American Council of Academic Physical Therapy (ACAPT) Board Meeting

Minutes for July 29, 1:00PM-3:00PM (eastern)

1. Call the meeting to order. (Terry)Called to order 1:02 PM ET.

   Present:

Terry Nordstrom, PT, EdD	President
Barbara A. Tschoepe, PT, DPT, PhD	Secretary
Nancy B. Reese, PT, PhD, MHSA	Treasurer
James R. Carey, PT, PhD	Director
Susan S. Deusinger PT, PhD, FAPTA	Director
Stephanie Piper Kelly, PT, PhD	Director
Rick Segal, PT, PhD FAPTA	Director
Kathryn Zalewski, PT, PhD MPA	Director
Lisa McLaughlin	APTA Staff

   Absent:

Barbara Sanders, PT PhD, SCS, FAPTA	Vice President
Shawne Soper, PT, DPT, MBA	APTA Board of Directors

2. Passed 8-0: Terry made motion to approve June 27 board meeting minutes with the following edits:
   a. #13 change to HRSA vs. HERSA
   b. #13 Motion #1: Edited to read: Passed 8-0. Move to approve that the following definition of under-represented minorities (URM) in physical therapist education be forwarded for the approval process at the ELC 2013 business meeting.

3. Journal Idea: Jim C. ATTACHMENT 1
   a. Passed 7:1 Amendment to attachment
      i. Change due date of report to June 30, 2013. Task force will evaluate options for new journal as well as costs associated with such in June 30, 2013 report.

4. Data needs & benchmarking
   a. Program growth. (Rick, Susie and Barb S) ATTACHMENT 2
      i. Reviewed attachment 3, group has interest to request changes in CAPTE data collection related to program size, CE sites, faculty qualifications, AR data, manpower data etc. with the potential to write a white paper from the ACAPT using various sources of information including focus groups and a forum at Oct 2013 ELC.
      ii. **Action:** Barb T to ask Mary Jane if she can accept requests for CAPTE AR modifications by August 20th, if so this group will make such requests.
      iii. **Action:** Group will initiate focus groups through mid-September in preparation for further dialogue at forum discussion in ELC.

   b. RIPPT Consortium. (Rick)
      i. Group asking for support to collect data for benchmarking excellence.

ii. **Action**: Group should continue dialogue with Benchmarking taskforce (via Barb T, Jim C) as it is expected that the proposed benchmarking database through Open ARC will be able to design consortium specific surveys to collect their requested information.

c. Benchmarking. (Barb T) ATTACHMENT 3 reviewed
   i. Motion Passed (8-0): to support 3 requests of task force per Attachment:
      - Support use of Engagement Theory framework proposed in this concept paper for benchmarking in PT.
      - Support proposed timelines of committee activities.
      - Support funding as noted in Open ARC proposal dated 7/29/13, to develop database to implement and sustain benchmarking efforts as an integral part of promoting excellence within our membership. (Design/implementation costs: $46,500.00, Annual maintenance and updates: $7,500.00)
   ii. **Action:** Barb T to talk with Open ARC reps to negotiate 1/3 payment in 2013 and 2/3 payments in 2014.

5. Foundation: letter on behalf of ACBoD to address education research needs, share current barriers (SRC), and offer suggestions for their planning and fundraising. (Rick) ATTACHMENT 4
   a. **Action:** Rick to edit letter prior to next meeting to request Foundation consider revisions for review committee when considering education research (eliminate need for previous NIH funding), request details on past history of grants offered that support education research. Once edited submit to Terry to sign and forward to Foundation.

6. Clinical Experience as Admission Pre-Requisite in PT Education (carry over from 6/27 agenda per FASHP discussion from 6/3/13 Exec/Staff call). (Barb T)
   a. FASHP and CAPTE have shared that Academic Institution requests for volunteer hrs prior to application is challenging clinical education site placement numbers/availability.
      i. **Action:** Formulate a task force to explore and recommend best practices for the use of observation hrs. as part of the admission criteria for physical therapist education.
      ii. **Action:** Terry and Lisa to convene the task force. Kathy Z to serve as Board rep. to task force.

7. ELC
   a. Thursday (10/4) ACBoD: Board meeting 2:30-6:30 with dinner – Portland Room
   b. Thursday (10/4) Forum: Salon H-I 6:30-9 pm
   c. Forum topics – (Intro presentation and discussion of topic with membership) Exercise Physiology taskforce - Kathy, Program growth Board workgroup-Rick, Benchmarks for Excellence Task Force – Barb T., Pre-requisite observation hours Task Force -Kathy,
      i. **Action:** Groups will need to decide on timeframes and post information- 30 min each with transition times
   d. Sunday (10/7) ACAPT Board meeting – 10-12 pm
      i. **Action:** Andy Paige – hotel arrangements Board to work with her…

8. <u>Upcoming meetings</u>:
   a. Oct 4-7, Education Leadership Conference, Portland, OR

