sites they are considering, etc. The DCE/ACCE provide input regarding the advisability of clinical sites based on student's previous clinical experiences, student's learning style, and clinical site factors such as strength of clinical education program and teaching style of CI. The student may choose a site from the availability list or may make a special request from sites contracted with Husson or from a site that is not currently affiliated with Husson. Decisions to pursue special requests are based on the overall needs of the clinical education program (setting, patient population served, geographic needs). If the DCE/ACCE are not able to obtain a special request placement, the student then chooses a site from the remaining sites on the availability list. Students are expected to participate in clinical experiences at sites that will provide them with exposure to multiple clinical settings and diverse patient populations. Occasionally students approach the DCE/ACCE with placement requests that are unrealistic (geography, availability, time frame, etc.) or are not appropriate to the student's learning needs. The DCE and ACCE reserve the right to make the final clinical placement determination in all cases.

Feedback to students is monitored by multiple means. Prior to beginning clinical education courses, students are advised to contact the DCE and/or ACCE with any problems or concerns. The electronic discussion forum provides the DCE and ACCE the opportunity to review student's experiences and identify potential situations where the student may not be receiving sufficient supervision or feedback. Students and clinical instructors are provided with supervision guidelines which are posted in multiple locations such as Google sites and the electronic course platform. The mid-term site visit or phone call is also used to determine that the student is receiving the appropriate amount of supervision and feedback. The DCE/ACCE use this conversation as a means of providing education to student and/or CI as necessary and scheduling follow up conversations as needed. When faculty members identify issues at the mid-term phone call, they either provide education or ask the DCE/ACCE to intervene in more complicated situations.

When any of the data points indicate that the student requires an altered level of supervision or feedback, the DCE/ACCE discusses this with the student and the CI. Philosophically, the DCE and ACCE believe that students need to develop the skills to communicate effectively with the CI. Therefore, students are coached in techniques to ask for the level of supervision and feedback required. They are also coached in how to listen closely to CI feedback to reconcile perceived differences in needs. CIs are coached in techniques to alter supervision and feedback to meet student needs and regulatory requirements. If altered levels of supervision or feedback are required, informal goals are set as part of the mid-term discussion and follow up is scheduled as necessary. Formalized goals or action plans are developed when the student presents with deficits in performance. Close attention to potential problems and a focus on informal coaching has resulted in few situations that require a formal action plan.

Curricular Evaluation

CP-3.
There is on-going and formal evaluation of the professional curriculum. The curriculum evaluation plan is written and addresses individual courses within the curriculum, as well as the curriculum plan as a whole. The plan incorporates consideration of the changing roles and responsibilities of the physical therapist practitioner and the dynamic nature of the profession and the health care delivery system. 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 evaluation plan is used to determine strengths and weaknesses of the curriculum and to determine if the practice expectations and specific mission, goals, and expected student outcomes of the curriculum are met.

Name
Mission, Goals, Outcomes Assessment & Action Plan.pdf
One_Year_Post_Survey_for_DPT_grads, July 2014.pdf
Program Assessment Matrix.pdf
PT Strategic Plan 2014-15.pdf

The program's mission commit the faculty educate PTs who are self-directed, "adaptable and successful in utilizing evidence-based practice to address issues within diverse and complex healthcare systems, practice environments and client populations." "Adaptable"connotes recognition that PT roles, responsibilities and environments constantly change, requiring the use of self-directed evidence-based practices to manage that change. The curriculum supports adaptability by educating students in the conceptual frameworks that guide clinical reasoning, such as the ICF model, the HOAC model, critical thinking, and dynamical systems. Armed with an understanding of dynamic change; skills for reflective judgment, critical thinking and clinical reasoning; and experience in inquiry, students will be able to adapt to the changing demands of service systems, populations, environments, and knowledge.

Three appendices (Program Assessment Matrix; the Mission, Goals, Outcomes Assessment & Action Plan; and the PT Strategic Plan 2014-2015) guide curricular evaluation. The Program Assessment Matrix reveals that courses are evaluated for instructor and student satisfaction at the end of each semester; instructors reflect upon needed course change as part of their annual review process and share that narrative with the Director. Those reflections become one factor in annual course and curriculum reviews along with data obtained from graduate exit surveys and focus groups; clinical education feedback from students, CIs, and DCE/ACCE; current year Scorebuilders scores; previous year's NPTE scores; and survey data from alumni one year post-graduation (see appendix named One Year Post Survey for DPT Grads). Trends and history, instructor expertise, curricular guidelines, external reviewers, and other external resources help to understand identified deficits and explore if courses or the curriculum require revision. The annual CAPTE Course Objectives form and periodic checklists review course attributes and assess for course objective currency and depth of learning. The PT faculty then complete the review of program, faculty and student outcomes as stated in the Mission, Goals, Outcomes Assessment & Action Plan matrix. These triangulated data inform faculty priorities for annual goals and decisions about how these goals support the Program's Strategic Plan, created in August. Decisions for course and curricular change are also informed by data obtained periodically from stakeholder (alumni, adjunct faculty, CIs, CCCEs, and employers) focus groups, a method for determining satisfaction with graduates' education and performance, as well as determining new directions for future curricular change.

Historically, curricular feedback from students, CIs, alumni and employers identify graduates' orthopedic and manual therapy skills as a strength of the DPT curriculum. Other strengths include students' professional behaviors and systems knowledge. NPTE content scores verify strength in non-systems domains and in musculoskeletal and other systems content. PT faculty agree that students' spinal manual therapy skills exceed what is expected of the entry-level clinician. Some students report feeling relatively less prepared for the practice of wound care, pediatrics, and cardiorespiratory care although CPI ratings and CI feedback consistently do not identify deficiencies in these areas. NPTE scores in other systems content do not support a weakness in integumentary learning but do support the need to further explore cardiorespiratory teaching. Reviews of clinical guidelines and a comparison with an expert course in wound care revealed that what is taught in the curriculum meets expected novice performance. Faculty determined that the problem with students' comfort with wound care reflects a relative lack of clinical experience. A similar process led to the determination that pediatric course content is current and consistent with a dynamical systems, family-centered care, and activity and participation perspectives. Students who attend pediatrics clinicals are rated as strong performers; students' low assessment of pediatric skills reflects a relative lack of pediatric experience for all students. Similarly, student discomfort with providing cardiorespiratory care appears to be due to a lack of sufficient clinical experience, reflecting the state of practice in Maine. A review of cardiorespiratory course content determined that guideline expectations are met but students would benefit from more case studies and engagement with community cardiac and respiratory exercise groups, which were added to the course two years ago. Students perform well in clinical education yet the strongest need for curricular revision is a redesign of the clinical education program in order to meet external and administrative factors for clinical preparation. All program, faculty, and student outcomes are being met.

Curricular Evaluation

CP-4.
There is ongoing and formal evaluation of the clinical education program.

Name
2014 Clinical Education Course Review.pdf

Data used in review of the clinical education program include clinical instructor feedback from mid-term interviews and CI surveys, CCCE feedback from informal conversations as well as participation in mid-term interviews and CCCE surveys, CPI student outcomes, student self-assessment using the minimum skills assessment tool, student feedback from PTSE forms and debriefings, and multiple stakeholder group feedback from focus groups. The content from these sources is evaluated and placed into context by the DCE and ACCE, with summaries/reports provided to faculty at regular faculty meetings and at curriculum review meetings.

As previously described in CP-1, the design of the clinical education program was and is informed by documents such as the Normative Model of Physical Therapist Education, the Guide to Physical Therapist Practice, APTA professionalism documents (such as the Code of Ethics, Guide for Professional Conduct, and the Standards of Practice for Physical Therapy), and the Minimal Skills Assessment Tool, plus recognition of the limitations of Maine's rural practice environment. The current model of four eight-week clinical practicums interspersed throughout the three-year program has been re-affirmed almost every year as faculty review the curriculum plan. To better plan for today's clinical education needs, a move to integrated clinical experiences and an expanded terminal clinical placement will be considered in future curriculum planning using resources from the Section for Education, NEC-ACCE, and the recent ACAPT clinical education summit.

Student feedback and information gathered from multiple sources by the DCE/ACCE support overall congruence between clinical practice and academic program practice expectations. Within this congruence there is room for students to consider alternative treatment approaches used by CIs as well as room for students to share treatment approaches with CIs. If feedback indicates that site practice patterns are not congruent with academic program practice expectations, the situation is explored with the CCCE. If the situation cannot be resolved, an infrequent occurrence, the clinical education agreement is terminated or allowed to lapse at the next renewal date.

The adequacy of the number and variety of clinical education sites for currently enrolled students is closely monitored by the DCE and ACCE, primarily through the site selection and placement process. The DCE/ACCE have noted an increasing discrepancy between the number of clinical placement slots identified by clinical sites after the March 1 mailing and the number of sites that meet the multiple needs of students. Increasingly, the DCE/ACCE experience students who make special requests rather than choose a site from the available site list. Student feedback supports the DCE/ACCE observation that students would like to have a larger array of site choices and reveals this to be largely related to finances and available housing options, a response consistent with Husson's mission to serve students of limited means and first generation college students. While all students are ultimately placed at appropriate sites to ensure a variety of setting and patient population exposure, the DCE/ACCE have faced an increasing workload to ensure appropriate placements for all students. While this situation requires further evaluation, it is one that is faced by many academic programs. Consistent with the experience of other programs across the country, sites that expose students to the medically complex patient are most highly in need.

Feedback from students, clinical faculty and academic faculty provides positive support for the adequacy of program clinical education documents. The Clinical Education Handbook is comprehensive and easily available to students and academic faculty. CI feedback has resulted in recent changes to the skill set description contained on the syllabus, which provides CIs with more detailed information regarding student skills and previous academic coursework. Changes in technology at clinical sites have resulted in changes in the way the clinical education handbook is distributed to clinical faculty. Most recently a Google site specific to clinical educators has been developed for ease of access to information, forms, and benefits. CI satisfaction with this website will be monitored to determine satisfaction and modify available resources as needed.

The most recent review of the clinical education program, reported in appendix 2014 Clinical Education Course Review, finds that while clinical education faces challenges such as site availability and limited student resources, the program is successful overall with positive student outcomes which support NPTE exam success. The PT program is committed to ongoing review of the entire curriculum to support future student success and positive relationships with clinical partners.

Curriculum Content

CC-1.
The physical therapist professional curriculum includes content and learning experiences in the biological and physical sciences necessary for initial practice of the profession (eg, anatomy/cellular biology, histology, physiology, exercise physiology, exercise, biomechanics, kinesiology, neuroscience, pathology, and pharmacology. Learning experiences in the biological and physical sciences include laboratory or other practical experiences involving quantitative and qualitative observations.

Name
DPT Curriculum Form 2014-2015.pdf

The professional curriculum (appendix DPT Curriculum Form) interweaves content, and foundational and advanced learning experiences in the biological and physical sciences throughout three years of study. The first professional year builds upon the pre-professional preparation in cell biology, A&P, physics and chemistry with foundational courses in Gross Anatomy, Kinesiology and Biomechanics, Pathophysiology, Motor Control and Learning, Neurophysiology, and Life Cycles I. The content and learning experiences provided in this year are then revisited and built upon in the next two years of more clinically-oriented courses. The foundational science courses present students with an extensive overview of typical human structure and function, and introduce examples of atypical and pathological functioning. Later courses then provide more advanced study in these areas and extend learning by an examination of the assessment and treatment options available for various diagnoses. Throughout the presentation of the biological and physical sciences a holistic approach to human functioning is adopted driven by dynamical systems theory. The foundational curriculum avoids the compartmentalization of biological and physical science content, rather the inter-relationships and interdependence of such content is emphasized, the physical sciences being a crucial constraint in explaining behavior. The emergence of typical and atypical human movement through the interaction of biological and physical constraints is heavily emphasized in Motor Control and Learning (PT 412). This constraint driven approach to behavior is examined in a laboratory learning experience in which students conduct a quantitative experiment using electromyography to examine the motor system's response to the manipulation of organismic, environmental and task constraints. A dynamical systems approach is also taken in the examination of typical and atypical motor development in Life Cycles I (PT 420). Learning experiences here include the administration of standardized developmental assessment tools to evaluate the gross and fine motor development of children as well as measure psychological/social, functional and adaptive skills development. Similarly, students practice how to select and use appropriate standardized measures of balance, mobility, gait, function, endurance, and quality of life for individuals of various ages in this course and in the later courses of Cardiorespiratory (PT 560), Exercise for Special Populations (PT 661), Neuromuscular I (PT 510) and II (PT 610).

In Gross Anatomy (PT 410) students are provided a detailed analysis of the neuromuscular structures responsible for movement. This course includes cadaver dissection lab learning experiences during which a thorough dissection of all extremities, neck and superficial trunk musculature, nerves and blood vessels is performed. Later the dissections are reviewed by 3rd year students before being dissected further to examine the internal organs, brain and spinal cord. Building on the foundation of functional anatomy laid in PT 410, Kinesiology and Biomechanics (PT 411) examines how these biological structures necessarily constrain the emergence of movement patterns. Lawfully generated biomechanical and environmental constraints are used to explain how movements arise. Learning experiences in PT 411 include a thorough foundation in surface anatomy palpation and the examination of osteokinematics and arthrokinematics. Both qualitative and quantitative analyses of kinematic patterns in typical movement are conducted. Extensive use is made of motion analysis apps running on iPads and smart phones to analyze gait, sit-to-stand and other everyday movements. A quantitative analysis of gait is also conducted through the use of a computerized walkway (ProtoKinetics Zeno gait mat). This walkway allows numerous gait parameters to be examined and analyzed by students. The neurological substrate underpinning the movement patterns is presented in Neurophysiology (PT 450). This course also discusses the neuroanatomical and neurophysiological basis of perception and cognition. Such foundational neuroscience forms the basis for the discussion of pathological conditions in Neuromuscular I and II (PT 510 and PT 610). Pathophysiology (PT 561) is also considered a foundational biological science, as such is presented in the first year of the professional phase. This content is built upon in the later courses of Cardiorespiratory (PT 560), Exercise for Special Populations (PT 661) and Chronic Conditions (PT 530). The pharmacological options that attempt to restore normal human functioning are examined later in the curriculum (Pharmacology and Rehabilitation, PT 642) after students have experienced first-hand patient management cases. These science courses introduce the qualitative skills for assessing function, quality of life, and rehabilitation potential.

Curriculum Content

CC-2
The physical therapist professional curriculum includes content and learning experiences in the behavioral sciences necessary for initial practice of the profession (eg, applied psychology, applied sociology, communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidence-based practice, and applied statistics), including laboratory or other practical experiences.

Name

DPT Curriculum Form 2014-2015.pdf

The DPT Curriculum (Appendix) includes three courses that focus on professional behaviors: Psychosocial Aspects of PT (PT 431); Ethical, Legal and Management Issues in PT (PT 528); and, PT as Educator, Consultant and Advocate (PT 630). Psychosocial Aspects of PT introduces students to professionalism, professional behaviors, social contexts for healthcare and for practice, communication including documentation, ethical resolution, and basic legal and regulatory limits. It requires students to role-play and critique patient-practitioner interactions, propose ethical resolution for an ethical dilemma, and practice written documentation. An in-class capstone case requires students to conduct an ethical and legal analysis of a case similar to one presented to the Maine Board of Examiners; discussion includes an exploration of licensee sanctions for unethical and illegal conduct. Ethical and legal content is further developed in Ethical, Legal and Management Issues in PT using, for example, lecture, case analyses, and class discussion to problem-solve hypothetical malpractice cases; completing an APTA online course on negotiating the regulatory environment followed by discussion of fraud and abuse information; and writing a reflective paper analyzing one clinic's billing practice compliance with Medicare laws and regulation following a lecture on billing and reimbursement. The PT as Educator, Consultant and Advocate course utilizes readings, media examples, and class dialogue to explore the social context of privilege, power, and diversity; and then requiring students to consider in written reflection papers issues of diversity, cultural competence, and social justice in healthcare and practice environments. This course presents in readings and lecture the didactic information needed to educate, consult and advocate from within the physical therapist role. Students apply educational theories, principles, and methodologies in creating and conducting a capstone community health education project that requires the assessment of the health and wellness needs of one community agency and education to address those needs. Given prepared case studies and student's real-life clinical experience, professional behaviors, ethical and legal issues, communication skills, societal issues, and business concerns are discussed regularly in clinical courses and in Patient Care Seminar I and II (PT 650 and 652) for their contribution to an individual's motivation and function.

As noted in CP-2.6, one curricular thread identified by faculty is the focus on teaching inquiry and critical thinking as a foundation for evidence-based practice and clinical reasoning. Lectures presenting evidence and literature reviews support students choices of basic measure, simple interventions and equipment in Therapeutic Interventions I (PT 415) and Physical Agents I (PT 417) cases; analyses of the literature describing movement and its development in Motor Control (PT 412) and Life Cycles I and II (PT 420 and 520); and the selection of patient management/intervention options for case studies in clinical courses such as Musculoskeletal I (PT 550), Neuromuscular I and II (PT 510 and 610), PT Management of Children with Neurologic Dysfunction (PT 608), and Geriatrics (PT 664). After acquiring experiences of clinical reasoning in clinical courses, labs and clinical practicums, students justify their patient management decisions in Patient Care Seminar I and II (PT 650 and 652) presentations of a case study of an actual patient. The culminating clinical reasoning experience occurs in the differential diagnosis of problem-based cases in Primary Health Care (PT 620). Formal processes for inquiry and research are also taught and practiced in the Research Methods I to IV (PT 601 to 604) sequence in which students, as members of small research groups, engage in all aspects of the research process.

The Biostatistics (MS 345) course provides the information necessary for students to critically evaluate data-driven results in a written review of a research paper, select appropriate statistical tools given a research question and design, and analyze data with Excel and SPSS using a variety of statistical tools. Applied statistics is again taught and used in Research Methods I – IV (PT 601 to 604) as students conduct a critical literature review, propose a research design, collect and analyze data, and then interpret the analysis as findings presented in a poster, written journal-ready paper, and presentation. In using the professional literature and research as a basis of clinical practice, students engage in the review of applied statistics when selecting for evidence-based practices in most all clinical courses.

Curriculum Content

CC-3

The physical therapist professional curriculum includes content and learning experiences in the clinical sciences (eg, content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists), including laboratory or other practical experiences.

Name
CAPTE DPT Curriculum Form 2014-2015.pdf
DPT Curriculum Form 2014-2015.pdf

Appendices DPT Curriculum and the CAPTE DPT Curriculum Form reveal that 23 of the 42 required courses are a clinical course. Initially, foundational information is integrated with basic clinical practice skills in Physical Agents I and II (PT 417 & 418) and Therapeutic Skills I and II (PT 415 & 416); labs allow for the practice of skills for examination, evaluation and treatment of strength, flexibility, and injury through cases and patient simulations. Musculoskeletal I (PT 550) and Therapeutic Skills III (PT 515) follow those courses with lectures and readings teaching basic orthopedic examination, evaluation and treatment skills for peripheral joints. Case practice in labs supports learning these psychomotor skills while group mystery cases and patient guest appearances require student groups to develop a hypothesis-oriented clinical reasoning process that would lead to an orthopedic diagnosis. Evidence-based practice is introduced using literature searches. Musculoskeletal II and III (PT 552 & 554) similarly use case-based lectures, labs and practical exams to add the evaluation and treatment of common spine and pelvic problems. The Musculoskeletal sequence posits that functional activity and participation is integral to the orthopedic management of patients with acute injury, referral for surgery, pre-operative care, and post-operative rehabilitation. Neuromuscular I and II (PT 510 & 610) continues with the function-focused management of individuals with neurologic deficits. Review of literature, cases, role play, patient videos, and live patient guests allow students to observe, learn intensively about, and select patient management skills for those with CVAs and those with spinal cord injuries, as well as gain information about other neurologic conditions. These learning experiences allow students to individualize care, exhibit professional behaviors in patient and family interactions, select evidence-based practices, and discuss the need for individualized programs, patient advocacy, and wellness programming for these and other neurologic conditions. A book about one person's experience of living with ALS presents opportunities for discussing in a written paper how family, family wealth, the healthcare system, and politics influence services for those with ALS. Cardiorespiratory (PT 560) similarly mixes lectures and labs in learning the patient management for those with cardiac and pulmonary conditions; this course provides opportunities for students to observe and participate in group wellness programs for respiratory patients. This systems and case-based approach to clinical courses provides a foundation for using the Guide to Physical Therapy Practice, an emphasis on functional activity and participation in patient management, the use and value of evidence-based practice and clinical reasoning, and the practice of clinical treatment skills and professional behaviors when working with patients who have simple to complex systems pathology. This approach also integrates well with the two foundational courses, Pharmacology and Medical Imaging in Rehabilitation, which use a case-based format for application of content.

Physical therapy services for other body systems are presented in courses focused on specific population groups. For example, integumentary conditions and patient management concepts and skills are taught in the Rehab of Chronic Conditions (PT 530) with lectures and labs on wound care and burns; Integumentary care is also discussed and practiced in Prosthetics (PT 625) lectures and lab. Life Cycles II (PT 520) lectures and a discussion with a clinician who specializes in Women's Health allows for exposure to the management of common genitourinary conditions for both women and men. The pathophysiology and patient management of other metabolic and endocrine conditions, such as HIV, arthritis, diabetes and vascular disease, are also explored and discussed in Rehab of Chronic Conditions lectures and readings as well as in the problem-based course, Primary Health Care (PT 620), which concentrates on cases that require differential diagnosis. Other clinical courses focus on the management of specific population groups, such as pediatrics in Life Cycles II and PT Management of Children with Neurologic Dysfunction (PT 608), and elders in Geriatrics (PT 664). Fitness, health and wellness are presented in all courses but specifically in Exercise for Special Populations (PT 661) and Health and Wellness (PT 618). Each student is required to take one Advanced Elective, many of which are also clinical courses covering content such as Women's Health, Sports Medicine, Vestibular Rehabilitation, and Spinal Manipulation. All of these courses present surgical interventions and post-operative rehabilitation as warranted by the conditions under study.

Curriculum Content

CC-4

The physical therapist professional curriculum includes clinical education experiences for each student that encompass: a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care; b) Practice in settings representative of those in which physical therapy is commonly practiced; c) Interaction with physical therapist role models whose practice is consistent with the program's philosophy of practice; d) Opportunities for involvement in interdisciplinary care; and e) Other experiences that lead to the achievement of expected student outcomes.

Students participate in clinical experiences that provide exposure to multiple clinical settings and diverse patient populations. Regardless of setting or timing, clinical sites are expected to provide contextual opportunities for students to integrate knowledge and skills as well as support the graduated practice of managing basic patient cases in first clinical experiences to progressively increasing patient and situational complexity in later clinical experiences. Therefore, students are not required to complete clinical placements in a particular order of settings or populations. Students participate in at least one outpatient care clinical experience and one clinical experience involving medically complex patient populations (acute care,

acute rehab, HHC, SNF). Typically students are exposed to 3 or more settings over the course of 4 clinical experiences. In the rare case where the student participates in only 2 settings, the DCE/ACCE ensure that exposure to diverse patient conditions will occur. The high level of interaction with the DCE/ACCE during the site selection process, described in CP 2.10, allows students to meet personal and program objectives. Students experience all components of care within the patient management care model during the totality of clinical experiences.

The primary source of data to determine student exposure to the continuum of care, lifespan, and a variety of settings is the PTSE. For lifespan exposure, students in the class of 2014 self-report exposure over four clinical experiences at the occasional or frequent level at 100% for both the 22-65 age group and the over 65 age group, 43% for the 0-12 age group, and 89% for the 13-21 age group. When considering that the rare exposure rating indicates that students did participate in limited care, the percentage for the 0-12 age group increases to 91% and the 13-21 age group increases to 100%. Students self-report that 100% of students had occasional or frequent exposure to musculoskeletal and neuromuscular conditions, 91% to cardiopulmonary conditions, 51% to integumentary conditions, and 60% to other (metabolic, renal, endocrine, etc.). Based on DCE/ACCE observation of discussion board posts, it appears that these percentages are likely low. Students describe contact with patients in all of these groups, even if infrequent. The program has recently the AllofE eMedley clinical tracking program, which provides more accurate and timely reporting of patient encounter data.

The curriculum emphasizes the preparation of the generalist practitioner who provides a continuum of care responsive to the individualized needs and well-being of clients and patients from diverse backgrounds. Given the limited access to healthcare in the rural state of Maine, the program is committed to ensuring that its graduates have the generalist skills necessary for effectively addressing the unexpected challenges of rural practice. The program is also committed to ensuring that CIs model the philosophies of individualized patient care and of student-centered clinical education. When establishing a clinical education agreement, the DCE/ACCE carefully interview to determine if the site will be a good match with the academic program, its philosophy, and the student's unique personality and educational needs. Given the frequency of forging agreements with rural New England sites, the DCE/ACCE attend closely to the CI's ability to guide students through the patient management issues when faced with a limited network and scarce resources, the skills required of a rural practitioner. Students experience rural practice as one exposure to diversity allowing the opportunity to compare cultural, economic, and resource differences when contrasted with other clinical sites located across the country, in varied settings and facility sizes.

Academic coursework emphasizes holistic and interdisciplinary care as a means to assist the patient in meeting their individualized needs. Students are regularly involved in interdisciplinary care during clinical experiences, most often in settings serving the medically complex patient, but also in other settings. This focus in interdisciplinary care is consistent with practice patterns exhibited in rural settings in which clinicians and students must initiate and nurture their professional network in order to sustain a professional support system, establish referral networks, and interact with community resources to support patients. Students describe interdisciplinary experiences frequently on the online discussion forum. During the final two clinical experiences, students are required to pick a patient for a case study. These case studies, which include medical, socioeconomic, advocacy, and/or cultural complexities, are presented to student groups for reflection and discussion, and serve to bring the individual student experiences into the classroom setting.

Curriculum Content

CC-5
The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of the profession of physical therapy. The curriculum is designed to prepare students to meet the practice expectations listed in CC-5.1 through CC-5.66.

[Use this field for a general comment, if any]

The following responses to items CC-5.1 through CC-5.66 verify that active learning experiences are used to promote student attainment of those professional behaviors, knowledge, clinical reasoning, and practice skills needed to effectively meet the novice practice expectations of the profession. In addition, this learning provides the entry-level practitioner with the novice skills for situationally adopting the varied roles of educator, advocate, business manager, and wellness coach.

Professional Practice Expectation: Accountability

CC-5.1.
Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

Objectives
PT 528 Ethical, Legal and Management Issues in Physical Therapy
#2 Discuss the necessity of adhering to legal practice standards, including all federal, state, jurisdiction and institutional regulations related to patient or client care, and to fiscal management
#7 Analyze the billing and reimbursement activities you experienced in your last clinical for consistency with the most recent Medicare regulations
PT 700 Clinical Education IV
#5 The student will appropriately utilize and supervise physical therapist assistants, aides, and other support staff
PT 700 Clinical Education IV
#6 The student will demonstrate entry-level fiscal management skills, with consideration of ethical and legal requirements
PT 652 Patient Care Seminar II
#10 Examine ethical dilemmas that arise in the clinic setting, and apply group problem-solving skills, as well as knowledge of legal responsibilities, to determine the most appropriate choice of action

Learning Experiences
Students are introduced to legal practice standards in PT 431, Psychosocial Issues in PT, as a framework for in depth coverage in PT 528 where students are immersed in these issues through lecture and case study analysis. As students progress through the program they are provided with clinically relevant examples and cases in many courses, culminating in synthesis of this content in PT 700 and PT 652. In PT 700 students apply legal and regulatory content in direct patient care activities. While on the final clinical experience students create a formal case study report for use in PT 652. This case is critically reviewed by other students and discussed in small groups, facilitated by a faculty member. Ethical dilemmas in case management are discussed in light of legal and regulatory standards.

Level of Actual Student Achievement
One-hundred percent of students meet all expectations for a passing grade in PT 431, PT 528 and 652. All students met the clinical education objectives and passed PT 700 with 100% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criterion #3 (accountability), which addresses ethical and legal practice.

Professional Practice Expectation: Accountability

CC-5.2.
Have a fiduciary responsibility for all patient/clients.

Objectives
PT 431 Psychosocial Aspects of Physical Therapy
#3 The student will be familiar with, value and adhere to the APTA Core Values, the APTA Code of Ethics, the APTA Guide for Professional Conduct, the APTA Standards of Practice, the ten Physical Therapy Professional Behaviors, and the Maine Physical Therapist Practice Act in identifying and resolving ethical dilemmas.

PT 520 Life Cycles II
#7h Develop a pediatric physical therapy evaluation and plan of care consistent with family-centered principles
#7i Develop a plan of care demonstrating cultural competency based on the unique cultural and socio-economic circumstances of the individual and family
PT 528 Ethical, Legal and Management Issues in Physical Therapy
#1 Practice ethical decision making that is consistent with applicable professional standards, including APTA's Code of Ethics and Guide for Professional Conduct and governing state practice acts

PT 630 The PT as Educator, Consultant and Advocate
#13 Present in written reflective summaries personal and professional understandings, positions and/or resolutions concerning how to interact with social difference.
Learning Experiences
Students are introduced to their professional obligation to manage and protect the well-being of their patients, clients, their property, and their money as they learn the Code of Ethics and Core Values in PT 431 using lecture, discussion, and case study analysis, as a framework for all patient/client encounters. The dilemmas a therapist faces in upholding fiduciary responsibility when providing service to those who hold differing values and needs are explored and discussed in PT 528 case studies. The practice of placing patient and family needs above the PT's own is emphasized in multiple clinical courses such as PT 520, which promotes individualized and family-centered care given differing cultural and child-rearing values. A focus on family-centered care and cultural competency is emphasized in PT 520, Neuromuscular I and II (PT 510 and 610), Geriatrics (PT 664), and PT Management of Children with Neurologic Dysfunction (PT 608) through readings, lectures, and case study presentations. Readings on how to build a trusting patient-practitioner relationship given social and cultural differences inform class dialogue and written reflections in PT 630. The impact of lack of trusting relationships on adherence is further explored in small group reviews of lived non-adherence cases selected from previous clinical experiences. In PT 700 students integrate the Core Values and Code of Ethics in direct patient care activities.

Level of Actual Student Achievement
One-hundred percent of students participated in classroom discussions concerning ethical dilemmas in PT 431 and 528. All achieved a passing grade on family-centered case study and clinical project assignments in PT 520 and PT 608. 100% of students achieved a passing grade in PT 431, 520, 528, and 630. All students participated in PT 630 dialogue concerning how to bridge difference when building trusting relationships and adherence. All students met the clinical education objectives and passed PT 700, with 100% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criterion #3 (accountability).

Professional Practice Expectation: Accountability

CC-5.3.
Practice in a manner consistent with the professional Code of Ethics.

Objectives
PT 528 Ethical, Legal and Management Issues in Physical Therapy
#1 Practice ethical decision making that is consistent with applicable professional standards, including APTA's Code of Ethics and Guide for Professional Conduct and governing state practice acts
#7 Analyze the billing and reimbursement activities you experienced in your last clinical for consistency with the most recent Medicare regulations
PT 652 Patient Care Seminar II
#10 Examine ethical dilemmas that arise in the clinic setting, and apply group problem-solving skills, as well as knowledge of legal responsibilities, to determine the most appropriate choice of action
PT 700 Clinical Education IV
#1 The student will demonstrate entry-level professional and communication behaviors and modify as appropriate to the setting and the situation
#6 The student will demonstrate entry-level fiscal management skills, with consideration of ethical and legal requirements

Learning Experiences
Students are introduced to the APTA Code of Ethics in PT 431 Psychosocial Issues in PT, using readings, lecture, and case discussion, as a framework for all patient/client encounters. . An in-class capstone case requires students to conduct an ethical and legal analysis of a case similar to one presented to the Maine Board of Examiners; discussion includes an exploration of licensee sanctions for unethical and illegal conduct. This content is further developed in PT 528 using lecture, case analysis, and a reflective paper. As students progress through the program they are provided with clinically relevant examples and cases in all courses, culminating in synthesis of this content in PT 700 and PT 652. In PT 700 students integrate the Code of Ethics in all direct patient care activities. While on the final clinical experience students create a formal case study report for use in PT 652. This case is critically reviewed by other students and discussed in small groups, facilitated by a faculty member. Ethical dilemmas in case management are discussed in light of the Code of Ethics as well as legal and regulatory standards.

Level of Actual Student Achievement
All PT 431 students engaged in an ethical and legal capstone case analysis in small groups. One-hundred percent of students achieved a passing grade in PT 528 and 652. All students met the clinical education objectives and passed PT 700 with 100% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criterion #3 (accountability).

Professional Practice Expectation: Accountability

CC-5.4.
Change behavior in response to understanding the consequences (positive and negative) of his or her actions.

Objectives
PT 630 PT as Educator/Consultant/Advocate
#13 Present in written reflective summaries personal and professional understandings, positions and/or resolutions concerning how to interact with social difference
PT 650 Patient Care Seminar I
#10 Identify situations in which the physical therapist can and should act as an advocate for the client, beyond the hands-on physical therapy intervention
#11 Develop a plan of action to support your role as a patient advocate
PT 652 Patient Care Seminar I
#10 Examine ethical dilemmas that arise in the clinic setting, and apply group problem-solving skills, as well as knowledge of legal responsibilities, to determine the most appropriate choice of action
PT 700 Clinical Education IV
#1 The student will demonstrate entry-level professional and communication behaviors and modify as appropriate to the setting and the situation

Learning Experiences
As students progress through the program they are provided with clinically relevant examples and cases in all courses that develop the students' ability to identify the consequences of their actions. Courses in the final year of the program focus on synthesizing and integrating this behavior. PT 630 approaches this from an educational perspective with students participating in class discussions and reflections based on simulated or their own experiences. This behavior is further integrated in specific clinical interactions in PT 650, 652, and 700. In PT 650 and 652 students use case study papers, presentations, and discussion to reflect upon and analyze alternative paths of action. Clinical instruction is utilized in PT 700 to integrate this behavior during hands on patient care experiences.

Level of Actual Student Achievement
One-hundred percent of students attained a passing grade on the reflective paper in PT 630. 100% of students achieved a passing grade in PT 630, 650, and 652. All students met the clinical education objectives and passed PT 700 with 97% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criterion #6 (professional development).

