[Unit – Professional Affairs; Department – Education; Board Chair – R. Herr/Board Member – L. Saladin; Staff Liaison – L. Ross; B of D 11/15; Excellence in Physical Therapist Education Task Force Report]

EXCELLENCE IN PHYSICAL THERAPIST EDUCATION TASK FORCE

MEETING: The APTA Excellence in Physical Therapist Education Task Force met 22 times since January 2015, including 20 web conferences and 2 onsite meetings: National Harbor, Maryland on June 5, 2015 and APTA Headquarters in Alexandria, Virginia on September 13-14, 2015.

CHARGE: (B of D 11/2014, V-19) The Excellence in Physical Therapist Education Task Force will provide strategic advice, counsel, and options to the Board of Directors regarding current and emerging issues impacting the ability of physical therapist education to produce practitioners to meet the needs of the current and evolving health care system. For the period January 1, 2015 to December 31, 2015, the Board of Directors' determined charge for the Excellence in Physical Therapist Education Task Force to:

- Identify and review relevant background information, data, and knowledge
- Define the scope of the problem under consideration
- Develop a list of potential strategies to address the defined problem
- Consider and describe the feasibility, pros, and cons of identified strategies
- Provide options to the Board of Directors along with a recommendation for action.

The Excellence in PT Education Task Force charter was adopted at the November 2014 Board of Directors meeting and amended at the August 2015 Board of Directors meeting (see V-3), by removing the bullet below and transitioning this portion of the charge to the new Best Practice in Clinical Education Task Force:

- Consider strategies and provide a recommendation(s) to the Board of Directors for responding to RC-13-14 Best Practice for Physical Therapist Clinical Education by the 2017 House of Delegates.

BACKGROUND: The 2014 House of Delegates adopted the following motions (full text of the motions is found below):

- RC 12-14 PROMOTING EXCELLENCE IN PHYSICAL THERAPIST PROFESSIONAL EDUCATION
- RC 13-14 BEST PRACTICE FOR PHYSICAL THERAPIST CLINICAL EDUCATION

APTA's 2014 Mary McMillan lecturer, Dr. James Gordon, called for a study of physical therapist education to consider such issues as the growing number of physical therapist education programs, the shortage of qualified faculty and program chairs, and lack of clinical education sites. APTA's Catherine Worthingham fellows, in a letter to the Board of Directors (Appendix A), echoed the need for such a study.

RC 12-14 PROMOTING EXCELLENCE IN PHYSICAL THERAPIST PROFESSIONAL EDUCATION

To sustain present and promote future excellence in physical therapist education, APTA recommends adoption and implementation of the following practices:

1. That physical therapists with an interest in teaching in physical therapist entry-level programs seek a terminal academic degree or clinical doctorate degree and other credentials and experiences that qualify them to become faculty members.

2. That people qualified to serve as program directors do so only when the program has adequate resources and a commitment to innovation and excellence.

3. That people qualified to serve as faculty members do so only when the program has adequate resources and a commitment to innovation and excellence.

4. That clinical sites be innovative in how they provide clinical education experiences and commit to providing resources for clinical education experiences only when the academic program commits to excellence in education and ongoing improvement and when the program's students meet the standards for clinical performance.

5. That the Commission on Accreditation in Physical Therapy Education (CAPTE) make the criteria for existing programs, expansion of existing programs, and candidate for accreditation status for new programs more stringent to reflect the needs for qualified faculty and program directors, access to sufficient clinical education sites, and adequate infrastructure (e.g., physical, fiscal, and personnel); and the current and emerging needs of society. AND

RC 13-14 BEST PRACTICE FOR PHYSICAL THERAPIST CLINICAL EDUCATION

That the American Physical Therapy Association, in collaboration with relevant stakeholders, identify best practice for physical therapist clinical education, from professional level through postgraduate clinical training, and propose potential courses of action for a doctoring profession to move toward practice that best meets the evolving needs of society with a report to the 2017 House of Delegates.

