



CRITERIA FOR EXCELLENCE



AMERICAN COUNCIL OF
ACADEMIC PHYSICAL THERAPY

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A DEFINITION OF EXCELLENCE

Excellence is an aspiration rather than a destination and is characterized by continual improvement. An excellent academic program demonstrates a culture of excellence by continually and intentionally striving to **transform learners, advance knowledge, and improve societal health.**

Excellence is achieved when the academic culture supports the ongoing development and integration of three domains: **inquiry, inclusion, and innovation.** Excellence is also a multi-faceted construct that respects and supports differences among academic programs while inspiring ongoing self-assessment and growth.

INQUIRY	INCLUSION	INNOVATION
<p>Refers to a culture that seeks to develop new knowledge and to translate knowledge into more effective ways of helping patients, teaching students, and serving our communities. This culture places a high value on developing and using scientific evidence in clinical decision-making. It also encourages questioning of assumptions by learners, teachers, and practitioners.</p>	<p>Refers to a culture that welcomes diversity and recognizes that, to be more effective, physical therapy must strive to learn from all communities, especially those that are underserved. An inclusive culture goes beyond ‘cultural competence’ – it seeks to learn from diverse communities and to transform itself. An inclusive culture is, above all, humble.</p>	<p>Refers to a culture that strives continually for improvement and learning, which includes content that supersedes ‘good enough’. An innovative culture encourages learners to question orthodoxy, take risks, and engage in critical thinking. A spirit of innovation is essential to break down the pervasive structural and cultural barriers to building diverse academic and clinical communities. Most of all, innovation expresses our motivation to transform ourselves – as teachers, learners, patients, communities, and society.</p>

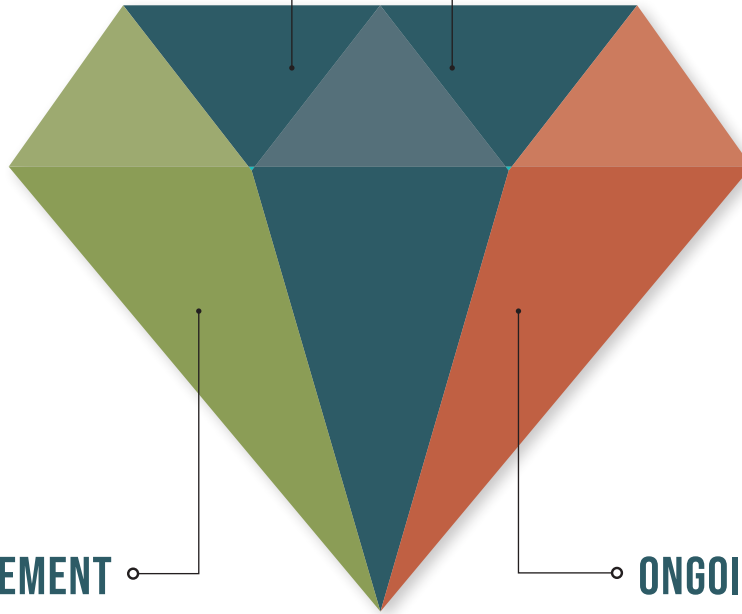
EXCELLENCE IS MULTI-FACETED

PROGRAM CHARACTERISTICS

- Strong and visionary leadership
- Access to appropriate resources and clinical practice
- Motivated, engaged learners
- Culture of continual assessment and improvement
- Continual faculty growth and development
- Faculty and administrators serve as role models

CURRICULUM ATTRIBUTES

- Signature pedagogy
- Strong pedagogical underpinnings
- Interprofessional education and practice
- Practice-based learning within and outside the classroom
- Creates adaptive, life-long learners
- Invests in professional formation
- Fosters leadership development