Professional Practice Expectation: Accountability

CC-5.5.
Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

Objectives
PT 608 PT Management of Children
#3.2 Developing a speech/presentation that demonstrates the ability to be a leader in the community on issues of child health and wellness
PT 630 PT as Education/Consultant/Advocate
#6 Summarize the basic tenets of several learning theories, educational principles and methodologies as they apply to education, consultation and advocacy in multiple care and community settings

#9 Design, implement, and evaluate a health promotion and education session to a community audience considering the cultural, social, learning, and health needs of the audience
PT 618 Health and Wellness
#2 Describe how health and wellness is related to Physical Therapy practice
PT 664 Geriatrics
#6 Support the role of physical therapists in community fall prevention

Learning Experiences
In PT 618 students develop an understanding of the role of PTs in community health, through readings, small group projects and lectures. As a capstone project, students produce a health newsletter as an example of how to education community members. In PT 630 students develop a community health education project utilizing sound educational principles. This project requires the students to assess the health and wellness needs of a specific group within the community and work closely with one community agency. In PT 664 students use readings and group discussion to understand the role of PTs in fall prevention programs. PT 608 requires a professional role assignment where groups of students give presentations that advocate for child health and wellness to a mock audience.

Level of Actual Student Achievement
One-hundred percent of students achieved a passing grade on the professional role assignment in PT 608. All DPT students earned 85-100% on the written and verbal assignments related to the PT 630 community health education project, which accounts for about half of the final grade. 100% of students achieved a passing grade on exams and the health newsletter project in PT 618

Professional Practice Expectation: Altruism

CC-5.6.
Place patient's/client's needs above the physical therapist's needs.

Objectives
PT 528 Ethical, Legal and Management Issues in Physical Therapy
#1 Practice ethical decision making that is consistent with applicable professional standards, including APTA's Code of Ethics and Guide for Professional Conduct and governing state practice acts
PT 630 – PT as Educator/Consultant/Advocate
#3 Carefully reflect upon how our own identity formations (race, ethnicity, class, gender, religion, disability and other identity domains) shape our individual approaches to educating, consulting, and advocating.
#4 Explore attitudes, belief structures, and thinking processes that support cultural proficiency and adult learning
#10 Explore the challenges of differing cultural values, behaviors, and healthcare beliefs on healthcare in the U.S. and to the practice of physical therapy.
PT 700 – Clinical Education IV
#1 The student will demonstrate entry-level professional and communication behaviors and modify as appropriate to the setting and the situation

Learning Experiences
Students are introduced to the APTA Code of Ethics and the Core Values in PT 431 Psychosocial Issues in PT using readings, lecture, and case discussion, as a framework for all patient/client encounters. Altruism, as a Core Value, is further developed in PT 528 using lecture, case analysis, and a reflective paper. As students progress through the program they are provided with clinically relevant examples and cases in all courses, culminating in synthesis of this content in PT 700 and PT 630. In PT 630 altruism is explored through the lens of cultural competency and understanding of personal values using readings, class dialogue, and a cultural difference project. In PT 700 students integrate the Code of Ethics in all direct patient care activities through clinical instruction.

Level of Actual Student Achievement
One-hundred percent of students achieved a passing grade on reflection assignments in PT 630. 100% of students achieved a passing grade in PT 528, 630, and 650. All students met the clinical education objectives and passed PT 700 with 100% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criterion #3 (accountability).

Professional Practice Expectation: Altruism

CC-5.7.
Incorporate pro bono services into practice.

Objectives
PT 528 Ethical, Legal and Management Issues in Physical Therapy
#1 Practice ethical decision making that is consistent with applicable professional standards, including APTA's Code of Ethics and Guide for Professional Conduct and governing state practice acts
PT 630 PT as Educator/Consultant/Advocate
#6 Summarize the basic tenets of several learning theories, educational principles and methodologies as they apply to education, consultation and advocacy in multiple health care and community settings
#9 Design, implement, and evaluate a health promotion and education session to a community audience considering the cultural, social, learning, and health needs of the audience
#14 Reflect upon the instructor skills needed to educate and mentor the development of PT students in clinical practice after contemplating the personal experience of clinical education and after peer-tutoring a less-experienced student in the pro-bono clinic
PT 652 Patient Care Seminar II
#12 Examine the possibility of pro bono services for patient care

Learning Experiences
Students are exposed to the concept of pro-bono care from a Code of Ethics and Core Values perspective in PT 431 Psychosocial Issues in PT, using readings, lecture, reflections, and case discussion. PT 528 builds upon this knowledge from a legal/reimbursement perspective using readings, discussion, and reflection papers. The Husson School of Physical Therapy has established a pro bono PT clinic that is overseen by faculty and run by students, but student work in the clinic occurs on a volunteer, not a mandatory or graded, basis. Conversations concerning the contribution of the pro bono clinic are entering classroom discussion, for example, in PT 630, students participate in a class discussion about how to become an expert, noting that the experience of peer tutoring the less experienced student supports the development of expert-like communication skills. In PT 652 students examine the need for and options for pro-bono care, specific to a case study discussed in class.

Level of Actual Student Achievement
One-hundred percent of students achieved a passing grade in PT 528, 630, and 652. 100% of students participate in PT 630 class discussion of the value of working in the current pro bono clinic. As the pro bono clinic expands and becomes more stable, future course objectives will include specific pro bono clinic experiences that will be assessed for course grades.

Professional Practice Expectation: Compassion/Caring

CC-5.8.
Exhibit caring, compassion, and empathy in providing services to patients/clients.

Objectives
PT 510 Neuromuscular I
#34 Demonstrate sensitivity to the life-altering impact of a neurological lesion on the patient and family, based on disability experience as well as in class discussions
PT 608 PT Management of Children
#2.7 Create a plan of care that is family-centered care and culturally competent
PT 625 Prosthetics

#19 Utilize case studies to develop a sense of care, compassion, and cultural sensitivity for a patient who has undergone an amputation, recognizing the psychological stress that such a condition may lead to

PT 630 PT as Educator, Consultant and Advocate

#11 Assess the contribution of cultural competence and social justice advocacy to the effective, and expert, practice of physical therapy

PT 700 Clinical Education IV

#1 The student will demonstrate entry-level professional and communication behaviors and modify as appropriate to the setting and the situation.

Learning Experiences

Students are introduced to the Core Values in PT 431 Psychosocial Issues in PT, using readings, lecture, and case discussion, as a framework for all patient and client encounters. Caring/compassion, as a Core Value, is further developed in PT 510 using discussion, case analysis, and lab activities, along with a 24-hour disability experience followed by a reflection paper. Case studies emphasizing compassion and caring are also utilized in PT 608 and 625. In PT 630 compassion and caring is further explored using analysis and small group discussion of a personal experience of patient non-adherence, as well as a written reflection. In PT 700 students integrate the Code of Ethics in all direct patient care activities through clinical instruction.

Level of Actual Student Achievement

One-hundred percent of students achieved a passing score on the panel discussion project for PT 625. 100% of students achieved a passing score on the case study assignment for PT 608. 100% 0f students achieved a passing score on the written assignment about patient non-adherence for PT 630. All students receive a passing grade on the reflection paper in PT 510. All students met the clinical education objectives and passed PT 700; 98% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criterion #2 (professional behavior), which includes a measure of compassion, caring and empathy.

Professional Practice Expectation: Compassion/Caring

CC-5.9.
Promote active involvement of the patient/client in his or her care.

Objectives

PT 510 Neuromuscular I

#1 Describe the roles of each member of the rehabilitation team, and explain the importance of interaction, communication, and collaboration (specifically including the patient and family) in determining a plan of management. Demonstrate professional behavior in all interactions with other members of the health care team #12 Incorporate the individual characteristics of the patient, and actively solicit input from the patient and family when developing an intervention strategy

PT 652 Patient Care Seminar II

#9 Examine individual client characteristics (cultural, religious, ethnic, socioeconomic, etc.) in clinical decision-making and their impact on achieving the best possible clinical outcome

PT 664 Geriatrics

#9 Integrate family and patient values into the delivery of PT services for older adults

PT 700 Clinical Education IV

#1 The student will demonstrate entry-level professional and communication behaviors and modify as appropriate to the setting and the situation

Learning Experiences

Various courses in the curriculum promote patient involvement as a member of the health care team by referring to patient management and health belief models that use patient goals as foundation for intervention. In PT 510 students participate in discussion, case studies, and lab activities which emphasize differing patient preferences and needs. In PT 652, case study reports, presentations, and discussion are used to explore patient engagement as a team member. In PT 664 students participate in small group case study discussions emphasizing patient involvement. PT 630 PT as Educator, Consultant and Advocate requires reading assignments, class discussion, and promotion of theories and the therapeutic alliance as mechanisms for empowering patients in assuming self-responsibility for his/her health and healthcare. In PT 700 students integrate the skills developed previously in direct patient care activities.

Level of Actual Student Achievement

One-hundred percent of students achieved a passing grade on the PT 510 practical and written exams. 100% of students achieve a passing grade in PT 652, 664, and 630 indicating some participation in pertinent class and lab activities. All students met the clinical education objectives and passed PT 700 with 94% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criterion #12 (plan of care).

Professional Practice Expectation: Integrity

CC-5.10
Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

Objectives

PT 610 Neuromuscular II

#16 Provide all care with integrity, and within the legal boundaries determined by the state practice act, and according to the APTA's Code of Ethics

PT 601 Research Methods I

#1 Demonstrate an understanding of the issues regarding the protection of human subjects and the importance of obtaining informed consent

PT 652 - Patient Care Seminar II

#8 Discuss controversies regarding patient management with professional peers in a respectful manner

PT 700: Clinical Education IV

#1 The student will demonstrate entry-level professional and communication behaviors and modify as appropriate to the setting and the situation

Learning Experiences

Students are expected to act with integrity throughout the program. They are first exposed to the Code of Ethics and the Core Values in PT 431 Psychosocial Issues in PT, using readings, lecture, and case discussion as a framework for all patient and client encounters. In PT 601 the students are exposed to integrity in the realm of research through an NIH online training program, "Protecting Human Research Participants," and discussion with supervising PT faculty member(s). In PT 610, students participate in discussions focusing on honesty and integrity in difficult conversations with patients and family members, and in documentation assignments (such as letters of medical necessity). In PT 630 students read and discuss how integrity, as the final step in committing to an identity, is evidenced by exhibiting the values and behaviors characteristic of that identity in both personal and professional lives. In PT 652 students develop a case report in which integrity is revealed by ensuring for informed consent and adherence to HIPAA guidelines. In PT 700 students integrate the skills developed previously in direct patient care activities.

Level of Actual Student Achievement

One-hundred percent of students successfully completed the NIH online course, "Protecting Human Research Participants," for PT 601. 100% of students achieved a passing grade in PT 601, 610, 630, and 652 assignments. All students met the clinical education objectives and passed PT 700 with 98% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criterion #2 (professional behavior).

Professional Practice Expectation: Professional Duty

CC-5.11.
Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

Objectives

PT 510 Neuromuscular I
#1 Describe the roles of each member of the rehabilitation team, and explain the importance of interaction, communication, and collaboration (specifically including the patient and family) in determining a plan of management. Demonstrate professional behavior in all interactions with other members of the health care team
PT 528 Ethical, Legal and Management Issues in Physical Therapy
#1 Practice ethical decision making that is consistent with applicable professional standards, including APTA's Code of Ethics and Guide for Professional Conduct and governing state practice acts
#2 Discuss the necessity of adhering to legal practice standards, including all federal, state, jurisdiction and institutional regulations related to patient or client care, and to fiscal management
#3 Apply physical therapy malpractice concepts to effective clinical personal and practice risk management
PT 630 The PT as Educators, Consultant and Advocate
#3 Carefully reflect upon how our own identity formations (race, ethnicity, class, gender, religion, disability and other identity domains) shape our individual approaches to educating, consulting, and advocating
#7 Given examples of contexts and learning needs, determine how to appropriately provide education, consultation and/or advocacy with strategies to meet expected outcomes
#9 Design, implement, and evaluate a health promotion and education session to a community audience considering the cultural, social, learning, and health needs of the audience
PT 652 Patient Care Seminar II
#4 Demonstrate skill in educating a group of professional peers by creating and presenting a case study in both written and oral forms
#8 Discuss controversies regarding patient management with professional peers in a respectful manner
PT 700 Clinical Education IV
#1 The student will demonstrate entry-level professional and communication behaviors and modify as appropriate to the setting and the situation

Learning Experiences
Professional interactions is a theme integrated throughout the curriculum. First introduced in Psychosocial Aspects of Physical Therapy with lecture and discussions of professional communication, these expectations are then discussed in every PT clinical course and measured in all practical exams, as exemplified by the above objective from PT 510, which uses role play as practice for professional interactions. PT 528 adds readings and lectures about legalities, business management, and reimbursement procedures as a basis for case study discussions of professional duty and communications with other consumers and payers. The concept of professional behavior is expanded upon in PT 630 in which the contribution of social context and population differences on patient-practitioner interactions are explored in readings, small group discussion, analysis of patient non-adherence cases, and reflective papers. As a capstone experience required for graduation, PT 652 requires each student to develop a formal written case study report of a patient treated in a clinical education experience critically reviewing the quality of professional interactions and services, and how they contributed to patient outcomes. The presentation of each case study in a small group seminar allows for discussion of professional duty. Clinical education experiences provide additional clinical instruction, supervised patient care, and setting-specific learning activities to practice professional behaviors. PT 700 online discussion board assignments include exploration of difficult professional behavior interactions for alternative perspectives and resolutions.

Level of Actual Student Achievement
Throughout the curriculum, practical exams use rubrics to measure professional behaviors; to graduate, all students pass practical exam professional behavior items by demonstrating appropriate professional interactions. To pass PT 630, all students must write reflective papers responding to the professional obligation to effectively interact with patients, clients, and the community by adapting to social context and the cultural characteristics; 100% of the students meet this objective, measured by grading rubric. For PT 652, all students meet the grading criteria for their formal written case study, as measured by the written case study rubric, and for the small group case presentation and discussion, as measured by the presentation rubric. In PT 620 (Primary Health Care), students are evaluated on their professional interactions within problem-based learning tutorial sections; all students receive high marks on this assessment. All students met the clinical education objectives and passed PT 700 with 98% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criterion #2 (professional behavior).

Professional Practice Expectation: Professional Duty

CC-5.12.
Participate in self-assessment to improve the effectiveness of care.

Objectives
PT 630 PT as Educator, Consultant and Advocate
#13 Present in written reflective summaries personal and professional understandings, positions and/or resolutions concerning how to interact with social difference
PT 652 Patient Care Seminar II
#2 Demonstrate the ability to use reflective thinking to improve clinical practice
#6 Explore the theoretical rationales underlying clinical decision-making in actual patient cases
#7 Employ an evidence-based practice model to analyze the efficacy of specific treatment approaches with specific populations
PT 700 Clinical Education IV
#1 The student will demonstrate entry-level professional and communication behaviors and modify as appropriate to the setting and the situation

Learning Experiences
Self-assessment practices, and their value to clinicians, are introduced to students in PT 431 Psychosocial Aspects of Physical Therapy and used to inform the first assignment of written reflective papers. Self-assessment through reflection is again documented in Clinical Education I reflection papers. Clinical courses (for example PT 415 Therapeutic Skills I, PT 550 Musculoskeletal I, PT 510 Neuromuscular I) create practice cases prior to practical exams in which students use rubrics to assess their own and peer performance when practicing for practical exams. In PT 630, self-assessment is evident in written self-reflections and group discussions identifying the impact of difference and healthcare disparities on communicating across relationship barriers. The written case study report of a patient treated in a clinical education experience required by PT 652 is designed to be a self-critique of the student's patient management process, evidence-based practices, clinical reasoning, and managing cultural and environmental inputs to produce effective patient outcomes. Clinical education experiences require each student to engage in self-examination to complete the mid-affiliation and final Clinical Performance Instrument (CPI). In clinical education courses, online discussion board assignments require students to examine their own performance and positions in regard to challenging professional behavior issues.

Level of Actual Student Achievement
In PT 630, all students successfully complete two to three reflective papers that are graded by a rubric measuring, and providing feedback on, each student's level of reflective judgment according to theoretical models for reflective judgment development. All students enrolled in PT 652 course successfully completed two formal case critique outcomes, a report and a seminar presentation, as graded by a written case rubric and a presentation case rubric. All students met clinical education objectives and passed PT 700 with 94% of the 2011-2014 graduates and 97% of 2013-2014 graduates meeting or exceeding entry-level scores on the CPI professional development criterion, which measures self-assessment.

Professional Practice Expectation: Professional Duty

CC-5.13.
Participate in peer assessment activities.

Objectives
PT 608 PT Management of Children
#3.5 Recognize and value the full scope of professional roles and responsibilities that correspond with being a pediatric PT after completing the following task: engaging in peer assessment by examining and appraising the intervention strategies employed by others
PT 652 Patient Care Seminar II
#3 Demonstrate understanding of the value in improving clinical practice through reflective thinking, peer critique, and group discussion
#8 Discuss controversies regarding patient management with professional peers in a respectful manner
PT 630 PT as Educator, Consultant and Advocate
#5 Analyze the impact of identity differences, adult development, learning, and transition (change) theories on patient education and adherence
PT 604 Research Methods IV
#6 Student will identify desirable and undesirable qualities in written, oral and poster presentations

Learning Experiences
Clinical courses (for example PT 417 Physical Agents I, PT 550 Musculoskeletal I, PT 510 Neuromuscular I) create practice cases prior to practical exams in which students use rubrics to assess their own and peer performance when practicing for practical exams. Following lectures and readings on developmental theories and evidence-based interventions for specific pediatric diagnoses in PT 608, students write a critique of a treatment plan proposed by peers. Similarly, the written case study report of a patient treated in a clinical education experience required by PT 652 is reviewed by each student member of a small group prior to the case presentation in seminar. The presentation includes the presenter's self-assessment and responses to peer critiques. In PT 630, students engage in peer assessment as they review peer presentations of real patient non-adherence cases, basing their critique on multiple theoretical perspectives that may explain non-adherence. In PT 630, students also peer assess each group member's contribution to the creation, implementation, and evaluation of a community health project. In preparing to disseminate research results for PT 604, students peer review each other's draft posters, presentations, and papers.

Level of Actual Student Achievement
To earn a satisfactory grade, students in PT 608 meet criteria for writing a critique of a treatment plan proposed by peers. Similarly, students in PT 652 post online written critical reviews analyzing specific aspects of the patient management process as presented in written case studies. Case presentation rubrics measure each student's contribution to seminar questioning as well as the presenter's response in clarifying questions and comments. Many courses use a peer assessment rubric for students to assess themselves and their group member's participation in group assignments; this measurement contributes to the final project grade. This assessment measure is used to measure peer participation in the PT 630 group community health project. It is also used in PT 604 as peers assess the products for disseminating research posters, presentations, and papers.

Professional Practice Expectation: Professional Duty

CC-5.14.
Effectively deal with positive and negative outcomes resulting from assessment activities.

One professional behavior expected of all PT students is the ability to effectively use and provide feedback for improving personal and professional interactions as well as knowledge and skills, hence this criterion represents a curricular theme. The ability to accept and incorporate feedback is frequently voiced within classes, but does not necessarily become a graded behavioral outcome. Instead, given a pattern of inability to effectively deal with positive and negative feedback, the student is referred by the Academic Review Committee for a professional behaviors assessment. Another way to read this criterion is that the student is able to incorporate positive and negative assessment outcomes into their critical thinking in regard to patient management; this type of objective exists in therapeutic treatment courses and are often related to specific patient populations, so are noted elsewhere. The objectives below attempt to capture both of these perspectives by measuring the student's ability to respectfully interact when their professional self-perception and emotional stability are challenged by assessment processes.

Objectives
PT 652 Patient Care Seminar II
#3 Demonstrate understanding of the value in improving clinical practice through reflective thinking, peer critique, and group discussion
#8 Discuss controversies regarding patient management with professional peers in a respectful manner
#10 Examine ethical dilemmas that arise in the clinic setting, and apply group problem-solving skills, as well as knowledge of legal responsibilities, to determine the most appropriate choice of action
PT 604 Research Methods IV
#2 In groups, students will prepare a journal-quality manuscript summarizing their own (research) findings
#5 In groups, students will orally present their research findings in a professional-style presentation
#3 In groups, students will develop the ability to prepare a professional-quality poster summarizing their findings, and in groups prepare such a poster for presentation
PT 700 Clinical Education IV
#1 The student will demonstrate entry-level professional and communication behaviors and modify as appropriate to the setting and the situation

Learning Experiences
Following peer practical exams in PT 417 Physical Agents I, students are assessed on their professionalism in accepting positive as well as critical peer feedback concerning their skills performance. Both Patient Care Seminar courses, PT 650 and PT 652, require the student to handle questions and critique of a written case report, of evidence used to support the clinical reasoning presented in the case, and of decisions regarding the patient management processes. Students select a patient case, create a formal case study report according to specified guidelines, and participate in and lead peer discussions following a seminar presentation. Similarly, the culmination of Research Methods I-IV courses exposes students to a multi-faceted review process as their research findings are disseminated via poster, written manuscript, and presentation. Students enrolled in Clinical Education courses are again exposed to a multi-step assessment process as they are evaluated on their patient management using the structured CPI assessment process, their clinical instruction to colleagues, meeting specific learning activities, their participation in a mandatory online discussion board, and completion of a patient case study.

Level of Actual Achievement
All graduating PT students successfully display the ability to respond respectfully and constructively to positive and negative assessment feedback as verified by the presentation grading rubric for the PT 652 seminar case presentation, and for the PT 604 poster presentation, paper revisions, and oral presentation. A review of all (2011-2014) DPT graduates reveal that PT 700 CPI scores for professional behaviors, accountability, communication, and professional development, which collectively measure the ability to deal effectively with feedback and assessment outcomes, range from 92-97% who met or exceeded entry-level; 2013-2014 graduates show improvement with a range of 97-100% who met or exceeded entry-level.

Professional Practice Expectation: Professional Duty

CC-5.15.
Participate in clinical education of students.

Objectives
PT 420 Life Cycles I
#5 Instruct others on the uses and applicability of a motor assessment
PT 608 PT Management of Children
#3.5 Recognize and value the full scope of professional roles and responsibilities that correspond with being a pediatric PT after completing the following task: engaging in peer assessment by examining and appraising the intervention strategies employed by others
PT 630 PT as Educator, Consultant and Advocate
#14 Reflect upon the instructor skills needed to educate and mentor the development of PT students in clinical practice after contemplating the personal experience of clinical education and after peer-tutoring a less-experienced student in the pro-bono clinic
PT 650 Patient Care Seminar I
#4 Demonstrate skill in educating a group of professional peers by creating and presenting a case study in both written and oral forms
PT 652 Patient Care Seminar
#4 Demonstrate skill in educating a group of professional peers by creating and presenting a case study in both written and oral forms

Learning Experiences
Students learn how to educate peers (students) by teaching them. In some courses, students are responsible for presenting limited course content to members of their class. For example, in PT 415 Therapeutic Skills I, students are responsible for teaching a particular ROM measurement using a modified jigsaw teaching strategy; clarity of instruction is emphasized. In PT 420, students present an overview of a standardized motor assessment tool, its purpose, and the psychometric characteristics that define its applicability after using the tool to assess the development and/or function of a real child. In PT 608, students learn to provide constructive criticism to peer's intervention planning, giving feedback similar to what would be expected from a clinical supervisor. Building upon these experiences, their own personal experience in supervised clinical practice, and reading and lecture, students in PT 630 determine and discuss the skills needed by clinical instructors for effective clinical education. The students then reflect upon their own personal success in peer-supervising the practice of at least one less-experienced clinical partner (a less-experienced DPT student) in the student-run pro bono clinic. PT 650 and PT 652 provide additional and comprehensive peer education experiences as each student presents in a seminar class two case studies of a real complex patient or patient diagnoses. In the final semester of the program, in PT 620 Primary Health Care, students participate in problem-based learning tutorials, in which students both teach and learn from each other during the class sessions.

Level of Actual Student Achievement

In PT 420, each student presents to their peers their experience of using a standardized motor assessment tool in assessing a real child. The assignment rubric ensures that all students teach about the important characteristics of that motor assessment, the usefulness of the tool in interpreting the child's development, and the challenges of using the tool. In PT 608, students engage in peer assessment by appraising peers' intervention strategies. They are asked to utilize their clinical knowledge and external evidence to discuss how their peers' intervention plans could be improved upon; the reflective paper is graded by a rubric. Presentation rubrics for PT 650 and PT 652 measure the comprehensiveness of the case study, the organization and the delivery of the presentation, and the quality of the presenter's reflections and discussion of advocacy, management, moral and legal issues. The rubric attempts to guide the student to consider all of the social and contextual issues that need to be considered in clinical practice and clinical education.

Professional Practice Expectation: Professional Duty

CC-5.16.
Participate in professional organizations.

Objectives
PT 431 Psychosocial Aspects of PT
#6 The student will create an identity as a novice physical therapist practitioner
PT 528 Ethical, Legal and Management Issues in Physical Therapy
#1 Practice ethical decision making that is consistent with applicable professional standards, including APTA's Code of Ethics and Guide for Professional Conduct and governing state practice acts
#2 Discuss the necessity of adhering to legal practice standards, including all federal, state, jurisdiction and institutional regulations related to patient or client care, and to fiscal management
#3 Apply physical therapy malpractice concepts to effective clinical personal and practice risk management
PT 630 PT as Educator, Consultant and Advocate
#11 Assess the contribution of cultural competence and social justice advocacy to the effective, and expert, practice of physical therapy

Learning Experiences
In PT 431, students are required to become members of the APTA and actively explore the website to complete reading and research assignments. The writing assignments and discussions require reflection and assessment of their beginning professional practice and professional behaviors as they relate to the APTA legal and ethical standards. The foundation for professionalism and professional engagement presented in PT 431 is explored in more depth in PT 528 as ethical and legal management in professional practice is discussed using real and hypothetical case analyses and small group problem-solving. Following reading assignments in PT 630, the class engages in dialogue exploring the obligation and role of, and opportunities for, PTs to engage in advocacy for change and social justice.

Outside of specific course work and as part of a student club, the Organization of PT Students (OPTS), students are supported and encouraged to assume leadership positions in groups and projects (such as fund-raising projects, holding leadership position in OPTS or in the student-run pro-bono clinic), and to attend Maine APTA Chapter meetings and CSM. After graduation, alumni are supported and encouraged to attend CSM if their PT 604 research project is accepted for dissemination.

Level of Actual Student Achievement
Following the exploration of professionalism and the APTA website in PT 431, students write a reflective paper and conduct a professional behaviors self-assessment as a way to contemplate and commit to their own professional development and engagement. Case presentations and discussion in PT 528 lead to an exploration of the necessity for practitioners to engage in monitoring and growth of the PT profession, whether it is in support of health care practices, reimbursement, education, safety, etc. Such discussions allow for emphasizing the need for professional engagement. Through guided class dialogue about the expert PT, PT 630 expands the concept of the PT who monitors and promotes the profession through organizational involvement to the PT who acts as an advocate to drive social change. A written career plan encourages some students to express a commitment to participate in professional organizations. During the 2013-2014 academic year, 100% of the Class of 2014 participated in the Maine Chapter spring meeting by presenting their research posters; 17% (n=6) attended the Maine Chapter fall meeting, 17% (n=6) attended CSM 2014 in Las Vegas. For the 2013-14 academic year, about 66% of students who were still enrolled in the pre-professional phase by spring of 2014 had participated in OPTS during the year, and about 33% of professional phase students. Overall, 51% of DPT students across all six years participated in at least one event in OPTS for the academic year of 2013-2014. A student-run pro bono clinic was initiated and developed during the 2013-2014 academic year; 53% (n=17) of Class of 2015 and 33% (n=10) of Class of 2016 were involved in the development of the student-run pro bono clinic.

Professional Practice Expectation: Communication

CC-5.17.
Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

Objectives
PT 610 Neuromuscular II
#12 Explain the results of the examination to the patient in a patient-friendly and culturally sensitive manner, and respond appropriately to unexpected examination results
#13 Display effective communication and interaction with other members of the treatment team (including patient and family) in determining appropriate intervention for a patient with a neurological condition. Explain the importance of such communication in terms of patient care
PT 630 PT as Educator, Consultant and Advocate
#5 Analyze the impact of identity differences, adult development, learning, and transition (change) theories on patient education and adherence
#9 Design, implement, and evaluate a health promotion and education session to a community audience considering the cultural, social, learning, and health needs of the audience
#11 Assess the contribution of cultural competence and social justice advocacy to the effective, and expert, practice of physical therapy
#13 Present in written reflective summaries personal and professional understandings, positions and/or resolutions concerning how to interact with social difference
PT 664 Geriatrics
#9 Integrate family and patient values into the delivery of PT services for older adults
PT 700 Clinical Education IV
#1 The student will demonstrate entry-level professional and communication behaviors and modify as appropriate to the setting and the situation

Learning Experiences
Effective professional communication is a theme integrated throughout the curriculum. First introduced in Psychosocial Aspects of Physical Therapy with lecture, discussion, and practice of both expressive and receptive communication skills, these communication expectations are then discussed in every PT professional issues, therapeutic practice, and clinical education course. For example, PT 610 uses role playing of patient, family and therapist interactions to practice and assess communication skills, including an awareness of how to adapt communication to cultural differences. PT 664 similarly uses case studies to explore how to adapt communication skills to honor age, gender, class, cognition, sexual orientation, religion, ethnicity, and health care disparities when interacting with the elderly. PT 630 builds upon readings and class dialogue to guide self-reflection and small group discussion of strategies for communicating across identity differences and relationship barriers as revealed by culture, gender, age, race, ethnicity, class, religion, sexual orientation, and education. Also in PT 630, the importance of culturally competent communication is emphasized as students analyze and explore possible reasons for an experience of patient non-adherence as part of an individual and small group case assignment. Students in PT 630 expand their skill in communicating in a culturally competent manner as they create and present a community health education project. All Clinical Education courses provide students the opportunity to practice culturally competent and effective communication skills while providing direct patient services.

Level of Actual Student Achievement
In Psychosocial Aspects of PT, students critique their own and others communication skills using video and role-played patient interviews and use a checklist rubric to identify communication strengths and weaknesses that need further practice. Therapeutic practice courses, as exemplified by PT 610 and 664, use role-playing of patient-practitioner interactions and case studies to practice communication skills followed by guided discussion of communication successes and failures. Communication is included as a graded item on many practical exam grading rubrics. All students met clinical education objectives and passed PT 700 with 98% of the 2013 and 2014 graduates meeting or exceeding entry-level scores on the CPI cultural competency criteria and 97% of the same graduates on the communication criteria.

Professional Practice Expectation: Cultural Competence

CC-5.18.
Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.

Objectives
PT 520 Life Cycles II
#7i Following a case study assignment, develop a plan of care demonstrating cultural competency based on the unique cultural and socio-economic circumstances of the individual and family
PT 610 Neuromuscular II
#14 In collaboration with patient, family, and other healthcare providers, develop reasonable and culturally sensitive goals that are consistent with the results of the patient examination, and the goals of the patient, and the culture and beliefs of the patient
PT 630 PT as Educator/Consultant/Advocate
#2 Carefully reflect upon how our own identity formations (race, ethnicity, class, gender, religion, ability and other identity domains) create, and are created by, social fit and social power
#3 Carefully reflect upon how our own identity formations (race, ethnicity, class, gender, religion, ability and other identity domains) shape our individual approaches to educating, consulting, and advocating
#4 Explore attitudes, belief structures, and thinking processes that support cultural proficiency and adult learning
#10 Explore the challenges of differing cultural values, behaviors, and healthcare beliefs on healthcare in the U.S. and to the practice of physical therapy
#11 Assess the contribution of cultural competence and social justice advocacy to the effective, and expert, practice of physical therapy
#13 Present in written reflective summaries personal and professional understandings, positions and/or resolutions concerning how to interact with social difference
PT 652 Patient Care Seminar II
#9 Examine individual client characteristics (cultural, religious, ethnic, socioeconomic, etc.) in clinical decision-making and their impact on achieving the best possible clinical outcome
PT 664 Geriatrics
#5 Examine how health care disparities affect access to and delivery of healthcare in older adults (including socio-economic, racial, cultural)

Learning Experiences
The practice of adapting services and communication to meet patients' unique values, needs and beliefs is threaded throughout clinical courses using case studies, role play, and class discussion, as evidenced by culturally competent objectives from PT 510, 520, and 664. The study of the topic, cultural competence, occurs in PT 630. Readings, lecture, class dialogue, reflective papers, and lived experience provide the foundation for exploring power, difference and marginalization, which underlie the concept of cultural competence. Readings, the exploration of websites such as the Office of Minority Health, class dialogue, and reflective papers explore the social processes which prevent cultural pluralism and healthcare equity as well as explore how social justice advocacy works promotes social change. Healthcare disparities as a social justice issue is presented in lecture and discussed in Health and Wellness. Patient care experiences in Clinical Education courses provide the practice and measure of cultural competency skills in multiple settings. Two capstone case study reports for PT 650 and 652 include written and oral reflections concerning the contribution of culturally competent care on patient outcomes that then inform seminar discussions.

Level of Actual Student Achievement
Rubrics measure the practice of cultural competency in PT 520 through the review of a plan of care in which adaptations to cultural and socioeconomic factors are considered. Graded written goals for PT 520 provide evidence of adapting to patient's individualized cultural beliefs and socioeconomic context. Participation in class discussion allows for the measure of professional discourse (including the impact of health disparities) in PT 664. PT 650 and 652 rubrics measure the quality of presenter's reflections and discussion of advocacy and moral issues that include culturally competent perspectives. In PT 630, students' affective change in regard to cultural competency are noted in reflection papers and measured by a rubric on the depth of reflective judgment. Cognitive knowledge about cultural competency is measured by written exam. All students met clinical education objectives and passed PT 700 with 97% of the 2011-2014 graduates meeting or exceeding entry-level scores on the CPI cultural competency criterion.

Measuring cultural competency is problematic as revealed by a cross-sectional and longitudinal study of Husson DPT students which revealed insignificant pre-test to post-test score changes using two measures, the Cross Cultural Adaptability Inventory and the Quick Discrimination Index. A later qualitative analysis of detailed, open-ended course evaluations revealed that 100% of Class of 2007 students met PT 630 multicultural objectives. Currently, cultural competence is evidenced by the thematic analysis of written open-ended PT 630 course evaluations.

Professional Practice Expectation: Clinical Reasoning

CC-5.19.
Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.