This effort shall include, but not be limited to, the examination of:

- Current models of physical therapist clinical education from professional level through postgraduate clinical training
- Mandatory postgraduate clinical training
- Stages of licensure
- Findings from related studies and conferences
- Models and studies of clinical education in other health care professions

SCOPE OF THE PROBLEM: In 2014 the American Physical Therapy Association (APTA) adopted a new and far-reaching Vision: "Transforming society by optimizing movement to improve the human experience". Improving the human experience is a cornerstone of the Institute for Healthcare Improvement's "Triple Aim"; "…improve the patient experience, improve our patient's health and decrease the per capita cost

of health care". If successful, optimizing movement to improve the human experience should result in overall enhancement of our population's health. It is critical that physical therapist education evolve in response to the challenge of transforming society.

Historically, the evolution of physical therapist education has been marked by a fragmented approach; numerous groups within APTA have made attempts to advance physical therapist education, often in divergent directions. Despite successful transition to the doctoral degree we have encountered variation in admissions criteria, curricular design, clinical education, student and faculty preparation and outcomes. These variations, combined with a marked shortage of qualified faculty and lack of benchmark data for program assessment, pose a tremendous challenge to the physical therapy profession: how to efficiently and effectively respond to the education needs demanded by an ever-changing health care environment.

The Excellence in Physical Therapist Education Task Force (Task Force) identified the following principal challenges in pursuing excellence in education:

1. Multiple stakeholders in physical therapist education have different priorities, approaches and engagement resulting in duplication and divergent perspectives and activities.
2. There are widespread concerns that students are not optimally prepared for clinical education, practice, and the evolving health care environment.
3. Accreditation for physical therapist education programs promotes minimum standards that neither drive excellence nor distinguish between developing and established quality programs.
4. The physical therapist profession lacks a current, comprehensive, centralized, and accessible repository of education-related data to drive decision-making and evidence-based teaching.
5. There is unwarranted variation in student qualifications, readiness, and performance across the professional educational continuum that impacts academic and clinical faculty's ability to plan and implement a quality educational experience that will optimize patient outcomes.
6. Research and evidence to support best practices, innovation, and excellence in physical therapist education is very limited.
7. Many faculty accept positions without adequate preparation for their academic roles and responsibilities, which contributes to the unwarranted variation in student performance.
8. Ineffective communication of initiatives and resources across stakeholders discourages sharing and inhibits transparency, progress, and collaboration in the pursuit of excellence in physical therapist education.

RECOMMENDATION 1:

That a steering committee be established to oversee implementation of the recommendations of the Excellence in Physical Therapist Education Task Force.

Key considerations of the steering committee should include the following:

- **A composition that includes, but is not limited to, leaders from the American Council of Academic Physical Therapy (ACAPT), Commission on Accreditation in Physical Therapy Education (CAPTE), APTA Education Section, APTA Board of Directors and staff, and representatives from the clinical community.**
- **Representative organizations must agree to provide joint funding and sign a formal agreement to collaborate and make the outcomes of their work public.**
- **Representative members identified by each organization.**
- **Participants agree to provide their perspectives on the educational issues and work collaboratively toward the greater good for the profession.**
- **Feedback that is solicited regularly from other stakeholders, such as clinical educators, employers, students, the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE), American Board of Physical Therapy Specialties (ABPTS), Federation of State Boards of Physical Therapy (FSBPT), and physical therapist assistant (PTA) educators.**
- **Partnerships sought with other external groups, such as higher education administrators, other health professional and interprofessional organizations, and employers.**
- **Processes that are transparent with vetted ideas, recommendations, and initiatives.**
- **Initial steering committee appointments for a minimum of 3 years with a process to stagger future terms for members.**
- **Exploration of an ongoing representative body to continue the work of this initial steering committee.**
- **Recommendations made by the steering committee to be shared with all representative organizations to pursue endorsement and implementation.**

SS: The physical therapist education enterprise is represented by several groups within APTA and is, thus, fragmented. Moreover, there is frequent tension among some of these groups, which hampers collaboration. A steering committee by definition is an advisory committee consisting of high level stakeholders or experts who provide guidance on strategic issues. The steering committee is intended to be a different, more global, decision-making group that brings all stakeholders together to speak with 1 voice towards enhancement of the common cause of promoting excellence in physical therapist education. It is recommended that the steering committee be comprised of the following key stakeholder organizations that oversee and direct physical therapist education: ACAPT, CAPTE, APTA Education Section, APTA Board and staff. Every stakeholder will have a voice and should strive to utilize the strength and expertise of each stakeholder to advance excellence in physical therapist education. The representative organizations would enter into a formal signed agreement to place the needs of physical therapist education and practice above all other individual or specific stakeholder interests. To ensure the commitment of each stakeholder, the steering committee will be jointly funded. It is recommended that the size of the steering committee, driven by its function, will be comprised of 10 to 20 individual representatives. This size would be conducive to productive discussions and instrumental for an effective and expeditious decision-making process; as evidenced by experience with the similar sized Excellence in Physical Therapist Education Task Force. A precedent exists for APTA committees to have 10-15 members, including the Leadership Development Committee and Public Policy and Advocacy