ATTACHMENT 1

July 23, 2013

To: ACAPT Board of Directors
From: Jim Carey
Motion: To establish a new journal

Whereas, ACAPT was formed to promote intellectualism and academic excellence, and

Whereas, intellectualism (i.e. the faculty of thinking) is fundamental to advancing the humanities in rehabilitation, and

Whereas, intellectual discourse need not be restricted to data-driven research but can also include thought-provoking essays, prose, poetry, letters, memoirs, and audio/visual/movement arts to advance humanitarianism,

Whereas, no scholarly journal currently exists focused on the humanities in rehabilitation;

Therefore, be it resolved that a Journal Task Force be created by the ACAPT Board of Directors to explore a new open-access electronic journal published by the ACAPT dedicated to the humanities in rehabilitation. The task force should attend to 1) interest within the ACAPT membership, 2) feasibility, 3) cost, 4) mission, 5) vision, 6) goals, 7) governance and operating rules, and 8) impact on physical therapy faculty, 9) impact on related professions, and 10) a deadline of January 15, 2014.

Rationale: There are currently four journals devoted to humanities in medicine but they do not represent rehabilitation. Such a journal would offer a new academic forum for scholarly-minded physical therapy faculty, and faculty across all rehabilitation disciplines, to contribute and stimulate in colleagues creative thoughts that would help to advance the human condition in rehabilitation. Opening submissions to all rehabilitation disciplines could enrich the published content as well as the current movement cultivating interdisciplinary interaction. ACAPT, as the recognized leader in physical therapy education, would be the recognized publisher but the journal's editorial board could be eclectic with representation from multiple disciplines. Attention to non-research would not need to be viewed as an abrogation of our scientific roots. The mission could express that there are already journals dedicated to evidence-based practice and that the less quantifiable but equally impactful humanitarian forces of hope, trust, justice, etc., deserve as much scholarly attention. The relationship to promoting excellence in physical therapy education stems from the creative thinking and expression that faculty would engage in, with associated diffusion into the student ranks. It would be inappropriate to try to fit this cause into one of the existing physical therapy journals as the mission of the new journal would be entirely different – on thought-based evidence as opposed to data-based evidence.

ATTACHMENT 2

July 14, 2013

Here is an outline of things that we have discussed and concludes with idea/plan that can be discussed at the July 29th conference call and that our can lead from beginning August 15th when I start at MUSC. Please excuse any typos. I am running late (2 days) on starting a needed vacation.

Timeline
A. Before April 24th Conference call

Program growth data and approaches

Below is an outline of what our subgroup (Susie, Nancy, Barb and I: or Rick and the Boardettes) would like to discuss at the April 24th meeting.
1. We will discuss with the Council Board about trying to collaborate with APTA Board on growth of programs issue.
2. We would like someone from the Council board to present our plan/desire for collaboration with APTA Board on this issue.
3. We would ultimately like to put together a data-driven white paper but most data are currently needed (see below for some ideas of needed data)
4. Collaboration with APTA would be to gather data and potentially later do a collaborative document.
5. We believe the Academic Council Board should put together a proposal containing recommended next steps for presentation to the APTA Board of Directors.

Draft Strategy for Addressing Growing Number of Programs (this is of course being modified by further discussion
Background
1. The number of newly forming programs and existing programs significantly increasing their class size is growing.
2. The evidence for need for such significant increase in numbers of Physical Therapists is debatable.
3. There is already as shortage of faculty qualified to promote excellence within existing faculties, let alone newly forming ones.
4. There already is a shortage of qualified program heads for existing programs let alone newly forming ones.
5. CAPTE enforces minimal standards and that is the only non-economic check on newly forming programs.
6. The reputation and standing of Physical Therapy in the national healthcare and academic community could be put at risk.
Potential Strategies
1. Strengthen/increase research on PT workforce using better models than used in the past.
2. Strengthen documentation of **qualified** faculty and administrator shortages.
3. More rapidly push forward our excellence in Academic Physical Therapy agenda
4. Work with CAPTE and other stakeholders to strengthen the minimal criteria for accreditation
5. Survey relevant communities such as the public, top academic institutions and other professional groups about their perceptions of Physical Therapy.

B. Following May and June conference call, June 27th SLC Board meeting and meeting PTA SIG head

1. Board feels that PTA SIG should be consulted because although they are not voting members of our group what we do will affect them and they probably have similar issues related to qualified program heads and faculty.
2. We also need to consider the effects of program growth on clinical education which is an integral portion of academic physical therapy.
3. Can we get important information regarding program growth from CAPTE, especially the AAR and also from benchmarking effort?
4. We need data to back up our assumptions of qualified program head and faculty shortage.