Clinical reasoning, conceptualized as discipline-specific critical thinking, requires a compilation of cognitive skills—reflective judgment, metacognition, inquiry, and critical thinking—integrated with the clinical knowledge required for best practice. With this understanding, teaching clinical reasoning becomes a curricular thread despite not being noted as a specific course objective in each course.

Objectives
PT 550 Musculoskeletal I
#3.9 Integrate findings with best evidence to conclude differential diagnosis and prognosis
#3.10 Integrate evaluative findings into a problem list of impairments, functional/activity limitations, and issues with participation
#3.12 Recognize the need to refer patients to other appropriate clinicians when physical therapy is not indicated
#5.2 Assess treatment options and select the best treatment plan for a patient, based on the diagnosis, patient characteristics, and published treatment outcomes
PT 608 PT Management of Children
#1.5 Review and discuss concepts from dynamic systems, such as control parameters, stability, and constraints to analyze the effectiveness of various pediatric interventions mentioned in the literature
PT 610 Neuromuscular II #5 Extrapolate information from known neurological diseases and conditions to unfamiliar diagnoses, based on similar presentations, pathologies, prognosis, etc.
PT 652 Patient Care Seminar II
#3 Demonstrate understanding of the value in improving clinical practice through reflective thinking, peer critique, and group discussion
#6 Explore the theoretical rationales underlying clinical decision-making in actual patient case
#9 Examine individual client characteristics (cultural, religious, ethnic, socioeconomic, etc.) in clinical decision-making and their impact on achieving the best possible clinical outcome

Learning Experiences
All clinical courses rely heavily upon case studies for the practice and measure of clinical reasoning. For example, course activities in PT 550 teach the process of clinical reasoning by guiding student in applying reading and lecture content to mystery cases; applying student-presented outcomes tools to guide clinical reasoning; determining as a group musculoskeletal diagnoses; writing summaries for diagnosis sheets, patient exam, and patient intervention documentation; and practice practical exam cases. This sequence is repeated in all other clinical courses. In PT 608, following presentation of contemporary developmental and movement theories, students utilize clinical reasoning in the application of these contemporary theories to past pediatric cases when devising an intervention plan. For each of the two Patient Care Seminar courses, students create a formal written case study report of a patient treated in Clinical Education III and IV, providing a description of and evidence for their clinical reasoning and intervention. A critical review of the clinical reasoning process includes the self-assessment of the student therapist, critical assessment by the seminar facilitator and each student in the seminar, and further dialogic exploration during the seminar. As a capstone experience, Primary Health Care uses problem-based learning to practice the clinical reasoning skills for differential diagnosis of four complex clinical cases. All four Clinical Education courses provide supervised practice of clinical reasoning.

Level of Actual Student Achievement
As exemplified in PT 550, students' clinical reasoning is assessed in all therapeutic courses by self- and peer-review; instructor feedback; case assignments, papers, and presentation grades; and by quizzes, written and practical exams. Two contemporary theory assignments in PT 608 utilize grading rubrics in order to guide all students to a passing grade. All graduating students pass all practical exams given the option of only one practical exam retake; passing scores on practical exams are verified by rubrics which include clinical reasoning criteria. All graduating students pass all courses that teach clinical reasoning with a C grade or better. When a student is not able to sufficiently engage in clinical reasoning, hence patient safety is questioned, the student may be dismissed or referred for remediation courses. All students completing Patient Care Seminar I and II, Primary Health Care, and Clinical

Education III and IV courses met course objectives for clinical reasoning and graduated. PT 700 CPI aggregate performance on Safety, Clinical Reasoning, Plan of Care, Procedural Interventions, Educational Interventions, and Outcomes Assessment is scrutinized for safety and effectiveness. CPI percentages for meeting or exceeding entry-level performance for Clinical Reasoning alone are 93% for Classes 2011-2014 and 97% for Classes 2013 and 2014.

Professional Practice Expectation: Clinical Reasoning

CC-5.20.
Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

Objectives
PT 510 Neuromuscular I
#5 Apply scientific knowledge, professional judgment, and the patient's individual characteristics and values to determine an optimal plan of intervention
PT 520 Life Cycles II
#1 Apply principles from contemporary theories to describe movement in individuals with disabilities, with an emphasis on dynamic systems approaches
#7c Following case study assignment, students will be able to apply the ICF model to a particular case
PT 550 Musculoskeletal I
#5.2 Assess treatment options and select the best treatment plan for a patient, based on the diagnosis, patient characteristics, and published treatment outcomes
PT 652 Patient Care Seminar II
#7 Employ an evidence-based practice model to analyze the efficacy of specific treatment approaches with specific populations

Learning Experiences
Throughout the curriculum, students are taught to approach patient/client management by employing professional judgment in conjunction with contemporary theory, empirical evidence, and a strong appreciation for the individual's unique circumstances. Early in the program, in classes such as PT 420 Life Cycles I, students are introduced to the ICF model as framework for PT practice in addition to various theories to understand movement across the lifespan. As students move into the 2nd and 3rd year of the professional phase, they are required to apply the ICF model, current research and theory, and professional judgment in various situations. For example, in PT 510, case studies, video analysis, and lab activities are utilized as teaching tools to practice the aforementioned skills with respect to patients with neuromuscular problems. In PT 520, students are required to apply the ICF model and cite appropriate research to justify a treatment plan that they create for a hypothetical pediatric case. Similarly, students in PT 550 must demonstrate their ability to apply empirical evidence and professional judgment towards musculoskeletal patients during written assignments and discussion of mystery cases. In the final year of the program (PT 652), students must then apply these skills to one of their own patients in the clinic and demonstrate such abilities by writing an evidence-supported treatment plan and giving an oral defense of this plan to a small group of their peers and a PT faculty member.

Level of Actual Student Achievement
One-hundred percent of students passed all assignments and exams for PT 510 prior to graduation. 100% of students passed the case study written assignment and written exams in PT 520 prior to graduation. 100% of students passed the written assignments and exams in PT 550 prior to graduation. 100% of students passed PT 652 prior to graduation.

Professional Practice Expectation: Evidence-based Practice

CC-5.21.
Consistently use information technology to access sources of information to support clinical decisions.

Objectives
PT 520 Life Cycles II
#7c Justify and support treatment plans using evidence-based practice
#8b Conduct an effective search of the literature and write a literature review
#8c Report scientific findings and evaluate the quality of research
PT 608 PT Management of Children
#1.6 Employ knowledge regarding principles from neuroplasticity, skeletal muscle adaptations, and dynamic systems and use empirical evidence from these frameworks to create an intervention plan for a pediatric case
#2.9 Choose treatment strategies based on best practice and best evidence
PT 652 Patient Care Seminar II
#7 Employ an evidence-based practice model to analyze the efficacy of specific treatment approaches with specific populations

Learning Experiences
Students begin to explore the sources of information to support decisions in PT 417 Physical Agents 1 and PT 420 Life Cycles 1 as they conduct guided literature searches and discuss their findings. Students work in groups in PT 520 and 608 to develop an evidence-based treatment plan for pediatric patient cases that are presented in oral and written forms. In PT 652, students individually explore evidence-based practice through question formation, evidence search, critical analysis of evidence found, application to the clinical question, and reporting of evidence as it relates to their selected patient case. The evidence is presented in written and oral forms to groups of students. Students also prepare written critical reviews of each case prior to the presentation exploring the evidence to answer prompt questions. The discussions that occur during the tutorial sessions of PT620 (Primary Health Care) involve clinical decision-making that is based heavily on information accessed using electronic technology, and is evaluated critically for its validity.

Level of Actual Student Achievement
One-hundred percent of students passed group projects in PT 520 and PT 608 prior to graduation. 100% of students passed PT 652 prior to graduation.

Professional Practice Expectation: Evidence-based Practice

CC-5.22.
Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.

Objectives
MS 345 Biostatistics
#1 Critically evaluate data-driven results
PT 604 Research Methods IV
#7 Students will be able to critically evaluate written, oral and poster presentations of research
PT 608 PT Management of Children
#2.9 Choose treatment strategies based on best practice and best evidence
PT 652 Patient Care Seminar II
#7 Employ an evidence-based practice model to analyze the efficacy of specific treatment approaches with specific populations
PT 664 Geriatrics
#7 Develop an evidence-based plan of care and appropriate goals for a geriatric client in each physical therapy setting

Learning Experiences
In the second year of the professional program, students critically evaluate empirical data through research paper reviews and presentations in MS 345. In a geriatrics course (PT 664), discussion boards, lab activities, and progressive case studies are utilized to consider and develop evidence-based plans of care. In the final year of the program, students are required to evaluate pediatric research to support interventions for a pediatric case study assignment (PT 608). The final course in the Research Methods series (PT 604) allows students to work with faculty mentors to prepare manuscripts, posters, and presentations related to the research they conducted over the previous two years. In PT 652, students individually explore evidence-based practice through question formation, evidence search, critical analysis of evidence found, application to the clinical question, and reporting of evidence as it relates to

their selected patient case. The evidence is presented in written and oral forms to groups of students. Students also prepare written critical reviews of each case prior to the presentation exploring the evidence to answer prompt questions. During PT 620 (Primary Health Care) an emphasis is placed on critically evaluating the quality of the source of the information being reported, and investigating further if there are discrepancies within the class.

Level of Actual Achievement
One-hundred percent of students passed the presentation assignment and research paper review assignment in MS 345 prior to graduation. 100% of students passed the case study assignments in PT 608 and PT 664 prior to graduation. 100% of students passed PT 604 and PT 652 prior to graduation.

Professional Practice Expectation: Evidence-based Practice

CC-5.23.
Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.

Objectives
PT 510 Neuromuscular I
#5 Apply scientific knowledge, professional judgment, and the patient's individual characteristics and values to determine an optimal plan of intervention
PT 608 PT Management of Children
#1.6 Employ knowledge regarding principles from neuroplasticity, skeletal muscle adaptations, and dynamic systems and use empirical evidence from these frameworks to create an intervention plan for a pediatric case
PT 620 Primary Health Care
#4 Synthesize and integrate information from a variety of sources (including prior experience and knowledge) to arrive at optimal decisions for patient management
PT 652 Patient Care Seminar II
#7 Employ an evidence-based practice model to analyze the efficacy of specific treatment approaches with specific populations
PT 664 Geriatrics
#17 Develop an evidence-based plan of care and appropriate goals for a geriatric client in each physical therapy setting

Learning Experiences
By the time students reach the second year of the professional phase, they have completed a clinical placement. At this time, students are expected to integrate their clinical knowledge with other sources of information, such as research findings and prominent movement theories. In PT 510, students analyze several videos of patients, and discuss goals and plans of care for neuromuscular cases. PT 664 requires students to develop an evidence-based plan of care for a geriatric case. Similarly, in the final year of the program, students are expected to use research findings and principles from developmental theory to develop and support a plan of care for a pediatric case. Tutorial sessions and independent research assignments are utilized to assist students in arriving at optimal decisions for patient care in PT 620. In PT 650 and 652, students individually explore evidence-based practice through question formation, evidence search, critical analysis of evidence found, application to the clinical question, and reporting of evidence as it relates to their selected patient case. The evidence is presented in written and oral forms to groups of students. Students also prepare written critical reviews of each case prior to the presentation exploring the evidence to answer prompt questions.

Level of Actual Achievement
One-hundred percent of students passed PT 510, which includes passing the practical exams, by the time of graduation. 100% of students passed their case study assignments in PT 608 and PT 664 prior to graduation. 100% of students passed their independent research assignments in PT 620 prior to graduation. 100% of students passed PT 652 prior to graduation.

Professional Practice Expectation: Evidence-based Practice

CC-5.24.
Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.

Objectives
PT 520 Life Cycles II
#8.b Conduct an effective search of the literature and write a literature review. d. Write a research proposal at graduate level
PT 601 Research Methods I
#3 Prepare a brief written overview of a focused area of study using a small number of recent primary and secondary sources
PT 602 Research Methods II
#9 Write a research proposal
PT 603 Research Methods III
#13 As a group, adapt/edit/modify proposal to serve as the introduction and methods section of a manuscript, and write a draft of the results section
PT 604 Research Methods IV
#18 Revise manuscripts based on feedback from research mentor

Learning Experiences
Beginning in the fall of the second year of the professional phase, students begin a four-course sequence in Research Methods which requires that a small group of students work with one or two faculty members to complete a research project relevant to physical therapy. Though the experiences vary slightly for each of the four courses (PT 601, 602, 603, & 604) depending on the individual project, at some point in the sequence all students are required to: assist in formulating research questions, develop a research proposal, collect and analyze data, and prepare a manuscript and poster for their study. The proposal and manuscript preparation requires students to conduct an effective review of the literature and write a literature review of content pertinent to their area of research. In addition to the research sequence, PT 520 requires students to write a research proposal related to a specific disability. This assignment also requires students to explore the literature and write an effective literature review related to their assigned disability and research questions.

Level of Actual Student Achievement
One-hundred percent of students passed PT 601, PT 602, PT 603, and PT 604 prior to graduation. 100% of students passed the research proposal assignment in PT 520.

Professional Practice Expectation: Evidence-based Practice

CC-5.25.
Participate in the design and implementation of patterns of best clinical practice for various populations.

Name
PT Faculty-Student Research Project Summary.pdf

Objectives
PT 520 Life Cycles II
#8e Formulate a research question relevant to one of the conditions/disabilities covered in class; 8f. Create appropriate procedures to study a specific research question; 8g Develop and defend a research proposal
PT 601 Research Methods I
#6 Determine the research designs that are most appropriate for the research question(s)
PT 602 Research Methods II
#10 Formulate and execute data collection strategies
PT 603 Research Methods III
#16 In groups, present the results of the study to the faculty mentor in proper written and oral formats; 17. As individual investigators, construct a discussion of the study findings

PT 604 Research Methods IV
#20 In groups, prepare a professional-quality poster summarizing the findings

Learning Experiences
Beginning in the fall of the second year of the professional phase, students begin a four-course sequence in Research Methods which requires that a small group of students works with one or two faculty members to complete a research project relevant to practice. Though the experiences vary slightly for each of the four courses (PT 601, 602, 603, & 604) depending on the individual project, at some point in the sequence all students are required to: assist in formulating research questions, develop a research proposal, collect and analyze data, and prepare a manuscript and poster for their study. Students are required to present their poster at Husson's annual Research Day. Several of the students are also given the opportunity to present their projects at professional conferences, such as the APTA's Combined Sections Meeting. In addition to the research sequence, PT 520 requires students to write a research proposal related to a specific disability. The majority of students choose to focus their proposal on developing new interventions or outcome tools for specific pediatric disabilities.

Level of Actual Student Achievement
One-hundred percent of students passed the research proposal assignment in PT 520. 100% of students passed the four research sequence courses (PT 601, 602, 603, and 604) prior to graduation producing 52 completed research projects during the MSPT program, 35 completed research projects from the DPT program, and 13 ongoing research projects conducted by currently enrolled students. See appendix PT Faculty-Student Research Project Summary.

Professional Practice Expectation: Education

CC-5.26.
Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Objectives
PT 604 Research Methods IV
#5 In groups, students will orally present their research findings in a professional-style presentation
PT 625 Prosthetics
#5 Provide culturally competent education to allow for a patient to progress optimally following an amputation, whether or not the patient is a prosthetic candidate
PT 630 PT as Educator/Consultant/Advocate
#8 Use educational theories and pedagogical principles to analyze and revise instructional strategies for an experienced case of patient and/or family non-adherence
#9 Design, implement, and evaluate a health promotion and education session to a community audience considering the cultural, social, learning, and health needs of the audience
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
In the first semester of the program, students begin to explore basic communication techniques with an emphasis on cultural awareness through discussion and case studies in PT 431 (Psychosocial Issues in PT). Case studies throughout the curriculum, but particularly in PT 416 (Therapeutic Skills II), PT 510 (Neuromuscular I), and PT 610 (Neuromuscular II) allow for continued practice of culturally appropriate communication skills and considerations of culturally appropriate teaching methods. Case studies and student presentations provide opportunities for students to integrate culturally appropriate learning and care planning into a complex prosthetic management case (PT 625). PT 630 explores cultural understanding and education in cases of patient non-adherence. In PT 630 students also develop a community health project with attention to culturally appropriate communication and education strategies. Through the continuum of clinical education courses (PT 400, 500, 600, 700) students practice and integrate culturally appropriate education skills within the clinical setting under the supervision and guidance of a clinical instructor. This is further supported through discussion around a student-developed formal case study presentation in PT 650 and PT 652. Students have the opportunity to develop and present research study findings in multiple presentation formats (poster and oral presentations) and to diverse audiences (undergraduate and graduate students, faculty, staff, family members) as part of PT 604.

Level of Actual Student Achievement
One-hundred percent of students received passing grades for poster and oral presentations in PT 604 Research Methods IV. 100% of students received passing grades for the PT 625 case presentation and panel discussion of a complex prosthetic case with significant cultural diversity issues. All DPT students earned 85-100% on the written and verbal assignments related to the PT 630 community health education project, which accounts for about half of the final grade. 100% of students received passing grades for the PT 652 oral case presentation. All students met the clinical education objectives and passed PT 700 with 94% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criterion #14 (educational interventions).

Professional Practice Expectation: Screening

CC-5.27.
Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

PT 620 Primary Health Care
#6 Interpret the results screening tools to assist in discriminating unusual signs or symptoms that might suggest underlying pathology that requires referral
#7 Analyze the patient's signs and symptoms to differentiate those that suggest that a problem is non-mechanical in nature
PT 664 Geriatrics
#8 Examine the concept of frailty as a geriatric syndrome to identify at-risk older adults
#13 Develop screening strategies for identifying common acute medical conditions in older adults such as urinary tract infections, pneumonia, dehydration, and dizziness
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
The screening process is first introduced to students in PT 415 Therapeutic Skills I and further reinforced in PT 550 Musculoskeletal I and PT 515 Therapeutic Skills III. In PT 510 Neuromuscular I and PT 610 Neuromuscular II, students analyze cases that may involve referral to other providers. In PT 664 students participate in online case discussions that explore the complexities of care for the frail older adult. PT 620 strongly emphasizes differential diagnosis, intervention within the scope of PT practice, and appropriate referral to other providers through the use of lecture, class discussion, tutorial sessions, and independent research. In PT 700 students integrate the skills developed previously in direct patient care activities supported by clinical instruction.

Level of Actual Student Achievement
One-hundred percent of students received passing grades in PT 620 and PT 664. 97% of students graduating in 2014 self-reported competence in "review of systems to determine the need for referral or for physical therapy services" using the Minimum Skills Self-Assessment Checklist. All students met the clinical education objectives and passed PT 700 with 92% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criterion #8 (screening).

Patient/Client Management Expectation: Examination

CC-5.28.
Examine patients/clients by obtaining a history from them and from other sources.

Objectives
PT 510 Neuromuscular I
#7 Take a complete history of a neurological patient, recognizing the relevant components for a particular patient **PT 530 Rehab of Chronic Conditions**
#2 Perform a thorough patient interview, with a focus on elements that are unique to the present condition
PT 552 Musculoskeletal II

#2.1 Demonstrate the ability to perform spinal and pelvic girdle evaluation techniques in a professional manner during simulated evaluations by: Choosing appropriate questions to elicit a comprehensive history and differential diagnoses
PT 554 Musculoskeletal III
#2 Describe and perform spinal, pelvic girdle, rib examination, and TMJ procedures in a professional manner by: selecting appropriate questions to elicit a comprehensive history
PT 610 Neuromuscular II
#7 Take a complete history of a patient with a neurological condition, selecting the key components for a particular patient or particular medical diagnosis

Learning Experiences
Students participate in learning experiences related to taking a patient history in multiple courses throughout the curriculum. Students are initially exposed to patient history skills in PT 431 Psychosocial Issues in conjunction with communication skills and documentation. They continue to practice and refine these in each clinically based course through lecture and other activities. For example, in PT 510 and 610 the students participate in case discussions which emphasize the development of pertinent history questions. In PT 610 this happens both in class/lab sessions, as well as part of an online case discussion. In PT 530, the students present cases and must elaborate on the history-taking process and specific questions asked. In PT 552 and 554 the students participate in case discussions which incorporate the history taking process. In all of the clinical education courses (PT 400, 500, 600, 700) students integrate the skills developed previously in direct patient care activities supported by clinical instruction.

Level of Actual Student Achievement
One-hundred percent of students received passing grades in PT 510, PT 552, PT 554, and PT 610. 100% of students receive passing grades on their case presentation assignment in PT 530. All students met the clinical education objectives and passed PT 700 with 95% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criterion #9 (examination).

Patient/Client Management Expectation: Examination

CC-5.29.
Examine patients/clients by performing systems reviews.

Objectives **PT 620 Primary Health Care**
#5 Administer a thorough patient interview, and analyze the patient's responses for signs or symptoms that suggest underlying pathology that requires a referral, focusing on the following systems or topics: gastrointestinal tract, kidney, liver, common endocrine issues, genitourinary tract, mental health, adolescent issues
PT 530 Rehab of Chronic Conditions
#3 Select the key elements of the physical therapy examination for a particular condition. Perform a PT examination and systems review, including (as appropriate) measures of: wound assessment, anthropometric measurement, gait evaluation, muscle performance, pain, reflex integrity, orthotic needs, mental status changes, fatigue, joint integrity, range of motion, activities of daily living, equipment needs and assistive devices, balance, sensory integrity and protective sensation, peripheral circulation (venous and arterial), edema, skin integrity, positioning devices, patency
PT 550 Musculoskeletal I
#1.4 Formulate appropriate questions for a review of systems appropriate to the patient's chief complaint or reported problem
#3.3 Perform basic medical screening with review of systems
PT 610 Neuromuscular II
#8 Perform a review of systems, to determine whether the patient has other conditions that should be addressed

Learning Experiences
Students participate in learning experiences related to systems review in multiple courses throughout the curriculum. In PT 530, following lecture the students participate in discussion of cases that involve pathology of multiple systems, and require a systems review. Video and photographs are utilized for realistic scenarios related to skin integrity and wound care. In PT 550 the students participate in the full range of lecture and case activities. Of special note is the utilization of mystery cases, a low-stakes full-class activity. In PT 610 the students participate in case studies and role playing to refine the skills and thought processes related to systems review. In PT 620 the concepts of systems review and differential diagnosis are reinforced through lecture and class discussion. In all of the clinical education courses (PT 400, 500, 600, 700) students integrate the skills developed previously in direct patient care activities supported by clinical instruction.

Level of Actual Student Achievement
One-hundred percent of students passed PT 550, PT 610, and PT 620 by the time of graduation. 100% of students passed the case presentation assignments and passed the course in PT 530 by the time of graduation. All students met the clinical education objectives and passed PT 700 with 95% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criterion #9 (examination).

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
a. Aerobic Capacity/Endurance

Objectives
PT 600 CIinical Education III
#2 The student will demonstrate advanced intermediate level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with orthopedic, neurological, and cardiopulmonary dysfunction, as well as patients with multiple system involvement and patients with medical instability
PT 618 Health & Wellness
#6 Demonstrate an understanding of and the ability to perform health risk assessments to address health and wellness, particularly as they pertain to physical fitness
PT 661 Exercise for special populations
#12 Identify the key aspects of appropriate exercise tests to assess aerobic endurance and strength **PT 664 Geriatrics**
#14 Perform standardized outcome/screening measurements for muscle performance, aerobic capacity, postural control, posture/flexibility, attention/arousal/cognition, and gait and accurately interpret the results #15 Take vital signs accurately for geriatric clients before, during, and after exercise and interpret results based on ACSM clinical guideline

Learning Experiences
Students learn basic cardiopulmonary assessment skills in PT 416 Therapeutic Skills II through lecture and practice (lab activities). In upper level courses, students apply those foundational skills and learn to choose appropriate assessments and interpret results through a multitude of activities including discussion boards (PT 600, PT 664), review and performance of evidence-based outcomes tools during lab activities (PT 618, PT 664), progressive case studies (PT 664), and short writing assignments (PT 618). Students in PT 520 Life Cycles II and PT 608 PT Management of Children with Neurological Dysfunctions select aerobic assessments and other fitness tools when designing intervention plans for select pediatric cases. Students have the opportunity to apply these assessment skills across a full spectrum of patient populations during supervised patient care in Clinical Education I-IV (PT 400, 500, 600, and 700).

Level of Actual Student Achievement
One hundred percent of students who progressed in the program demonstrated competency in performance of all lab check-offs and practical exams related to the assessment of aerobic capacity/endurance in PT 618 and PT 664. Of the 2013 and 2014 graduates, 92% or more of the students completed PT 700 with at least entry-level competency in screening, examination, and evaluation items (PC # 8-10) on the final PT CPI. At least 94% of students reported being competent with Cardiovascular and Pulmonary assessment following completion of PT 700 as indicated by the Minimum Skills checklist.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
b. Anthropometric Characteristics

Objectives
PT 417 Physical Agents
#10.1 Assess the patient's status for modality usage including:
#10.1.3 Anthropometric measurements
PT 530 Rehab for Chronic Conditions
#3 Select the key elements of the physical therapy examination for a particular condition. Perform a PT examination and systems review, including (as appropriate) measures of: b. anthropometric measurement
PT 618 Health & Wellness
#6 Demonstrate an understanding of and the ability to perform health risk assessments to address health and wellness, particularly as they pertain to physical fitness
PT 625 Prosthetics
#2 Take a thorough history and perform a physical therapy examination of a patient who has undergone an amputation, including a. Anthropometric measures
PT 608 PT Management of Children with Neurologic Dysfunction
#2.2 Select appropriate assessments and procedures to evaluate the following in children that are both age- and population-specific: Anthropometrics

Learning Experiences
Students initially learn to assess and perform measurements in PT 417 with girth and volumetric measurements of the extremities. This information is applied to special populations in PT 625 (amputations and prosthetics) through lecture, lab practice, case studies and presentations. The application of these assessment skills to specific chronic conditions is explored further in PT 530 through lecture, discussion, and case studies and to the pediatric population in PT 608 utilizing case studies. In PT 618 additional techniques such as skin fold measurements are applied to the general population through lab practice. During their clinical education experiences, students gain experience with choosing, applying and interpreting results from anthropometric measurements on a wide spectrum of patients with various conditions (PT 400-700).

Level of Actual Student Achievement
All students who progressed to graduation passed lab practical exams within PT 417, lab check-offs in PT 625, and exams and case study assignments in PT 608. Of the 2013 and 2014 graduates, 92% or more of the students completed PT 700 with at least entry-level competency in screening, examination, and evaluation items (PC # 8-10) on the final PT CPI . Following the final clinical experience (PT 700), 100% of students self-reported being competent on the following item in the Minimum Skills Assessment Tool: Musculoskeletal tests and measures section, anthropometric.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
c. Arousal, Attention, and Cognition

Objectives
PT 530 Rehab of Chronic Conditions
#3 Select the key elements of the physical therapy examination for a particular condition. Perform a PT examination and systems review, including (as appropriate) measures of: h. Mental status change
PT 608 PT Management of Children with Neurologic Dysfunction
#2.2 Select appropriate assessments and procedures to evaluate the following in children that are both age- and population-specific: Cognition, Emotional/behavioral profiles, Participation and social functioning, School performance and needs.
PT 610 Neuromuscular II
#9 Consider the individual characteristics of the patient and his or her medical neurological diagnosis, and select the most relevant components of an initial examination. Competently perform an initial examination for a patient with a neurological lesion, including but not limited to: l Mental status (arousal, attention, cognition)
PT 664 Geriatrics
#14 Perform standardized outcome/screening measurements for attention/arousal/ cognition and accurately interpret the results
PT 700 CIinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
Students learn the basic techniques for assessing cognition, attention, and arousal in foundational courses during the first year of the professional phase in PT 417 and 418 Physical Agents I and II, and PT 450 Musculoskeletal I when learning to choose appropriate history questions for patient interviews (lecture, lab and case assignments) in orthopedic cases. This is built upon further in assessing and treating specific patient cases with neurological deficits. For example, lecture, lab experiences, cases, class discussion are utilized in PT 510 and PT 610 for neurologic patient cases. In these two courses, students practice administering outcome tools commonly used to assess cognitive status in the adult population. In PT 608, students select appropriate assessments for various developmental domains during a pediatric case study assignment. Additionally in PT 664, through lecture, lab practice, and progressive case studies, students review and utilize evidenced-based tools to assess cognition in the geriatric population.

Level of Actual Student Achievement
All students who had progressed to graduation passed lab practical exams in the appropriate courses including PT 510, PT 610, and PT 664. Similarly, all students passed their case study assignments in PT 608. Of the 2013 and 2014 graduates, 92% or more of the students completed PT 700 with at least entry-level competency in screening, examination, and evaluation items (PC # 8-10) on the final PT CPI. Following completion of PT 700, at least 91% of students self-reported competence with the ability to perform arousal, attention, and cognition tests and measures during their clinical experiences as indicated by the Minimum Skills checklist.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
d. Assistive and Adaptive Devices

Objectives
PT 510 Neuromuscular I
#8 Perform a complete initial examination of a patient with a neurological lesion, including, but not limited to: o. Adaptive equipment needs
PT 610 Neuromuscular II
#9 Consider the individual characteristics of the patient and his or her medical neurological diagnosis, and select the most relevant components of an initial examination. Competently perform an initial examination for a patient with a neurological lesion, including but not limited to: r. Gait (including need for assistive devices)
PT 530 Rehab for Chronic Conditions
#3 Select the key elements of the physical therapy examination for a particular condition. Perform a PT examination and systems review, including (as appropriate) measures of: m. Equipment needs, assistive devices
PT 608 PT Management of Children with Neurologic Dysfunction
#2.2 Through specific case study assignments, students will demonstrate entry level skills of clinical judgment and decision-making required for pediatric PT, including the ability to: Evaluate the need for orthotics or assistive/adaptive devices

PT 700 CIinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
The students are introduced to the correct use and training of assistive and adaptive devices during lab practice and demonstration in PT 416 Therapeutic Skills II. This knowledge is expanded to various patient populations including patients with neurological lesions in PT 510, patients with chronic conditions in PT 530, and pediatric patients in PT 608. The assessment and evaluation of the need and use of assistive and adaptive devices is provided utilizing lab activities in PT 416, PT 510 and PT 610. Lecture, discussion, case studies, and videos are incorporated throughout the involved coursework (PT 416, PT 510, PT 530, PT 608 and PT 610). Students then apply this knowledge to actual patient populations during their supervised clinical practice in the clinical education courses (PT 400-700).

Level of Actual Student Achievement
One hundred percent of students who progressed to graduation demonstrated passing performance on practical exams in PT 510 and PT 610. All students who progressed to graduation also passed a pediatric gait exam, which contains content on orthoses and other assistive devices. Following PT 700, 99% of students have self-evaluated competency for the criterion: Performs Tests and Measures for Assistive and Adaptive Devices as recorded in the Minimal Skills Assessment Tool. Of the 2013 and 2014 graduates, 92% or more of the students completed PT 700 with at least entry-level competency in screening, examination, and evaluation items (PC # 8-10) on the final PT CPI.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
e. Circulation (Arterial, Venous, Lymphatic)

Objectives
PT 417 Physical Agents I
#10 Integrate knowledge and skills gained from the course to choose and perform a physical agent treatment intervention (among the following: cryotherapy, compression, ultrasound, paraffin, hot packs, and shortwave diathermy) safely and effectively with a professional manner to a simulated patient and case during a practical examination. 10.1 Assess the patient's status for modality usage, 10.1.7 Circulation
PT 530 Rehab of Chronic Conditions
#3 Select the key elements of the physical therapy examination for a particular condition. Perform a PT examination and systems review, including (as appropriate) measures of: p. Peripheral circulation, venous and arterial patency, and q. Edema
PT 550 Musculoskeletal I
#3 Demonstrate clinical reasoning and skill competency commensurate with the advanced beginner to intermediate level (as measured by the PT CPI) in the performance of a systematic examination/evaluation of a patient with a common peripheral musculoskeletal problem
#3.5 Choose and perform appropriate tests and measurements (valid and reliable) to differentiate the Musculoskeletal problem including but not limited to examinations of the following: 3.5.11 Circulation
PT 600 Clinical Education III
#2 The student will demonstrate advanced intermediate level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with orthopedic, neurological, and cardiopulmonary dysfunction, as well as patients with multiple system involvement and patients with medical instability
PT 664 Geriatrics
#15 Take vital signs accurately for geriatric clients before, during, and after exercise and interpret results based on ACSM clinical guideline

Learning Experiences
The introduction to circulatory assessment occurs in PT 417 Physical Agents I and PT 418 Physical Agents II in the context of assessing indications and contraindications for modality use in patient application. Students are exposed to the importance of this information through lecture, lab practice, and case studies. Refinement of these assessment skills occurs for specific populations for patients with chronic conditions including lymphedema, venous and arterial insufficiency, and diabetes in PT 530. This is accomplished through lectures, discussion, case studies, and videos. Evaluation and interpretation of circulatory conditions is further investigated in patients with amputations in PT 625 (Prosthetics) and in the geriatric population in PT 664 using reading assignments, discussion boards, review of evidence-based tools, and lab practice. Circulation is assessed in the general orthopedic population in PT 550 using lab practice of the screening examination as well as evaluation of specific peripheral joints. Clinical experiences (PT 400 - 700) provide supervised patient care opportunities in assessment of circulation.