Committee. Each organization will develop its own vetting process for selecting its representative and have the ability to select current board members or ex-officio leaders. Board members from their respective organizations may be preferable, since collaborative efforts resulting from the steering committee may have budget and resource implications. The steering committee will collaborate with, and solicit feedback from, other key internal and external stakeholders. Examples include clinical educators, employers, students, FSBPT, ABPTRFE, and ABPTS. Physical therapist assistant (PTA) educators were not selected as part of the steering committee because they do not direct physical therapist (PT) education and the PTA Educators Special Interest Group (SIG) is represented by the Education Section. To improve transparency, collaboration and accountability, all recommendations generated by the steering committee should be made available to the stakeholders in physical therapist education, regardless of whether they are sanctioned by a particular board. The initial steering committee and subsequent evolutions of the group should strive to be expeditious, so that priorities and initiatives are identified quickly. The Excellence in Physical Therapist Education Task Force recommends that a future group decide the longevity of this group and process.

RECOMMENDATION 2:

That essential, rigorous, and progressively higher levels of outcome competencies [knowledge, skills, and attitudes] for physical therapist graduates that are responsive and adaptive to current and future practice be identified and adopted.

SS: Graduating physical therapists who are proficient in clinical skills and demonstrate professional behaviors are necessary, and yet, insufficient in today's rapidly changing health care environment. The profession is consistently reminded that the physical therapist of today and the future must be prepared for contemporary and future practice by being an active learner who is both proactive and adaptable in responding to an ever-changing health care system. It is essential to adopt competencies that include higher order constructs and are standardized across all physical therapist education programs. The competencies must be forward thinking and dynamic as practice and health care evolve. The competencies should also be rigorous with a goal of progressing to higher levels of ability. These competencies are not synonymous with the profession-specific skills identified in the APTA's Minimum Required Skills of Physical Therapist Graduates at Entry-Level. The recommendation is to identify competencies that will help a graduate be a more effective member of the health care team. For example, "prioritizing a differential diagnosis following examination of the movement system" has implication for physical therapy, but is not owned exclusively by the physical therapy profession. These global competencies move away from detailed procedural competencies classically used in defining physical therapist skills. The competencies should reflect generalizable attributes that relate to the Generic Abilities articulated by May et al. Higher order core competencies (e.g., building productive interprofessional relationships, discovering efficiencies in care management, making sense of clinical data, avoiding or reducing conflict) should be adopted that are "outward" facing to identify the role of physical therapists in patient and client management, the health care system, and interprofessional practice. These competencies should also be linked to the Triple Aim, a framework developed by the Institute of Healthcare Improvement for improving the patient experience of care, improving the health of populations, and reducing per capita cost of health care.

In 2014, the Association of American Medical Colleges (AAMC) published a list of activities that all medical residents are expected to perform on the first day of their residency. The process used to establish and standardize the entrustable professional activities (EPA) across medical schools may serve as a useful model for this task. Some of the AAMC EPA should be considered as a subset of the competencies. Likewise, the Canadian model of physiotherapy essential competencies for successful practice may serve as an additional resource. Like the EPA, the Canadian competencies are concise, not exhaustive. The term "essential" equates to competencies that are critical and necessary, not minimal. The method of identifying core competencies should engage a variety of internal and external stakeholders. Although the Excellence in Physical Therapist Education Task Force is recommending APTA develop this set of core competencies, the charge can be delegated to or shared with other key groups and organizations. The goal is to proactively adopt core competences that can build upon and extend the minimum standards established by the Commission on Accreditation in Physical Therapy Education (CAPTE). The identification of a core set of competencies that are measured both quantitatively and qualitatively may lead to benchmarks of excellence for physical therapist education programs.

RECOMMENDATION 3:

That essential resources to initiate and sustain physical therapist education programs that include, but are not limited to, faculty, clinical sites, finances, and facilities, be determined.