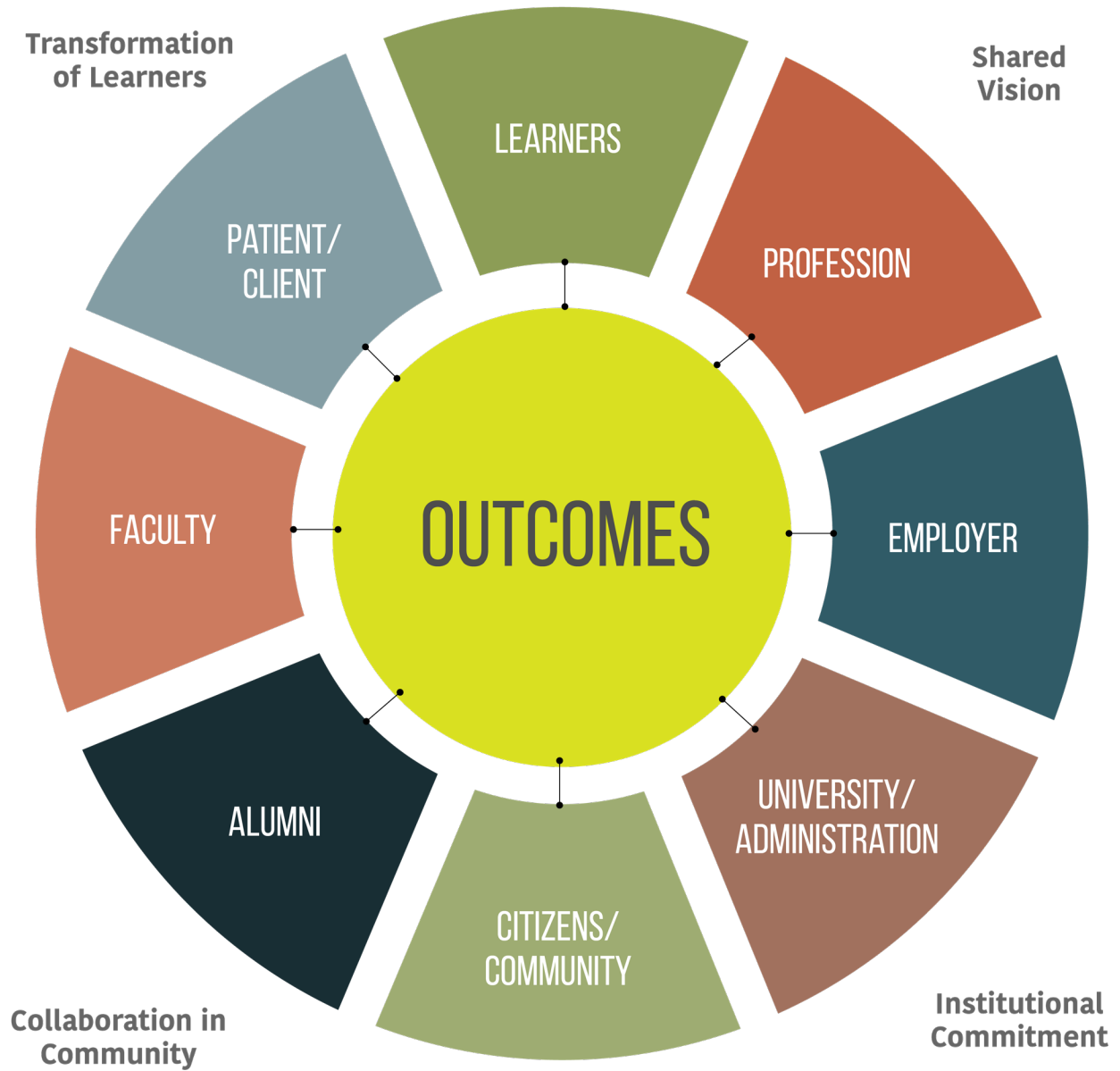
COMMUNITY ENGAGEMENT

- Authentic, collaborative, inclusive community partnerships
- Leadership and modeling skills to transform communities
- Responsive to contemporary societal needs
- Invested in local, regional, and global health
- Invested from pre-admission through professional and post-professional education
- Responsive to societal health needs

ONGOING ASSESSMENT OF OUTCOMES

- Includes relevant stakeholders
- Reflects the continuum of education through practice
- Reflects shared vision, transformation of learners, community collaboration, and institutional commitment

EXCELLENCE: PROGRAM OUTCOMES



Framing outcomes by stakeholders provides multiple focused lenses for examining outcomes

1. Below we identify a set of stakeholders. We may have missed some stakeholders and during some situations we could have a subset of stakeholders. The main take home point is that stakeholders are critical in process
2. Outcomes from the point of view of stakeholders need to be measured at different time-points---We suggest 3 possible times: a. while in process (during program), b. short term (e.g. at graduation) and legacy (e.g., 5-10 years out)
3. Below are examples of outcomes that may be relevant to the stakeholders we identified
 - Learners
 - Financial stability
 - Learner achievement (Pass rates, graduation rates, employment rate)
 - Cost/benefit
 - Opportunities for engagement with people from different backgrounds
 - Faculty
 - Financial stability
 - Engagement within and outside institution
 - Retention
 - Achievements (e.g., publications, funding, awards, teaching excellence)
 - Employers
 - Residencies
 - Technical performance of graduates
 - “Soft” skills of grads (lifelong learning, acceptance of ambiguity, good clinical decisionmaking)
 - Patient outcomes
 - Pass rates
 - Alumni
 - Employment rate
 - Rate of going on to residency and/or PhD
 - Engagement with program long-term
 - Pass rate
 - Professional engagement and contribution and advocacy
 - Accomplishments
 - Patients/Clients
 - Satisfaction with care
 - Improvement in their health and participation