Level of Actual Student Achievement
One hundred percent of students who progressed to graduation passed the practical exams for PT 417, PT 550 and PT 664. Since 2010, at least 98% of students indicated on the Minimal Skills Assessment Tool that they were competent in performing Cardiopulmonary Tests and Measures including those for DVTs, venous stasis, pulse, and lymphedema following the clinical experiences in PT 700. Of the 2013 and 2014 graduates, 92% or more of the students completed PT 700 with at least entry-level competency in screening, examination, and evaluation items (PC # 8-10) on the final PT CPI.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
f. Cranial and Peripheral Nerve Integrity

Objectives
PT 510 Neuromuscular I
#8 Perform a complete initial examination of a patient with a neurological lesion, including, but not limited to g. cranial nerve integrity
PT 550 Musculoskeletal I
#3.3.5 Choose and perform appropriate tests and measurements (valid and reliable) to differentiate the musculoskeletal problem including but not limited to examinations of the following: #3.5.8 Special Tests, #3.5.10 Sensation (Dermatomal & Peripheral nerves) #3.5.12 Deep Tendon Reflexes
PT 552 Musculoskeletal II
#2 Demonstrate the ability to perform spinal and pelvic girdle evaluation techniques in a professional manner during simulated evaluations by: 2 .5 Differentiating between a spinal versus peripheral musculoskeletal problem.
PT 554 Musculoskeletal III
#3 Demonstrate the ability to perform TMJ, spinal, rib, and pelvic girdle evaluation techniques in a professional manner during simulated evaluations by: central versus peripheral neurological deficits, special tests
PT 610 Neuromuscular II
#9 Consider the individual characteristics of the patient and his or her medical neurological diagnosis, and select the most relevant components of an initial examination. Competently perform an initial examination for a patient with a neurological lesion, including but not limited to: j. Peripheral nerve function, and spinal levels

Learning Experiences
Introduction to peripheral and cranial nerve innervation patterns occurs in PT 410 Gross Anatomy utilizing lecture, reading assignments, and lab activities. A beginning level of assessment occurs in PT 415 Therapeutic Skills I with lab demonstration and practice. The musculoskeletal courses (PT 550, PT 552, and PT 554) build from this base to further develop assessment skills to differentiate central from peripheral nerve involvement in the orthopedic population by incorporating lab demonstration and practice, mystery cases and group discussion, live patient examples when available, and brief individual writing assignments. Cranial nerve innervation is introduced in PT 450 Neurophysiology with lecture and reading assignments. In PT 510, learn to administer a full cranial nerve screening during lecture and lab activities. In PT 610, students apply the foundational information to assess patients with a variety of neurological conditions. Learning experiences include lecture, lab practice, case studies, online and face-to-face discussion. Through supervised patient care experiences

within clinical education (PT 400-700), students refine these skills in the clinic setting.

Level of Actual Student Achievement
One hundred percent of students who progressed to graduation passed the practical exams for PT 550, PT 552, PT 554 and PT 610. Following PT 700, 96% of students indicated on the Minimum Skills Assessment Tool that they were competent in performing Cranial and Peripheral Nerve Integrity Tests/Measures including cranial nerve, peripheral nerve, nerve root, sensory, motor, neural tension tests, and deep tendon reflex testing. Of the 2013 and 2014 graduates, 92% or more of the students completed PT 700 with at least entry-level competency in screening, examination, and evaluation items (PC # 8-10) on the final PT CPI.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
g. Environmental, Home, and Work (Job/School/Play) Barriers

Objectives
PT 608 PT Management of Children with Neurological Dysfunction
#2 Through specific case study assignments, students will demonstrate entry level skills of clinical judgment and decision-making required for pediatric PT, including the ability to: 2.4 Apply the ICF model and dynamic systems to identify multi-factorial barriers to activity and participation
PT 610 Neuromuscular II
#9 Consider the individual characteristics of the patient and his or her medical neurological diagnosis, and select the most relevant components of an initial examination. Competently perform an initial examination for a patient with a neurological lesion, including but not limited to: t. Architectural and environmental barriers at home and work
PT 618 Health and Wellness
#3 Assess and interpret the impact of personal lifestyles, and environmental and sociocultural influences on health and the domains of well-being
PT 625 Prosthetics
#2 Take a thorough history and perform a physical therapy examination of a patient who has undergone an amputation, including: m. work/play/leisure activities
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
Students begin to examine barriers to mobility during lab practice sessions in PT 416 Therapeutic Skills II, where they learn and practice bed mobility, transfers, wheelchair mobility, and gait training. Students also learn to consider barriers or constraints to activity and participation when they are introduced to the ICF model and dynamic systems theory in PT 420 Life Cycles I. They are exposed to home mobility issues for orthopedic patients through lecture content in PT 550 Musculoskeletal I in the context of patients following joint prosthetic surgery and hip fracture. This is built upon further with movement observation and work function assessment in PT 552 Musculoskeletal II, where students receive lecture and lab practice for patients with orthopedic spinal conditions to optimize functioning at work and home. PT 625 utilizes lecture, lab practice, case studies and presentations to expose the students to specific barriers that need to be assessed for amputee patients. Skills in identifying environmental barriers are further refined by a written reflection on barriers encountered during an assignment in PT 510 Neuromuscular I in which students experience an assigned mock neurological deficit for 24 hours. In PT 610, students perform an architectural assessment on their own living space, and make recommendations for modifying the space to maximize independence for a person using a wheelchair. The influence of environmental and lifestyle barriers are addressed with the general population during PT 618 through lecture, readings, and small group projects. These skills are further synthesized in a final case study of a pediatric patient in PT 608 as well as through supervised patient assessment in clinical education experiences (PT400-700).

Level of Actual Student Achievement
One hundred percent of students who progressed to graduation passed the practical exams for PT 610. Following PT 700, at least 97% of students self-reported that they were competent in characterizing and quantifying environmental, home and work (job/work/play) barriers in the Minimum Skills Self-Assessment Tool. Of the 2013 and 2014 graduates, 92% or more of the students completed PT 700 with at least entry-level competency in screening, examination, and evaluation items (PC # 8-10) on the final PT CPI.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
h. Ergonomics and Body Mechanics

Objectives
PT 416 Therapeutic Skills II
#1 Demonstrate, understand, and adapt the application of proper body mechanics during both static and dynamic tasks
PT 510 Neuromuscular I
#33 Educate families and patients in safe and proper body mechanics, recognizing their physical limitations, and using language and techniques appropriate for the learner
PT 554 Musculoskeletal III
#9 Describe and demonstrate an understanding of ergonomic assessment, functional capacity evaluation work hardening and work conditioning
• Choosing appropriate questions and tools when performing an ergonomic job assessment, functional capacity evaluation, work hardening or work conditioning program
• Differentiating between the various evaluative approaches presented
• Outlining the sequence of tests/examinations used in these evaluations and programs
• Listing musculoskeletal dysfunctions and associated functional limitations resulting from poor work related conditions
PT 664 Geriatrics
#14 Perform standardized outcome/screening measurements for muscle performance, aerobic capacity, postural control, posture/flexibility, body mechanics/ergonomics, attention/arousal/ cognition, and gait, and accurately interpret the results
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
Throughout all lab practice sessions within clinical courses beginning with PT 415 Therapeutic Skills I, students are reminded to monitor their own body mechanics and give feedback to their peers during the practice of skills on each other. The assessment and use of proper body mechanics is further applied during lab practice of bed mobility, transfers, wheelchair skills, and gait during PT 416. PT 510 incorporates lab activities and role play to develop these skills for assessment of appropriateness for patient and caregivers. These skills are refined in PT 554 with emphasis on ergonomic assessments of patients and their work and home activities utilizing lecture, demonstration, lab practice, case analysis, and small group discussions to impart ergonomic assessment skills. Students integrate these skills to assess patients for ergonomic and body mechanic issues during supervised clinical practice within PT 400-700.

Level of Actual Student Achievement
One hundred percent of students who progressed to graduation passed the practical exams for PT 554. Following PT 700, at least 85% of students indicated that they were competent in performing, characterizing, and quantifying ergonomic performance during work (job/school/play), and at least 94% reported being competent in characterizing and quantifying body mechanics during self-care, home management, work, community, tasks, or leisure activities on the Minimum Skills Assessment Tool. Of the 2013 and 2014 graduates, 92% or more of the students completed PT 700 with at least entry-level competency in screening, examination, and evaluation items (PC # 8-10) on the final PT CPI.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
i. Gait, Locomotion, and Balance

Objectives
PT 418 Therapeutic Skills II
#6 Safely and effectively describe, perform, and modify gait training techniques with all assistive devices, on all surfaces
PT 510 Neuromuscular I
#8 Perform a complete initial examination of a patient with a neurological lesion, including, but not limited to c. balance (sitting, standing), j. functional mobility (bed mobility, transfers, ADL), and k. gait
PT 550 Musculoskeletal I
#3.5 Choose and perform appropriate tests and measurements (valid and reliable) to differentiate the musculoskeletal problem including but not limited to examinations of the following: 3.5.2. gait
PT 608 PT Management of Children with Neurologic Dysfunction
#2 Through specific case study assignments, students will demonstrate entry level skills of clinical judgment and decision-making required for pediatric PT, including the ability to: Recognize, interpret, and appraise gait abnormalities in children with disabilities
PT 610 Neuromuscular II
#9 Consider the individual characteristics of the patient and his or her medical neurological diagnosis, and select the most relevant components of an initial examination. Competently perform an initial examination for a patient with a neurological lesion, including but not limited to: e. Balance, r. Gait (including need for assistive devices)
PT 625 Prosthetics
#2 Take a thorough history and perform a physical therapy examination of a patient who has undergone an amputation, including e. Gait
PT 625 Prosthetics
#12 Perform gait analysis for the patient with an amputation. Identify patient-related and prosthesis-related reasons for common gait deviations seen in amputees
PT 664 Geriatrics
#14 Perform standardized outcome/screening measurements for muscle performance, postural control, posture/flexibility, and gait and accurately interpret the results
#19 Perform disease specific evaluation and treatment techniques for the following diagnoses: d. Fall Risk/Fall Prevention
Learning Experiences
Content covering gait, locomotion and balance is threaded throughout the curriculum. A foundation of normal gait and its phases is introduced in PT 411 Kinesiology and Biomechanics during the first semester of the professional phase through lecture, video analysis, and lab practice. Students learn about the biomechanics of common orthopedic gait deviations and begin the process of learning to grossly observe and assess gait patterns and mobility. Students observe each other's gait patterns and are introduced to quantitative gait analysis using a Zeno Protokinetic Walkway and manual measurement techniques. Observation of subtle differences in gait among orthopedic patients and the beginning of gross assessment of balance occurs in PT 550 Musculoskeletal I through lab experiences, small group case studies, lecture, and mock patient exams. Observation and assessment of gait, balance, and overall mobility is a thread that continues to be explored throughout the majority of second and third year courses within the program. For example, videos of patients with gait abnormalities are used in many courses for students to practice observing and assessing abnormal gait patterns that pertain to that course's subject matter: prosthetics and orthotics (PT 625) and neuromuscular deficits in pediatric and adult populations (PT 608, PT 510). While typical gait development is covered in PT 420 Life Cycles I utilizing lecture and readings, PT 608 explores gait abnormalities in depth with case study assignments and 1.5-day gait course that focuses on gait assessment in children with cerebral palsy. Common gait and balance outcome assessment tools are introduced in PT 510 and PT 610, and students explore the use of these tools in depth in PT 664 where students learn to more comprehensively assess balance in the geriatric population especially for fall risk assessment. Clinical education experiences (PT 400-700) are utilized to apply and refine assessment skills for gait, balance, and locomotion of diverse patient populations through supervised patient care.

Level of Actual Student Achievement
One hundred percent of students who progressed to graduation had passed the practical exams for PT 411, PT 510, PT 610, and PT 664. One hundred percent also passed the gait exam in PT 608. Following PT 700, 100% of students indicated that they were competent in performing examination/reexamination of gait, locomotion, and balance on the Minimum Skills Assessment Tool. Of the 2013 and 2014 graduates, 92% or more of the students completed PT 700 with at least entry-level competency in screening, examination, and evaluation items (PC # 8-10) on the final PT CPI.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
j. Integumentary Integrity

Objectives
PT 417 Physical Agents I #1 Demonstrate an understanding of the healing model in the human body following tissue damage through the following: 1.1 Describe the primary stages of tissue healing and their various cellular components and events. 1.2 Apply knowledge of the healing model to correctly stage patients within written cases along that continuum #10 Integrate knowledge and skills gained from the course to choose and perform a physical agent treatment intervention (among the following: cryotherapy, compression, ultrasound, paraffin, hot packs, and shortwave diathermy) safely and effectively with a professional manner to a simulated patient and case during a practical examination. 10.1 Assess the patient's status for modality usage, 10.1.8 Status of skin
PT 530 Rehab of Chronic Conditions
#3 Select the key elements of the physical therapy examination for a particular condition. Perform a PT examination and systems review, including (as appropriate) measures of: a. Wound assessment r. Skin integrity
PT 610 Neuromuscular II
#9 Consider the individual characteristics of the patient and his or her medical neurological diagnosis, and select the most relevant components of an initial examination. Competently perform an initial examination for a patient with a neurological lesion, including but not limited to: m. Integumentary integrity
PT 625 Prosthetics
#2 Take a thorough history and perform a physical therapy examination of a patient who has undergone an amputation, including f. Skin integrity

Learning Experiences
The foundation of the physiology behind integumentary injury and healing is covered through lecture and small group case exercises in PT 417 Physical Agents I. Baseline assessments consisting of measurement of wound depth, length, width, volume, and observation of color are introduced during lab activities in PT 417 and reiterated in PT 418 Physical Agents II through lecture, research article analysis, and small group discussion. The assessment of non-healing wounds as a chronic condition is comprehensively addressed in PT 530 through lecture, small group case discussion, and analysis of photos. Wound assessment and skin integrity assessment skills learned in those courses are applied to special populations in additional courses utilizing lectures, lab sessions, case studies, class discussions, online discussions, and student group presentations. For example, during PT 610, integumentary integrity issues with patients who have a spinal cord injury is a course focus, while in PT 625 integumentary issues for the patient with an amputation and with the use of prosthetics are highlighted. Students have the opportunity to apply this information and practice skills in the assessment of wounds and skin integrity during supervised patient care as part of the array of clinical education experiences (PT400-700) through site specific learning activities and reflection during online discussion boards. Opportunities for application of these skills have been reinforced across clinical placement settings.

Level of Actual Student Achievement
One hundred percent of students who progressed to graduation had passed the practical exams for PT 417, PT 510, and PT 664. Following PT 700, at least 94% of students from the past several graduating classes (2010- 2014) noted on the Minimal Skills Self-Assessment Checklist that they were competent in performing screening of the integumentary system and in the performance of integumentary integrity tests and measures during patient examinations. Of the 2013 and 2014 graduates, 92% or more of the students completed PT 700 with at least entry-level competency in screening, examination, and evaluation items (PC # 8-10) on the final PT CPI.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
k. Joint Integrity and Mobility

Objectives
PT 515 Therapeutic Skills III
#3 Describe the loose packed and closed packed positions for the extremity joints; shoulder complex, elbow, wrist, hand, fingers, thumb, hip, knee, ankle, foot and toes
#4 Appraise the arthokinematic motions that go with the osteokinematics motions for extremity joints; shoulder complex, elbow, wrist, hand, fingers, thumb, hip, knee, ankle, foot and toes
PT 550 Musculoskeletal I
#3.5 Choose and perform appropriate tests and measurements (valid and reliable) to differentiate the Musculoskeletal problem, including but not limited to examinations of the following: 3.5.3 AROM, 3.5.4 PROM, 3.5.5 Resisted tests (strength assessments), 3.5.6 Joint play, 3.5.7 Ligament stability tests, and 3.5.13 Palpation
PT 552 Musculoskeletal II
#2 Demonstrate the ability to perform spinal and pelvic girdle evaluation techniques in a professional manner during simulated evaluations by: 2.3 Performing appropriate objective examination including AROM, PROM or overpressure, RROM, palpation, and joint mobility
PT 554 Musculoskeletal III
#3 Demonstrate the ability to perform TMJ, spinal, rib, and pelvic girdle evaluation techniques in a professional manner during simulated evaluations by: assessing joint mobility, and weakness

Learning Experiences
Students are initially exposed to joint integrity and mobility during the foundational course PT 411 Kinesiology and Biomechanics. Throughout this course, students learn the basics of joint structure and theory used to assess joint integrity and mobility throughout the body utilizing lecture, reading assignments, lab demonstration, lab practice, small group activities, and case studies. This introductory knowledge is further developed in PT 515 as student learn to assess joint arthrokinematics and integrity of the peripheral joints through lecture, case study, reading assignments, lab demonstration, lab practice sessions, small group discussion and tutorial sessions. PT 550 further addresses complete joint assessment and scan through lab practice incorporating ROM, joint stability, and role playing of musculoskeletal conditions during lab practice. These hands-on assessment skills are further delineated into more advanced assessment approaches for the TMJ, spine, ribs, and pelvic girdle in PT 552 and PT 554 through lecture, case studies, reading assignments, lab practice sessions, small group discussion, tutorial sessions, and optional review sessions. Students have the opportunity to apply joint integrity and mobility assessment on actual patient populations during their supervised clinical experiences in PT 400-700, Clinical Education I-IV.

Level of Actual Student Achievement
One hundred percent of students who progressed to graduation passed the practical exams for PT 550, 515, 552, and 554 all of which incorporate joint mobility assessment. Following PT 700, 100% of students from the DPT graduating classes (2010- 2014) noted on the Minimal Skills Self-Assessment Checklist that they were competent in performing musculoskeletal tests and measures as part of patient examinations/reexaminations. Of the 2013 and 2014 graduates, 92% or more of the students completed PT 700 with at least entry-level competency in screening, examination, and evaluation items (PC # 8-10) on the final PT CPI.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
l. Motor Function (Motor Control and Motor Learning)

Objectives
PT 420 Life Cycles I
#4 Conduct a motor development assessment, interpret and summarize the results, and identify the challenges of child assessment.
PT 510 Neuromuscular I
#9a Consider the individual characteristics of the patient and his or her medical neurological diagnosis, and select the most relevant components of an initial examination. Competently perform an initial examination for a patient with a neurological lesion, including but not limited to motor function (motor control, muscle strength, endurance).
PT 608 PT Management of Children with Neurologic Dysfunction
#2.2 Select appropriate assessments and procedures to evaluate the following in children that are both age- and population-specific: Motor skills (including gait, posture, gross vs. fine motor, etc.)
PT 610 Neuromuscular II
#9a Consider the individual characteristics of the patient and his or her medical neurological diagnosis, and select the most relevant components of an initial examination. Competently perform an initial examination for a patient with a neurological lesion, including but not limited to a. motor function (motor control, muscle strength, coordination)
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions.

Learning experiences
Students are exposed to the current concepts in motor control in a non-clinical foundation course, PT 412, Motor control. These ideas provide the basis for the examination of motor control in patient populations. They are introduced to examination of motor control with the neurologically-involved patient in PT510, where the emphasis is on the adult, and in PT 420, where the focus is on the child. These concepts and theories are expanded upon in PT 608 and PT 610. Students obtain experience in assessing motor control through lab activities, child and patient assessment, through case studies and discussion. Students have the opportunity to assess motor function and apply motor learning theory with patient populations during their supervised clinical experiences in PT 400-700, Clinical Education I-IV.

Level of achievement
All graduates have passed practical examinations to demonstrate competence in this skill. Of the 2013 and 2014 graduates, 92% or more of the students completed PT 700 with at least entry-level competency in screening, examination, and evaluation items (PC # 8-10) on the final PT CPI.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
m. Muscle Performance (including Strength, Power, and Endurance)

Objectives
PT 415 Therapeutic Skills I
#7 Accurately and safely describe, perform, and modify manual muscle testing techniques for each muscle group of the trunk and extremities
PT 550 Musculoskeletal I
#3.5.5 Choose and perform appropriate tests and measurements (valid and reliable) to differentiate the musculoskeletal problem including but not limited to examinations of the following: 3.5.5 Resisted tests (strength assessments)

PT 618 Health and Wellness
#6 Demonstrate and understanding of and the ability to perform health risk assessments to address health and wellness, particularly as they pertain to physical fitness
PT 664 Geriatrics
#14 Perform standardized outcome/screening measurements for muscle performance, aerobic capacity, postural control, posture/flexibility, attention/arousal/cognition, and gait and accurately interpret the results
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
Students learn manual muscle testing, and upper and lower quadrant scanning exams in PT 415 with demonstrations and lab activities for practice. Manual muscle testing skills are incorporated into musculoskeletal examinations in PT 550, PT 552 Musculoskeletal II and PT 554 Musculoskeletal III. Examination of muscle strength and endurance are addressed as relating to various patient populations in PT 510 Neuromuscular I, PT 610 Neuromuscular II, PT 618 and PT 664 with lecture, case examples, fitness assessments, and lab activities. Students have the opportunity to assess muscle performance during their supervised clinical experiences in PT 400-700, Clinical Education I-IV.

Level of achievement
All students pass practical examinations including muscle performance items in PT 415, PT 550, PT 552, PT 554, PT 610, 664. Students are evaluated on fitness assessments in PT 618. Student complete case study assignments PT 664. Of the 2013 and 2014 graduates, 92% or more of the students completed PT 700 with at least entry-level competency in screening, examination, and evaluation items (PC # 8-10) on the final PT CPI.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
n. Neuromotor Development and Sensory Integration

Objectives
PT 420 Life Cycles I
#4 Conduct a motor development assessment, interpret and summarize the results, and identify the challenges of child assessment
#9 Describe and practice eliciting prominent infant reflexes (i.e., their purpose, general timeline, persistence, positioning, etc.)
PT 520 Life Cycles II
#7f Identify and select proper assessment tools in pediatrics
PT 608 PT Management of Children
#2.2 Select appropriate assessments and procedures to evaluate the following in children that are both age- and population-specific: motor skills (including gait, posture, gross vs. fine motor, etc.), sensory deficits
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
Neuromotor development and sensory processing are taught in our pediatric sequence, beginning in PT 420 with emphasis on typical development, progressing to an introduction to these issues for atypical populations in PT 520, and culminating in PT 608 specific pediatric case study assignments. All three courses emphasize contemporary theories to create an understanding neuromotor development through the use of readings and lectures. In PT 420, students are assigned a standardized assessment tool and are then required to conduct the assessment on a child and present the findings to their classmates. In PT 520 and PT 608, neuromotor development and sensory processing are covered in depth through readings, lectures, and case study assignments. In PT 608, students are expected to utilize external evidence along with contemporary theories of movement and neuroscience to justify outcome tools and interventions to promote motor skills and manage children with sensory integration problems. Through PT 700, some students gain focused clinical experience in the treatment of pediatric clients in school based therapy and in clinical settings, while many are exposed to pediatric clientele during the full continuum of clinical education courses.

Level of achievement
All students passed written examinations that contain content on neuromotor development and sensory integration in PT 420, PT 520, and PT 608. In addition, all students passed the child assessment project in PT 420 and the case study assignments in PT 520 and PT 608.

23% percent of students graduating in 2014 gain focused clinical experience in pediatrics through affiliations, as this is a specialized area and clinical placements are limited. Using data from the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form, 43% of the same class self-report occasionally or often working with pediatric clients in the 0-12 year grouping during one or more of clinical education courses; 89% report occasionally or often working with clientele in the 13-21 year grouping.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
o. Orthotic, Protective, and Supportive Devices

Objectives
PT 515 Therapeutic Skills III
#11 Conduct a biomechanical assessment of the lower extremities and determine the cause of any misalignment and if appropriate, propose an intervention plan including appropriate foot orthotic posting, exercises and footwear
PT 510 Neuromuscular I
#8n Perform a complete initial examination of a patient with a neurological lesion, including, but not limited to orthotic needs
PT 608 PT Management of Children
#2 Through specific case study assignments, students will demonstrate entry level skills of clinical judgment and decision-making required for pediatric PT, including the ability to: 2.3. Evaluate the need for orthotics or assistive/adaptive devices
PT 610 Neuromuscular II
#9v Consider the individual characteristics of the patient and his or her medical neurological diagnosis, and select the most relevant components of an initial examination. Competently perform an initial examination for a patient with a neurological lesion, including but not limited to: v.Orthotic devices w. Seating
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning experiences
This program does not have a separate course in orthotics; instead the topic is threaded throughout the curriculum. In PT 510, students are taught the basic biomechanical principles of orthotics and how those principles apply to any type of orthotic or positioning device. Students gain experience in fabricating a foot orthosis in PT 515, and discuss the use of orthoses for the neurologically involved patient in PT 510. In addition, in PT 510 they try on several off-the-shelf ankle-foot orthoses in order to experience what a patient may feel while wearing such a device. They also have an observation day in a local clinic, in which they usually see a patient with a brace. Students complete an individual assignment involving prescription of a seating system as a portion of a case study in PT 610. In PT 608, students participate in a 1.5-day gait course, which utilizes videos of gait in various children with cerebral palsy and provides the students with practice in determining the need for and proper selection of orthotics in these cases. The gait course is followed by a written exam that contains questions on indications and contraindications for specific orthotics. Students have the opportunity use these skills with patient populations during their supervised clinical experiences in PT 400-700,

Clinical Education I-IV.

Level of achievement
All students passed written exams and quizzes in PT 510, PT 530, PT 608, and PT610 that include questions on evaluation for orthoses. One-hundred percent of students passed their case study assignments and the gait exam in PT 608. Following PT 700, 91% of students from the DPT graduating class of 2014 noted on the Minimal Skills Self-Assessment Checklist that they were competent in the prescription and application of orthotic devices such as prefabricated braces, shoe inserts, and splints, while 94% reported competence in the prescription and application of supportive devices such as corsets, collars, and supportive taping.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
p. Pain

Objectives
PT 550 Musculoskeletal I
#1.2 Explain the concept of referred pain
#1.4 Formulate appropriate questions for a review of systems appropriate to the patient's chief complaint or reported problem
#1.5 List "Red Flags" regarding further physical therapy evaluation or treatment
PT 552 Musculoskeletal II
#2 Demonstrate the ability to perform spinal and pelvic girdle evaluation techniques in a professional manner during simulated evaluations by: 2.6 Determining if pain or restriction is the initial intervention consideration.
PT 554 Musculoskeletal III
There is no #10. (Art - please check into this.)
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
Foundational information about pain assessment and theories surrounding pain are covered in lecture in PT 417, Physical Agents, with pain assessment practice occurring in lab sessions. Assessment of pain is then addressed across a wide spectrum of courses throughout the curriculum, but is addressed as a primary topic in the musculoskeletal series, PT550, PT 552, PT 554. Pain assessment is incorporated into lecture, lab activities, mystery cases, practice cases, tutorial sessions and small group discussions. The examination of pain and its implications are revisited in several courses, including PT 510 Neuromuscular I as related to stroke survivors, PT 610 Neuromuscular II as related to other neurological conditions, PT 530 Rehab for Chronic Conditions as related to fibromyalgia and arthritis, utilizing lecture, case examples, and discussion. Students have the opportunity to assess pain during supervised clinical experiences in PT 400-700, Clinical Education I-IV.

Level of achievement
All students passed practical exams in PT 550, PT 552 and PT 554 that require assessment of pain. All students successfully completed and presented case studies in several courses in which pain is a factor that must be evaluated. Of the 2013 and 2014 graduates, 92% or more of the students completed PT 700 with at least entry-level competency in screening, examination, and evaluation items (PC # 8-10) on the final PT CPI. 100% of students graduating in 2014 indicated on their Minimum Skills Self-Assessment that they are competent in the measurement and characterization of pain.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
q. Posture

Objectives
PT 554 Musculoskeletal III
#3 Demonstrate the ability to perform TMJ, spinal, rib, and pelvic girdle evaluation techniques in a professional manner during simulated evaluations by: evaluating static and dynamic postural changes. Assessing sacroiliac deviations. Assessing posture, muscular imbalances, including length, relative flexibility, positional strength, and faulty movement patterns, central versus peripheral neurological deficits, special tests, joint mobility, and weakness. Practicing comprehensive evaluation for a given patient population. Integrating the evaluation information to develop a diagnosis, prognosis, short and long term goals, and formulate an appropriate physical therapy plan of treatment for specific spinal, pelvic girdle and rib problems.
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions.
PT 664 Geriatrics
#14 Perform standardized outcome/screening measurements for muscle performance, aerobic capacity, postural control, posture/flexibility, attention/arousal/cognition, and gait and accurately interpret the results.
PT 550 Musculoskeletal I
Choose and perform appropriate tests and measurements (valid and reliable) to differentiate the musculoskeletal problem including but not limited to examinations of the following: 3.5.1 Posture
PT 510 Neuromuscular I
Perform a complete initial examination of a patient with a neurological lesion, including, but not limited to: 8f. posture

Learning experiences
Assessment of posture is addressed in a number of places throughout the curriculum, beginning the first semester in Therapeutic Skills I where the student learns the elements of the scanning exam in lecture and lab. The scanning exam is revisited in PT 550 and PT 515 Therapeutic Skills III the following semester, where the students apply the results of the postural examination to musculoskeletal diagnoses involving the extremities, and the following year, when the postural exams are incorporated into diagnosis of spinal conditions in PT 552 and PT 554 in lab experiences, lecture, and real case presentations. Postural deviations are common in the geriatric population and in people with neurological diagnoses, thus examination is addressed in these courses as well via case studies, class discussions, videos, lecture, and written assignments. The assessment of sitting posture as it relates to integumentary compromise is emphasized in PT 610 Neuromuscular II and PT 530 Rehab for Chronic Conditions using photos, videos, and class discussion. The impact of posture on ventilation is covered in PT 560 Cardiorespiratory Physical Therapy.

Level of Actual Student Achievement
All students pass practical exams in PT 550, PT 552, and PT 554 that require a thorough examination of posture. Students complete a written assignment in PT 610 Neuromuscular II that requires an examination of seated posture via video. Students must pass written examinations in several courses that require them to relate postural deficits to pain syndromes, functional limitations, integumentary compromise, and respiratory dysfunction. 100% of students graduating in 2014 indicated on their Minimum Skills Self-Assessment that they are competent in the performance of posture tests and measures as part of neurologic system examination and integumentary system examination.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
r. Prosthetic Requirements

Objectives
PT 625 Prosthetics
#2 Take a thorough history and perform a physical therapy examination of a patient who has undergone an amputation, including: a. Anthropometric measures b. Cognitive status c. Circulation f. Skin integrity g. Motor function h. Muscle strength i. Pain j. Prosthetic requirements k. ROM l. Sensation
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
Examination and treatment of patients with amputations is taught primarily in PT 625. This course is taught in conjunction with a local prosthetist. Students learn to evaluate the need for a prosthetic device through lecture, lab activities, gait analysis and group case studies that culminate in a panel discussion. Students practice evaluating skin integrity, sensory integrity, range of motion deficits, during lab activities. Students present a panel discussion in which they are required to consider a variety of objective measures along with personal and environmental considerations to determine whether a patient is a good prosthetic candidate, and if so, what type of prosthetic components would best meet the needs of the patient. Some students are exposed to the examination care of a patient with a prosthesis through their clinical experiences and subsequent case study presentations.

Level of Actual Student Achievement
All students passed written quizzes and exams that cover the examination of the patient who has had an amputation. They all completed the panel discussion with a passing grade. Due to lack of exposure in the clinics, only 71% of the 2014 graduating class indicated that they have achieved competence on the Minimal Skills Self-Assessment (item #3 for musculoskeletal examination).

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
s. Range of Motion (including Muscle Length)

Objectives
PT 415 Therapeutic Skills I
#6 Accurately and safely describe, perform, and modify goniometric measurement techniques for the joints of the trunk and extremities
#8 Correctly and efficiently perform an upper and lower quadrant scanning examination
PT 550 Musculoskeletal I
Choose and perform appropriate tests and measurements (valid and reliable) to differentiate the musculoskeletal problem including but not limited to examinations of the following: 3.5.3 AROM, 3.5.4 PROM
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
Students are introduced to the concepts and manual skills of measuring muscle length and joint range of motion in the first semester of their professional education in PT 415. They practice these skills during lab sessions and are required to demonstrate these techniques to other students. Students integrate these basic skills in PT 550, PT 552 & PT 554 Musculoskeletal I, II and III as they relate to musculoskeletal conditions. Along with practicing ROM skills, students are required to integrate abnormal ROM findings with other signs and symptoms using simulated and actual patient cases in PT 550. During their first clinical experience (PT 400 Clinical Education I), they utilize these skills with patient populations. In subsequent clinical courses, the evaluation of ROM and its impact on specific patient populations is further explored. Students hone their skills and gain expertise in measuring ROM in Clinical Education II - IV.

Level of Actual Student Achievement
All students passed two practical exams in PT 415 to demonstrate their skills in ROM measurement. Additionally, they must pass a practical exam in PT 550 that requires measurement of ROM. Interpretation of the meaning of ROM deficits is examined both in a practical exam, as well as written exam questions for PT 550. All students passed written exams that contain some questions regarding the impact of ROM deficits on a variety of populations covered in other classes. 100% of students graduating in 2014 indicated on their Minimum Skills Self-Assessment that they are competent in the performance of range of motion and muscle length testing as part of orthopedic system examination.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
t. Reflex Integrity

Objectives
PT 552 Musculoskeletal II
#2.2.3 Performing appropriate objective examination including quick functional activities, posture, AROM, PROM or overpressure, palpation, neurological assessment, special tests, and joint mobility.
#2.5 Differentiating between a spinal versus peripheral musculoskeletal problem
#2.9 Integrating the evaluation information to develop a diagnosis, prognosis, short and long term goals, and formulate an appropriate physical therapy plan of care for specific spinal and pelvic girdle problems
PT 554 Musculoskeletal III
#3 Demonstrate the ability to perform TMJ, spinal, rib, and pelvic girdle evaluation techniques in a professional manner during simulated evaluations by: Assessing central versus peripheral neurological deficits
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
Students gain a foundational understanding of the physiology of the monosynaptic reflex in PT 450 Neurophysiology. They are introduced to the skill of testing deep tendon reflexes in PT 415 Therapeutic Skills I, and refine the skill in PT 550. Students are required to integrate the results of reflex testing with other examination results during labs and mystery cases in PT 550 Musculoskeletal I, PT 552, and PT 554. In PT 420 Life Cycles I students learn to examine primitive and postural reflexes and their integration. Cranial nerve testing is taught and practiced in lab sessions in PT 510 Neuromuscular I along with the associated reflexes. The relevance of reflex testing is addressed as related to patients with neurological conditions in PT 510 and PT 610 Neuromuscular II. Integration of reflex testing in the evaluation and care of patients occurs in PT 600 and 700.