SS: Essential resources for developing and existing programs need to be prescriptive based upon the best available evidence recognizing that data gaps may exist when identifying best practices. A thorough review of the requirements and level of specificity required by other specialized accrediting bodies would be informative. While it is not within the purview of the professional association to limit the number of physical therapist education programs, it is imperative that the APTA collaborate with other stakeholders to identify the critical and, where available, evidence-based resources necessary for an educational program to prepare physical therapist graduates to meet the identified work force needs and provide high quality physical therapy services. Because the Commission on Accreditation in Physical Therapy Education (CAPTE) has expressed a desire to review and revise its pre-accreditation (candidacy) process as part of its strategic plan, it would be prudent to prepare this feedback from stakeholders and provide it to CAPTE before it begins deliberations.

The 2 types of resources that CAPTE most often cites as deficient are qualified core faculty and a sufficient variety of clinical education sites. For decades, the profession has not had an adequate supply of qualified faculty to meet the growing demand. CAPTE data indicates that developing physical therapist education programs are frequently cited for having faculty members who lack contemporary expertise in their assigned subject areas (36% at time of candidacy and 44% at time of initial accreditation) or have an insufficient scholarly agenda (25% at candidacy and 31% at initial accreditation). Furthermore, new programs are often cited for having an insufficient number of faculty (14% at time of candidacy and 25% at time of initial accreditation) or an inadequate blend of faculty expertise (14% at time of candidacy and 19% at time of initial accreditation). The fact that the percentage of these citations tends to increase from the time of candidacy to the time of initial

accreditation suggests that developing programs are not very successful at recruiting qualified faculty and that established programs face similar faculty shortages. In recent years, vacancy rates for core faculty have fluctuated between 6.5 and 11%. Vacant faculty positions are often filled by (1) recruiting clinicians who must transition to an academic environment with little or no formal preparation; (2) hiring part-time/adjunct faculty whose primary responsibilities lie outside the program and institution; or (3) hiring non-physical therapists who lack the clinical perspective needed to apply their course content to the students' future practice. In addition to core faculty shortages, there is a limited supply of qualified clinical faculty and clinical education sites in some areas of practice to provide the variety and quality of learning experiences needed to prepare graduates for contemporary practice. Adequate resources for clinical education are cited 8% of the time in physical therapist candidacy decisions and 12.5% of the time in initial accreditation decisions. In addition to the growing scarcity of resources for clinical education, some academic institutions have already set a precedent for compensating clinical sites in order to fulfill the needs of their individual programs. If this practice becomes more widespread, other academic institutions fear that they will be forced to increase student fees to cover this additional expense. An increase in tuition and fees will add to the educational indebtedness of Doctor of Physical Therapy (DPT) graduates who are already burdened with more debt than most of them will earn in their first year of practice.

RECOMMENDATION 4:

That a comprehensive and progressive data management system for physical therapist education that is accessible to stakeholders and includes the following be established:

- **A curriculum management system to track core outcome competencies, assist with monitoring curricular requirements and modifications, and facilitate reporting.**
- **Standardized performance-based outcomes.**
- **Existing datasets that need to be integrated and consolidated.**
- **New data needs, as identified.**

SS: Access to a comprehensive and progressive data management system will foster a variety of strategies that will ultimately improve physical therapist education. Currently, data is collected in various organizational silos and is not easily accessible, nor is it easy to link data systems. Primarily, a new data management system will enhance decision-making in the profession for the purpose of driving excellence and minimizing variation in physical therapist education and clinical practice. Consolidated data would facilitate the redefining of current models of education and benchmarking of outcomes. Further, a new data management system would enhance the Commission on Accreditation in Physical Therapy Education's (CAPTE) current system to track substantive change to curricula and programs (e.g., if there is more than a 10% increase in student enrollment). Examples of data sets to collect at the national level include the following: (1) learning management models; (2) faculty numbers and qualifications; (3) student and graduate tracking; (4) clinical education models and resources for infrastructure; and (5) educational indebtedness.