C. Data that needs to be collected, method of collection to be used and timeline

1. Discuss draft of data to be collected, methods to be used and timeline at July 29th meeting

2. Below are some proposed data to be collected but focus groups will help develop a complete list of data which may or may not include below examples. Similar data for PTA programs may also be collected.

a. How many PT programs have been closed by CAPTE? (Although Mary Jane said none have at board meeting)

b. How many PT programs have been denied initial accreditation?

c. What are the key factors that determine whether a program head is qualified for the position? This may go beyond CAPTE requirements.
i. years of administrative experience
ii. years of leadership experience
iii. appropriate educational training beyond what is needed to be faculty member
iv. are qualification current or enhanced

d. What percentage of programs (and forming programs) has qualified heads?

e. What are the key factors that determine whether a faculty member is qualified for their position? This may go beyond CAPTE requirements.
i. educational qualifications for their particular role
ii. teaching, research and/or clinical experience necessary for their particular role
iii. documentation that qualifications are current and/or being enhanced.

f. What percentage of faculty is qualified nationally?

g. What percentage of programs (and forming programs) have fully qualified faculty?

h. What is the percentage of vacant permanent program head and faculty positions?

i. What determines whether a clinical site is qualified?

j. What is percentage of qualified clinical sites?

k. What percentage of programs has all fully qualified clinical sites?

l. Does a program (or forming program) have proper infrastructure?
i. Space
ii. Educational and research support to be excellent

iii. Collaborators within the institution

3. We need to consider factors that drive program growth.

a. Are there regional and national workforce needs?

b. Does the formation of new general programs meet those needs and/or do residencies/fellowships meet those needs?

c. How will healthcare and practice changes affect the need for new programs?

d. What percentage of programs are driven from above to improve economic status of institution?

D. Items 2 and 3 will be clarified, reduced or expanded based on using focus groups. As a board we should tentatively decide on best methods to collect data at the July 29th meeting. Focus groups may be phone conference calls and/or in person meetings at ELC or CSM. However, I think we should have a draft strategy to be reviewed at ELC and thus focus groups would have to occur prior to ELC. I think we should have draft white paper by CSM.

Benchmarking Excellence in PT Education Committee (BenEx) Progress Report

Submitted to ACAPT BoD July 29, 2013

Action items requested:

- Support use of framework proposed in this concept paper for benchmarking in PT.
- Support proposed timelines of committee activities.
- Support funding to develop database to implement and sustain benchmarking efforts as an integral part of promoting excellence within our membership.

Background

In 2007, in the early stages of the development of the American Council of Academic Physical Therapy (ACAPT), one of our members stated, "We must have excellence as our number one goal. If this process [developing the ACAPT] is not about raising the level of our programs, then it is not worth our effort." Looking back on minutes from one of the first task force meetings, members agreed that a primary goal of any new organization would be: "To make excellence in physical therapy education the standard, rather than the exception." To this end, the Vision statement of ACAPT included, "…will be the leading voice to achieve and sustain excellence in academic physical therapy." A primary goal for this new organization was to develop mechanisms for achieving excellence in academic physical therapy.

To address this goal, the Educational Leadership meeting in 2011 focused on excellence. At that meeting, with nearly 200 people in the room, the following statement was used to guide discussion among small groups: "If we want to flourish and excel, we need to understand and articulate the ends that are most important to us, then do all we can to excel at the activities necessary to reach them." Those small group discussions were recorded for further analysis and summary by a work group of ten members. These individuals used the data to derive a definition of excellence, and to identify vital components of excellence and mechanisms to achieve excellence. The summary of their findings (Appendix) was posted to the ACAPT community's Sharepoint site for discussion and input by members in January 2012. The next step toward meeting the goal was the establishment of a committee to determine benchmarks of excellence based on the initial work of the excellence workgroup and input of the membership. The purpose of this paper is to describe the process of benchmark development and to make preliminary recommendations based on the work of the committee.

What is Benchmarking?

Benchmarking is a systematic approach to measurement, comparison, and evaluation that focuses on finding and implementing best practices.[1] As an important mechanism for achieving best practices, benchmarking is similar to a continuous quality improvement process in which one's current status on one or more criteria of importance is assessed and the desired state is envisioned. Goals are determined by how well the current state matches the desired state and a plan is developed to achieve the desired goals. We view the achievement of excellence in physical therapy education as such a process, driven by self-assessment and programs' desire for ongoing improvement in the areas of excellence that they deem important to their mission.

We envision programs matching their performance on these criteria against all, or a relevant sample of, programs, and using that information to determine areas for improvement. The process of self-assessment that we envision would involve students, faculty and administrators to provide a broad perspective from multiple stakeholders. Benefits of benchmarking include enhancing the learning environment for faculty and students, improving student and faculty outcomes, determining areas of needed improvement, and demonstrating accountability to various stakeholders including students, institutional administration, potential donors, employers and, ultimately, the patients whom we all serve.