Level of Actual Student Achievement
All students must pass a practical exam in PT 415 Therapeutic Skills that may involve examination of reflexes. During the first sessions of PT 550 Musculoskeletal I and PT 515 Therapeutic Skills II, all students are examined on their ability to perform a musculoskeletal scan, which includes at least 3 deep tendon reflexes. All students pass practical exams in PT 552 and PT 554 that test integration of those skills in relation to musculoskeletal presentations. Of the 2013 and 2014 graduates, 92% or more of the students completed PT 700 with at

least entry-level competency in screening, examination, and evaluation items (PC # 8-10) on the final PT CPI.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
u. Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])

Objectives
PT 510 Neuromuscular I #8j Perform a complete initial examination of a patient with a neurological lesion, including, but not limited to: functional mobility (bed mobility, transfers, ADL)
PT 608 PT Management of Children with Neurologic Dysfunction
#2.2 Select appropriate assessments and procedures to evaluate the following in children that are both age and population-specific: self-care skills, ADLs, participation and social functioning, school performance and needs
PT 625 Prosthetics
#2n Take a thorough history and perform a physical therapy examination of a patient who has undergone an amputation, including: ADL activities. Analyze the results of the examination as they relate to your patient's prognosis, diagnosis, plan, etc.
PT 664 Geriatrics
#14 Perform standardized outcome/screening measurements for muscle performance, aerobic capacity, postural control, posture/flexibility, attention/arousal/cognition, and gait and accurately interpret the results
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
The ICF model of Function, Disability and Health is used throughout the curriculum to provide a framework for analysis of function and participation, both of which include performance of ADLs and self-care. Examination of general mobility skills, as they relate to ADL are introduced to the students through PT 416 Therapeutic Skills II during the first year of the program. These skills are practiced with simulated cases during the laboratory component of the course. Examining impact of musculoskeletal deficits on the ability to perform basic ADLs is incorporated into PT 550 Musculoskeletal I, with case presentations involving acute diagnoses, such as THR and its influence on the ability to self-toilet, as well as well as more typical outpatient diagnoses, such as frozen shoulder and its influence on dressing. In this class, musculoskeletal cases are presented which each includes a specific outcome tool, along with a detailed examination of the psychometrics of that outcome tool. In PT 510 and PT 610 Neuromuscular II, students are exposed to several standardized tools that examine ADL and self-care abilities specifically with the neurologically involved patient. In Neuromuscular I, students complete a disability experience, during which they are assigned a disability to portray for 24 hours. During this experience, students gain an understanding of how certain physical disabilities impair the ability to be independent in ADLs and self-care tasks. This is truly an eye-opening experience for the students, as most have no idea the struggles that are involved in daily activities for people with disabilities. The Life Cycles courses (PT 420, and PT 520), and PT 608 and PT 664 also emphasize examination of ADL activities with outcome tools using case studies, electronic discussion boards, and lab activities. PT 625 addresses ADLs with the patient who has had an amputation, and educates students on the importance of teaching the patient to don and doff the prosthesis properly, along with donning and doffing devices such as shrinker socks and liners. Typically, a prosthesis wearer attends one class session and demonstrates this whole process for the students. Throughout the clinical education sequence students are involved in examining patient and supervising patient care in a variety of settings which commonly involve ADL and self-care assessment.

Actual level of achievement
All students pass practical examinations in PT416 that require examination of basic mobility skills, which are a vital component of independence in ADLs. Similarly, they pass practical exams in PT 510, PT 610, and PT664 that involve an examination of mobility skills in mock patients that knowledge of ADL outcome tools that are appropriate for the particular case. Students all complete a paper on a 24-hour disability experience for PT 510, which in part, addresses ADL deficits associated with their assigned disability. Students are evaluated on a panel discussion of a case for PT 625, which must be passed by all students. All students in PT 420 passed their child assessment project. In addition, all students in PT 520 and PT 608 passed their cases study projects, which requires them to consider the ICF model and patient-centered care in goal setting and intervention planning. Of the 2013 and 2014 graduates, 92% or more of the students completed PT 700 with at least entry-level competency in screening, examination, and evaluation items (PC # 8-10) on the final PT CPI.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
v. Sensory Integrity

Objectives
PT 510 Neuromuscular I
#8b Perform a complete initial examination of a patient with a neurological lesion, including, but not limited to: sensory function
PT 530 Rehab of Chronic Conditions
#3o Select the key elements of the physical therapy examination for a particular condition. Perform a PT examination and systems review, including (as appropriate) measures of: Sensory integrity, and protective sensation
PT 550 Musculoskeletal I
#3.4 Perform an effective and efficient upper or lower quadrant scanning examination within 20 minutes. 3.5.10 Sensation (Dermatomal & Peripheral nerves)
PT 625 Prosthetics
#2l Take a thorough history and perform a physical therapy examination of a patient who has undergone an amputation, including: sensation
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
Testing for sensory integrity is initiated in PT 415 Therapeutic Skills I during the first semester of the program, and is integrated with PT 410 Anatomy in which students learn the anatomical basis for dermatomes, and peripheral nerve innervation to the skin. During PT 415, students are taught how to examine the dermatomes as part of the introduction to the musculoskeletal scanning exam. At the beginning of the second semester in the program, PT 550 and PT 515 combine for the presentation and practice of the scanning exam, where dermatomal testing is reinforced, with additional analytic components. During these two courses, students learn how to distinguish between sensory deficits that involve a dermatomal patterns and those that indicate a peripheral nerve pattern, and how these tests can be used to help determine the patient's diagnosis. Several assignments in PT 550 (mystery cases, simulations, diagnosis sheets, lab activities) require the students to demonstrate their understanding of how sensory integrity can assist in the process of differential diagnoses. In PT 510 students perform tests of sensory integrity on mock patients who have had strokes, in cases where a regional pattern of deficit may be expected, rather than either a dermatomal or a peripheral nerve pattern. Students practice testing a variety of sensations, including light tough, sharp/dull, pain, temperature, kinesthesia and proprioception, during lab activities. The relevance of testing for skin integrity is reinforced in PT 610 (Neuromuscular II) as related to a variety of neurological conditions, such as spinal cord injury (using the ASIA scale), multiple sclerosis, balance deficits, and others. The 2nd year of the program ends with a PT 625, where students practice the use of Semmes Weinstein monofilaments for the foot, as part of the examination of a person who is at risk for an amputation. During their clinical education experiences, all students gain experience in tests of sensory integrity on a variety of patient populations. The impact of sensory integrity is reinforced during lectures in PT 530 during the units on vascular disease wound care, burns, and lymphedema. In addition, students present case studies, some of which have components of sensory compromise.

Level of Actual Student Achievement
All students who progressed to graduation have passed practical exams in PT 415, PT 510, and PT 550 that require demonstration of tests of sensory integrity. Written exams in PT 410 Anatomy, PT 550, PT 510, PT 530, and PT 625 all include items on innervation to the skin, sensation testing, and its impact on diagnosis, prognosis, and treatment. These exams must be passed by all students. In PT 550, the mystery cases that are presented by the students typically include sensation testing as one of their components. These presentations are

successfully completed by all students. Of the 2014 graduates, 97% indicated on their Minimum Skills Self-Assessment that they are competent in the performance tests of sensory integrity.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
w. Ventilation and Respiration/Gas Exchange

Objectives
PT 560 Cardiorespiratory
#6 Students will conduct a cardiopulmonary assessment that includes an interview, physical examination, and interpretation of pertinent information from the medical record
PT 610 Neuromuscular 2
#9.o Consider the individual characteristics of the patient and his or her medical neurological diagnosis, and select the most relevant components of an initial examination. Competently perform an initial examination for a patient with a neurological lesion, including but not limited to: Pulmonary function.
PT 664 Geriatrics
#14 Perform standardized outcome/screening measurements for muscle performance, aerobic capacity, postural control, posture/flexibility, attention/arousal/cognition, and gait and accurately interpret the results. #19 Perform disease specific evaluation and treatment techniques for the following diagnoses: a. Dementia, b. Frailty/Sarcopenia, c. Osteoporosis, d. Fall Risk/Fall Prevention, e. Diabetes, f. Chronic Cardiopulmonary Impairments.
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions.

Learning Experiences
The importance of measuring basic vital signs is emphasized throughout the curriculum during all clinical courses. Thus, respiratory rate as a basic measure of ventilation/respiration is taught and practiced in lab in the first year, during PT 416 (Therapeutic Skills II). Examination of ventilation, respiration, and gas exchange is taught primarily through lecture in PT 560. In addition, students spend an afternoon observing pulmonary function testing of actual patients at one of the local hospitals. Methods of quickly examining respiration in a typical clinic without access to pulmonary function testing are taught in PT 610, such as use of hand-held spirometers, ability to produce an effective cough, observation and measurement of chest expansion/epigastric rise in a variety of positions, and ability to sustain vowel sounds. Students gain familiarity with tests of endurance such as the 6 Minute Walk Test in PT 560, and utilize these measures with appropriate populations in other clinical courses such as PT 610, PT 664. The importance of the examination of respiration and its implications for special populations, such as neurological (PT 610), geriatric (PT 664), cardiopulmonary (PT 560) is emphasized in lecture and with use of case studies. During clinical educational experiences, a small percentage of students participate in clinical experiences that are strongly focused on cardiopulmonary care but all students participate in the care of patients with cardiopulmonary dysfunction during the clinical education course sequence.

Level of Actual Student Achievement
All students pass a practical exam in PT 416 in which they may be required to examine vital signs, including respiratory rate. Students are tested on their knowledge of respiratory function in PT 560 through the use of written exams and quizzes; all students must pass this course. Students demonstrate didactic knowledge of respiratory assessment in neurological and geriatric populations by written exams and quizzes, and by participating in case study discussions. Using data from the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form, 91% of the 2014 graduating class self-report occasionally or often working with cardiopulmonary clients. Of that same class, 97% of the students self-report on the Minimum Skills Form that that they are competent in the performance of pulmonary system screening and cardiopulmonary systems review, with 100% reporting competence in the performance of cardiopulmonary tests and measures.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
x. Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)

Objectives
PT 420 Life Cycles I
#4 Conduct a motor development assessment, interpret and summarize the results, and identify the challenges of child assessment.
PT 520 Life Cycles II #7f Identify and select proper assessment tools in pediatrics.
PT 608 PT Management of Children with Neurologic Dysfunction
#2.2 Select appropriate assessments and procedures to evaluate the following in children that are both age- and population-specific: Motor skills (including gait, posture, gross vs. fine motor, etc.), Participation and social functioning, School performance and needs
PT 610 Neuromuscular II
#9y Consider the individual characteristics of the patient and his or her medical neurological diagnosis, and select the most relevant components of an initial examination. Competently perform an initial examination for a patient with a neurological lesion, including but not limited to: Community reintegration
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
The ICF (International Classification of Functioning, Disability, and Health) model is used across our curriculum as a framework for assessing patients through all clinical courses. With this model, patient examinations should address a patient's "participation", which includes work, play, and leisure activities. This begins as students initially learn to interview patients and to write goals, in PT 431 (Psychosocial Aspects of Physical Therapy), and is accomplished by mock interviews and documentation assignments. In this course, students practice writing goals that address the "activity" and "participation" domains, rather impairment-level goals. As students progress through the curriculum, they are consistently taught that as part of their patient assessment, they must consider the patient's own goals for leisure and work, as well as his or her roles in the household and society. In all clinical courses, students become familiar with outcome tools, and are taught to distinguish tools that assess the "participation" domain in the ICF model. Specifically, during the three courses in which pediatric examination is addressed (PT 420, PT 520, and PT 608), students develop multiple case presentations for which the expectation is that assessment, goals and interventions are directed toward the activity or participation levels, which may include play, school, and ADLs, as examples. Reintegration into the community for the adult is addressed in PT 510, PT 610, and PT 664, using standardized outcome tools as well as fundamental physical therapy examinations results to evaluate whether the patient is safe, and has the cognitive and physical abilities to resume prior activities. In PT 510, students participate in a 24-hour mock disability assignment, in which they are encouraged to experience several community venues, and then to reflect on their experience in a written paper. This experience increases their awareness of some of the barriers to reintegration into the community, which are also explored during class discussion. They also complete a documentation assignment in PT 610 that involves watching a video, and then making recommendations for equipment as related to re-integration into the community. Musculoskeletal III includes lecture components regarding work hardening programs, including concepts of ergonomics and back school, that will prepare patients for return to work. During the four clinical education experiences students participate in interviewing and assessing patients to determine how their conditions may affect their ability to return to their jobs and other roles they would like to resume. The importance of reintegration into the community for the geriatric population is addressed in PT 664 with outcome tools, lab activities, and use of an electronic discussion board.

Level of Actual Achievements
One-hundred percent of students passed their assessment project in PT 420. Every student also passed their case study assignments in PT 520 and PT 608, which emphasize interventions aimed at the ICF levels of activity and participation. 100% of students in PT 431 demonstrate the ability to develop a well-written functional objective as demonstrated through multiple documentation assignments. Students must pass written assignments in PT 510 and PT 610 that demonstrate attentiveness to patients' roles in life at home and in the

community. These courses, along with Musculoskeletal III include written exams that cover this content. All graduating students pass four clinical educational experiences, which with varying emphasis on evaluating readiness for community re-entry.

Patient/Client Management Expectation: Evaluation

CC-5.31.
Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

Objectives
PT 420 Life Cycle I
#4 Conduct a motor development assessment, interpret and summarize the results, and identify the challenges of child assessment
PT 510 Neuromuscular I
#10 Evaluate and interpret the results of the assessment as related to neuroanatomy, diagnosis, prognosis, and intervention
PT 530 Rehab of Chronic Conditions
#4 Determine a PT diagnosis, realistic long-term prognosis, and develop relevant goals and functional outcomes based on the examination
PT 552 Musculoskeletal II
#2 Demonstrate the ability to perform spinal and pelvic girdle evaluation techniques in a professional manner during simulated evaluations by: 2.9 Integrating the evaluation information to develop a diagnosis, prognosis, short and long term goals
PT 554 Musculoskeletal III
#2 Describe and perform spinal, pelvic girdle, rib examination, and TMJ procedures in a professional manner by: Performing evaluation techniques to allow formation of a differential diagnosis of a spinal versus peripheral musculoskeletal problem and correctly interpret the results
PT 560 Cardiorespiratory I
#7 Students will determine whether physical therapy treatment is warranted, based on assessment findings and available clinical data and whether referral to another health care provider is appropriate
PT 610 Neuromuscular II
#10 Analyze the results of the examination to inform the development of a physical therapy diagnosis, prognosis, and intervention plan
PT 625 Prosthetics
#2 Take a thorough history and perform a physical therapy examination of a patient who has undergone an amputation. Analyze the results of the examination as they relate to your patient's prognosis, diagnosis, plan, etc
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
The evaluation of examination findings has a strong presence across the curriculum and therefore is a curriculum theme. Students begin to evaluate the clinical relevance of results from selected tests and measures in PT 415 Therapeutic Skills I as they interpret results of manual muscle tests and range of motion measurements during the practice of case studies. PT 550 is the first course where students practice interpreting all examination findings in the evaluation of patients with common peripheral musculoskeletal diagnoses through the process of simulated patient examinations, mystery patient cases, and actual guest patient examinations. Students practice the evaluation of pediatric examination findings in the area of motor development through child assessment projects in PT 420. Through lecture and case studies, students learn to evaluate findings for patients with chronic conditions such as lymphedema, non-healing wounds, cancer, arthritis and others in PT 530, and amputations in PT 625. Students learn to evaluate the results of a spinal exam in PT 552 and 554 through lab practice and simulated patient cases. Likewise the evaluation of examination findings for patients with neuromuscular conditions is practiced in both PT 510 and 610 where lab practice activities and on-line discussions are utilized. In PT 560, students learn cardiopulmonary assessment and interpretation of those results through lecture, on-site observation at a local hospital, and lab practice. Students apply and practice all of these evaluative skills on the diverse array of patient populations seen in supervised patient care during clinical education experiences (PT 400-700).

Level of Actual Student Achievement
One hundred percent of students who progressed to graduation passed the practical exams for PT 550, PT 552, PT 554, PT 510, and PT 610. Following PT 700, 100% of students indicated on the Minimum Skills Assessment Tool that they were competent in performing evaluation of patient findings. Greater than 91% of students completing PT 700 Clinical Education IV demonstrated at least entry-level competency in the evaluation item of the final CPI.

Patient/Client Management Expectation: Diagnosis

CC-5.32.
Determine a diagnosis that guides future patient/client management.

Objectives
PT 530 Rehab of Chronic Conditions
#4 Determine a PT diagnosis, realistic long-term prognosis, and develop relevant goals and functional outcomes based on the examination
PT 550 Musculoskeletal I
#3.9 Demonstrate clinical reasoning and skill competency commensurate with the advanced beginner to intermediate level (as measured by the PT CPI) in the performance of a systematic examination/evaluation of a patient with a common peripheral musculoskeletal problem. Integrate findings with best evidence to conclude differential diagnosis , and prognosis, 3.9.1 Differentiate between spinal and peripheral causes of orthopedic conditions., 3.9.2 Differentiate a physical therapy diagnosis as per the "Guide to PT Practice" for a patient in a simulated case, and select an appropriate ICD-9 code for that case
PT 554 Musculoskeletal III
#2 Describe and perform spinal, pelvic girdle, rib examination, and TMJ procedures in a professional manner by: performing evaluation techniques to allow formation of a differential diagnosis of a spinal versus peripheral musculoskeletal problem and correctly interpreting a functional physical therapy diagnosis and prognosis
PT 610 Neuromuscular II
#10 Analyze the results of the examination to inform the development of a physical therapy diagnosis, prognosis, and intervention plan
PT 620 Primary Healthcare
#8 Based on the signs and symptoms presented in a patient case, develop a differential diagnosis and identify tests and measures that would help determine the most likely diagnosis

Learning Experiences
Students first gain practice with evaluating exam findings to conclude a diagnosis that informs the patient management process in PT 550 through simulated patient cases, mystery cases, diagnosis sheet assignments, and guest patients during lab sessions. Differential diagnosis for peripheral musculoskeletal conditions is introduced in this class through lecture and applied in lab practice. Similar learning experiences are utilized in PT 552 and PT 554 as students interpret findings to conclude diagnoses for patients with spinal musculoskeletal problems. These three musculoskeletal courses emphasize differential diagnosis of peripheral versus spinal diagnoses for patients with musculoskeletal conditions. Students apply skills learned in neurologically-themed courses , PT 510 and 610, to arrive at a physical therapy diagnosis for patient populations with neurological conditions through the use of patient videos, simulated patient cases, class discussion, and occasionally guest patients. Determining a physical therapy diagnosis for chronic conditions is practiced through the use of case studies and class discussion in PT 530. In a capstone course utilizing a problem based learning format, students in PT 620 integrate medical findings with PT examination findings in the performance of differential diagnosis of complex patients through small group case research and discussions. Students apply their skills in practice through differential diagnosis under the supervision of clinical instructors through their range of clinical education experience.

Level of Actual Student Achievement
One hundred percent of students who progressed to graduation passed the practical exams for PT 550, PT 552, PT 554, PT 510, and PT 610 in which the patient's diagnosis was a necessary criterion for earning a passing level. Following PT 700, at least 94% of students graduating since the inception of the DPT indicated on the Minimum Skills Assessment Tool that they were competent in determining diagnosis and prognosis. In PT 700 all students met the clinical education objectives and passed the course. Of graduating classes 2011-2014, on average, 93% of students completing PT 700 Clinical Education IV demonstrated at least entry-level competency in the diagnosis/prognosis item (PC # 11) of the final CPI.

Patient/Client Management Expectation: Prognosis

CC-5.33.

Determine patient/client prognoses.

Objectives
PT 510 Neuromuscular I
#11 Use a hypothesis-oriented approach to guide clinical decision-making and to develop a diagnosis, prognosis and intervention strategy for a patient with a neurological lesion
PT 530 Rehab of Chronic Conditions
#4 Determine a PT diagnosis, realistic long-term prognosis, and develop relevant goals and functional outcomes based on the examination
PT 550 Musculoskeletal I #3.9 Integrate findings with best evidence to conclude differential diagnosis and prognosis
PT 610 Neuromuscular II
10 Analyze the results of the examination to inform the development of a physical therapy diagnosis, prognosis, and intervention plan
PT 620 Primary Healthcare
#9 Integrate physical, biological and psychosocial factors that contribute to the patient's clinical presentation with knowledge to develop a reasonable prognosis

Learning Experiences
Determining patient prognosis is always difficult for students until they accumulate more clinical experience. However, the first tool students have for understanding prognosis is learning to classify patients on a healing spectrum from acute to chronic. The healing model is introduced in lecture and reading assignments in PT 417 Physical Agents I, and students apply that knowledge to classification of patient cases along that healing spectrum during small group activities. Foundational information concerning tissue specific healing and response to stress and loading is imparted in PT PT 411 Kinesiology and Biomechanics and in PT 515 Therapeutic Skills I through lecture, assigned reading, and small group case discussions. In the Musculoskeletal I to III series of courses (PT 550, 552, and 554), students learn and apply prognostic indicators for common peripheral and spinal musculoskeletal conditions through lecture, case discussions, guest patient examination practice, and mystery cases. Similar activities with the addition of patient videos and documentation exercises are used in the neurological courses PT 510 and 610 to understand and apply prognostic indicators for conditions of the peripheral and central nervous system. A hypothesis-oriented approach combined with current evidence is used in most clinical courses to guide clinical decision-making. Further prognostic indicators are explored for their respective clinical populations in PT 530, PT 620, and PT 625 Prosthetics. Students gain further experience in determining prognosis during supervised clinical education experiences Clinical Education I-IV (PT 400-700), where they practice this with patient evaluations and reevaluations.

Level of Actual Student Achievement
One hundred percent of students who progressed to graduation passed the practical exams for PT 550, PT 552, PT 554, PT 510, and PT 610 in which the patient's prognosis was considered a criterion for a passing grade. Following PT 700, 100% of students graduating since the inception of the DPT indicated on the Minimum Skills Assessment Tool that they were competent in determining prognosis. In PT 700 all students met the clinical education objectives and passed the course. Of graduating classes 2011-2014, on average, 93% of students completing PT 700 demonstrated at least entry-level competency in the diagnosis/prognosis item (PC # 11) of the final CPI.

Patient/Client Management Expectation: Plan of Care

CC-5.34.
Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.

Objectives
PT 510 Neuromuscular I
#15 In collaboration with other healthcare professionals and the patient and family, formulate realistic and culturally competent long and short term goals for the patient
PT 520 Life Cycles II
#9 After attending the Inter-professional Evening of Conversation, students will: a. Demonstrate the ability to discuss specific cases with clinicians from other disciplines. b. Recognize the value of working collaboratively with other disciplines to improve treatment
PT 530 Rehab for Chronic Conditions
#7 Develop and implement a safe, individualized plan of intervention appropriate for the diagnosis and prognosis, based on the initial examination and the unique characteristics of the patient, and on collaboration with the patient and other healthcare providers
PT 608 PT Management of Children with Neurological Dysfunction
#2.7 Create a plan of care that is family-centered care and culturally competent
PT 610 Neuromuscular II
#14 In collaboration with patient, family, and other healthcare providers, develop reasonable and culturally sensitive goals that are consistent with the results of the patient examination, and the goals of the patient, and the culture and beliefs of the patient

Learning Experiences
Students begin to apply information from lecture and assigned reading to create appropriate patient-centered plans of care for patients with simple conditions of the peripheral musculoskeletal regions in PT 550 Musculoskeletal I through mystery case presentations and large group discussions. Patient case studies are used in the two subsequent Musculoskeletal courses (PT 552 and PT 554) to practice creating plans of care for patients with spinal musculoskeletal conditions. An understanding of the payer expectations is provided in PT 528 following their Clinical Education I session. Through lecture and writing assignments, students analyze their exposure to billing and insurance expectations with regard to establishing plans of care that they experienced during their clinical experience. Greater emphasis on collaborative and interprofessional aspects of plans of care occur in the neurological courses of PT 510 Neuromuscular I and PT 610 where patients with more complex peripheral and central neurological conditions are observed on video, and potential plans of care are discussed and documented by the students, while clinical reasoning in this process is modeled by the instructor. Students also learn to interact with payers in advocating for a specific prosthetic (case presentations PT 625 Prosthetics) or specific durable medical supply in PT 510 (letter of necessity assignment). Students interact with a prosthetist in PT 625 and design holistic plans of care for patients who will be using a prosthesis. Interprofessional collaboration on creation of a plan of care for a complex patient case is the focus of the interprofessional evening of conversation in which students of PT 520 LifeCycles II are required to participate and interact with students from nursing, pharmacy, counseling, and occupational therapy. PT 608 builds upon this collaborative theme with students developing and presenting pediatric cases that have embedded within them family-centered and culturally-competent care. Finally, students are encouraged to apply these skills in determining appropriate plans of care for individual patients seen under the supervision of a clinical instructor during clinical education experiences (PT 400-700).

Level of Student Achievement
One hundred percent of students who progressed to graduation passed the case presentation assignments for PT 520, PT 608, and PT 625 and documentation of plan of care assignments for PT 510 and 610. Following PT 700, 100% of students graduating since the inception of the DPT indicated on the Minimum Skills Assessment Tool that they were competent in designing a plan of care that included consultation with the patient/client and caregivers, the identification of the need for consultation with other professionals, and the referral to and coordination of care with other health professionals. However, 88 to 100 % of students graduating in those same years felt competent in carrying out the aspects of coordinating that plan of care. The graduating classes from 2011-2014 demonstrated, on average, that 93% of students achieved at least entry-level competency in the plan of care item (PC # 12) of the final CPI.

Patient/Client Management Expectation: Plan of Care

CC-5.35.
Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.

Objectives

PT 510 Neuromuscular I
#14 Utilizing clinical judgment and clinical reasoning to guide clinical decision-making, develop an intervention plan that will optimize the patient's function and meet the patient's goals
PT 530 Rehab for Chronic Conditions
#7 Develop and implement a safe, individualized plan of intervention appropriate for the diagnosis and prognosis, based on the initial examination and the unique characteristics of the patient, and on collaboration with the patient and other healthcare providers
PT 550 Musculoskelatal I
#5.1 Assess treatment options and select the best treatment plan for a patient, based on the diagnosis, patient characteristics, and published treatment outcomes
PT 554 Musculoskeletal III
#4 Design a plan of care based on clinical reasoning and synthesis of evaluative findings that is specific to the patient's needs and demonstrate proficiency in TMJ, spinal, rib, and pelvic girdle treatment techniques by: Selecting and performing the appropriate manual therapy techniques for a patient with a given TMJ, spinal, pelvic girdle or rib problem
PT 610 Neuromuscular II
#17 Formulate and administer an appropriate treatment program for a patient with a neurological condition, in cooperation with other healthcare professionals, anticipating the changing status of the patient, and considering available resources. Identify the rationale for application of treatment strategies.

Learning Experiences
Safety for both the patient and the therapist are emphasized as part of the treatment plan of care throughout the curriculum beginning with physical agent use in PT 417 Physical Agents I, and with use of massage, patient positioning and body mechanics for testing and moving patients in PT 415 Therapeutic Skills I and PT 416 Therapeutic Skills II. Students learn contraindications and precautions for various treatments and tests through lecture and lab practice in these courses. As stated earlier students begin to apply information from lecture and assigned readings to create safe and effective patient-centered plans of care for patients with simple conditions of the peripheral musculoskeletal regions in PT 550 through mystery case presentations and large group discussions. Students read and analyze current research studies in the process of creating plans of care that include safe and effective treatments for cases and case presentations in many courses: PT 550, PT 554, PT 608 PT Management of Children with Neurological Dysfunction, PT 610, PT 625 Prosthetics, Patient Care Seminar I and II (PT 650 and PT 652), and PT 620 Primary Health Care. Ultimately, students apply these skills to the creation of safe and effective treatment plans for more complex actual patients during supervised clinical practice (PT 600-700).

Level of Student Achievement
One hundred percent of students who progressed to graduation passed the case presentation assignments for PT 550, PT 608, PT 620, PT 625, PT 650, and PT 652. Following the completion of PT 700, 100% of students graduating since the inception of the DPT indicated on the Minimum Skills Assessment Tool that they were competent in designing a plan of care that included selecting and prioritizing the essential interventions that are safe and meet the specified functional goals and outcomes of the plan of care. In PT 700 all students met the clinical education objectives and passed the course. Of graduating classes 2011-2014, on average, 93% of students completing PT 700 demonstrated at least entry-level competency in the plan of care item (PC # 12)of the final CPI.

Patient/Client Management Expectation: Plan of Care

CC-5.36.
Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.

Objectives
PT 510 Neuromuscular I
#15 In collaboration with other healthcare professionals and the patient and family, formulate realistic and culturally competent long and short term goals for the patient
PT 520 Life Cycles II
#7 Following case study assignments, students will be able to: 7d. Write appropriate patient goals using terminology from the ICF model
PT 530 Rehab for Chronic Conditions
#4 Determine a PT diagnosis, realistic long-term prognosis, and develop relevant goals and functional outcomes based on the examination
PT 610 Neuromuscular II
#14 In collaboration with patient, family, and other healthcare providers, develop reasonable and culturally sensitive goals that are consistent with the results of the patient examination, and the goals of the patient, and the culture and beliefs of the patient
#17 Formulate and administer an appropriate treatment program for a patient with a neurological condition, in cooperation with other healthcare professionals, anticipating the changing status of the patient, and considering available resources

Learning Experiences
Students are provided with a great deal of practice across courses and supervised clinical education experience within our program to be able to determine realistic goals and outcomes and their timeframes. The process begins during the first semester as students are introduced to the WHO/ICF model of enablement in lecture in PT 417 Physical Agents and PT 431 Psychosocial Aspects of PT. The students begin to apply the ICF concepts in cases studies and discussions where impairments that involve body structure level and activity limitations become the framework for goals that are ultimately aimed at improving participation for the patient. Students use this framework to practice creating realistic goals for patient cases, case presentation, small group discussions, and large group discussions in higher level courses (PT 510, PT 550 Musculoskeletal I, PT 552 Musculoskeletal II, PT 610, PT 520, PT 608 PT Management of Children with Neurological Dysfunction, PT 620 Primary Health Care, and PT 625 Prosthetics). Application of these skills occurs with diverse patient populations during supervised clinical education experiences (PT 400-700).

Level of Student Achievement
Following PT 700, 100% of students graduating since the inception of the DPT indicated on the Minimum Skills Assessment Tool that they were competent in writing measurable goals that were time referenced with expected outcomes. One hundred percent of students in PT 520 and PT 608 passed their case study assignments, which has a rubric specifying expected goal writing criteria. Although goal writing does not have a separate item in the PT CPI, it is incorporated into the plan of care item. Of graduating classes 2011-2014, on average, 93% of students completing PT 700 demonstrated at least entry-level competency in the plan of care item of the final CPI.

Patient/Client Management Expectation: Plan of Care

CC-5.37.
Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.

Objectives
PT 528 Ethical, Legal, and Management Issues in Physical Therapy
#1 Practice ethical decision making that is consistent with applicable professional standards, including APTA's Code of Ethics and Guide for Professional Conduct and governing state practice acts
#2 Discuss the necessity of adhering to legal practice standards, including all federal, state, jurisdiction and institutional regulations related to patient or client care, and to fiscal management
PT 610 Neuromuscular II
#17 Provide all care with integrity, and within the legal boundaries determined by the state practice act, and according to the APTA's Code of Ethics
PT 652 Patient Care Seminar II
#10 Examine ethical dilemmas that arise in the clinic setting, and apply group problem-solving skills, as well as knowledge of legal responsibilities, to determine the most appropriate choice of action
PT 700 Clinical Education IV
#6 The student will demonstrate entry-level fiscal management skills, with consideration of ethical and legal requirements

Learning Experiences
An emphasis on ethical, legal, and professional practice begins in the fall with the introduction of the State of Maine Practice Act for Physical Therapists during lecture within two courses: PT 417 Physical Agents I and PT 431 Psychosocial Aspects of PT. This emphasis continues as a thread through all clinical courses (PT 550, 552, 554 Musculoskeletal I-III, PT 510 and

610 Neuromuscular I-II, PT 608 PT Management of Children with Neurologic Dysfunction, PT 620 Primary Health Care, PT 625 Prosthetics, PT 650 and 652 Patient Care Seminar I-II, and PT 664 Geriatrics) utilizing lecture, patient cases, small group discussion, and video observation of patients and their treatments. The Code of Ethics and other core documents of our profession are also introduced in PT 431 Psychosocial Aspects of PT through lecture, readings, and discussion. All of the learning experiences in PT 528 center on ethical, legal, and professional practice. In this course, students benefit from lecture and intense discussion with their classmates and three different instructors with different expertise. One of the instructors is a PT and a lawyer, one is a PT in private practice, and the third specializes in reimbursement issues for the Maine Chapter of the APTA and practices within a hospital system. Learning experiences in this course also include written papers and case/topic presentations. Finally, an in-depth discussion of plan of care and reflection on the components listed in this criterion is inherent to the small group discussion that occurs in a seminar within PT 650 and 652 Patient Care Seminar I-II courses where students present and discuss patient cases that were managed and experienced during supervised clinical education in PT 600 and 700 Clinical Education III-IV.

Level of Student Achievement
One hundred percent of students who progressed to graduation passed the case presentation assignments for PT 528, PT 650, and PT 652, demonstrating a component of viewing physical therapist practice and patient care through an ethical, legal, or professional lens. Following PT 700, 100% of students graduating since the inception of the DPT indicated on the Minimum Skills Assessment Tool that they were competent in designing a plan of care that included consultation with the patient/client and caregivers, the identification of the need for consultation with other professionals, and the referral to and coordination of care with other health professionals. In PT 700 all students met the clinical education objectives and passed the course. Of graduating classes 2011-2014, on average, 93% of students completing PT 700 demonstrated at least entry-level competency in the plan of care item (PC # 12) of the final CPI and 97% demonstrated at least entry-level competency in the areas of professionalism and accountability (PC #2 and 3) of the PT CPI.

Patient/Client Management Expectation: Plan of Care

CC-5.38.
Monitor and adjust the plan of care in response to patient/client status.

Objectives **PT 510 Neuromuscular I**
#19 During all patient interactions, continuously analyze the patient's responses to treatment, and other measures and modify the treatment according the patient's immediate responses, changing functional status, fluctuating mental status, etc. Provide a rationale for your decisions
PT 530 Rehab for Chronic Conditions
#9 Continuously monitor the impact of the intervention in order to modify the plans when indicated
PT 554 Musculoskeletal III
#4 Design a plan of care based on clinical reasoning and synthesis of evaluative findings that is specific to the patient's needs and demonstrate proficiency in TMJ, spinal, rib, and pelvic girdle treatment techniques by: Re-evaluating the patient and modifying the treatment plan
PT 610 Neuromuscular II
#18 Constantly re-evaluate and analyze observations of a patient during all treatment sessions, and adjust the treatment plan according to changing functional status of the patient and changes in objective measurements and standardized tools
PT 664 Geriatrics
#16 Prescribe aerobic training and resistance training appropriate for healthy older adults, and modify these prescriptions based on patient response and/or comorbidities

Learning Experiences
From the first interventions that the students learn in their fall semester in PT 415 Therapeutic Skills I and PT 417 Physical Agents I through lecture and lab practice, students are made aware of the importance of reassessing the patient response and adjusting the plan of care appropriately. Students apply this ability to more complex patient scenarios in higher level courses such as PT 510, where lab practice is even more essential to becoming observant of the patient's responses to treatment and the need to alter the plan of care. Group analysis of patient videos and guest patients in lab sessions complement this learning in PT 510 and PT 610. When learning to evaluate and treat conditions of the spine during lab practice in Musculoskeletal II and III (PT 552-554), students learn to reassess the problem following treatment interventions and to modify the plan of care based upon that reassessment. Furthermore, in PT 530, where pictures are used to show changes in wounds and lymphedema for respective patient cases, students discuss appropriate changes in the plan of care as the patient's status changes. Attention to patient response to treatment is extended to the geriatric population in PT 664 with special attention to physical response to treatment and subsequent need for modifications. Ultimately, students apply this skill with actual patients in supervised clinical education experiences where they gain more practice in this area with successive clinical education experiences (PT 400-700).