The creation of a curriculum management system would allow tracking of core competencies and assist with monitoring the addition and implementation of new curricular requirements. It would establish a method to identify what is taught and assessed across all physical therapist education programs. The application would create the ability to track content, assess variations and provide evidence to set benchmarks. This curriculum inventory would contribute to efforts to advance federal advocacy, practice, accreditation, institutional benchmarking, a revised Physical Therapist Normative Model, and program-specific assessments. Physical therapist education programs cannot lengthen programs by adding more curricular content without adjusting existing content. Additional and standardized curriculum data would allow programs and the profession to more easily identify what content areas could be eliminated or reduced. Development of this management system could be done independently, or in partnership with an external organizations or vendors, such as Association of American Medical Colleges (AAMC).

RECOMMENDATION 5:

That the adoption of a system of standardized performance-based assessments that measure student outcomes and establish benchmarks be developed and promoted.

SS: A set of standardized performance-based assessments would decrease unwarranted variation in physical therapist education and practice. These assessments would be progressive from the pre-admission process to graduation. The Excellence in Physical Therapist Education Task Force identified 2 assessment priorities:

1. The profession should support the development of a standardized assessment for physical therapist students prior to entering their terminal clinical experience (Neal). The assessment would evaluate students' readiness for the clinical education and assist in improving relationships with clinical education sites by setting consistent standards for students before they begin these experiences. The assessment may also decrease unwarranted variation in student preparation, which would decrease the burden on clinical sites due to differences in curriculum across programs.

2. The profession should support the development of a standardized admission exam for physical therapist applicants. Other doctoring health care professions currently have standardized admission examinations including: Pharmacy College Admission Test (PCAT), Dental Admission Test (DAT) and the Medical College Admission Test (MCAT). The examination would evaluate students' knowledge of prerequisite curriculum allowing for a consistent quality of students entering a physical therapist curriculum. This process may also be used to qualify applicants for available scholarship opportunities based of examination scores and student needs.

The steering committee could identify other critical points in the educational continuum that should include a standardized assessment process. These assessments would be linked to the core competencies discussed in recommendation 2 and could assess measures beyond written tests, including an objective structured clinical examinations (OSCE). These standardized assessments would be used to identify students who achieve successful outcomes. Data derived from these standardized

assessments could then be used to establish benchmarks and provide evidence that defines excellence in physical therapist education. Such benchmarks would be used to drive possible changes to the curriculum and student learning experiences. The assessment system and outcomes would influence the licensure exam blueprint and affect possible changes with the Federation of State Boards of Physical Therapy (FSBPT), Clinical Performance Instrument (CPI), Physical Therapist Manual for the Assessment of Clinical Skills (PTMACS), and the APTA patient survey.

Future enhancements or long term goals of the assessments could include the use of electronic health records to assess performance of students and graduates, as well as the success of the physical therapist education through the use of patient/client outcomes. Additionally, these outcomes could be used to influence program curriculum and be linked to licensure.

RECOMMENDATION 6:

That a prioritized educational research agenda be developed with identified mechanisms for research funding and support.

There is a paucity of evidence to determine drivers of excellence in physical therapist education. The profession needs to determine effective practices that promote excellence and are driven by systematic research and data. This research will also help determine outcomes of different clinical education models. APTA needs to support the collection of evidence and research for education and identify key questions and essential data in education. In 2003 APTA developed a consensus-based set of Education Research Questions followed by the development of an Education Research Agenda in 2006 by the Education Section that is in need of review and revision based on current priorities and identified needs. Towards this end, the American Council of Academic Physical Therapy (ACAPT) appointed an Education Research Task Force in 2015 under the leadership of Cecilia Graham, Bruce Greenfield, Gail Jensen, Christine McCallum, Terry Nordstrom and Rick Segal (ACAPT liaison to the group). This group is preparing a white paper on what is lacking in educational research so that areas of relevant research are identified and discussed. This paper will be submitted to *Physical Therapy (PTJ)* by December 2015 and could serve as the basis for developing a prioritized educational research agenda. The paper is intended to address clinical education that promotes the best outcomes, curriculum delivery models, prerequisites and admissions data that allow programs to produce the best students, institutional resources that affect outcomes, and studies on educational indebtedness. A partnership with the Education Section, ACAPT, Foundation for Physical Therapy, and other key stakeholders in physical therapist education will be necessary to move forward on the research agenda and secure funding for the same. Work remains to be done to consolidate existing data and provide the infrastructure for maintenance. (See also recommendation 4.)

RECOMMENDATION 7:

That needs for faculty development in the area of content expertise and best practices in education are identified with coordinated mechanisms developed to address faculty needs across programs and professions.