Brief description of the Theory of Engagement

The benchmarks we propose reflect important criteria for excellence based on the Engagement Theory of Program Quality.[2] In a qualitative study of a national scope, Haworth and Conrad[2] interviewed nearly 800 stakeholders from nearly 50 master's programs across 11 fields of study. Their goal was to identify the characteristics of high-quality programs. They defined high-quality programs as those that gather input from all their stakeholders to "create enriching learning experiences for their students that positively affect their growth and development,"[2(p.15)] the primary purpose of higher education. Based on the study findings, they proposed a theory of program quality—the Engagement Theory of Program Quality. The theory purports 5 areas of quality: 1) diverse and engaged participants and leaders, 2) participatory cultures, 3) interactive teaching and learning, 4) connected program requirements, and 5) adequate resources. See Table 1. Engagement Theory has been previously tested with master's and doctoral degree students and faculty in one university department of educational administration,[3] with students and faculty in several education programs in member institutions of the Council of Christian Colleges and Universities,[4] in students from a sample of 48 US master's in counseling programs,[5] and in a sample of approximately 2500 master's and doctoral degree students at one university with 1 in 3 students of international status.[6] It has also been used in qualitative studies designed to understand the

characteristics of successful interdisciplinary graduate programs[7] and to explore quality in distance education programs.[8] Thus, the theory has fairly wide applicability and relevance to graduate-level programs. The first column of the Table includes the relevant elements of each of the quality areas identified by the theory.

Benchmarking Excellence Committee Process

The Benchmarking Excellence (BenEx) Committee, comprising eight ACAPT representatives, began meeting and communicating electronically in the spring of 2012. Early in our deliberations, a literature search focusing on excellence in higher education led to adoption of the aforementioned theoretical framework for considering excellence (1st column of Table 2). We first matched the Engagement Theory framework to the components of excellence in physical therapy education derived from the work of ACAPT members and the Excellence Taskforce in 2011-2012 (2nd column of Table 2). Secondly, we used information from a study by Grignon et al[9] examining physical therapy graduate outcomes statements from a national sample of programs. In that study, all physical therapist education programs were asked to submit the statements of expected graduate outcomes that they used to meet CAPTE criterion P-2. Seventy-five programs responded and a qualitative conventional content analysis was undertaken to identify core concepts in the statements. Those core concepts were matched to the elements of the Engagement Theory (3rd column of Table 2). From there we identified program demographic characteristics that we believed would be reflective of each element of Engagement Theory (4th column of Table 2). These quantitative measures, however, were not fully reflective of the theoretical framework. Therefore, we developed qualitative measures that we believed reflected excellence in physical therapist education programs based on the theoretical framework (5th column of Table 2).

Proposed process going forward

- *July→August 2013:* Determine feasibility of using ACAPT's website design company, OpenArc, for development of database and data-entry mechanisms. Request proposal and finalize agreement to build database system to house, distribute and develop reports for benchmarking efforts. (Preliminary discussions confirm OpenArc's interest in expanding website capabilities to serve this purpose; however, if they are unable to do so, we will solicit RFPs.)
- *August 2013:* Initiate dialogue with CAPTE to determine feasibility of integrating components of demographic data from their database with that of new database and to clarify if any CAPTE AAR questions can be modified to promote efficiency of reporting for our members while meeting both groups' needs.

- *September 2013:* Post BenEx Committee concept paper on ACAPT website for member review and comment in preparation for dialogue at ELC 2013.
- *September 2013 (and ongoing):* Work with the Research Intensive Physical Therapy Programs (RIPTP) consortium and other developing consortiums to collaborate on efforts of benchmarking across respective areas of interests.
- *October 2013:* Present the process, theoretical framework and prototype survey questions to the ACAPT membership at the ELC in Portland Oregon during caucus discussion times, to gather additional comments and suggestions prior to implementing a pilot benchmarking effort in early 2014.
- *Fall 2013→Spring 2014:* Develop questions to measure the characteristics outlined in the 5th column of the Table. We will utilize examples of questions and format from the National Survey of Student Engagement[10] and the graduate survey produced by the Association of American Medical Colleges (AAMC).[11] Questions will be developed that solicit information from faculty, students and program administrators.
- *October 2013→February 2014:* Finalize 1st pilot survey, prepare for distribution
- Spring 2014: Initiate 1st pilot of the survey to administrators, students in final year of program and faculty
- *Spring→Summer 2014:* Propose to CAPTE the addition of program characteristics (demographic) data to the annual report submitted by programs if data integration is feasible. In order to accomplish this task, we must first determine operational definitions of the variables so that data can be reliably reported. See 4th column of the Table.
- *Summer→Fall 2014:* Work with membership to encourage programs to benchmark against peer or aspirant programs across various elements within the framework while keeping programs anonymous.
- *Fall 2014:* Present to ACAPT membership the summary of 1st pilot, with recommendations for further revisions and proposed timelines for full implementation of benchmarking survey efforts.

References

1. Gift RG. Benchmarking. In: Gift RG, Kinney KF, eds. *Today's Management Methods: A Guide for the Health Care Executive* Hoboken, NJ: Wiley, John & Sons, Inc; 1996:245-261.

2. Haworth JG, Conrad CF. *Emblems of quality in higher education: Developing and sustaining high-quality programs.* Needham, MA: Allyn and Bacon; 1997.