Actual Student Achievement
One hundred percent of students who progressed to graduation passed the practical examinations for PT 417, PT 418 Physical Agents II, PT 510, PT 552 Musculoskeletal II, PT 554, and PT 610 in which they were required to appropriately adjust the plan of care in response to the patient's status. Following PT 700 Clinical Education IV, 100% of students graduating since the inception of the DPT indicated on the Minimum Skills Assessment Tool that they were competent, within the plan of care category, in modifying the elements of the plan of care and goals in response to changing patient/client status, as needed. Of graduating classes 2011-2014, on average, 93% of students completing PT 700 demonstrated at least entry-level competency in the plan of care item of the final CPI, and 94% demonstrated at least entry-level in the procedural interventions item (PC # 13) including the ability to modify treatment interventions in response to the patients status.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
a. Therapeutic Exercise

Objectives
PT 510 Neuromuscular I
#17 Provide appropriate interventions or patient management techniques for the neurological patient, recognizing how they must be modified for the patient's neurological diagnosis, included but not limiting to: a. Range of motion exercises, stretching. b. Therapeutic exercise
PT 515 Therapeutic Skills III
#2 Prescribe the appropriate exercise dosage that focuses on impairments that affect functional performance such as coordination, endurance, power, strength, mobility, stability, & tissue regeneration, etc.
#14 Design and demonstrate an appropriate intervention plan based on written examination findings (subjective and objective information for a patient with an orthopedic related extremity problem. Intervention (treatment techniques) include such techniques as: c. therapeutic exercise
PT 552 Musculoskeletal II
#8 Demonstrate an understanding of how force closure, motor control & proprioceptive awareness contribute to lumbopelvic stability by: 8.1 Designing a lumbar or pelvic girdle stabilization program starting with initial exercises and progressing to advanced exercises for a given lumbar or pelvic dysfunction
PT 554 Musculoskeletal IV
#4 Design a plan of care based on clinical reasoning and synthesis of evaluative findings that is specific to the patient's needs and demonstrate proficiency in TMJ spinal, rib, and pelvic girdle treatment techniques by: Designing and teaching the patient an appropriate clinic exercise program and home exercise program based on examination findings
PT 610 Neuromuscular II
#17 Formulate and administer an appropriate treatment program for a patient with a neurological condition, in cooperation with other health-care professionals, anticipating the changing status of the patient, and considering available resources. Identify the rationale for application of treatment strategies. Treatment strategies might include, but are not limited to: e. Therapeutic exercise
PT 661 Exercise for special populations
#1 Describe the physiology of the endocrine, neuromuscular and cardiovascular systems in response to aerobic and progressive resistance training exercise
PT 664 Geriatrics
#16 Prescribe aerobic training and resistance training appropriate for healthy older adults, and modify these prescriptions based on patient response and/or comorbidities
PT 700 CIinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
Therapeutic exercise is a cornerstone of physical therapy practice and as such it forms a key component of many courses in the curriculum. Therapeutic exercise learning experiences are introduced early on in the curriculum in the sequence of therapeutic skills (PT 415, PT 416) courses with formal assessments of both cognitive knowledge and motor skill learning. Later courses build on these basic skills as such techniques are integrated into orthopedic (PT 515, PT 552, PT 554), cardiopulmonary (PT 611, PT 664) and neurologic (PT 510, PT 610I) treatment courses. For example, PT 515 requires the student to create appropriate therapeutic exercise interventions selecting the appropriate exercise dosage (number of reps, sets, resistance , frequency, etc) for exercises using joint stabilization; joint self-mobilization techniques; strength, endurance &/or coordination exercises using free weights, multiple height adjustable pulley, theraband or theratubing, exercise equipment, manual resistance, etc.; ROM exercises, and muscle tone alteration techniques. Therapeutic exercise is part of the intervention plan across the lifespan with techniques being taught from early childhood (PT 608) right through to geriatric populations (PT 664). The skills that are taught in lecture and lab experiences are then integrated in the four clinical education affiliations. A wide variety of therapeutic exercise learning experiences are incorporated throughout the curriculum including lecture, reading assignments, lab demonstrations and guided practice, small group discussion, tutorials, case studies, presentations, video analysis, clinical instruction, supervised patient care and online discussion groups.

Level of Actual Student Achievement
All students who have progressed to graduation passed exams of both cognitive knowledge and lab-based motor skills in all content areas (PT 510, PT 515, PT 552, PT 554, PT 608, PT 610, PT 661 and PT 664). In PT 700 all students met the clinical education objectives and passed the course. The rate of those students who scored at least at entry level in procedural interventions, which include therapeutic exercise, was 97% for the class of 2014.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
b. Functional Training in Self-Care and Home Management

Objectives
PT 416 Therapeutic Skills II
#6 Safely and effectively describe, perform, and modify gait training techniques with all assistive devices, on all surfaces
#7 Safely and effectively describe, perform, and modify wheelchair mobility techniques
PT 552 Musculoskeletal II
#7 Describe and demonstrate components of a back school program that optimizes ADL and AWL function
PT 610 Neuromuscular II
#17 Formulate and administer an appropriate treatment program for a patient with a neurological condition, in cooperation with other healthcare professionals, anticipating the changing status of the patient, and considering available resources. Identify the rationale for application of treatment strategies. Treatment strategies might include, but are not limited to: b. ADL training, f. Functional activities training
PT 664 Geriatrics
#17 Develop an evidence-based plan of care and appropriate goals for a geriatric client in each physical therapy setting that will improve their ability to perform their ADLs

Learning Experiences
Starting in PT 416 students learn about the barriers to mobility during lecture and lab practice sessions that address bed mobility, transfers, wheelchair mobility, and gait training. For mock patient scenarios, students practice selecting appropriate means of transfers, bed mobility, wheelchair mobility, gait training, and modification techniques specific to the patient's needs. Skill in functional training is expanded upon in PT 610 where students receive lecture, video presentation and lab practice focused on specific patient cases that include ADL training and functional activities. Individuals with neurological pathology occasionally attend lab sessions and discuss with the students how they deal with their mobility problems, ADLs and home care situation. Students in PT 552 participate in a back school session to experience what should be taught to patients with low back pain that will help optimize their ability to perform ADL and AWL. The information is presented in lecture and in lab where the focus is on teaching and correcting good standing posture, sitting posture, and good body mechanics. In PT 664, students learn through lecture, discussion, and case studies about adaptations and home modifications that will help patients perform self-care and reside in their home.
Level of Actual Student Achievement
Students who graduate from our program passed written and practical exams in PT 416, PT 610 and PT 664 that require the ability to design functional training protocols for a wide range of patient goals. In PT 700 all students met the clinical education objectives and passed the course. The rate of those students who scored at least at entry level in procedural interventions, which include functional training, was 97% for the class of 2014.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
c. Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration

Objectives
PT 608 PT Management of Children with Neurologic Dysfunction
#2.6 Create intervention plans that are consistent with the ICF framework or other frameworks /theories (e.g., dynamic systems) that emphasize personal and environmental factors to maximize activity and participation
#2.8 Select functionally relevant and developmentally appropriate intervention goals that demonstrate sensitivity to the child's/family's desires
PT 554 Musculoskeletal III
#4.8 Describe appropriate work or home functional training and environmental modifications for a specific spinal, rib, and pelvic girdle condition
PT 554 Musculoskeletal III
#9 Describe and demonstrate an understanding of ergonomic assessment, functional capacity evaluation, work hardening and work conditioning as it applies to different types of work situations
PT 664 Geriatrics
#17 Develop an evidence-based plan of care and appropriate goals for a geriatric client in each physical therapy setting which will improve their ability to participate in community and leisure type of activities

Learning Experiences
In all clinical courses in which therapeutic exercise and training is taught, the importance of making such exercises specific to the patient's functional goals is stressed. The principle of specificity of training for functional tasks is emphasized in PT 412 (Motor Control and Learning) and then reinforced throughout the curriculum with concrete examples of training for a variety of occupational environments within the lifespan. Initially such functional training is introduced in clinical courses (PT 416, PT 515) and then is focused on various diagnostic groups in orthopedics (PT 550, PT 552), neurology (PT 510, PT 610), geriatrics (PT 664), and pediatrics (PT 520, PT 608). In these courses the necessity for making training functional to the individual's goals is stressed in both lecture and lab components. In lab students are required to design their own functional training options, and discuss and demonstrate these for discussion and feedback. Such learning experiences are carried over to the four clinical affiliations where students apply their knowledge to functionally train patients under the supervision of clinical instructors.

Level of Actual Student Achievement
Upon graduation all students passed tests examining their ability to design functional training protocols for a wide range of patient goals. In PT 700 all students met the clinical education objectives and passed the course. The rate of those students who scored at least at entry level in procedural interventions, which include functional training, was 97% for the class of 2014.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
d. Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)

Objectives
PT 515 Therapeutic Skills III
#6 Appropriately select and justify when and why you would perform each type of mobilization grade - pain control vs ROM restriction (effects on elasticity, plasticity of tissue)
PT 552 Musculoskeletal II
#3 Design a plan of care for patients with spinal and pelvic girdle pathologies by: 3.2 Selecting and demonstrating appropriate manual therapy (muscle energy or McKenzie) techniques for a patient with a given spinal or pelvic girdle problem
PT 554 Musculoskeletal III
#4 Design a plan of care based on clinical reasoning and synthesis of evaluation findings that is specific to the patient's needs and demonstrate proficiency in TMJ spinal, rib, and pelvic girdle treatment techniques by: 4.2 Selecting and performing the appropriate manual therapy techniques for a patient with a given TMJ, spinal, pelvic girdle or rib problem. 4.3 Performing appropriate manual therapy techniques including thrust mobilization in an efficient manner
#8 Design and demonstrate a plan of care consistent with the Nordic/Australian approach that includes appropriate modalities, appropriate manual therapy techniques, exercise, and patient education
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
The foundation for manual therapy skills is laid in the first semester of the program when students are provided reading, lecture and labs in Therapeutic Skills I (PT 415) for teaching massage techniques: Swedish massage, myofascial massage, trigger point, and some lymphedema stripping. At the same time, students learn surface anatomy palpation in Kinesiology (PT 411) along with the arthrokinematic and osteokinematics of joint movement, information that also informs manual therapy. Therapeutic skills III lecture and lab build upon this knowledge by teaching students the manual therapy techniques for assessing and treating extremity joint mobility including thrust manipulation, which is based on the Nordic system. Case reviews and group presentations are used to help students understand how manual techniques are applied to the intervention of peripheral joints. Lectures, lab sessions, case studies, and small group discussions and presentations are also used in Musculoskeletal II and III to teach manual techniques related to the pelvic girdle, spine, ribs, and TMJ. Musculoskeletal II covers Muscle Energy and McKenzie assessment and treatment while Musculoskeletal III focuses on the Nordic approach with some Australian assessment and treatment techniques including additional soft tissue techniques. Thrust manipulation techniques to the pelvis, lumbar spine, thoracic spine and ribs are also taught in lab sessions. Developing good manual skills and good body mechanics is strongly emphasized in our program by keeping the ratio of instructor to student at not more than 1/10.

Level of Actual Student Achievement
Students who graduate from our program demonstrated competency in Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques) having completed both PT 552 and 554 courses and passed all practical exams in PT 515, PT 552, and PT 554 with a grade of 80% or higher. In PT 700 all students met the clinical education objectives and passed the course. The rate of those students who scored at least at entry level in procedural interventions, which include functional training, was 97% for the class of 2014.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
e. Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment

Objectives
PT 515 Therapeutic Skills III
#12 Be able to fabricate a temporary foot orthotic with appropriate posting and prescribe appropriate manual therapy and exercises to address the causes of excessive pronation or supination of the foot that is contributing to the patient's problem
PT 510 Neuromuscular I
#17 Provide appropriate interventions or patient management techniques for the neurological patient, recognizing how they must be modified for the patient's neurological diagnosis, included but not limiting to: k. Orthotics prescription and fitting, l. Equipment prescription and training
PT 530 Rehab of Chronic Conditions
#7. Develop and implement a safe, individualized plan of intervention appropriate for the diagnosis and prognosis, based on the initial examination and the unique characteristics of the patient, and on collaboration with the patient and other healthcare providers. This might include, but is not limited to: b. Orthotic prescription and follow-up training, f. Bandaging for lymphedema management, h. Joint protection techniques, i. Adaptive or assistive device prescription and instruction in use
PT 610 Neuromuscular II
#17 Formulate and administer an appropriate treatment program for a patient with a neurological condition, in cooperation with other healthcare professionals, anticipating the changing status of the patient, and considering available resources. Identify the rationale for application of treatment strategies which might include, but are not limited to: g. Prescription and use of appropriate orthotics, assistive devices, durable medical equipment, and seating devices
PT 625 Prosthetics
#8 Recommend appropriate LE prosthetic components for a particular patient, taking into account physical as well as social and psychological and other factors, as well as functional levels (as per Medicare) explaining the rationale for the recommendation

Learning Experiences
Students learn how to prescribe, apply and fabricate devices and equipment in a number of courses in the curriculum. Initially in PT 416 students learn to prescribe and adjust wheelchairs, canes and crutches with hands-on use of a wide variety of such equipment. In PT 510, PT 610 and PT 530 prescription of seating equipment, orthoses, and other assistive devices for individuals with neurological involvement is addressed using lecture, hands-on labs, case-based study presentations and discussion. In many cases, videos of patients are presented for discussion, analysis, and equipment considerations. Similarly in PT 515 students are taught to analyze foot positional dysfunctions leading to alterations to the lower limb kinetic chain and then to construct appropriate in-shoe orthotics. In PT 530 Rehabilitation for Chronic Conditions, as part of the integumentary unit, students have the opportunity to fabricate a total contact cast for a foot wound. Equipment assessment, prescription and adaptation knowledge is reinforced by the supervised patient management process used in four clinical affiliations (PT 400-700).

Level of Actual Student Achievement
Student proficiency in the prescription, application and measuring the usefulness of assistive devices and equipment is assessed through a variety of tools including written quizzes, exams and take-home assignments. While all students experience limited equipment fabrication for temporary foot orthoses and a total contact cast for a foot wound as part of mandated lab activities, these fabrications are not graded. Students' application of knowledge regarding assistive devices and equipment is also assessed in the four clinical affiliations (PT 400-700) completed by every student. All students enrolled in PT 700 met the clinical education objectives and passed the course with 97% of the class of 2013 and 2014 students scoring at least at entry level in procedural interventions, which includes the use of devices and equipment. On a self-reported Minimal Skills Checklist, 99% of all graduating DPT students reported competence in performing tests and measures for prescribing assistive and adaptive devices, while 92% reported competence in prescribing, applying, and,if needed, fabricating adaptive devices.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
f. Airway Clearance Techniques

Objectives

PT 560 Cardiopulmonary Physical Therapy
#10 Students will describe and compare airway clearance techniques
#11 Students will determine if airway clearance techniques are appropriate for a patient
PT 610 Neuromuscular II
#17 Formulate and administer an appropriate treatment program for a patient with a neurological condition, in cooperation with other healthcare professionals, anticipating the changing status of the patient, and considering available resources. Identify the rationale for application of treatment strategies. Treatment strategies might include, but are not limited to: a. Airway clearance techniques
PT 600 Clinical Education III
#2 The student will demonstrate advanced intermediate level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with orthopedic, neurological, and cardiopulmonary dysfunction, as well as patients with multiple system involvement and patients with medical instability
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
In being required to remain current in their CPR for Healthcare Providers certification, all DPT students are aware of the survival necessity of airway clearance. In PT 560 students learn the techniques for airway clearance through lecture and lab experience. In PT 608, students also learn the importance of airway clearance during a guest lecture on dysphagia. PT 610 addresses airway clearance for some very specific patient populations, including people with spinal cord injury, and those with amyotrophic lateral sclerosis. During the clinical education sequence (PT 400 - 700), students treating patients with complex medical conditions have the opportunity to monitor, and very occasionally perform, airway clearance. Airway clearance experiences are shared through the PT 400-700 online discussion boards so that those who do not have the opportunity to experience the techniques on a patient are aware of the risks and successes.

Level of Actual Student Achievement
Airway clearance skills are graded as part of simulated patient cases in PT 560 practical exams; all graduating students pass these practical exams and course. While PT 608 and 610 discuss airway clearance, knowledge of airway clearance in these two courses is not graded. Students' self-reported competencies on the Minimal Skills Checklist reveals that for classes 2010 to 2014, 87 to 93% of students feel competent in maintaining airway clearance using breathing strategies, but 29 to 41% feel comfortable using manual and/or mechanical airway clearance techniques. The PT faculty feel that these low competency ratings for manual and mechanical airway clearance skills reflect students' limited clinical acute care/inpatient experiences, a limitation that is reflected by similarly low numbers of PTs employed in acute care, inpatient settings.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
g. Integumentary Repair and Protection Techniques

Objectives
PT 530 Rehab of Chronic Conditions
#7 Develop and implement a safe, individualized plan of intervention appropriate for the diagnosis and prognosis, based on the initial examination and the unique characteristics of the patient, and on collaboration with the patient and other health-care providers. This might include, but is not limited to: d. Wound care (debridement, physical modalities, dressings, positioning devices, equipment to reduce pressure)
PT 610 Neuromuscular II
#17 Formulate and administer an appropriate treatment program for a patient with a neurological condition, in cooperation with other health-care professionals, anticipating the changing status of the patient, and considering available resources. Identify the rationale for application of treatment strategies. Treatment strategies might include, but are not limited to: l. Integumentary protection techniques
PT 625 Prosthetics
#14 Provide the patient and family with education regarding prevention of complications related to the contralateral limb
#15 Provide appropriate skin care for the involved limb as well as for the contralateral limb
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
The assessment and treatment of integumentary conditions is primarily discussed in three courses, PT 530, PT 610 and PT 625. Skin lesions due to burns and blood flow deficits are presented in PT 530 in lectures, case presentations and lab-based activities. Students learn to assess the size and type of wound, examine various dressings and practice manufacturing total-contact casts. In PT 610 and PT 625 skin lesions associated with neurological disorders and amputations are addressed with lectures, video-based case studies and practical labs such as the proper technique to don and doff prosthetic components.

Level of Actual Student Achievement
The ability of students to assess and treat wounds and other skin conditions is assessed through a number of mechanisms including written quizzes, exams, case presentations and examination of practical skills. All students graduating have passed each of these assessment tools. Students' abilities to assess and treat integumentary lesions are also assessed in the four clinical affiliations (PT 400-700) completed by every student. In PT 700 all students met the clinical education objectives and passed the course. In the class of 2013 and of 2014, 97% of the students scored at least at entry level in procedural interventions, and self-report that 100% feel competent in performing integumentary integrity tests and measures. Yet, on the Minimal Skills Checklist, class of 2014 students self-report competency in debridement at the 35% rate, wound dressings at 59%, and topical agents prescription and application at 59%. In reviewing these results, the PT faculty feel confident that students are adequately introduced to integumentary repair and protections content but remain uncomfortable with their actual clinical skills because so few have direct patient experiences in wound care.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
h. Electrotherapeutic Modalities

Objectives
PT 418 Physical Agents II
#4.0 Integrate knowledge gained in this course to design and apply safe and effective electrical stimulation treatments to address specific patient impairments and functional limitations during a practical examination by performing the following: #4.1 Choose appropriate electrical stimulation modalities theorized to affect specific patient impairments and outcomes: pain relief, muscle recruitment (re-education, muscle strengthening, muscle spasm reduction, increased range of motion, edema reduction, improved wound healing, improved transdermal medication delivery (iontophoresis), and spasticity reduction. #4.1.1 Select the appropriate modality based on patient signs and symptoms, the desired physiological effects, scientific evidence, and individual and cultural differences. #4.1.2 Explain decision-making elements in choosing a general mode of electrical stimulation for treatment of a specific patient problem. #4.3 Compose effective patient instruction in expected outcomes of the treatment and in the utilization of a home portable stimulation unit (HTENS) if deemed appropriate
PT 418 Physical Agents II
#5 Design and apply safe and effective treatment utilizing biofeedback for a specific patient problem through performance of the following: #5.1 Describe the basic principles of electromyography as applied to biofeedback. #5.2 Differentiate among the various uses of EMG biofeedback (inhibition and recruitment) in various patient populations. #5.3 Compare and contrast the use of biofeedback and the use of electrical stimulation in addressing similar impairments and functional limitations. #5.4 Design an appropriate biofeedback treatment for either inhibition or recruitment when given a simulated patient case
PT 530 Rehab of Chronic Conditions
#7 Develop and implement a safe, individualized plan of intervention appropriate for the diagnosis and prognosis, based on the initial examination and the unique characteristics of the

patient, and on collaboration with the patient and other healthcare providers. This might include, but is not limited to: c. Pain management (physical agents, modalities, exercise)
PT 550 Musculoskeletal I
#5 Demonstrate advanced beginner competency (as per the PT CPI) in the treatment of common orthopedic conditions working toward achieving specific patient outcomes by the following: #5.2.6 Choose appropriate physical agents for treatment of common orthopedic conditions

Learning Experiences
Electrotherapeutic modalities are all taught in the second of two modality courses, PT 418, which is devoted to appropriate and effective application of their use. In PT 418 student learning is attained through online lecture modules, lab demonstration, low stake assignment/group discussion, and lab session practice. Appropriate application of electrotherapy for patient cases are discussed in small group setting follow by instructor feedback as well as specific case practice in lab. PT 550 further reinforces the learning experience on the appropriate selection and use of electrotherapy use through lecture, discussion, case presentation, case study and lab work. Appropriate selection of modalities is addressed during case study discussions on intervention plans in PT 515 Therapeutic Skills III, PT 552 Musculoskeletal II and PT 554 Musculoskeletal III. PT 530 addresses the use of electrical stimulation for chronic wounds through lecture and case discussion while PT 608 PT for Children with Neurologic Dysfunction addresses in readings and case studies the use of electrical stimulation for motor learning, especially for gait training. Students' knowledge and skills attained are reinforced during supervised clinical practice in PT the four clinical affiliations (PT 400-700).

Level of Actual Student Achievement
Student success in learning electrotherapeutic content as taught by the hybrid format of this course has been studied and verified, as reported in a 2013 Journal of Physical Therapy Education publication authored by the course instructor, Dr. Cheryl Adams. The level of student achievement is assessed through assignments, quizzes, written and practical exams; all students that have graduated have successfully passed the electrotherapeutic course. All graduating students successfully participated in class discussions and assignments concerning the use of electrotherapeutic modalities in PT 530, 515, 552, 554, and 608. In PT 700 all students met the clinical education objectives and passed the course. The rate of those students who scored at least at entry level in procedural interventions, which includes electrotherapeutic modalities, was 97% for the class of 2014. !00% of all graduating DPT students report competency in providing electrical stimulation on the Minimal Skills Checklist.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
i. Physical Agents and Mechanical Modalities

Objectives
PT 417 Physical Agents I
#5.0 Demonstrate a comprehensive understanding of the use of the selected, modalities(hot packs, fluidotherapy, paraffin, home superficial heating agents, cryotherapy, home traction and clinical mechanical traction, intermittent pneumatic, compression, laser, LEDs, SLEs, whirlpool, shortwave diathermy, ultrasound, and, ultraviolet radiation) in the physical therapy setting by being able to do the following: #5.1 Summarize the physical principles or properties involved in the, generation of these selected modalities, #5.2 Explain the biophysiological effects of the application of these modalities, to patients, #5.3 List the contraindications/indications for the application of each of these, modalities, #5.6 Analyze specific factors influencing decisions regarding various treatment, parameters for each specific modality for specific patient impairments, such, as dosage, frequency, temperature, and other modality specific parameters, #5.8 Apply these select modalities as treatment interventions in the, physical therapy setting, under the direction of a clinical instructor, utilizing, safe technique and a professional manner
PT 417 Physical Agents I
#10 Integrate knowledge and skills gained from the course to choose and perform a physical agent treatment intervention (among the following: cryotherapy, compression, ultrasound, paraffin, hot packs, and shortwave diathermy) safely and effectively with a professional manner to a simulated patient and case during a practical examination, #10.2 Choose an appropriate physical agent and parameters for a selected patient case, #10.3 Appropriately deliver the modality treatment, modifying the treatment in accordance with the patient's response, #10.4 Educate the patient appropriately on the use of home thermal treatments, #10.5 Create concise and accurate documentation of the modality treatment rendered that is 90% complete according to legal and professional standards
PT 550 Musculoskeletal I
#5 Demonstrate advanced beginner competency (as per the PT CPI) in the treatment of common orthopedic conditions working toward achieving specific patient outcomes by the following: #5.2.6 Choose appropriate physical agents for treatment of common orthopedic conditions
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
A student's primary exposure to the use of physical agents and mechanical modalities in treating patients comes in PT 417. Here students complete assigned readings, attend lectures, participate in lab sessions and small group discussions that cover all the commonly used agents and modalities. Students are required to demonstrate and practice with modalities in mock patient cases during lab sessions. Following this initial exposure and practice, various mechanical modalities and physical agents are revisited in later courses (e.g., PT 530 Rehabilitation for Chronic Conditions, where modalities for chronic wounds is addressed, and PT 550) where those options might be appropriate in treating patients with specific diagnoses. These didactic experiences are reinforced in the four clinical affiliations (PT400-700) during which time students are required to engage in supervised patient care that may incorporate mechanical modalities and physical agents.

Level of Actual Student Achievement
Student achievement in PT 417 is formally assessed through written exams, individual worksheets, lab-based check-out rubrics, writing assignments, case presentations and practical exams. In addition, the PT 417 instructor monitors student performance of physical agents and mechanical modalities while on clinical practicums to ensure for quality and accountability. In PT 700 all students met the clinical education objectives and passed the course. The rate of those students who scored at least at entry level in procedural interventions, which includes physical agents, was 97% for the class of 2014. A review of the Minimal Skills Checklist revealed that 100% of all DPT students self-report competency in cryotherapy, sound agents, and thermotherapy physical agents; competency ratings for comfortably using hydrotherapy, standing frames and tilt tables are quite low reflecting the growing disuse of this modality in today's PT clinics.

Patient/Client Management Expectation: Intervention

CC-5.40.
Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA's ability, (3) jurisdictional law, (4) practice guidelines/policiesvcodes of ethics, and (5) facility policies.

Objectives
PT 431 Psychosocial Aspects of PT
#1 The student will identify and discuss current and emerging roles of the physical therapist in relation to the historic development of physical therapy as a profession
PT 418 Physical Agents II
#4.5 Design appropriate delegation of electrical stimulation treatments to auxiliary personnel where allowed by law and provide appropriate supervision
PT 528 Ethical, Legal, and Management Issues in PT
#2 Discuss the necessity of adhering to legal practice standards, including all federal, state, jurisdiction and institutional regulations related to patient or client care, and to fiscal management
PT 510 Neuromuscular I
#1 Describe the roles of each member of the rehabilitation team, and explain the importance of interaction, communication, and collaboration (specifically including the patient and family) in determining a plan of management. Demonstrate professional behavior in all interactions with other members of the health care team
PT 700 Clinical Education IV
#5 The student will appropriately utilize and supervise physical therapist assistants, aides, and other support staff

Learning Experiences
Following the introduction to the roles of the physical therapist, physical therapist assistant, and physical therapy aide in PT 431, students review the Maine Practice Act and Regulations,

Medicare regulations, APTA HOD information and the Code of Ethics, and typical clinic practices for the delineation of responsibilities that may be assumed by and delegated to each role. Students then actively engage in analyzing an in-class capstone case summarizing actual Maine Board of Examiners complaints involving the delegation of duties to PTs and PTAs. This PT 431 capstone case introduces students to the licensing oversight function of state licensing boards. PT 528 course content, provided by an expert PT legal instructor, Dr. Ron Scott, provides additional readings, lecture, narratives, case studies and class discussion that review and re-enforce the above legal and regulatory documents. As evidenced by the above PT 418 and PT 510 examples, clinical courses include as part of some case studies a requirement that students explain and justify the duties of other healthcare team members, including the PT aide and PTA, and in consideration of state practice acts. All clinical education practicums (PT 400, 500, 600, and 700) include an expectation that students will appropriately utilize and communicate with other healthcare team members, including the appropriate supervision of delegated tasks to PT aides and PTAs.

Level of Actual Student Achievement
All students in PT 431 and 528 successfully participate in exploring the above legal documents for understanding the respective roles of PTs, PTAs, and PT aides. Continued ungraded exposure to these roles as well as the roles of the expanded healthcare team is embedded in case studies for multiple clinical courses (PT 415, 417, 416, 550, 510, 610, 608); this exposure is acted upon as all PT 528 students actively engage in the Interprofessional Evening of Conversation activity for pharmacy, counseling, nursing, occupational therapy and physical therapy students. All students met the clinical education objectives and passed PT 700, with 94% to 100% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criteria that address the legal and regulatory parameters delegating and supervising duties of the PT, PTA, and PT aide: #3 (accountability), #7 (clinical reasoning), #12 (plan of care), #14 (educational intervention), # 17 (financial resources), and #18 (direction and supervision of personnel).

Patient/Client Management Expectation: Intervention

CC-5.41.
Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

Objectives
PT 431 Psychosocial Issues in Physical Therapy
#7 The student will recognize his/her individual tendencies and preferences for communicating with others, and modify these for effective communication with others
#8 The student will demonstrate effective communication with patients, family members, and other healthcare professionals in different simulated situations
PT 625 Prosthetics
#5 Provide culturally competent education to allow for a patient to progress optimally following an amputation, whether or not the patient is a prosthetic candidate
PT 664 Geriatrics
#5 Examine how health care disparities affect access to and delivery of healthcare in older adults (including socio-economic, racial, cultural)
PT 630 PT as Educator/Consultant/Advocate
#8 Use educational theories and pedagogical principles to analyze and revise instructional strategies for an experienced case of patient and/or family non-adherence

Learning Experiences
Using readings, class discussion, lecture, case studies, reflection papers and simulated situations, students are introduced to the necessity for effective communication in an introductory course, PT 431. Students practice how to craft their instructional language in understandable terms as part of simulated case studies starting in foundational clinical courses, PT 415 Therapeutic Skills I and PT 417 Physical Agents I. While these initial efforts at explaining interventions focus on lay terminology, later clinical course simulations focus on how to adapt communication to differing aged patients and family (PT 520 Life Cycles II, 608, 550 Musculoskeletal I, 625, 664), to people from differing socio-economic and educational backgrounds and living in varied settings (PT 608, 625, 610 Neuromuscular II), to people with non-traditional sexual orientation (PT 630, 664), to people with varying levels of disability (PT 510 and 610 Neuromuscular I and II, 664, 630), and to people from differing ethnic and cultural backgrounds (PT 608, 664). In PT 630, students explore the social context for physical therapy using readings, lecture, media, reflective papers, student presentations, and class dialogue to explore the impact of cultural difference and life experiences on heath beliefs, health literacy, adult learning and cognition, identity development, relationship styles, acceptance of change, and communication. Using these explorations as frameworks for analysis, students select cases from their lived experience of patients who exemplify non-adherence to analyze how differing communication and instructional strategies may have better supported patient adherence in order to meet desired outcomes. Students practice their patient instruction skills in all supervised clinical experiences (PT 400, 500, 600, and 700).

Level of Actual Student Achievement
Practical exam rubrics for clinical courses generally include a measure for patient instruction, thereby providing a mechanism for giving students feedback on poor communication, for whatever reason. While all graduating students pass all practical exams, poor communication is not graded harshly. Instead, poor or inappropriate communication becomes a topic for further class discussion. In upper level courses, such as PT 608, 625, and 664, appropriate communication in regard to intervention and educational instruction is graded more specifically. For example, in PT 664, a practical exam of a case assessing group clinical reasoning, selection and performance of standardized outcomes tools, performance of vital signs, appropriateness of exercise intervention, and patient education assess the student's performance of professional discourse and content; all students in PT 664 passed their practical exam in which professional discourse was measured. 100% of students achieved a passing score, as measured by rubric, on the written assignment about patient non-adherence for PT 630. All students met the clinical education objectives and passed PT 700 with 94% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criterion #14 (educational interventions).

Patient/Client Management Expectation: Intervention

CC-5.42.
Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.

Objectives
PT 431 Psychosocial Issues in Physical Therapy
#9 The student will demonstrate an understanding of physical therapy documentation formats and effectively document simple case scenarios
PT 418 Physical Agents II
#4.6 Compose concise, legal, and accurate documentation of the treatment rendered with the electrophysical modality
PT 528 Ethical, Legal, and Management Issues in PT
#4 Employ essential organizational planning, personnel management, and finance and budget management concepts to the management of a PT clinic
PT 610 Neuromuscular II
#21 Document the results of patient examinations using professional language for plans, goals and treatment outcomes
PT 700 Clinical Education IV
#3 The student will demonstrate entry-level skills in documentation of the continuum of care, including a discharge plan that involves team members, other health-care agencies, community agencies and/or family members

Learning Experiences
In PT 431, proper and effective documentation is initially introduced via readings and lecture, practiced in class exercises and assignments, and graded with the documentation of a simulated patient interview with a classmate. As evidenced by PT 418 and 610, documentation assignments are then incorporated into patient case studies in clinical courses, and graded for format, language, appropriateness to the medical condition and context, and completeness. Documentation is expanded in PT 610 to include how to properly write letters of referral to other healthcare professionals and letters of medical necessity, protecting confidentiality by seeking patient consent for sharing information while at the same time supplying the necessary information for obtaining resources or reimbursement of adaptive equipment. PT 528 emphasizes the ethical obligation and legal necessity of documentation, and links this information to reimbursement regulations by requiring students to complete an online APTA course, Navigating the Regulatory Environment Ensuring Competency and participate in class discussions concerning fraud, abuse and integrity in practice. Due to the nature of clinical education experiences (PT 400-700), students regularly engage in supervised documentation in all aspects of patient management.

