

December 12, 2016

ACAPT Board of Directors
American Council of Academic Physical Therapy
APTA
1111 North Fairfax Street
Alexandria, VA 22314

Dear Board of Directors:

As part of the accreditation process physical therapist educational programs are required to identify expected outcomes for their graduates. Expected outcomes are defined as “competencies that the program expects students to have achieved at completion of the program.” There are, however, no uniform and consistent guidelines for setting expected outcomes for graduates. According to accreditation guidelines, expected graduate outcomes are meant to reflect the mission of the program which, in turn, must be consistent with the institutional mission. Therefore, expected outcomes currently vary across programs.

On October 2, 2015, ACAPT membership approved the motion that: “ACAPT implement a task force to explore the possibility of a common, standardized set of expected graduate outcomes to be adopted by all programs.” Given that professions are derived from society’s recognition of their special status, unique knowledge and the right to practice-autonomy of its members, there is an underlying duty for professionals to meet certain obligations. It seems reasonable to assume that these obligations would not differ significantly among physical therapists or be conditional on the educational program from which one graduated. It may be possible, therefore, to identify a ‘core’ set of graduate expectations that are common to all physical therapist educational programs, with each program potentially also having mission-specific graduate outcomes. (Task Force on Standardized Graduate Outcomes ACAPT Call for Participants)

As a result a five person Task Force on Standardized Graduate Outcomes was formed with the following members: Lisa Dorsey, PT, MBA, PhD, Nannette Hyland, PT, PhD, Terry Nordstrom, PT, EdD, FNAP, FAPTA, Shari Rone-Adams, PT, MHSA, DBA, and Yasser Salem, PT, PhD, NCS, PCS. The charge for the task force was to explore the feasibility of identifying a common, standardized set of expected graduate outcomes

that has the potential to be adopted by all programs. Furthermore, the Task Force will recommend to the ACAPT Board of Directors one of the following task force outcomes:

- to develop of a common set of graduate outcomes for physical therapy education and extend the charge of the task force to formulate a common set of graduate outcomes
- to discontinue this initiative

The task force was convened on June 13, 2016 and held nine conference call meetings over six months. During those meetings, the task force members reviewed, and discussed relevant, current APTA documents, CAPTE documents, and the health professions educational literature and practice among the following professions: physical therapy, medicine, pharmacy, nursing, athletic training, health sciences, veterinary medicine, psychology, occupational therapy, physician assistant, social work, public health and higher education.

After a thorough review of 99 documents (Appendix A) and deliberation, the Task Force on Standardized Graduate Outcomes **recommends that a common set of graduate outcomes for physical therapy education be developed and to extend the charge of the task force to formulate a common set of graduate outcomes.** Furthermore, the Task Force strongly recommends that this effort be an integrated initiative guided by a comprehensive framework encompassing all levels of professional education, residencies, and fellowships. The Task Force recommendations align well with and are supported by a number of the documents reviewed including, motion V13 (passed) put forth by the Professional Affairs Unit as noted in the November 2015 American Physical Therapy Association Board of Directors Minutes:

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

“Furthermore, these standardized performance-based assessments would decrease unwarranted variation in physical therapist education and practice. Theses assessments would be progressive from the pre-admission process to graduation.”

In addition, in 2014, the APTA adopted a new Vision - “Transforming society by optimizing movement to improve the human experience”. The November 2015 Excellence in Physical Therapist Education Task Force Minutes highlighted the *scope of the problem*, based on historical frameworks, to achieve the new vision relative to RC 13-14 Best Practice for Physical Therapist Clinical Education:

“...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 healthcare environment.”

In the 2015 Excellence in Physical Therapist Education Task Force report to the APTA Board of Directors, several challenges in pursuing excellence in education were identified, including: (excerpted):

- *there are widespread concerns that students are not optimally prepared for clinical education, practice, and the evolving healthcare environment;*
- *accreditation for physical therapist education programs promotes minimum standards that neither drive excellence nor distinguish between developing and established quality programs;*
- *the physical therapist profession lacks a current, comprehensive, centralized, and accessible repository of education; related data to drive decision; making and evidence-based teaching;*
- *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;*
- *research and evidence to support best practices, innovation, and excellence in physical therapist education is very limited;*
- *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.*

Additionally, the Excellence in Physical Therapist Education Task Force report to the APTA Board of Directors went on to advise that when developing a common set of graduate outcomes it will be imperative to align the common outcomes with other initiatives in physical therapist education and practice, such as residencies, to avoid the unsuccessful “fragmented approach” physical therapist education has taken in the past. Presently there are several groups that are exploring a common set of competencies including, the Clinical Education Summit Strategic Initiatives: Updates and Ideas, The

American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE), the ELP subgroup - Performance-Based Student Outcome Assessment, and the ACAPT Task Force on Graduate Outcomes. We strongly recommend a pause in these efforts to allow APTA, ACAPT, ABPTRFE, and ELP to arrive at a systematic, consolidated and coordinated effort because all of this work is deeply interrelated. We firmly believe not to do so will result in fragmented, incoherent outcomes and not provide the key stakeholders with the desired result.