3. Mustan T. *Operationalization and preliminary testing of the engagement theory.* Madison, WI: University of Wiscosin-Madison; 1998.

4. Kornelis PC. *Faculty members' and students' perceptions of quality in master of education programs within member schools of the CCCU.* Vermillion, SD: University of South Dakota; 2004.

5. Warden SP. Testing the Engagement Theory of Program Quality in CACREP-Accredited Counselor Education Programs. *Counselor Education and Supervision.* 2012;51(2):127-140.

6. Wang H. What matters in graduate school? Exploring patterns of student engagement, academic and personal development. Association for Institutional Research; 2003; Tampa, FL. http://www.ocair.org/files/presentations/paper2003_04/HuimingWang.pdf

7. Newswander LK, Borrego M. Engagement in two interdisciplinary graduate programs. *High Educ.* 2009;58:551-562.

8. Carranza SL. *A Grounded Theory of High-Quality Distance Education Programs: Student Perspectives.* Charleston, SC: BiblioBazaar; 2011.

9. Grignon T, Henley E, Lee K, Abentroth M, Jette DU. Expected graduate outcomes in U.S. physical therapist education programs. A qualitative study. *J Phys Ther Educ.* 2013;in press.

10. National Survey of Student Engagement. 2011. www.nsse.iub.edu. Accessed June 30, 2013.

11. 2012 U.S. Medical School Graduation Questionnaire (GQ). 2012. https://www.aamc.org/download/277728/data/2012survey.pdf. Accessed May 24, 2013.

Table 1. The Engagement Theory of Program Quality

Diverse and Engaged Participants	Participatory Cultures	Interactive Teaching and Learning	Connected Program Requirements	Adequate Resources
Diverse and Engaged Faculty	Shared Program Direction	Critical Dialogue	Planned Breadth and Depth of Course Work	Support for Students
Diverse and Engaged Students	Community of Learners	Interactive Learning	Professional Residency	Support for Faculty
Engaged Leaders	Risk-Taking Environments	Mentoring	Tangible Product	Support for Basic Infrastructure
		Cooperative Peer Learning		
		Out-of-Class Activities		

ATTACHMENT 3

ELEMENTS OF ENGAGEMENT THEORY	ELEMENTS OF ACADEMIC PT EXCELLENCE	THEMES FROM PROGRAM GRADUATE OUTCOMES	Quantitative Measures of Program Characteristics	Qualitative Measures of Program Characteristics
<u>Diverse and engaged faculty and students</u> hiring to bring in diverse theoretical and applied perspectives as well as a commitment to teaching admissions policies to enhance diversity with students who match the goals of the program	Resources for building a diverse community (faculty and student recruitment/retention)	Professional Commitment (advocating for and maintaining professional involvement)	Proportion of ALANA faculty; students Proportion of male/female faculty; students Mean age of faculty; students Mean years of teaching experience % of faculty trained in a teaching approach	Program and university use multi-dimensional hiring strategies Program has history of successful faculty promotion, tenure and merit reviews Admissions policies acknowledge and reward diversity in experiences, and ethnic and socioeconomic backgrounds
	Program members participate in political action to advocate for the profession and access to healthcare		% of student/faculty who are active APTA members	Faculty and students are engaged in professional organization and profession advocacy
	Program members participate in community as advocates for health and healthcare	Service and Social Responsibility (benefit and education of public)	Mean GPA of admitted students Mean GRE of admitted students Proportion applicants accepted Proportion of accepted who attend Number of states outside of host state of program represented by students	Faculty and students are engaged in health advocacy and health promotion in the community

			Number of countries outside of U.S. represented by students	
Engaged leaders Program chairs who champion the program Institution and faculty support program leader	Program members participate in professional leadership roles	Professional Roles (various roles and responsibilities in profession)	Number of faculty in APTA or other professional leadership roles Percentage of unfilled faculty positions Total number of faculty within academic unit	Leadership includes faculty, students and staff in decision-making related to the program mission, direction and evaluation, and communications with stakeholders University provides resources to support program mission, including finances for targeted faculty hires
	Program members participate in the governance of the university		Number of faculty on university level committees.	Faculty are active participants in university governance, strategic planning, and direction Faculty engage in life-long learning and model risk-taking in scholarly endeavors
	Program fosters student leadership development		Number of students attending APTA meetings/yr Number of students in leadership roles Number of student led activities per year	Program provides opportunities and encourages student participation in program direction Faculty provide opportunities for students to take risks in their learning, including questioning others' views, literature and practice
Shared program direction	Program has Institutional support		Total program budget	Measurement: survey of stakeholders:

Faculty, administrators and stakeholders develop and communicate shared direction and engage in ongoing evaluation of fit between teaching/learning activities and program direction			Proportion of budget for salaries and operating Compare cost to length, credits, number of courses	Leadership promotes the program to people inside and outside the institution. Leadership encourages stakeholder engagement in establishing the mission and setting the direction of the program Stakeholders are involved in regular program evaluation activities.
	Program has financial and directional autonomy		Budget model, eg allocation, RCM Model for program's access to indirect dollars from grants	Faculty have input into the allocation of program financial resources.
	Program has clear vision and expected student learning outcomes that are congruent with the institution		Direct measurement Indirect measurement	There is a common understanding of the program's mission and philosophy and expected graduate outcomes across all stakeholders The program's mission and philosophy and expected graduate outcomes are clearly linked to the activities of faculty and students
<u>Community of learners</u> Leader(s) build learning	Faculty engaged in collaborative partnerships across disciplines within and	Professional Commitment	Graduation rate First-time pass rate on NPTE	Measurement: Survey of stakeholders

community Faculty have collegial relationships with students Teaching and learning experiences facilitate co-learning among constituents	outside of university for teaching and research		Ultimate pass rate on NPTE	Faculty and students treat one another as members of a community. There is good rapport among and between students and faculty Students are committed to their own as well as peers' learning Students engage in learning activities. The environment provides support to enhance student success.
	Program has effective partnerships with healthcare facilities/practices		Mean proportion of CIs with specialty credential; CI credential	Clinical education experiences enhance student learning that contribute to expected graduate outcomes.
	Interprofessional teaching/learning opportunities		Number/type of IPE experiences during academic portion of program	Students and faculty engage in interprofessional learning experiences
	Faculty engaged in creation of new knowledge, knowledge translation and dissemination		Proportion of faculty with funded research Proportion of faculty with peer-reviewed publications Proportion of faculty with published books	Faculty and students engage in teaching/learning and scholarly activities that emphasize the discovery and/or application of new knowledge.

	Faculty collectively demonstrate expertise spanning the full spectrum of professional education		Proportion of core and associated faculty with board certification Proportion of faculty with advanced doctorate Proportion of faculty at each rank Proportion of credits taught by core faculty vs associated faculty Number of area clinicians involved in classroom teaching	Faculty display a significant commitment to teaching Faculty have content expertise in their teaching area
<u>Risk-taking environments</u> environment encourages students to explore new ideas and test their skills faculty take risks and encourage students to stretch in new ways	Program provides opportunities and encourages students to engage in extramural elective activities Program provides opportunities and supports faculty to engage in the advancement of health care and interdisciplinary, team-based research	Professional Growth and Development	Typical number/type of extramural activities engaged in by class. Proportion of faculty engaged in research or community projects involving interdisciplinary colleagues. Program offers opportunity for students to pursue an original line of inquiry - - Number of students that engage in original inquiry. Number of community activities for student involvement/Number of community activities that are student generated Number of program provided	

			opportunities for students participate CEU activities Number of opportunities for students to participate in electives that expand skills/knowledge.	
Critical dialogue two-way interactive approach to teaching/learning encourage students to take an inquisitive stance	Student involvement in curriculum development, actions taken on course evaluations	Communication	Number of opportunities for students to be involved, eg students on program committees, deans advisory council, student reps. Number of opportunities for student feedback regarding course content – evaluations, surveys, curriculum retreat participation Number of leadership roles available to students	
Integrative learning: theory with practice, self with subject investment in real-world and hands-on learning faculty model integrating knowledge and practice	Faculty engaged in practice	Professionalism (faculty perspective)	Faculty practice (y/n)? Proportion of core and associated faculty involved in routine clinical practice Number of core faculty with clinical specialty Number of "patient opportunities" embedded within curriculum that are not clinical internships.	
	Faculty engaged in R&D to ensure effective physical		Proportion of core and associated faculty involved in	

	therapy delivery		consultation, policy-making bodies at state or national levels Number of faculty APTA members Number of student APTA members	
<u>Mentoring</u> Faculty take interest in students' goal and tailor courses Occasional one-on-one instruction Faculty provide feedback to students on their professional skills development	Faculty mentorship available to support students' interests	Professional Role	Proportion of students per cohort engaged in faculty-mentored projects or extra-curricular activities. % students engaged in faculty mentored research (#) % students reporting satisfaction with faculty mentoring (survey) % students responses indicating agreement that faculty members tailor courses to students (class) goals (survey)	
	Student opportunities to provide peer mentorship		# of organized student peer mentorship opportunities % students engaged in peer mentorship opportunities (tutoring, TA's, peer feedback opps) (#) # of faculty assessments for professional development (#) # contact hours/week (avg) for faculty / student mentorship (count)	