SS: Along with addressing the shortage of qualified physical therapist faculty, APTA must explore mechanisms to enhance faculty development and retention. According to the faculty data collected by the Commission on Accreditation of Physical Therapy Education (CAPTE), the mean turnover rate among core physical therapist faculty is currently about 6.5% with 179 vacant positions projected among the 242 programs included in that report. Nearly 20% of core faculty report being in their current position less than 3 years and 56% have been in their positions less than 10 years. Only 45% of core faculty hold a rank of associate professor or professor and only 50% are over age 50, which again suggests a relatively young faculty workforce. Furthermore, CAPTE reports that fewer than half of physical therapist faculty members hold a PhD degree and only 61% hold any type of doctorate. Thus, it is apparent that many individuals who currently hold core faculty positions in physical therapist education programs are lacking in the formal training and experience needed to function effectively in their faculty role. In particular, individual core faculty members are frequently cited by CAPTE for lacking either content expertise or knowledge related to educational theory, instructional methodology, and student assessment. Although the profession has no data regarding the number of physical therapist faculty who leave their positions due to failure to achieve promotion or tenure, the Excellence in Physical Therapist Education Task Force anticipates that this could be a potential problem for those teaching in research-focused institutions, which expect a higher degree of scholarship and grantsmanship. Once again, CAPTE data show a mean of 4 faculty per program with grant funding (range = 0-17) out of an average of 10.7 core FTEs. Endeavors such as New Faculty Development Workshops, the Educational Leadership Institute Fellowship, and the recently launched American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) competencies for academic programs to develop an accredited faculty residency, have all helped address faculty development needs at various career stages; however, there is no comprehensive plan or structured mentoring program to assist faculty in maintaining or enhancing their expertise as teachers and scholars. Anecdotal data collected from participants at 1 faculty development workshop for new faculty indicated a need for more training in curricular design and delivery; use of technology; interprofessional education; advising and mentoring of students; and meeting expectations for promotion, tenure and post tenure. Further dialogue is needed among educational stakeholders to determine what resources need to be developed for faculty and how to best disseminate those resources. A collaborative approach would maximize resource-sharing and develop a repository of faculty development resources that any faculty member could access. These resources might address topics, such as how to develop a course syllabus, use technology in the classroom, develop a web-based course, write valid exam questions, structure interprofessional learning experiences, develop and implement a scholarly agenda, and address students with challenges. Formal mechanisms to foster networking and mentoring also need to be identified and coordinated on a national level to help establish and attain a standard of faculty competence. This mentoring process should help alleviate some of the unwarranted variation in student preparation.

RECOMMENDATION 8:

That the report of the Excellence in Physical Therapist Education Task Force submitted to the APTA Board of Directors November 2015 meeting be made available to stakeholders in physical therapist education.

SS: Making this report available to stakeholders will facilitate transparency, trust and collaboration. The intent is to share the report, regardless of what recommendations are adopted. Sharing the information with stakeholders to become informed of the work completed. Suggestions include publishing in *Physical Therapy (PTJ)* or *Journal of Physical Therapy Education (JOPTE)*. As a result of the report, individuals, faculty, and programs may begin to understand the discussions and ideas to identify areas of collaboration and different strategies to achieve the common goal of excellence in education.

SUMMARY OF MEETINGS: The content and objectives of the task force onsite and virtual meetings have included the following:

- Review of the charge, scope of work, and general guiding principles for the group.
- Development of a work plan and identification of key topic areas.
- Discussion of resources needed to support work of task force, including data, consultants, and speakers.
- Participation in presentations delivered by multiple speakers on topics related to charge:
    - Katherine Berg, PhD, PT (University of Toronto)
    - Barbara Brandt, PhD (National Center for Interprofessional Practice and Education)
    - Terri Cameron, MA (Association of American Medical Colleges)
    - Tracy Chapman, PhD (Creighton University)
    - Gail Jensen, PhD, PT, FAPTA (Catherine Worthingham Fellows)
    - Justin Moore, PT, DPT (American Physical Therapy Association)
    - Libby Ross, MA (American Physical Therapy Association)
    - Sandra Wise, PhD (American Physical Therapy Association)
- Identification of current and emerging trends in physical therapist education, health professions education, higher education, accreditation, practice, and health care.
- Development of a recommendation to the APTA Board of Directors that a separate group should be established to address the detailed requirements in RC 13-14: “Best Practice for Physical Therapist Clinical Education.”
- Discussion of the roles and responsibilities of major stakeholder groups in physical therapist education.
- Review of the literature.
- Identification of data gaps and unwarranted variation.
- Development of recommendations for the APTA Board of Directors.