Variations of physical therapist education exist secondary to the lack of a common set of outcomes which has led to difficulty in developing strong educational assessments and benchmarking. Despite these variations, Grignon et al. (2014) determined there were ten common themes that emerged across expected graduate outcomes in entry-level physical therapist educational programs. They noted the common themes “reflected APTA core documents and were common to other health professions” (Grignon et al, 2014, p48). Furze et al. (2016) explored Physical Therapy Residency and Fellowship Education and identified a framework for seven common domains of competence across all programs. In 2016, ABPTRFE published a set of core physical therapy residency competencies established from a 2014 work group. This document outlines seven core competencies that have some areas of overlap with the competencies suggested by Furze et al. (2106). Each core competency is listed with multiple behaviors along with a draft evaluation instrument. These authors reached a similar observation as the APTA Excellence in Physical Therapist Education Task Force writing, numerous groups perform similar tasks trying to advance the profession but often go in divergent directions (2015). As Grignon et al, Fruze et al, the APTA Excellence in Physical Therapy Education Task Force, and now the members of this ACAPT Task Force are recommending, the process of developing common outcomes needs to occur across the continuum of professional physical therapist education and include assessment, to provide a clear alignment for the advancement of the profession to occur. Finally, it is essential that the development and assessment of graduate outcomes is a collaborative process inclusive of all stakeholders in professional and post-professional education and practice.

It is critical in the development of standardized outcomes that these outcomes are woven closely with other process aspects of the program including curriculum, learning strategies and learning opportunities. Christensen et al. (2007) concluded that, “separation of process and outcomes...is artificial and may distract educators from more in-depth integrated program development” (p. 672). Formulation of standardized outcomes must follow a “comprehensive line in curricular planning” (Christensen et al, 2007, (p. 672). Development of the outcomes without consideration for process may result in outcomes that are focused on assessment without regard for the learning

process, the development of new knowledge in the field or the performance of students and graduates in the clinical setting. Once measurable outcomes are established, a systematic, iterative approach must be established on both the national level and at the program level. On the national level a comprehensive approach must be developed to assist programs in integrating the standardized outcomes into the curricula process, measuring the outcomes, and using the data to make informed curricular decisions. Focus on the standardize outcomes and measurement of such has the potential to lead to reductionism if not linked back to the ultimate performance of students and graduates in the clinical setting. A comprehensive, systematic approach must be taken in the establishment of standardized outcomes and in the implementation process. (Christensen, et al. (2007).

Of all the professions we examined, medicine and pharmacy are the most comparable to physical therapist education and practice and furthest along in development of common outcomes. We believe that medicine provides the model for a comprehensive framework that not only accomplishes the primary recommendation of the task force, but also the second recommendation for an integrated, comprehensive continuum of outcomes in professional and post-professional education. In 2013, the Association of American Medical Colleges (AAMC) initiated work on the professional activities that any resident should be able to perform on day one of residency (Englander et al, 2016). That work culminated in defined “entrustable professional activities” (EPA) that are linked to key competencies and milestones. The article by Englander describes the AAMC process, including the collaboration with medical schools and residency programs. That initial process took about two years. As an indication of the fruitfulness of that effort, medicine is now in a pilot phase developing curriculum, assessment and faculty development programs needed to enable graduates to meet those EPA. There is also work in the various medical specialties that integrates those EPAs into specialty practice, e.g. Carraccio et al (2016) in pediatrics. Medicine also published a comprehensive faculty and learner guide (AAMC, 2014a) and a curriculum developer guide (AAMC, 2014b) to assist medical schools and residency programs with implementation. As an additional benefit, this work is enabling extensive education research in that profession, a key goal for physical therapist education as well (Jensen et al. 2016).