<u>Cooperative peer learning</u> In and out of class group activities for students Faculty engage in collaborative research and team-teaching	Employment of active learning strategies		Number of student group projects Proportion of faculty working on collaborative research projects within program. # group activities (annually?) # peer assessment opportunities (annually?) % students involved in peer study groups % students involved in faculty collaborative research (other faculty collaborative projects?)	Culture of collaboration of faculty and students and across faculty in a variety of areas of effort.
<u>Out-of-class activities</u> Faculty and students develop and sponsor out-of-class activities that are fully supported and an integral part of program	Service opportunities in professional, academic, neighborhood and/or global communities	Service and Social Responsibility (commitment to educating public and improving societal health)	Number of students participating in civic engagement Student/faculty led Pro Bono clinic? Number of students engaged in International learning experiences. Number/type of community health events (#/frequency of activities that cultivate a sense of community % of students who participate with faculty in professional conferences (CSM, ANNUAL, STATE, Content specific types) for personal/professional enrichment not class related). Avg hrs/week in class – avg	A culture of out of class activities that are known to enhance engagement and learning – means to interact with faculty and peers in less formal ways… examples Social activities with faculty, Speaker series, brown bags, physical activities, group outings Evidence of understanding of high impact learning opportunities across stakeholders… activities with purpose vs. for the sake of activities. Advising experiences, faculty availability for such interactions outside class Perception of camaraderie between faculty and students # and Total exposure times for “high impact learning activities.” – domestic service learning,

			study time outside of class, time spent with peers studying, supporting, collaborative learning activities #/frequency of faculty consults outside of class,	international service experiences, research with faculty, clinical practice with faculty… see NSSE references on measuring engagement – 10 criteria..
	Leadership development of students		Number of student leadership roles	
Planned depth and breadth of course work About curriculum evaluation Periodic meetings of faculty to determine necessary knowledge and skills expected of students to learn Specialized and core course requirements align with expectations	Integration of academic and clinical education	Patient Management (delivery of services that optimizes patient outcomes)	Curriculum model Model for curriculum review Length of program in months Number of total credits Number of full time clinical weeks Number of full time academic weeks Average proportion of students with CE experience in each type of setting	Expansion of learning from core expectations of entry practice – elective(advance study learning) Curriculum Faculty participation and acknowledgement of culture of continued improvement in teaching effectiveness, continual assessment, review and enhancement to improve student learning outcomes Frequency of theory to actual practice with faculty mentoring Purposeful content delivery/self reflection and assessment in communication, teamwork, leadership, IPE, conflict management Academic challenges such as: Amount of time in high impact learning skills- • Reflective and Integrative Learning • Learning Strategies • Quantitative Reasoning Learning with peers such as: • Collaborative learning • Discussions with Diverse Others Learning
	Integration of professionalism and core values throughout			Formal component of curriculum that intentionally supports growth in professional behaviors, advising

				interactions on such behaviors, self assessment and development plans for PB
	Using technology to enhance learning	Clinical Reasoning (using knowledge, skills, and judgment)	Number of hybrid classes Number of fully-online classes Use of simulation? Use of standardized patients? Frequency and type of integration of technology in learning experiences	Identified competencies of technology in faculty and students Evidence of tech integration in clinical decision making skills in SLO
	Competency-based outcomes for students		Pass rates on NPTE	
Professional residency Residency experiences designed with students' goals in mind Faculty maintain ties with employers, alums, community members to secure residency sites and supervisors	Post-professional education offerings	Professional Growth and Development (advancing one's own practice through ongoing acquisition of knowledge)	Associated with post-professional residency or fellowship program? PhD program? Av number of PhD students in program	Awaiting data
	Unique clinical education opportunities		Unique/elective CE experiences available?	
Tangible product Culminating activity for students with a product matching program's goals Faculty provide guidance and feedback for the culminating experience	Culminating product with dissemination to the professional community and/or public	Professional Commitment (Advocacy for, engagement in, **advancement** of profession) Evidence Based Practice (integrating evidence with clinical experience, patient preference into practice)	Type of culminating project (eg, comprehensive exam, research project,, case report)	Awaiting data
Support for students and faculty Monetary resources for student assistantships/fellowships and travel to professional conferences Non-traditional course formats	Reasonable integration of research and teaching (faculty loads and expectations)	Practice Management (administration of fiscal, human, and environmental resources)	Amount of financial aid dollars proved to students by the program or university Av amount of support for student travel to professional meetings. Av proportion of time spent	Awaiting data

for working students Career planning and placement assistance for students Monetary resources for faculty salaries, sabbaticals and travel to professional conferences Reward structures for faculty to support involvement in teaching and learning			by core TT faculty in research Teaching Service Practice Av proportion of time spent by core clinical faculty on Teaching Service Practice Proportion of faculty with sabbatical or professional leave in last year Average monthly salary per appointment type.	
	Support for clinical faculty (CIs)		$$ Amount or other type of support offered to clinical instructors Proportion of faculty attending teaching/learning workshops	Awaiting data
	Large core faculty with low dependence on part-time Financial support for faculty professional development		Number of core faculty per student Number of associated faculty per student Total faculty FTE per student Average $$ per faculty member for faculty development	Awaiting data
Support for Basic Infrastructure Requisite equipment and supplies, adequate lab, performance and classroom facilities, adequate library and computer resources	Research support (time, money, infrastructure, staff support)		Teaching lab square footage per student Research lab square footage per core faculty Average operating budget per student	Above Average sq. ft.. space dedicated to program/student learning Above Average sq. ft.. space dedicated to research activities Diverse/Innovative teaching environment (student led clinic) Research/teaching space integration (promotion of EBP) Above average grant dollars for

				research directly to program/unit/School

Appendix

Summary of Excellence Session at ELC, 2011

The following summary was derived through an iterative process and represents a draft only. Attendees at the 2011 ELC participated in small group work to begin the process of defining excellence. They were tasked with answering several questions whose answers might form the framework for further work. The notes from the various small groups were transcribed and send to the Excellence Task Force members with instructions to try to derive themes that would provide a definition of excellence, its components and mechanisms to achieve it. The work of individual members was then summarized as reflected below.