Level of Actual Student Achievement
All graduating students successfully passed all simulated patient documentation assignments for foundational and clinical courses and passed the PT 610 assignment correctly writing a letter a medical necessity. In 528, all students completed the APTA course, Navigating the Regulatory Environment Ensuring Competency, which instructs on how to properly document for Medicare reimbursement. All students met the clinical education objectives and passed PT 700 with 94% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criterion #15 (documentation).

Patient/Client Management Expectation: Intervention

CC-5.43.
Practice using principles of risk management.

Objectives
PT 528 Ethical, Legal and Management Issues in Physical Therapy
#3 Apply physical therapy malpractice concepts to effective clinical personal and practice risk management
#4 Employ essential organizational planning, personnel management, and finance and budget management concepts to the management of a PT clinic
PT 618 Health & Wellness
#6 Demonstrate an understanding of and the ability to perform health risk assessments to address health and wellness, particularly as they pertain to physical fitness
PT 661 Exercise for Special Populations
#8 Describe the potential benefits and risks of exercise on the health of each special population and compare the value of exercise in both absolute terms and relative to alternative treatment options that exist
PT 700 CIinical Education IV
#5 Demonstrate entry-level fiscal management skills, with consideration of ethical and legal requirements

Learning Experiences
Students begin to learn about risk management in some of their first clinical courses (PT 417 and 418, Physical Agents I and II, and PT 415 and 416 Therapeutic Skills I and II) where safety is stressed both for the patient and the therapist when performing modality treatments, specific strength testing procedures, bed mobility, patient transfers, and gait training. Safe technique is emphasized through lecture, lab practice, and case review. Safe practice is emphasized on practical exam rubrics throughout the program and unsafe practice can result in a failed practical exam. Risk management is a central focus of the course PT 528, where students are exposed to issues pertaining to malpractice, practice management, personnel management, and fraud and abuse associated with billing and reimbursement. Lecture, case discussion, a reflective paper, and individual completion of the APTA online course "Negotiating the regulatory environment ensuring competency" are learning experiences utilized to impart information pertaining to risk management in PT 528. Risk management as it pertains to safe prescription of exercises for various patient populations is emphasized in specific content courses later in the curriculum. For example, the risks and benefits of exercise for the general population is a content focus of PT 618 through lab practice with health assessment techniques and reflection contained in short writing assignments. A similar risk benefits analysis is contained in PT 661 pertaining to special populations of patients with chronic illnesses with the majority of this information imparted through lecture. Students refine their knowledge and practice of risk management through modeling provided by their clinical instructors, supervised clinical practice experiences, and online discussions during the clinical education experiences, PT 400-700.

Level of Actual Student Achievement
100% of students graduating in 2014 indicated on their Minimum Skills Self-Assessment that they are competent in identifying patient/client health risks during the patient examination, while 97% reported competency in following institutional/setting procedures regarding risk management. All students met the clinical education objectives and passed PT 700 with 97% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criteria #1 (safety), #3 (accountability), and # 17 (financial resources).

Patient/Client Management Expectation: Intervention

CC-5.44.
Respond effectively to patient/client and environmental emergencies in one's practice setting.

Objectives
PT 560 Cardiorespiratory
#9 Students will apply treatment techniques safely and effectively.
PT 610 Neuromuscular II
#22 Respond appropriately to selected emergency situations that arise in the clinic.
PT 661 Exercise for Special Populations
#4 Describe the benefits and risks associated with exercise for the general population.
#8 Describe the potential benefits and risks of exercise on the health of each special population and compare the value of exercise in both absolute terms and relative to alternative treatment options that exist.
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions.

Learning Experiences
Safety in physical therapy practice is emphasized within all courses in the curriculum. Prior to beginning professional phase coursework, students are introduced to safety through completion of CPR certification and background check requirements. Within the first week of classes students complete basic safety and emergency situation management through bloodborne pathogen training in PT 431 and safety procedure training in the gross anatomy lab. OSHA training, which includes fire safety and other emergency situations, is completed annually. In the first semester of coursework students are introduced to safety as an aspect of professional duty and as an overarching aspect of caregiving in PT 431 Psychosocial Issues, along with the various agencies and regulations surrounding safety, through the use of lecture, discussion, and case studies. Many courses include lab case study scenarios where the patient is prompted to react in an unanticipated manner, hence challenging the student's safety responses. Safe performance of clinical skills is ensured via practical rubrics denoting that lack of attention to safety is a cause for automatic failure of the exam. In PT 560, 610, and 661, students learn about life threatening conditions that require immediate response from the physical therapist through lectures and readings. Students are exposed to clinical management of patient and environmental emergencies in each of the clinical education courses through on-site training programs and clinical instruction.

Level of Actual Student Achievement
100% of graduating students have passed all practical exams, some with retakes or remediation plans, in all clinic courses with proper attention to safety and have earned passing grades for the course; hence, 100% of all graduating students in PT 560, 610, and 661 achieved a passing grade for the course. In the history of the DPT program, only one student (Class of 2013) failed, on the basis of safety, a retake on a final practical exam in an upper level clinical course, PT 610; she was dismissed from the program due to this unsafe performance as well as to a pattern of poor performance in other courses. All students met the clinical education objectives and passed PT 700, with 98% of the 2013 & 2014 graduates meeting or exceeding entry-level scores on CPI criterion #1 (safety). 100% of students graduating between 2012-2014 self-reported competence in the ability to "ensure patient safety and safe application of patient/client care" using the Minimum Skills Self-Assessment Checklist. Not surprisingly, students self-report far lower levels of competence in the ability to perform first aid, emergency procedures, or CPR. For instance, the class of 2014 self-reported the following levels of competence; first aid (24%), emergency procedures (26%), CPR (9%). We attribute this to a focus on safety that leads to minimal opportunities for hands-on practice of these skills in clinical settings.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.45.
Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

Objectives
PT 550 Musculoskeletal I
#2.2 Explain the meaning of psychometric properties related to the choice of special tests and their application for differential diagnosis
#2.3 Describe psychometric properties related to the use of functional outcome tools and interpretation in terms of usefulness
PT 610 Neuromuscular II

#11 Select and utilize disease-specific outcome measures with appropriate patient populations. Analyze and interpret the results as they relate to current condition, prognosis, and diagnosis, and use the data to modify treatment plan
PT 608 PT Management of Children with Neurologic Dysfunction
#2.2 Select appropriate assessments and procedures to evaluate the following in children that are both age- and population-specific: Muscle strength, ROM, Anthropometrics, Self-care skills, ADL's, Need for orthotics or assistive devices, Motor skills (including gait, posture, gross vs. fine motor, etc.), Sensory deficits, Cognition, Emotional/behavioral profiles, Participation and social functioning, School performance and needs, Fitness, and Health (perceived health, body composition, etc.)
PT 528 Ethical, Legal, Management Issues in PT #6 Identify the theoretical constructs that structure payment and reimbursement practices across multiple healthcare and clinical settings

Learning Experiences
With foundational information on psychometrics ensuring for test reliability and validity (PT 420 and 550), students study specific outcomes tools that screen or measure normative function or functional competencies throughout the lifespan (PT 420, 520, 550, 608, 664, and 618) as well as those that diagnose pathology or disease, describe impairment, and predict for future performance (PT 550, 552, 510, 610, 560, 661). Assignments require students to research, write summaries, and/or present on the relevance and usefulness of assessment tools for specific populations (PT 550, 608, 664). As outcomes tools are applied to case studies, students are required to justify the use of an outcomes tool for specific cases. In this way, students learn to use outcomes tools to support clinical reasoning, intervention planning, referral, and discharge. In that outcomes tools are taught as measures of functional status and change, students are required to describe and reflect upon their value and relevance to patients' functional goals and interventions (PT 550, 510, 608, 610, 664, 650 and 652) as well as to the measure of clinician and clinical effectiveness (PT 528). Following completion of an APTA online course on Medicare rules and regulations, class discussion, and a lecture on more detailed Medicare reimbursement regulations, students are required to write reflective papers summarizing their experience of the usefulness of outcomes measures to meet Medicare and third-party reimbursement regulations for functional outcomes (PT 528).

Level of Actual Student Achievement
Students enrolled in PT 550, 510, 610, 608, and 664 passed written assignments describing the psychometrics, usefulness, and relevance of specific outcomes tools; passed CRITs (quizzes) and mid-term and final written exams describing the psychometrics of standardized outcomes tools (PT 550); and correctly selected and performed aspects of outcomes tools when applied to practice cases and tested in practical exams. All students enrolled in Patient Care Seminar (PT 650 and 652) passed their case study; the rubric for case presentations includes the expectation that functional outcomes tools are correctly and effectively used, although the lack of functional outcomes tools in the case study does not necessarily prevent a student from passing their case study. All students enrolled in PT 528 received a passing grade on their written reflective paper assessing the degree to which their clinical education experiences appropriately complied with Medicare regulations.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.46.
Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.

Objectives
PT 420 Life Cycles I
#4 Conduct a motor development assessment, interpret and summarize the results, and identify the challenges of child assessment
PT 550 Musculoskeletal I
#8 Demonstrate critical inquiry and group process through the examination and synthesis of the literature regarding evaluation and treatment of a patient case with a specific Musculoskeletal diagnosis through the following: 8.2 Choose an appropriate functional outcome tool for the case and analyze its psychometric properties
PT 610 Neuromuscular II
#11 Select and utilize disease-specific outcome measures with appropriate patient populations. Analyze and interpret the results as they relate to current condition, prognosis, and diagnosis, and use the data to modify treatment plan
PT 664 Geriatrics
#14 Perform standardized outcome/screening measurements for muscle performance, aerobic capacity, postural control, posture/flexibility, attention/arousal/cognition, and gait and accurately interpret the results
#19 Perform disease specific evaluation and treatment techniques for the following diagnoses: Dementia, Frailty/Sarcopenia, Osteoporosis,Fall Risk/Fall Prevention, Diabetes, Chronic Cardiopulmonary Impairments

Learning Experiences
Concomitant with exposure to psychometrics and the introduction to specific outcomes tools (as noted in CC-5.45), students learn through reading assignments, class and online discussions, and lab activities the importance of standardized administration of assessment measures in order to ensure score validity and reliability. Student accuracy in collecting, analyzing, and applying outcomes measures data specific to particular populations and settings is practiced and assessed largely through case studies (PT 550, 510, 530, 610, 608, 664), lab activities (PT 664, PT510), and a child development assessment (PT 420). The accuracy of student performance of the assessment, and accuracy of the analysis, is measured via case studies and reviewed with peers in small group discussion, class presentations, and instructor rubrics for assignments and for practical exam performance. Advanced elective (PT 599) courses, such as Vestibular Rehabilitation, Sports Medicine and Women's Health, reinforce the use of standardized outcomes measures for particular population groups and diagnoses.

Level of Actual Student Achievement
For a child development assessment project in PT 420, all students present a self-assessment of their performance in correctly administering a standardized pediatric assessment/outcomes tool. Difficulties with the standardized administration, data collection, and score interpretation become topics for class discussion emphasizing the value of standardization. Specific diagnostic tests for musculoskeletal and neurologic conditions are assessed for correct performance using rubrics in practical exams for Therapeutic Skills I, Musculoskeletal I, and Neuromuscular I and II courses; all students are required to pass practical exams in order to pass the respective courses. Correct performance of appropriately selected, standardized outcomes tools for the geriatric population is assessed by practical exam and rubric in PT 664; 100% of all students enrolled in PT 664 pass practical exams and pass the course. While the CPI does not specifically note the use of standardized outcomes tools, all students enrolled in PT 700 meet clinical education objectives and pass the course with 94% of the 2011-2014 graduates and 95% of 2013 and 2014 graduates meeting or exceeding entry-level scores on the CPI outcomes assessment criterion (PC # 16).

Patient/Client Management Expectation: Outcomes Assessment

CC-5.47.
Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.

Objectives
PT 420 Life Cycles I
#4 Conduct a motor development assessment, interpret and summarize the results, and identify the challenges of child assessment
PT 510 Neuromuscular I
#22 Choose and administer appropriate outcome measures or standardized tools to use with a patient post CVA or TBI. Interpret the results of this tool accordingly, and incorporate them into the goals and plan
PT 610 Neuromuscular II
#10 Analyze the results of the examination to inform the development of a physical therapy diagnosis, prognosis, and intervention plan
PT 664 Geriatrics
#14 Perform standardized outcome/screening measurements for muscle performance, aerobic capacity, postural control, posture/flexibility, attention/arousal/cognition, and gait and accurately interpret the results
PT 700 Clinical Education IV
#7 The student will participate in the collection of outcomes or clinical research data, demonstrate knowledge of the applicability of the data to clinical practice, and recommend modifications to clinical practice based on the results

Learning Experiences
For the PT 420 child assessment project, students present an overview of a selected standardized outcomes tool, their self-assessment of their performance of that tool, and an analysis

of their results. Their self-assessment includes their judgment as to the reliability of their analyzed results. In PT 510, outcome measures and their interpretation are incorporated for all aspects of mobility post stroke. In case study assignments for PT 610 and PT 664, students use their analysis of results to inform prognosis and the development of intervention plans, as well as a benchmark against which to compare patient change over time. The use of standardized outcomes tools as a measure of individual patient performance and change is emphasized in Clinical Education courses as students provide supervised evaluation, treatment, and discharge of assigned patients. The contribution of standardized outcomes tools to the practice of PT is expanded in PT 700 to include the uses of analyzed results as a research measure of clinical practice and as an obligation to comply with reimbursement regulations.

Level of Actual Student Achievement
All students successfully completed the PT 420 child development assessment project and presented on the meaningfulness and reliability of their interpretation of analyzed scores. Student success in using analyzed results to measure the outcomes and change over time of a neurologic patient or a patient exhibiting chronic (metabolic) conditions is assessed by course instructor (PT 530, 610) during in-class and online discussions; student success contributed to final passing course grades. In regard to the geriatric population, all students used analyzed results to further describe, progress, and measure the change of patients in practice cases and practical exams (PT 664) and for actual patients in Clinical Education I to IV practicums. Student participation in the use of analyzed results to measure clinical practice occurred on an individualized basis in specific clinical settings, so the level of performance varies across students. Yet, 95% of 2013 and 2014 graduates enrolled in PT 700 met or exceeded entry-level scores on the CPI outcomes assessment criterion for PT 700.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.48.
Use analysis from individual outcome measurements to modify the plan of care.

Objectives
PT 608 PT Management of Children with Neurologic Dysfunction
#2 Through specific case study assignments, students will demonstrate entry-level skills of clinical judgment and decision-making required for pediatric PT, including the ability to: 2.5. Recognize, interpret, and appraise gait abnormalities in children with disabilities
PT 610 Neuromuscular II
#18 Constantly re-evaluate and analyze observations of a patient during all treatment sessions, and adjust the treatment plan according to changing functional status of the patient and changes in objective measurements and standardized tools
#19 Based on examination results, patient history, other observations and data, determine whether additional examination measures are necessary, and whether referral to another healthcare professional is indicated.
PT 664 Geriatrics
#16 Prescribe aerobic training and resistance training appropriate for healthy older adults, and modify these prescriptions based on patient response and/or comorbidities
PT 600 Clinical Education III
2 The student will demonstrate advanced intermediate level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with orthopedic, neurological, and cardiopulmonary dysfunction, as well as patients with multiple system involvement and patients with medical instability.

Learning Experiences
Sequential learning experiences require students to utilize assessment data as the basis for developing and modifying intervention plans. In PT 608, students learn to assess the gait abnormalities of children with cerebral palsy from lecture, description and practice of gait assessment measures and tools, and analysis of case studies using videos and completed assessment data. In PT 610, students learn about and practice functional performance assessments of the neurologic patient from lecture and from written, video and role-played case studies in lab activities. The assessment data are used to create and modify intervention plans that track the patient's functional status and change over time. PT 664 relies upon patient case studies for student practice of collecting and analyzing outcomes data in support of aerobic training and resistance training for healthy older adults. Following practice in using outcomes data to modify plans of care in these and other therapeutic courses, students engage in supervised patient-care experiences that utilize outcomes tools and analyze data to create and modify plans of care (Clinical Education I to IV practicums).

Level of Actual Student Achievement
In PT 608, 100% of the students met knowledge expectations for appropriately using gait-specific outcomes measures to modify a plan of care by passing both a gait exam and the final exam. Similarly, in PT 610, students demonstrated passing knowledge of using function-specific outcomes measures to modify a plan of care for neurologic patient cases by successfully performing lab activities and by passing a practical exam. In PT 664, all students were evaluated on their ability to utilize outcomes measures to modify plans of care as measured by graded professional online discourse, small-group case-study assignments, lab practice check-off lists, and a practical exam using a case to assess group clinical reasoning, selection and performance of standardized outcomes tools, performance of vital signs, appropriateness of exercise intervention, and patient education. 100% of students enrolled in PT 664 passed the course.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.49.
Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.

Objectives
PT 520 Life Cycles II
#7f Following case study assignments, students will be able to: Identify and select proper assessment tools in pediatrics
PT 550 Musculoskeletal I
#2.1 Explain the meaning of psychometric properties related to the choice of special tests and their application for differential diagnosis as follows: Sensitivity, Specificity, Positive Predictive Value, Negative Predictive Value, Likelihood Ratios and use of Normograms
#2.1.6 Choose appropriate special tests following patient case history and evaluative findings
#2.2 Describe psychometric properties related to the use of functional outcome tools and interpretation in terms of usefulness: Reliability, Validity, Content Validity, Construct Validity, Responsiveness
#2.2.3 Choose appropriate functional outcomes tools for patient cases

Learning Experiences
The aggregate of learning experiences supporting Outcomes Measures criteria CC-5.46 to 5.48 also supports student learning in regard to the selection of psychometrically-appropriate outcomes measures for specific patient and broader community populations. Students' introduction to standardized outcomes measures starts with lectures and reading assignments on the psychometrics needed to assure the accuracy and usefulness of tests and measures scores (PT 420, 550). Students learn the nuances of validity and reliability by conducting literature searches of studies that assess the psychometrics for specific outcomes tools as applied to the measure of particular patient populations (PT 420, 520, 550). Patient case studies, video analysis, class discussions and supervised patient care provide the learning opportunities for rating, weighing, and selecting the most appropriate test or measure for the specific population, setting, and condition (PT 520, 550, 510, 610, 608, 664, 500, 600, 700).

Level of Actual Student Achievement
In addition to the student achievements noted in CC-5.45 through 5.48, all graduating students demonstrated their knowledge of psychometrics in the written papers and presentations that summarize the literature review of specific outcomes measures' validity and reliability (PT 420, 550), and of their applicability to the measure of specific patient population attributes (PT 520, 550, 510, 610, 608, 650, 652, 664). 100% of all graduates have successfully passed the many course assignments, papers, presentations, and patient case studies that require the justification of the selection of outcomes measures.

Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.50.
Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.

Objectives
PT 510 Neuromuscular I
#37 Recognize the importance of continued exercise and wellness activities for people with disabilities, following their discharge from physical therapy. Advise patients regarding means for wellness activities following the episode of treatment
PT 610 Neuromuscular II
#28 Advocate for availability of wellness programs for all patients, particularly those with neurological deficits, and consider use of pro bono services for these goals
PT 618 Health & Wellness
#1 Understand and apply key terms, concepts and theories of health promotion and wellness
#3 Understand the impact of personal lifestyles, environmental and sociocultural influences on health and the domains of well-being
PT 630 The PT as Educator, Consultant and Advocate
#9 Design, implement, and evaluate a health promotion and education session to a community audience considering the cultural, social, learning, and health needs of the audience

Learning Experiences
Curricular content and learning experiences in support of health and wellness are informed, in part, by 1) the ICF model promoting participation and 2) four documents: ACSM guidelines for exercise and prescription, exercise physiology and nutrition recommendations produced by an APTA Board of Directors Task Force in 2013, and Healthy People 2010 and 2020. PT 510 lectures provide students with content and justification for promoting regular exercise routines and wellness for people with disabilities, specifically for those individuals recovering from cerebral vascular accidents. PT 610 extends this message and content to other populations who exhibit neurologic deficits, particularly those individuals with spinal cord injuries. Lab activities in both courses provide case-based practice of outcomes tools, exercises, and exercise adaptations. PT 664 Geriatrics similarly promotes exercise for health and wellness by applying ACSM guidelines to case studies for class discussions and lab activities that explore how to best prescribe and educate the geriatric population in consideration of residential setting, needs, and culture. The entire focus of the PT 618 course is to provide readings, lectures, small group projects, and experiential lab activities for the promotion of health and wellness for community-dwelling populations. PT 630 requires small groups of students to apply learning theory and effective teaching practices to the creation and implementation of a health education presentation that meets the health, fitness or wellness needs of an actual community audience.

Level of Actual Student Achievement
In PT 510, 610, and 664, students demonstrated their formative knowledge of health promotion and exercise prescription in class discussions, which is then measured and graded according to rubrics in practical exams; 100% of graduating students passed all practical exams. In PT 630, all students passed the lesson plan development, presentation, and written summary requirements for the community health education project. All students met PT 618 requirements to demonstrate knowledge of exercise prescription and wellness guidelines for specific populations in short writing assignments and written exams. Again, in these upper level courses, 100% of all students passed the assignment and test requirements.

Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.51.
Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.

Objectives
PT 608 PT Management of Children with Neurologic Dysfunction
#2.6 Create intervention plans that are consistent with the ICF framework or other frameworks /theories (e.g., dynamic systems) that emphasize personal and environmental factors
#3 Recognize and value the full scope of professional roles and responsibilities that correspond with being a pediatric physical therapist after completing the following tasks: 3.1 Developing a speech/presentation that illustrates the ability to advocate for health and wellness of children with or without disabilities, even if it means going against the status quo; 3.2 Developing a speech/presentation that demonstrates the ability to be a leader in the community on issues of child health and wellness; and, 3.3 Creating a presentation that could be used to instruct other health professionals on important issues related to child health and wellness
PT 618 Health & Wellness
#5 Describe the impact of health risk factors on the development and progression of heart disease, diabetes, cancer, obesity, and other "lifestyle" diseases
PT 661 Exercise for Special Populations
#8 Describe the potential benefits and risks of exercise on the health of each special population and compare the value of exercise in both absolute terms and relative to alternative treatment options that exist
PT 630 The PT as Educator, Consultant and Advocate
#9 Design, implement, and evaluate a health promotion and education session to a community audience considering the cultural, social, learning, and health needs of the audience

Learning Experiences
In addition to the health and wellness promotion activities directed towards the range of adult populations as listed in CC-5.50 learning expectations, specific health promotion activities in PT 608 address the wellness needs of children as identified by the ICF model for participation and quality of life. Readings, lectures, and case studies in PT 608 provides student practice in applying exercise and wellness concepts to pediatric populations. The course also includes an assignment to present a community-based health and wellness project proposal to a community audience (school board, YMCA, Kiwanis Club, etc.) that is role-played by classmates. In addition, class discussion and readings associated with this activity emphasize the alternative roles adopted by physical therapists when promoting health and wellness. PT 661 uses lecture to extend knowledge on the benefits and risks of exercise to special population groups, and includes information supporting education about alternative exercise and wellness options. Health risks associated with lifestyle choices, and how to educate about them, are explored in PT 618 in lecture, readings, guest presentations, and lab activities covering topics such as smoking cessation programs, healthy diet and nutrition, alternative exercise options such as Tai Chi, stress reduction, and mindfulness meditation. PT 630 community health education assignments promoting health and wellness are substantiated by evidence-based literature, requiring students to review and substantiate the effectiveness of recommendations.

Level of Actual Student Achievement
All students engage in providing information in support of health and wellness in PT 510, 610, and 630, as identified in CC-50. In PT 608, 100% of all students successfully pass the requirements for developing and presenting a student health promotion proposal and participate in class discussion concerning physical therapist roles in promoting health and wellness. In PT 661, 100% of students pass quizzes and written exams on lecture content. All students in PT 618 complete an online mindfulness meditation course in order to experience meditation and its benefits. All PT 618 students pass all of the requirements for a short writing assignment addressing the impact of personal lifestyles, environmental and sociocultural influences on health and the domains of well-being, a short writing assignment discussing health risk assessment, a paper discussing stress reduction and its benefits, and written exams. PT 618 requires that all students demonstrate their knowledge of exercise prescription and wellness guidelines for specific populations in short writing assignments and written exams. Again, in these upper level courses, 100% of all students pass the assignment and test requirements. In PT 630, all students passed the lesson plan development, presentation, and written summary requirements for the community health education project.

Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.52.
Apply principles of prevention to defined population groups.

Objectives
PT 510 Neuromuscular I
#37 Recognize the importance of continued exercise and wellness activities for people with disabilities, following their discharge from physical therapy. Advise patients regarding means for wellness activities following the episode of treatment
PT 610 Neuromuscular II
#28 Advocate for availability of wellness programs for all patients, particularly those with neurological deficits, and consider use of pro bono services for these goals **PT 608 PT Management of Children with Neurologic Dysfunction**
#3 Recognize and value the full scope of professional roles and responsibilities that correspond with being a pediatric physical therapist after completing the following tasks: 3.1 Developing a speech/presentation that illustrates the ability to advocate for health and wellness of children with or without disabilities, even if it means going against the status quo
PT 618 Health & Wellness
#5 Describe the impact of health risk factors on the development and progression of heart disease, diabetes, cancer, obesity, and other "lifestyle" diseases

PT 661 Exercise for Special Populations
#8 Describe the potential benefits and risks of exercise on the health of each special population and compare the value of exercise in both absolute terms and relative to alternative treatment options that exist

Learning Experiences
Following lectures and reading assignments providing foundational health, wellness and exercise content, case studies allow students to apply principles of, and education for, prevention to the general population spanning ages from pediatrics (PT 420, 520, 608, 661) to geriatrics (PT 618, 661, 664),with a special focus on women's health in PT 520 and 530. Case studies include education for prevention of injury in all therapeutic courses: musculoskeletal (PT 550, 552, 554), neuromuscular (PT 510, 610), and cardiorespiratory (PT 560). Prevention in regard to lifestyle risks and the maintenance of health and quality of life is the focus of case studies and written assignments addressing the general population and special population groups (PT 618, 661), including people with disabilities (PT 510).

Level of Actual Student Achievement
In PT 510, 610, 550, 552 and 554, students demonstrated their formative knowledge of health risks and prevention in class discussions and applied that foundational knowledge to cases graded according to rubrics in practical exams; 100% of graduating students passed all practical exams. In PT 608, 100% of all students successfully demonstrated their knowledge of health risks and prevention in the development and presentation of their community-based, pediatric health promotion proposal. In PT 661, 100% of students passed quizzes and written exams on lecture content addressing prevention. All PT 618 students passed all of the requirements for a short writing assignment addressing the impact of personal lifestyles, environmental and sociocultural influences on health and the domains of well-being, a short writing assignment discussing health risk assessment, a paper discussing stress reduction and its benefits, and written exams.

Practice Management Expectation: Management of Care Delivery

CC-5.53.
Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.

Objectives
PT 620 Primary Healthcare
#1 In the context of autonomous physical therapy , practice, demonstrate effective clinical reasoning , processes including the skills of (5.53), a. problem synthesis, , b. critical appraisal of available information, , c. data analysis and , d. decision-making., Utilize these skills to recommend optimal , interventions for patients in a culturally competent manner.
#6 Interpret the results screening tools to assist in, discriminating unusual signs or symptoms that might , suggest underlying pathology that requires referral.
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions.
PT 520 Life Cycles II
#7 Following case study assignments, students will be able to: h. Develop a pediatric physical therapy evaluation and plan of care consistent with family-centered principles, i. Develop a plan of care demonstrating cultural competency based on the unique cultural, and socio-economic circumstances of the individual and family

Learning Experiences
Students are first introduced to the concept of direct access in PT 431 as part of their introduction to the profession. Participation in the pro bono clinic in their first professional year allows the students to experience direct access in a clinical setting. Autonomous practice is highlighted in PT 620 through directed independent research, lectures, and class discussions, including lab practice in screening tool interpretation. The clinical education sequence (PT 400 - 700) continues the students' exploration and path to entry- level autonomous skill through supervised patient care, setting specific learning activities, and participation in the online discussion board.

Level of Actual Student Achievement
In PT 520, all students successfully completed their case study assignment, which involved a pediatric evaluation and the development of the plan of care, integrating cultural competence with primary care. All students passed systems screening expectations in PT 620 by accumulating grade points for successful case studies, tutorials, exams and quizzes; not all Class of 2010-2014 students earned passing grades on all quizzes, yet passed the knowledge requirements by earning sufficient grade points in aggregate. In PT 700 all students met the clinical education objectives and passed the course. Rates of class of 2014 students meeting entry-level expectations for the following PT 700 CPI outcomes were: 100% Communication, 100% Cultural Competence, 91% Plan of Care, 97% Clinical reasoning, 94% Documentation, and 100% Outcomes assessment.

Practice Management Expectation: Management of Care Delivery

CC-5.54.
Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.

Objectives
PT 520 Life Cycles II
#7 Following case study assignments, students will be able to: h. Develop a pediatric physical therapy evaluation and plan of care consistent with family-centered principles, i. Develop a plan of care demonstrating cultural competency based on the unique cultural and socio-economic circumstances of the individual and family
#9 After attending the Inter-professional Evening of Conversation, students will: a. Demonstrate the ability to discuss specific cases with clinicians from other disciplines, b. Recognize the value of working collaboratively with other disciplines to improve treatment
PT 700 Clinical Education IV
#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

Learning Experiences
Attendance in the campus-wide Interprofessional Evening of Conversation activity, involving students from nursing, pharmacy, counseling, occupational therapy, and physical therapy programs, provides student exposure to other disciplines in a case management scenario, and encourages the use of common language across the healthcare spectrum to promote seamless patient care; participation in this activity is a graded expectation for PT 520. In PT 520, pediatric plan of care development is discussed with emphasis on familial, cultural, and socio-economic circumstances that may impede continuous care. These experiences are solidified in the clinical education sequence (PT 400 - 700) through clinical instruction and supervised patient care, giving the students the opportunity to ensure continuous care in a variety of clinical settings.

Level of Actual Student Achievement
In PT 520, all students successfully completed their case study assignment, which involved a pediatric evaluation and the development of the plan of care, integrating cultural competence with primary care. In PT 700 all students met the clinical education objectives and passed the course. Rates of class of 2014 students meeting entry-level expectations for the following PT 700 CPI outcomes were: 100% Communication, 100% Cultural Competence, 91% Plan of Care, 97% Clinical reasoning, 94% Documentation, and 100% Outcomes assessment.

Practice Management Expectation: Management of Care Delivery

CC-5.55.
Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.

Objectives
PT 520 Life Cycles II
#7 Following case study assignments, students will be able to: h. Develop a pediatric physical therapy evaluation and plan of care consistent with family-centered principles, i. Develop a plan of care demonstrating cultural competency based on the unique cultural and socio-economic circumstances of the individual and family

#9 After attending the Inter-professional Evening of Conversation, students will: a. Demonstrate the ability to discuss specific cases with clinicians from other disciplines, b. Recognize the value of working collaboratively with other disciplines to improve treatment

PT 664 Geriatrics

#11 Support the role of the physical therapist for clients receiving palliative or hospice services

#12 Appraise different settings in which geriatric physical therapy is delivered, and compare the payment structure for each system under current Medicare rules

PT 700 Clinical Education IV

#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions.

Learning Experiences

In PT 520, pediatric plan of care development is discussed with emphasis on familial, cultural, and socio-economic circumstances that may impede continuous care. Attendance in the Interprofessional Evening of Conversation provides student exposure to other disciplines in a case management scenario, and encourages the use of common language across the healthcare spectrum to promote seamless patient care. In PT 664, tertiary care is covered in the context of the geriatric client through reading assignments, class and online discussions. The online discussion board in both PT 600 and PT 700 facilitates collaboration with peers on the successes and challenges inherent in patient care.

Level of Actual Student Achievement

In PT 520, all students successfully completed their case study assignment, which involved a pediatric evaluation and the development of the plan of care, integrating cultural competence with primary care. A critique paper on gaps in plan of care was successfully completed by all students in PT 664. In PT 700 all students met the clinical education objectives and passed the course. Rates of class of 2014 students meeting entry level expectations for the following PT 700 CPI outcomes were: 100% Communication, 100% Cultural Competence, 91% Plan of Care, 97% Clinical reasoning, 94% Documentation, and 100% Outcomes assessment.

Practice Management Expectation: Management of Care Delivery

CC-5.56.
Participate in the case management process.

Objectives

PT 520 Life Cycles II

#9 After attending the Interprofessional Evening of Conversation, students will: a. Demonstrate the ability to discuss specific cases with clinicians from other disciplines, b. Recognize the value of working collaboratively with other disciplines to improve treatment

PT 600 Clinical Education III

#5 The student will demonstrate intermediate level skills in the area of fiscal management in the current health-care environment through discussion and participation in utilization review processes, acquisition of authorization for reimbursement, and outcomes management processes

PT 700 Clinical Education IV

#2 The student will demonstrate entry-level skills in the examination, evaluation, diagnosis, prognosis/plan of care, intervention, and outcomes of patients with both simple and complex conditions

PT 700 Clinical Education IV

#3 The student will demonstrate entry-level skills in documentation of the continuum of care, including a discharge plan that involves team members, other health-care agencies, community agencies and/or family members

Learning Experiences

Attendance at the Interprofessional Evening of Conversation requires the students to engage in the exploration of the case management and intervention process with the other healthcare disciplines in the School of Health and Education. This content is then integrated into class discussions in PT 520. The case management process is solidified for the students during their clinical experiences, particularly PT 600 and 700, when the students are expected to take a leading role in examination, intervention, fiscal adaptation, and case management.

Level of Actual Student Achievement

In PT 700 all students met the clinical education objectives and passed PT 700. Rates of students meeting entry level for the following PT 700 CPI outcomes for the class of 2014 were: 97% Professional Behavior, 100% Accountability, 100% Communication, 100% Cultural Competence, 97% Professional Development, 91% Plan of Care, 94% Educational Interventions, 97% Financial Resources, 97% Clinical reasoning, and 94% Direction and supervision of personnel.

Practice Management Expectation: Practice Management

CC-5.57.
Direct and supervise human resources to meet patient's/client's goals and expected outcomes.