Similar to medicine, the Center for the Advancement of Pharmacy Education (CAPE) panel generated the CAPE 2013 Educational outcomes, which became the Accreditation Council for Pharmacy Education (ACPE) standards in 2016 (CAPE Educational Outcomes, 2013). These educational outcome requirements are a clear direction for pharmacy education and the practice of pharmacy. Colleges and schools have developed curricula that are based on the outcomes.

Likewise, as the Association of American Medical College (AAMC) released a set of “entrustable professional activities” (EPAs) to guide the medical association, the American Association of College of Pharmacy (AACCP) charged AACCP Academic Affairs Standing Committee to identify the EPAs for pharmacy graduates as they transition from completion of Advanced Pharmacy Practice Experiences into practice and post-graduate opportunities such as residency training. The committee identified a total of 51 statements that were classified into one of two categories 1) Essential EPA (all pharmacists must be able to carry out this function/task/activity); or 2) Supporting EPA/Task (closely associated with an essential EPA; a task or activity that is typically done in order to accomplish an essential EPA) (AACCP Academic Affairs Standing Committee report, 2015-2016).

On a broader scale, the American Association of Colleges and Universities (AAC&U), through a multi-year project, identified *The Essential Learning Outcomes* to prepare students with a skill set necessary to meet the challenges of the 21st Century. These Outcomes include Knowledge of Human Cultures and the Physical and Natural World, Intellectual and Practical Skills, Personal and Social Responsibility, and Integrative and Applied Learning (<https://www.aacu.org/leap/essential-learning-outcomes>). They have been recognized as an alternative assessment of student learning in ways other than the traditional higher education metrics of enrollment, persistence, and degree attainment. National Leadership Council for Liberal Education and America’s Promise (LEAP) encourages that the outcomes be adopted by all institutions and all majors. There is no need for a “one-size-fits-all” curriculum, but instead integrate the outcomes into specific areas of study to enhance and strengthen current programming (The LEAP Vision for Learning Outcomes, Practices, Impact, and Employers’ Views, AAC&U, 2011).

As outlined, the literature from AAC&U and the professions of medicine and pharmacy indicates that developing a set of clearly articulated shared student learning outcomes could assist all physical therapy stakeholders to better understand the purposes and connections of physical therapy education and the educational experiences and skills graduates need. Furthermore, establishing graduate physical therapy student learning outcomes nationally could provide a framework to develop and measure educational experiences which align with physical therapy core values. We believe an overarching learning outcomes framework can identify overall expectations of physical therapy graduates, while at the same time developing student characteristics that are consistent with individual program mission.

Lastly, the Task Force on Standardized Graduate Outcomes extends a few recommendations to be considered when developing the common set of graduate outcomes:

- In addition to V13, incorporate V10 (passed), *“That a concise set of outcome competencies for physical therapist graduates be identified and adopted. These competencies should be: at the highest level possible, essential, and rigorous. The competencies also should be responsive and adaptive to current and future practice, and should not focus on profession-specific skills, but rather on skills necessary to function as members of the health care team”* and V12 (passed), *“That a comprehensive and progressive data management system for physical therapist education that is accessible to stakeholders and includes the following be established”* in future action (November 2015 American Physical Therapy Association Board of Directors Minutes).
- Implement a clear, integrative graduate outcomes development, adoption and assessment process with a definitive timeline and communication plan. Including specifics with regard to how the outcomes will be developed, how the outcomes will be assessed, and by whom.
- Overall common outcomes would need to afford program’s pedagogical autonomy (e.g., goals, objectives, delivery of education) and meet unique program, department, and/or institutional mission objectives. Morley et al. (2015) explored medical school mission statement alignment with graduate outcomes. One of their conclusions was that graduate outcomes reflective of medical school mission may result in greater alignment with workforce outcomes (Morley et al. (2015). That study provides evidence as to how standardized outcomes can support physical therapy’s responsibilities to society while preserving the rich diversity in physical therapist education.

The extensive review this Task Force completed leads us to strongly recommend that this effort be integrated into a broader, comprehensive framework in professional and post-professional physical therapist education that identifies preparedness for clinical education experiences and residency and fellowship education. This integrated, comprehensive framework would create a cohesive continuum of outcomes from entry into initial through final clinical education experiences, entry into practice (graduate outcomes) and residency/fellowship education. We thank you for the opportunity to serve on the ACAPT Task Force on Standardized Graduate Outcomes and for the consideration of our recommendations.

Respectfully submitted,
The ACAPT Task Force on Standardized Graduate Outcomes

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APPENDIX A

ACAPT Task Force on Graduate Outcomes Literature and Resource Data Bibliography

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