- Accessibility
 - utilization
 - Citizens/Communities
 - Quality of care
 - Access to PT services
 - Affordability, cost/benefit of educational enterprise
 - Responsiveness of program to emerging health needs of community
 - University administrators
 - Reputation
 - Cost/benefit
 - Alumni engagement
 - Retention rate (students and faculty)
 - Pass rate
 - Graduation rates
 - Leadership of faculty
 - Profession
 - Advocacy
 - Leadership roles
 - Service to profession
 - Membership
4. Barriers to determining outcomes
- Still don't know what excellence is
 - High cost/resources it would take to measure
 - May not have skills needed to measure all of these outcomes and synthesize information
 - Don't know how to measure all of these
 - Don't have an integrated system, ie, FSBPT, CAPTE, ACAPT to collect and apply data
 - Don't know how the processes or program characteristics link to any of these outcomes
 - Some things are easy to measure and we may tend to focus on these and lose sight of the things
 - that are important but difficult to measure
 - Outcomes have multifactorial causes that are difficult to determine and may not depend on the program
5. Potential definitions or other ways of looking at excellence
- Excellence with a capital E—the large accomplishments
 - Excellence with a lower case e—what do you do day-by-day that represents excellent service?

6. Question from larger group—Where is innovation, inclusivity and diversity in outcomes measures?

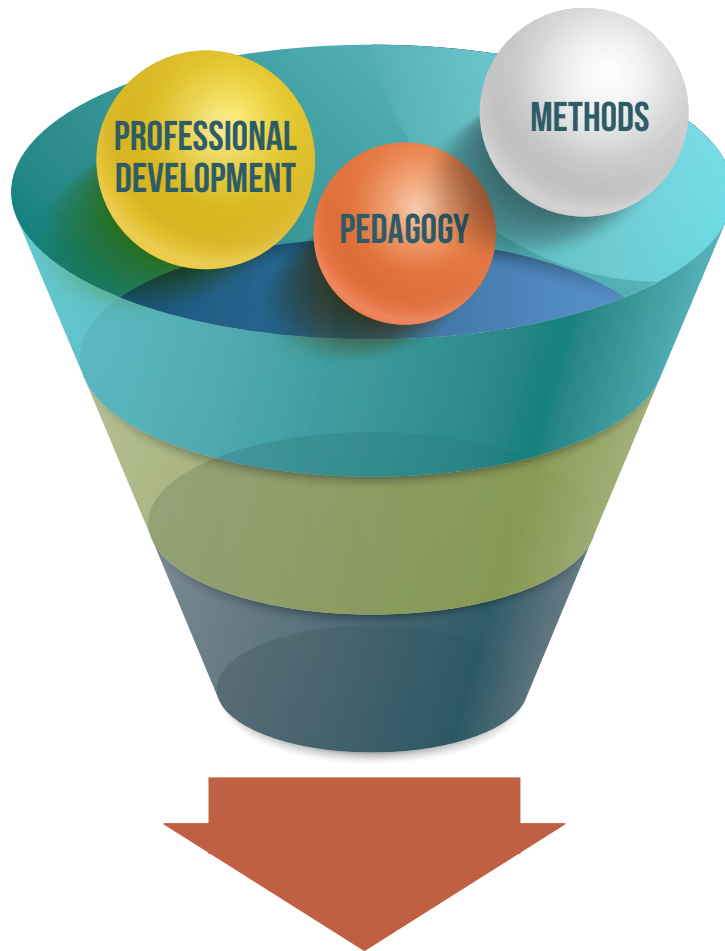
Outcomes group suggested that...