Definition of Excellence

Excellence is manifested by 1) leadership in strategic change and innovation in education and practice; 2) education of highly functioning, exemplary graduates who embrace their full professional role, including patient-centered, evidence-based care, research, interprofessional collaboration, consultation, administration, education of others, advocacy and leadership; 3) prominence in creating new knowledge and translating knowledge into cost-effective patient/client management; 4) commitment to and influence in the professional community. The excellent physical therapy program includes highly skilled and engaged educational leadership, academic and clinical faculty, staff and students that reflect the diversity of society. Excellent programs serve the needs of these constituents as well as individual patients, healthcare institutions and the profession in order to ultimately improve the health of society.

Vital Components of Excellence

Leadership in innovation and strategic change

- Program has Institutional support
- Program has financial and directional autonomy
- Program members participate in the governance of the university
- Program members participate in professional leadership roles
- Program has effective partnerships with healthcare facilities/practices

Social/political responsibility, engagement and advocacy

- Program members participate in political action to advocate for the profession and access to healthcare
- Program members participate in community as advocates for health and healthcare

Highly qualified faculty

- Engaged in practice
- Engaged in R&D to ensure effective physical therapy delivery
- Demonstrate expertise spanning the full spectrum of professional education
- Engaged in creation of new knowledge, knowledge translation and dissemination
- Engaged in collaborative partnerships across disciplines within and outside of university for teaching and research

Opportunities for students

- Leadership development
- Service opportunities in professional, academic, neighborhood and/or global communities
- Unique clinical education opportunities
- Post-professional education offerings
- Faculty mentorship available to support interests

Effective, innovative curriculum and teaching/learning models

- Competency-based outcomes
- Integration of professionalism and core values throughout
- Employment of active learning strategies
- Using technology to enhance learning
- Integration of academic and clinical education
- Interprofessional teaching/learning opportunities

Adequate resources to support faculty, student body, staff, creative projects and risk-taking

- Resources for building a diverse community (faculty and student recruitment/retention)
- Large core faculty with less dependence on part-time
- Support for clinical faculty (CIs)
- Sufficient, quality clinical education sites
- Reasonable integration of research and teaching (faculty loads and expectations)
- Research support (time, money, infrastructure, staff support)

Mechanisms

- Define the societal needs and expectations for academic programs and graduates

- Develop forums and publish perspective papers (new journal) to share ideas for innovation and best practice models and strategies for achieving excellence and meeting societal needs and expectations
- Reduce competition, increase collaborations/partnerships and share resources among programs, eg, faculty expertise, regional DCE, collaborative research
- Work with stakeholders (APTA board, staff and HoD, CAPTE, FSBPT) to implement changes necessary to achieve excellence
- Develop an effective, sustainable clinical education model standardized across programs
- Standardize aspects of programs, eg, pre-requisites, curriculum content, expected outcomes, outcomes assessment
- Develop mechanisms to develop faculty for all faculty and leadership roles
- Develop guidelines for faculty/student ratios, faculty workloads
- Determine mechanisms for addressing student/graduate debt load
- Identify political and social advocacy needs that programs could address collectively
- Identify sources of funding to determine effectiveness of different modes of teaching, mentoring, etc.

ATTACHMENT 4

July 29, 2013

William G. Boissonnault, PT, DPT, DHSc, FAAOMPT
President/Chair
Board of Trustees of the Foundation for Physical Therapy

Dear Dr. Boissonnault,

Thanks for meeting with the Academic Council during our board meeting of June 27, 2013. It was great to hear about the activities of the Foundation and also to hear of your interest in education research and working with the Council. In particular, it was good to hear that educational research is something that can be funded through the Foundation.

We would like to work with the Foundation to best fund and promote education research. We realize that developing a separate endowment will help, as the Education Section has done, but we also realize that results in relatively small amounts of money being available. Thus, we would like to tackle this issue in some of the ways you suggested at our meeting. Below are some of the ideas we discussed and will explore to enhance Physical Therapy Education Research.

1. We will discuss future collaborations with the Education Section that will help the Section, Council and Foundation set priorities for education research funding that best meets everyone's needs.
2. We will spread the word to the Physical Therapy Education community that Foundation funding is already available through usual research grants
3. Establish a research agenda
4. Encourage through Foundation website donations to Education research fund that already exists or new one that could fund education research at a higher level.

Please comment on this letter as you see fit and certainly share its content with the rest of the Foundation's board.

Best,