NEXT MEETING: None

EXCELLENCE IN PHYSICAL THERAPIST EDUCATION TASK FORCE

Roger A. Herr, PT, MPA, COS-C, Chair (NY)
Rebecca L. Craik, PT, PhD, FAPTA (PA)
Anthony Delitto, PT, PhD, FAPTA (PA)
Jamie J. Dyson, PT, DPT (FL)

Peggy Blake Gleeson, PT, PhD (TX)
Nancy K. Hall, PhD (OK)
Martha R. Hinman, PT, EdD (TX)
Zoher F. Kapasi, PT, PhD, MBA (GA)
Karen A. Paschal, PT, DPT, MS, FAPTA (NE)
Lisa K. Saladin, PT, PhD (SC)

CONSULTANT

Sandy Rennie, BPT, MSc, PhD (Ottawa, Ontario)

STAFF LIAISON

Libby J. Ross, MA, Education Department

REFERENCES

"Education Research Questions in Ranked Priority Order." Education Research Questions in Ranked Priority Order. American Physical Therapy Association, 2003. Web. 20 Sept. 2015. <http://www.apta.org/Educators/Curriculum/APTA/ResearchQuestions/>.

May, Warren W., et al. "Model for ability-based assessment in physical therapy education." *Journal of Physical Therapy Education* 9 (1995): 3-6.

Neal, Ed. "DukeAHEAD." *Assessment*. Duke University Health Systems, n.d. Web. 20 Sep. 2015. https://dukeahead.duke.edu/educator-competencies/assessment

"The Core Entrustable Professional Activities for Entering Residency." *Core EPAs - Initiatives - AAMC*. Association of American Medical Colleges, May 2014. Web. 09 Oct. 2015. <https://www.aamc.org/initiatives/coreepas/>.

APPENDIX A

MEMORANDUM

July 16, 2014

TO: APTA Board of Directors

FROM: NATIONAL GOVERNANCE AND LEADERSHIP DEPARTMENT

RE: Catherine Worthingham Fellows

The following communication was sent by Marilyn Moffat on July 12, 2014.

****

Attached is the final revised motion from the CWFs to be placed on the agenda of the upcoming BoD meeting:

Whereas:

- The profession of physical therapy is facing a crisis in education manifested by the proliferation of new DPT and PTA programs
- There is an increased demand for diverse, qualified faculty, and clinical resources to assure high quality academic teaching, clinical education and research for all DPT and PTA programs;
- More information is needed regarding the necessary resources required to carry out high quality education and preparation of graduates as Doctors of Physical Therapy relative to:
    - The minimum number, content areas of knowledge and qualifications of faculty members required to adequately cover all aspects of the curriculum for the Doctor of Physical Therapy degree;
    - How to avoid significant compromise in quality of education as a consequence of temporary solutions to meet existing faculty resource shortages (e.g., core academic faculty, clinical affiliation sites, clinical faculty)
    - The criteria that need to be met to assure high quality, integrated clinical education
    - Objective documentation by all educational programs (new and existing) of the adequacy of program resources to meet all components of a DPT educational program: academic, clinical, and research

Move

That the Catherine Worthingham Fellows send a resolution to the APTA BoD urging immediate action relative to physical therapy professional education. The Catherine Worthingham Fellows recommend the BoD: 1) undertake an objective study of resources needed to assure high quality education in all Doctor of Physical Therapy Education programs and PTA programs; 2) arrange for the resource study to be carried out by a group of qualified investigators independent of the CAPTE or the APTA (e.g., Carnegie, Flexner); and 3) request the CAPTE to extend the time line for accepting major revisions of the accreditation criteria relative to resource needs for faculty, facility and integrative, clinical education *until the findings are available from the recommended resource study and the National Study of Excellence in Physical Therapist Education (Jensen, Hack, Gwyer, Mostrom, Nordstrom).*

Motion approved by 98 of 101 responding Catherine Worthingham Fellows (total 153)