- These concepts are embedded in the concept of multiple stakeholder perceptions
- The measures of these constructs sometimes devolve into counting numbers of people who “look different” and we think it should be more about the community of learners having a chance to work with and interact with people with different backgrounds
- The above said, it is important to be more explicit rather than implicit in looking at outcomes

7. Other important observations and discussions

- a. Stakeholders need to be consulted about what is important to them
- b. A constellation of outcomes would need to be assessed with thresholds for defining excellence
 - Some items may be mediators of excellence rather than measures of excellence, eg, Financial stability/autonomy of program
 - What constellation of outcomes would reflect excellence?
 - There may be key elements, eg
 - Achievements of learners, faculty, patients, institution
- c. Frameworks such as Baldrige Excellence Framework were discussed as ways to address excellence in physical therapy education.
- d. Admissions criteria, etc., should be considered as factors when assessing excellence.

EXCELLENCE: PRAXIS OF LEARNING



INITIAL FRAMEWORK

- Human body / movement as a teacher
- Active learning / Engaged learners
- Professional formation/Professional behaviors / ‘soft’ skills
- Leadership
- Pedagogically sound curriculum

REVISED VERSION

PEDAGOGY

Pedagogical (Theoretical) underpinnings – Theoretical or ‘best-practice’ approach; based in sound educational theory; high-impact practices (flipped classrooms, problem-based, competency – these are on the dance floor); curricular models that encourage engaged, active learners; integrated / connected curriculum; facilitates reflective learning.

AN EXCELLENT PROGRAM - Adopts a sound theoretical approach that incorporates these attributes – learner centered, active learning, collaborative, and professionalism. Informed and modified by results of regular assessment and evidence.

Signature Pedagogy – Human body / movement as a teacher, the body as it moves.

AN EXCELLENT PROGRAM can clearly delineate how their learners become experts in the human movement system analysis, intervention and optimization for individuals and populations.

PROFESSIONAL DEVELOPMENT

Creating Adaptive Learners – Learning from mistakes, ambiguity, promotes resilient, engaged learners, engaged, and reflective.

AN EXCELLENT PROGRAM is one who graduates learners who are self-directed learners, tolerant of ambiguity, resilient, engagement, reflection

Investing in Professional Formation – Professionalism assessed throughout the curriculum, soft skill development, emphasis on the affective domain, value diversity, professional behavior development as important as clinical care, teach learners to be change agents, student time respected & stress managed. Empathetic, inclusive, ethical. Trajectory toward expert practice

AN EXCELLENT PROGRAM is one who produces graduates whose interpersonal skills and professional interactions are consistent with the core values of the profession.

METHODS / QUALITIES:

Faculty Development: Faculty culture of professionalism, assessment, innovative, future-oriented; CI's as faculty.

AN EXCELLENT PROGRAM has academic and clinical faculty whose teaching methods are grounded in sound pedagogy and learner assessment and who are future oriented, innovative, collaborative and professional role models.

Practice-Based Learning – Integrated clinical experiences intimately connected to and threaded within the curriculum (in the classroom, ICE, case-studies), experiential learning, building and pedagogically sound. (Moved CI stuff to faculty)

AN EXCELLENT PROGRAM has clinical and didactic educational content and experiences which are an integrated within classroom ↔ outside classroom, across settings, developed and implemented as an integrated whole.

- Includes IPE – Interprofessional education and practice;

AN EXCELLENT PROGRAM teaches collaborative care is an integral component as the future of health services delivery.

COMMUNITY ENGAGEMENT AND *IMPACT*

THEMES FOR EXCELLENCE

1

COMMUNITY RELATIONSHIPS

Academic programs are integrated within their communities including collaborative, authentic and reciprocal partnerships

2

LEADERSHIP AND MODELING

Academic PT programs foster development for students and faculty to transform into leaders in local, regional, and global professional and community arenas.

3

RESPONSIVE TO CONTEMPORARY SOCIETAL NEEDS

Focus, adapt and respond to issues facing persons, peoples and populations.



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GENERAL PROGRAM RECOMMENDATIONS

- Should include specific information related to commitment to communities in their vision/mission
- Should be able to assess the impact of community engagement on the professional development of learners
- Should be able to assess the impact of community engagement on the professional development of faculty
- Should be able to assess the impact of community engagement activities for the community partners.
- Should have inclusive practices across the continuum of PT education (ie – admissions process)
- Create formal criteria and a mechanism in which to recognize programs that have excellence within Community
- Engagement and Impact (part of the ASPIRE)
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- Should be able to assess the impact of community engagement activities for the community partners.
- Should have inclusive practices across the continuum of PT education (ie – admissions process)

ACAPT RECOMMENDATIONS

- Gather more information from various stakeholders such as Carnegie Center for Community Engagement, RWJF
- Create formal criteria and a mechanism in which to recognize programs that have excellence within Community Engagement and Impact (part of the ASPIRE)

NOTES

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