Objectives

PT 528 Ethical, Legal and Management Issues in Physical Therapy

#3 Apply physical therapy malpractice concepts to effective clinical personal and practice risk management

#4 Employ essential organizational planning, personnel management, and finance and budget management concepts to the management of a PT clinic

PT 608 PT Management of Children with Neurologic Dysfunction

#2.7 Through specific case study assignments, students will demonstrate entry level skills of clinical judgment and decision-making required for pediatric PT, including the ability to: Create a plan of care that is family-centered care and culturally competent

PT 700 CIinical Education IV

#5 The student will appropriately utilize and supervise physical therapist assistants, aides, and other support staff

PT 652 Patient Care Seminar II

#11 Examine the impact of physical therapist assistant and physical therapy aide use on patient care reimbursement

Learning Experiences

Students begin their exploration of PT human services direction and supervision to meet patient/client needs in PT 417 Physical Agents and PT 431 Psychosocial Aspects of PT through introduction to the ethics and use of PT aides and PTAs in the delivery of physical agents and other interventions, as well as in PT 528 through lecture, case study, and the online APTA course, Navigating the Regulatory Environment Ensuring Competency. In PT 608 students explore further the use of support personnel in the pediatric setting in case studies. In PT 608 students also explore the use of healthcare professional role release to provide care in case study assignments. In PT 600 Clinical Education III, students implement through clinical instruction, supervised patient care, and setting-specific learning activities the direction and supervision of the various human resources in the clinic setting. This experiential learning continues in PT 700 in order hone their supervisory skills. Students assess their supervision and use of aides and PTAs through case study presentation and discussion of patient care as well as review of other student cases regarding the use and reimbursement of aides and PTAs in PT 650 Patient Care Seminar I and PT 652.

Level of Actual Student Achievement

100% of the students received certificates of completion of the online APTA course for PT 528 Ethical, Legal and Management Issues in Physical Therapy. Multiple CPI items assess student ability to manage and supervise human resources: rates of students meeting entry level for the following PT 700 CPI outcomes for the class of 2014 were: 97% Professional Behavior, 100% Accountability, 100% Communication, 100% Cultural Competence, 97% Professional Development, 91% Plan of Care, 94% Educational Interventions, 94% Direction and supervision of personnel. In PT 650 and 652 all students passed written review assignments on aide and PTA use, on reimbursement management, as well as successfully participated in case discussion of care provision.

Practice Management Expectation: Practice Management

CC-5.58.
Participate in financial management of the practice.

Objectives
PT 528 Ethics/Legal/Management Issues in PT
#2 Discuss the necessity of adhering to legal practice standards, including all federal, state, jurisdiction and institutional regulations related to patient or client care, and to fiscal management
#4 Employ essential organizational planning, personnel management, and finance and budget management concepts to the management of a PT clinic
#6 Identify the theoretical constructs that structure payment and reimbursement practices across multiple healthcare and clinical settings
#7 Analyze the billing and reimbursement activities you experienced in your last clinical for consistency with the most recent Medicare regulations
PT 700 CIinical Education IV
#6 The student will demonstrate entry-level fiscal management skills, with consideration of ethical and legal requirements

Learning Experiences
Students begin their exploration of fiscal management in PT 528 through lecture, case study, and the online APTA course, Navigating the Regulatory Environment Ensuring Competency. Students further explore through lecture, discussion and case studies the fiscal implications of their clinical decisions in PT 664 Geriatrics. In PT 400 Clinical Education I, PT 500 Clinical Education II, and PT 600 Clinical Education III students implement through clinical instruction, supervised patient care, and setting-specific learning activities the fiscal management skills in the clinic setting and continue to hone their fiscal management skills in PT 700.

Level of Actual Student Achievement
100% of the students received certificates of completion of the online APTA course for PT 528 Ethical, Legal and Management Issues in Physical Therapy. Multiple CPI items assess student ability to manage and supervise human resources: rates of students meeting entry level for the following PT 700 CPI outcomes for the class of 2014 were: 97% Professional Behavior, 100% Accountability, 100% Communication, 91% Plan of Care, 94% Educational Interventions, 94% Documentation, 100% Financial Resources, 94% Direction and Supervision of Personnel.

Practice Management Expectation: Practice Management

CC-5.59.
Establish a business plan on a programmatic level within a practice.

Objectives
PT 528 Ethical, Legal and Management Issues in Physical Therapy
#4 Employ essential organizational planning, personnel management, and finance and budget management concepts to the management of a PT clinic
#5 Compare and contrast the impact of traditional and emerging trends in healthcare insurance on the business of physical therapy

Learning Experiences
During PT 528, students are introduced to physical therapy business plans through lectures and explore business development in case studies. During each clinical education experience students promote the profession by discussing the benefits of physical therapy in all interactions, including presentations to the community about physical therapy. Students also participate in all aspects of the operation of the SOARing Eagles Pro Bono Clinic.

Level of Actual Student Achievement
All students passed the PT 528 examination items related to business plans. Students actively participated in the business plan development, implementation, and evaluation for the SOARing Eagles Pro Bono Clinic.

Practice Management Expectation: Practice Management

CC-5.60.
Participate in activities related to marketing and public relations.

Objectives
PT 528 Ethical, Legal and Management Issues in Physical Therapy
#4 Employ essential organizational planning, personnel management, and finance and budget management concepts to the management of a PT clinic
#5 Compare and contrast the impact of traditional and emerging trends in healthcare insurance on the business of physical therapy
PT 700 Clinical Education IV
#6 The student will demonstrate entry-level fiscal management skills, with consideration of ethical and legal requirements
PT 664 Geriatrics
#3 Evaluate the public health impact of falls and fall related injuries in older adults
#4 Support the role of physical therapists in community fall prevention
#7 Appraise different settings in which geriatric physical therapy is delivered, and compare the payment structure for each system under current Medicare rules

Learning Experiences
Promoting PT shows up in a number of courses without being a specific course objective. The PT Summit on Global Health papers introduce the students to the topic in PT 520 Life Cycles II, 608 PT Management of Children with Neuro Dysfunction, and 618 Health & Wellness. Students continue to explore the topic through lectures and case studies in PT 528 and PT 664. Students also design, implement, and evaluate a health promotion and education project in PT 630 PT as Educator, Consultant, & Advocate. Students participate in all marketing and promotional aspects of the operation of the SOARing Eagles Pro Bono Clinic.

Level of Actual Student Achievement
All students passed the PT 528 and 664 examination items related to marketing and promotion of PT services. Pro bono clinic activities include student participation in marketing, promotion and outreach of the services available. The success of their efforts is reflected in the ongoing success in scheduling the weekly clinic hours.

Practice Management Expectation: Practice Management

CC-5.61.
Manage practice in accordance with regulatory and legal requirements.

Objectives
PT 528 Ethical, Legal and Management Issues in Physical Therapy
#2 Discuss the necessity of adhering to legal practice standards, including all federal, state, jurisdiction and institutional regulations related to patient or client care, and to fiscal management
#6 Identify the theoretical constructs that structure payment and reimbursement practices across multiple healthcare and clinical settings
#7 Analyze the billing and reimbursement activities you experienced in your last clinical for consistency with the most recent Medicare regulations
PT 652 Patient Care Seminar II
#10 Examine ethical dilemmas that arise in the clinic setting, and apply group problem-solving skills, as well as knowledge of legal responsibilities, to determine the most appropriate choice of action
PT 700 CIinical Education IV
6 The student will demonstrate entry-level fiscal management skills, with consideration of ethical and legal requirements

Learning Experiences

Although issues related to regulatory and legal requirements for managing PT practice are considered in many courses, this area is covered in depth in PT 528 through lecture, reflective papers, and case study analysis. As part of this course students take the APTA online course, Navigating the Regulatory Environment Ensuring Competency. As students progress through the program they are provided with clinically relevant examples and cases in additional courses such as PT 664, culminating in synthesis of this content in PT 600 and PT 700. In PT 600 and PT 700 students apply regulatory and legal requirements in direct patient care. While on these last two clinical experiences students develop a formal case study report that is presented in PT 650 and PT 652. This case is critically reviewed by other students and discussed in small groups, facilitated by a faculty member. Ethical dilemmas in case management are discussed in light of legal and regulatory standards.

Level of Actual Student Achievement
All students passed PT 528 by successfully completing reflective papers and taking written exams; in addition they must receive a passing score on the APTA online course, Navigating the Regulatory Environment Ensuring Competency. In PT 700 all students met the clinical education objectives and passed PT 700 with 100% of the 2014 graduates meeting or exceeding entry-level scores on CPI criterion #17 (Financial Resources). All students passed PT 650 & PT 652 by submitting a paper and presenting their own case study as well as commenting on and participating in small-group discussions of the case studies of their classmates.

Practice Management Expectation: Consultation

CC-5.62.
Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

Objectives
PT 630 The PT as Educator, Consultant and Advocate
#6 Summarize the basic tenets of several learning theories, educational principles and methodologies as they apply to education, consultation and advocacy in multiple health care and community settings
#7 Given examples of contexts and learning needs, determine how to appropriately provide education, consultation and/or advocacy with strategies to meet expected outcomes
#9 Design, implement, and evaluate a health promotion and education session to a community audience considering the cultural, social, learning, and health needs of the audience
PT 600 Clinical Education III
#3 The student will demonstrate advanced intermediate level skills in documentation of the continuum of care, including a discharge plan that involves team members, other health-care agencies, community agencies and/or family members
PT 700 Clinical Education IV
#3 The student will demonstrate entry-level skills in documentation of the continuum of care, including a discharge plan that involves team members, other health-care agencies, community agencies and/or family members

Learning Experiences
In PT 630 students gain an understanding of the role of physical therapists as consultants across a wide range of settings. This is achieved by lecture and class discussion as well as student creation, delivery and analysis of a community health education project. In PT 664 students use readings and group discussions to understand the role of PTs in falls preventions. In PT 600 and PT 700 students work with other health care agencies, community agencies and family members to ensure a continuum of care.

Level of Actual Student Achievement
In PT 630, 100% of students passed an oral and written analysis of a community health education project in which they discussed the audience' reception of the educational material and in this way experienced how varying audiences respond to and accept the information. In PT 700 all students met the clinical education objectives and passed PT 700 with 94% of the 2014 graduates meeting or exceeding entry-level scores on CPI criterion #14 (Educational Interventions).

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.63.
Challenge the status quo of practice to raise it to the most effective level of care.

Objectives
PT 600 CIinical Education III
6 The student will advocate for change on an administrative level using professional communication skills, adult learning strategies, and knowledge of current health-care management practices
PT 608 PT Management of Children with Neurologic Dysfunction
#3.1 Recognize and value the full scope of professional roles and responsibilities that correspond with being a pediatric physical therapist after completing the following tasks: 3.1 Developing a speech/presentation that illustrates the ability to advocate for health and wellness of children with or without disabilities, even if it means going against the status quo
PT 652 Patient Care Seminar II
#2 Demonstrate the ability to use reflective thinking to improve clinical practice
#10. Examine ethical dilemmas that arise in the clinic setting, and apply group problem-solving skills, as well as knowledge of legal responsibilities, to determine the most appropriate choice of action
PT 630 PT as Educator, Consultant, and Advocate
#7 Given examples of contexts and learning needs, determine how to appropriately provide education, consultation and/or advocacy with strategies to meet expected outcomes.

Learning Experiences
In PT 600 and PT 700 students receive clinical instruction and supervision during patient care, which allows for questioning about the appropriateness of care, use of resources, and patient outcomes. In addition, during the clinical experience, students are required to participate in an online discussion board with their classmates allowing them to address situations where they think best practices are not being followed. Furthermore, students select a patient they have treated, create a formal case study report justifying that patient's care decisions, and present that case for critical review by their classmates. Classmates conduct a critical review of the written case study report, and then discuss the patient management in a small group seminar, led by the student author. One purpose of the seminar is to question the PT's role in social responsibility and advocacy. In PT 608 students prepare a presentation which advocates for issues of health and wellness. They also present case studies based on principles from contemporary movement and developmental theories, many of which are not commonly utilized in pediatric PT practice to date despite substantial evidence supporting their use. In PT 630, students analyze a patient and/or family non-adherence case using theories that may help explain the non-adherence, and then explore if alternative communication strategies, including advocacy, could have prevented the non-adherence.

Level of Actual Student Achievement
In PT 600 all students met the clinical education objectives and passed PT 600. In PT 700 all students met the clinical education objectives and passed PT 700 with 96% of the 2011-2014 graduates meeting or exceeding entry-level scores on CPI criterion #2 (Professional Behavior). In PT 608 and in PT 630 all students passed their professional role and case study assignments. All students passed PT 650 & PT 652 by submitting a paper and presenting their own case study as well as commenting on and participating in small-group discussions of the case studies of their classmates.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.64.
Advocate for the health and wellness needs of society.

Objectives
PT 664 Geriatrics
#6 Support the role of physical therapists in community fall prevention
PT 630 The PT as Educator, Consultant and Advocate
#9 Design, implement, and evaluate a health promotion and education session to a community audience considering the cultural, social, learning, and health needs of the audience
PT 618 Health and Wellness

#1 Understand and apply key terms, concepts and theories of health promotion and wellness
#2 Describe how health and wellness is related to Physical Therapy practice
PT 608 PT Management of Children with Neurologic Dysfunction
#3.1 Recognize and value the full scope of professional roles and responsibilities that correspond with being a pediatric physical therapist after completing the following tasks: Developing a speech/presentation that illustrates the ability to advocate for health and wellness of children with or without disabilities, even if it means going against the status quo

Learning Experiences
In PT 608 and PT 630 students are introduced to the concepts of health and wellness and complete related assignments. In PT 630 small student groups create, implement, and evaluate a community health education project. In PT 608 students prepare a presentation which advocates for various health and wellness programs for children after reading and discussing a consensus paper from the 2nd Physical Therapy Summit on Global Health. PT 664 reading assignments covering the role of PTs in falls prevention are discussed via a discussion board assignment, and later inform the development of group case studies. Health and Wellness content is covered in depth in PT 618 emphasizing the role PTs can play in Health and Wellness promotion as well as covering theories and implementation of wellness programs. This is achieved through lecture, readings and small group projects.

Level of Actual Student Achievement
In PT 608, all students passed the professional role assignment. In PT 630, all DPT students earned 85-100% on the written and verbal assignments related to the community health education project, which accounts for about half of the final grade. In PT 664, students successfully apply community health and wellness strategies to in-class case studies. In PT 618 all students passed a written exam and successfully completed writing assignments.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.65.
Participate and show leadership in community organizations and volunteer service.

Objectives
PT 528 Ethical, Legal and Management Issues in Physical Therapy
#1 Practice ethical decision making that is consistent with applicable professional standards, including APTA's Code of Ethics and Guide for Professional Conduct and governing state practice acts
PT 630 The PT as Educator, Consultant and Advocate
#9 Design, implement, and evaluate a health promotion and education session to a community audience considering the cultural, social, learning, and health needs of the audience
#10 Explore the challenges of differing cultural values, behaviors, and healthcare beliefs on healthcare in the U.S. and to the practice of physical therapy

Learning Experiences
Students are first introduced to the professional expectation of community involvement and advocacy as part of the introduction to ethical and professional behaviors in PT 431 Psychosocial Aspects of PT. In an in-class capstone case analyzing ethical and legal concerns, students are introduced to the function of the Maine Board of Examiners, and the obligation of PTs to volunteer their service as a way to protect the welfare of citizens as well as of PTs. The professional obligation to volunteer professional service is reinforced through lecture and discussion of ethical and professional behaviors in PT 528. As a departmental philosophy all faculty encourage students to volunteer. Students participate in multiple opportunities for volunteering: the Organization of Physical Therapy Students (OPTS) at Husson University which is led by students with a faculty advisor. OPTS raises money for Alpha One, a local organization that supports independent living for individuals with disabilities through an annual Wheelchair Basketball event. OPTS also supports a local food pantry (Manna) via an annual food drive and raises funds for the American Heart Association. In other courses such as PT 520 and PT 608, faculty facilitate student volunteering with organizations such as the Muscular Dystrophy Association and Autism Awareness. In PT 630 students develop a community health education project utilizing sound educational principles. Part of the information supporting this project relates to community health and wellness, part of the background reading and lecture information relates to health disparities. This project requires the students to assess the needs of a specific group within the community and work closely with one community agency. In instances when the project relates to health disparities, the experience becomes part of the class discussion concerning the role of PT in promoting social change that addresses systemic processes that create health disparities. Lastly, and in support of addressing issues of health disparity, the Husson School of Physical Therapy has established a pro bono PT clinic that is overseen by faculty and run by students.

Level of Actual Student Achievement
In PT 630 all students earned a grade of 85-100% on the assignment implementing a community health education project, which accounts for about half of the final grade. For the 2013-14 academic year, about 66% of students who were still enrolled in the pre-professional phase by spring of 2014 had participated in OPTS during the year, and about 33% of professional phase students. Overall, 51% of DPT students across all six years participated in at least one event in OPTS for the academic year of 2013-2014. Approximately 50% of the 2015 student class participated in the Soaring Eagle pro bono physical therapy clinic in the spring of 2014.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.66.
Influence legislative and political processes.

Objectives
PT 528 Ethical, Legal and Management Issues in Physical Therapy
#2 Discuss the necessity of adhering to legal practice standards, including all federal, state, jurisdiction and institutional regulations related to patient or client care, and to fiscal management
#5 Compare and contrast the impact of traditional and emerging trends in healthcare insurance on the business of physical therapy
#6 Identify the theoretical constructs that structure payment and reimbursement practices across multiple healthcare and clinical settings
PT 630 The PT as Educator, Consultant and Advocate

#10 Explore the challenges of differing cultural values, behaviors, and healthcare beliefs on healthcare in the U.S. and to the practice of physical therapy
#11 Assess the contribution of cultural competence and social justice advocacy to the effective, and expert, practice of physical therapy

Learning Experiences
In PT 431 Psychosocial Aspects of PT, students are first introduced to the professional expectation of participating in legal and political change processes as part of the exploration of the Maine Practice Act and other legal regulations, and to the importance of active membership in the APTA and the Maine Chapter. In PT 528 the importance of understanding the significant influence that legislative and political processes have on PT practice is addressed through lecture, class discussion of the importance in participating in professional organizations, reflective papers, and case study analysis. PT 630 class discussion, readings, and lecture introduces current events, both legislative issues and political issues, in the context of how systems of privilege and oppression operate in society, in regard to policy development when based upon differing forms of justice, and in regard to health issues. Class discussion includes exploration of who is responsible for promoting change, and what is the role of PT in legislative and political change processes.

Level of Actual Student Achievement
All students in PT 431 participate in class discussion concerning legislative and regulatory processes. As an outcome to this content, some students participate in Maine Chapter meetings and/or attend, as 6th year students, a Combined Sections Meeting. Also as follow-up, PT faculty support students in acting as student liaisons to the Maine Chapter of the APTA, to listening to House of Delegates debates or reading APTA lectures (such as Mary McMillan lectures) as part of course assignments (PT 528, 608, 630), and to maintain their APTA membership, which everyone is required to purchase in the first year of the DPT program. All students in PT 528 pass all assignments and tests. All PT 630 students engage in legislative and political change in-class discussions. This activity, influencing legislative and political processes, is not directly attached to any particular graded assignment or test; instead, the topic is debated in regard to personal and professional responsibility for promoting societal change.

Program Length and Degree Conferred

CC-6.
In order to adequately address the content and learning experiences necessary for students to achieve the expectations listed above, the professional curriculum

is at least three academic years (or the equivalent) in length. Preferably, the series of courses included in the professional curriculum is awarded at least 90 semester credit hours (or the equivalent) and the clinical education component of the curriculum includes a minimum of 30 weeks of full-time clinical education experiences.

Name
DPT Curriculum Form 2014-2015.pdf

As indicated by appendix DPT Curriculum Form 2014-2015, Husson's DPT program consists of 114 credits offered over three academic years plus two winter terms and two summers. This equates to six full semesters plus two winter terms, one May term, and two summer terms, equaling 11 terms in all. The four eight week clinical experiences provide 32 weeks of full time clinical education. What is not visible from the DPT curriculum form is that the program is beginning to develop additional volunteer opportunities for clinical education experiences: volunteering in the student-run pro-bono clinic, being a camp counselor for several weeks at a Muscular Dystrophy Association summer camp, and joining other Husson and University of Southern Maine health professions students for a two-week healthcare service-learning experience in the Dominican Republic.

Program Length and Degree Conferred

CC-7.
The first professional degree for physical therapists is awarded at the post-baccalaureate level. The institution is responsible for choosing and awarding a degree that is commensurate with the amount and complexity of the course work required to achieve the practice expectations and the expected student outcomes. Based on the amount and complexity of that course work, the Doctor of Physical Therapy is the preferred degree.

Husson confers the Doctor of Physical Therapy degree once the student has successfully completed the entry-level DPT curriculum. In 2004, the Maine Department of Education awarded Husson University with doctoral degree granting status once assured that the Doctor of Physical Therapy degree curriculum required 90 graduate credits beyond a 120-credit bachelor's degree. Accordingly, all students graduating with Husson's DPT degree receive their diploma after submitting transcripts to substantiate that they previously earned a Bachelor's degree. Given that the Doctor of Physical Therapy degree is the first professional degree, the School of Physical Therapy fully expects its DPT graduates to seek PT licensure following graduation. Husson's inaugural DPT class graduated in May 2010. All but two of Husson's DPT graduates are licensed and working as a physical therapist.

Outcomes

CO-1.
Graduates of the program meet the expected student outcomes of the program, including those related to the program's unique mission.

Students will demonstrate the knowledge and skills necessary to practice PT as generalist practitioners with high ethical and legal standards.
Outcomes measures to demonstrate entry-level competency, strong communication skills, entry-level practice management skills, and adherence to ethical and legal standards focus on student course performance in the final year of the program when courses are more complex and integrative, and when an advanced elective is offered. Grades reveal that of all DPT students (n=156), only 6 earned the lowest grade of a C in the final year. All students earned B to A grades in their advanced elective. CPI scores for the final clinical experience have improved over the years reflecting strength in safety, professional behaviors, and accountability criteria, with occasional minor individual weaknesses in communication and patient management skills; NPTE scores in non-system domains support this strength. All students demonstrated strong oral skills and strong to adequate writing skills in presenting their final research findings. NPTE licensing scores reveal that of the 156 DPT graduates, 91.7% passed the first time, 98.7% passed ultimately, and two have not. NPTE content analysis reflect 1-yr post-graduation alumni survey data: alumni feel that they have relatively weaker skills in cardiopulmonary care, as discussed in CP-3. Yet, all licensed graduates who wish to be employed as PTs are successfully practicing in this, and all other, practice arenas. Employers, CIs, community clinicians, and alumni report that graduates are adaptable, have strong clinical skills with good content knowledge, capably differentiate diagnoses, and are highly professional, judgements supported by 100% of students exhibiting entry-level CPI skills at some point in their clinical experiences. In summary, graduates meet all entry-level expectations with no significant deficits, no critical incidents in the clinic, but with expected individual variability. Attainment of these outcomes meets the program's mission of graduating generalist practitioners who are skilled, knowledgeable, and ethical.

Graduates will demonstrate advanced practice skills in selected practice areas.
Graduates demonstrate beyond-entry level knowledge and skills by successfully passing at least one advanced elective course that covers content such as sports medicine, spinal manual therapy, wound care, women's health, vestibular rehabilitation, and management of a PT clinic. Approximately 30% of 2014 graduates participated in some form of additional training through concussion certification, strength and conditioning certification, CSM (6 attended), and a NICU-methadone mother simulation. Attainment of this outcome for all DPT graduates supports the program's mission of graduating generalist practitioners with advanced skills in selected practices areas.

Students and graduates will develop the skills for lifelong learning that will contribute to their professional development.
Evidence for student engagement in entry-level professional development and pursuit of lifelong learning focuses on class assignments such as creating career development plans; participating in professional meetings (100% of all graduates present research posters at a ME Chapter meeting; CSM); directing and working in the pro-bono clinic (17 of 63 in spring 2014; 27 of 72 in fall 2014); and leading and volunteering in the Organization of Physical Therapy Students (OPTS) club. CPI scores for the professional development criterion reveal that 97% of the Class of 2014 were at entry-level by the close of their last clinical experience, thereby meeting the mission of graduating responsible and self-directed learners.

Students will engage in professional activities to serve the community and the profession.
Measures to assess community service and the promotion of PT roles and responsibilities include performance on community-based course assignments as well as voluntary leadership and participation in the pro-bono clinic , OPTS club, other fund-raising and service (Autism walk; Special Olympics screening; working in MDA summer camp) events, and engagement in professional organizations (student liaison with ME Chapter). All graduates successfully complete a community-health education project, providing education and/or advocacy to agencies for health and fitness. The pro-bono clinic supports the Bangor community; 30% of on-campus DPT students participated in the clinic since its opening in spring 2014. OPTS raises funds mainly for AlphaOne, a center for independent living. In 2013-14, 51% of DPT students across all six years (66% of pre-professional and 33% of professional students) participated in at least one OPTS service event. While not all DPT students voluntarily engage in professional activities, all experience serving the community, promoting health, and enhancing the image of the profession.

Outcomes

CO-2.
Graduates of the program meet the health care needs of patients/clients and society through ethical behavior, continued competence, and advocacy for the profession.

CO-1 provides evidence to support the judgment that graduates meet the health care needs of patients, clients and society through ethical behavior and advocacy for the profession. Licensing information from alumni and the Maine licensing board reveal no reports of ethical or legal actions against alumni licenses. A faculty-maintained alumni database reveals that all licensed Husson PT graduates who wish to be employed are employed as physical therapists.

This faculty-maintained database also provides evidence that Husson DPT alumni engage in lifelong learning. At least 47% of MSPT graduates have earned a higher professional degree with 89 of 194 acquiring a tDPT, one a Doctor of Osteopathy, and one a Juris Doctor. About 10% of the total graduates are CI-certified. At least eight have earned specialty certifications while many others have or are actively pursuing certifications for, for example, strength and conditioning, women's health, lymphedema, vestibular rehab, and manual therapy skills. One DPT graduate completed an orthopedic residency, another is enrolled in a fellowship program, and another is working on his PhD. Data from a 1-year post-graduate survey substantiates that even recent graduates pursue continuing education with, for example, respondents from the Class of 2013 reporting that 75% have taken continuing education courses, 17% have or are pursuing practice certifications, and 100% participate in inservices, on-line research, and reading journal articles.

Faculty's anecdotal information on alumni and the 1-year post-graduate survey provide a less complete picture of alumni advocacy for the profession. Class of 2013 respondents to the 1-year post-graduate survey reported that 33% remain APTA members, 8% are active members in another professional organization, 33% are engaged in promoting Health and Wellness in the community, and none are involved in professional activities that serve the profession. In reviewing this survey data, the PT faculty noted that the APTA membership numbers mimic national averages, and that new novice practitioners in their first job are developmentally not focused on active professional involvement beyond quality job performance. The PT faculty also re-committed to advocating for APTA membership and involvement after graduation.

Outcomes

CO-3.
When averaged over 3 years, 80% or more of all graduates pass the licensure exam.

Name
FSBPT Passrate Data for Husson Univ DPT Classes 2010-14.pdf

The appendix named FSBPT Pass Rate for Husson DPT Classes Graduating 2010 to 2014 verifies that the Class of 2012 (n=29) had a 86.2% first time and 100% ultimate pass rates; the Class of 2013 (n=27) had a 100% first time and ultimate pass rates; and the Class of 2014 (n=35) had a 97.1% first time and 97.1% ultimate pass rates. The three year average for Classes 2012-2014 is a 94.5% first time and 98.9% ultimate pass rates.

Outcomes

CO-4.
Graduation rates and employment rates are consistent with the program mission, goals, and expected student outcomes.

Name
DPT Graduation Rates Table.pdf
Steps Taken to Improve PT Graduation Rates.pdf

Appendix DPT Graduation Rates Table shows that the overall graduation rates of the 186 students enrolled in the DPT program are 81.7% (n=152) at 3 years and 84.4% (n=157) at 4 years. This table also reveals a wide variability in graduation rates among differing classes, a variability that also existed for the MSPT program. Attrition of the Husson-prepared undergraduate entrant has been an ongoing concern; the CAPTE Graduation Rate Data form delineates the reasons for the attrition. Consistently, graduate exit surveys, one-year post-graduation surveys, and anecdotal information demonstrate that 100% of the DPT graduates who wish to be employed are employed as a PT within six months after licensure; the PT faculty know of no alumni who are licensed and unable to find employment. Graduate exit surveys and anecdotal information show that about one-third of graduates are hired into a PT position prior to graduation and taking the licensing exam, about half start employment within a month of licensing, and the remainder take time off before working but are employed within six months of becoming licensed. Anecdotal information, collected in an alumni database, reveal that 100% of Husson DPT graduates remain employed for as long as they wish to work. The 100% employment rate is expected given Husson student financial needs. The desired graduation rate outcome is to stabilize graduation rates at a level that exceeds 80%.

As R-1 notes, Husson takes pride in being an "opportunity campus," aspiring to provide professional education at the lowest possible cost. Husson students are career-oriented, come from low-to-middle income families, are often the first in their families to go to college, and have at best average academic preparation. With the commitment to support this demographic comes the challenge of preparing students for graduate-level work who may not have the academic background, aspirations, or role models for success. As noted in CP-1, this challenge is compounded by the design of an early-admit curriculum in which some students enter the DPT program without the cognitive and affective attributes necessary to persist despite good undergraduate grades. The PT program and the Institutional Research Office agree that these factors contribute to the problem of a lower-than- hoped-for graduation rate. The belief is that this problem is an outcome of the campus and DPT student demographic, which clearly reflects the mission of Husson University.

Data collected since the inception of this program verifies the persistence of variable graduation rates over the past 10 years ranging from 92% to 61% for Classes 2005 to 2014. Ongoing and repeated analyses of DPT student academic, demographic, and financial data have not determined a strongly predictive model for student academic success or failure. Consistent with all academic success studies, for DPT students, early academic success is a significant predictor for graduation. Yet the program loses too many students who demonstrate early and consistent academic success, suggesting that there are other, more subjective, factors that contribute to attrition. The Institutional Research Office currently plans to conduct student focus groups this spring to collect qualitative data exploring student perceptions of factors contributing to attrition, and to use that information to improve the admissions process as well as bolster student support services.

Multiple changes over the past 10 years, as outlined in appendix Steps Taken to Improve Graduation Rates, have helped, but not eliminated, the problem. In addition, the PT faculty have explored their philosophy concerning the meaning of student-centered learning and how that impacts the delivery of student support services. To better support students, the PT faculty decided to hire upper class peer DPT tutors to complement Husson's Learning Center tutors; re-committed to limited small-group or 1:1 instructor-student tutoring; re-committed to its progression and dismissal policies; and redesigned its remediation processes by adding a PT 698 Remediation course that targets weak performance in specific courses. The PT faculty have also re-committed, and continue to do so regularly, to the position that we would rather provide, than not, the opportunity to succeed to those students who need academic and aspirational support despite the time-consuming nature of providing such support. We also agree that once we form a consensus that the student is likely to not graduate, we dismiss sooner rather than later. We prefer to err on the side of dismissal, and advise for an alternate, more successful academic plan rather than to risk student failure and dismissal given the high debt-load that our DPT students typically carry. We understand that this position risks our graduation rate while protecting our licensing passage rate.

Appendices

Name
2014 Clinical Education Course Review.pdf
Admission & Recruitment materials_Husson.pdf
BS Kinesiology_DPT Curriculum Form 2014-2015.pdf
CAPTE DPT Curriculum Form 2014-2015.pdf
CE IV 2015_available slots.pdf
CE IV 2015_available slots_detail.pdf
Clinical Availability Form 2015.pdf
Clinical Education Agreement.pdf
Clinical Education Handbook 2014-2015_Husson.pdf
Clinical Education Site Evaluation & Education Form.pdf
Course Objectives and Assessment Measures Form.pdf
DCE & ACCE Evaluation Form.pdf
DCE & ACCE Evaluation Form.pdf
Director Evaluation Form_School of PT.pdf
Director-Administrator Annual Evaluation Form.pdf
Distance Learning Courses.pdf
DPT Curriculum Form 2014-2015.pdf

DPT Graduation Rates Table.pdf
DPT Mission, Goals & Outcomes Statement.pdf
Employee Handbook_Husson.pdf
Equipment Inventory List.pdf
Evidence of Routine Financial Support.pdf
Faculty Annual Review and Development Form.pdf
Faculty Handbook_Husson.pdf
Faculty Membership on Committees, 2014-2015.pdf
FSBPT Content Report_Husson.pdf
FSBPT Passrate Data for Husson Univ DPT Classes 2010-14.pdf
Mid-Affiliation Interview Form.pdf
Mission, Goals, Outcomes Assessment & Action Plan.pdf
One_Year_Post_Survey_for_DPT_grads, July 2014.pdf
Physical Therapy website_Graduate Admissions.pdf
Physical Therapy website_Kinesiology (6-year DPT) description.PDF
Physical Therapy website_Undergraduate Admissions.PDF
Policy List.pdf
Program Assessment Matrix.pdf
Program Policies_PT.pdf
PT Faculty-Student Research Project Summary.pdf
PT Strategic Plan 2014-15.pdf
PT Teaching Evaluation form.pdf
PT528 Course Obj and Assessment.pdf
PT664 Course Obj and Assessment.pdf
PTSE.pdf
Steps Taken to Improve PT Graduation Rates.pdf
Student Evaluation_Course Questions.pdf
Student Catalog_Husson 2013-14.pdf
Student handbook_PT.pdf
Written Comprehensive Master 1st year Fall 2014.pdf
Written Comprehensive Master 3rd year Fall 2014.pdf

Husson University is submitting the required information in fulfillment of the Commission on Accreditation in Physical Therapy Education requirements for accreditation of a physical therapist education program.

The information submitted in this report is a true and accurate description of the institution and the physical therapist education program with respect to the information requested.

** Names and titles are drawn from the current data in the Department of Accreditation **
If there have been any changes in personnel, please contact the Department of Accreditation.

Academic Administrator of the Program:

Suzanne P Gordon, PT, MA, EdD

Name:

Director

Administrative Title:

Signature:

Date:

Administrative Official of Unit in which the Program Resides:

Paula Tingley, EdD

Name:

Interim Dean

Administrative Title:

Signature:

Date:

Chief Academic Officer of the Institution:

Lynne Coy-Ogan, EdD

Chief Executive Officer of the Institution:

Robert A Clark, MBA, PhD

Provost	President
Name:	Name:
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Date:	Date:

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