Preface

To fulfill its mission, the physical therapy profession must have a clear vision for professional education. This proactive view of the future must be consensus-based and exemplify the traditional values of the profession, including, among others, patient-centered service, rigorous professional education that includes classroom and clinical activities, independent judgment, and professional integrity.

It is appropriate and necessary for the profession to develop and routinely revise models for physical therapist professional education. Such models may be descriptive, explaining what is; prescriptive, mandating what should be; or consensus-based, presenting the profession's vision both for professional education and of how to achieve it. A normative model is a consensus-based model that reflects a set of values shared by the profession and is responsive to changing expectations, the expanding body of knowledge, and the physical therapy practice environment. *A Normative Model of Physical Therapist Professional Education* is intended to:

- Reaffirm the philosophical and educational underpinnings of the profession's commitment to professional education at the postbaccalaureate level.
- Serve as an expression of the profession's preferred prerogatives, perspectives, beliefs, and values relative to physical therapist professional education.
- Provide a mechanism for existing, developing, and future professional education programs to evaluate and refine curricula, and integrate aspects of the profession's vision for professional education into their mission.
- Serve as a primary resource for the Commission on Accreditation of Physical Therapy Education (CAPTE) in its periodic review and assessment of the evaluative criteria for physical therapist professional programs.
- Provide a foundation for the development of innovative programs and curricular designs that reflect institutional mission.
- Minimize the risk of achieving a level of programmatic variability in physical therapist professional education that could fragment, confuse, and leave uncertain the profession's identity.

To be effective, a normative model routinely must be reevaluated to ensure that it is appropriately responding to changes in patient/client and family expectations, the health care environment and societal needs, and higher and professional education.

A Normative Model of Physical Therapist Professional Education: Version 2000[1] (NMV2K) was the first revision of the consensus-based professional education model produced in 1997 (NMV97). The Coalitions for Consensus process was initiated in 1994 to achieve a high level of agreement about the purpose, meaning, scope, and preferred outcomes of physical therapist professional education (See A Summary of the Coalitions for Consensus Process, Appendix G).

NMV97 was approved for dissemination by APTA's House of Delegates in 1997 (RC 25-97) and passed with the proviso that the volume would be revised every 3 years contingent upon changes within the health care environment, higher education, the body of knowledge associated with the physical therapy clinical science, professional education programs, and patient/client expectations regarding physical therapy services. Beginning in summer 1999, an ad hoc documentation group was charged with the responsibility of coordinating the revision efforts. Most important, the group was challenged to formulate the necessary and timely changes to reflect contemporary professional (entry-level) practice while maintaining the original intentions of the member consultants and others who contributed to the development of NMV97.

The revision process involved a comprehensive review and assessment of NMV97 in light of health care, economic, educational, and practice considerations that might alter the scope, breadth, depth, and sequencing of the curriculum (academic and clinical components). Also, the model was evaluated in light of current APTA documents, including the *Guide to Physical Therapist Practice*.[2] All of the practice expectations of the graduate, and associated educational outcomes and terminal behavioral objectives, were revised to be consistent with the terminology and elements of the patient/client management and the impairment/disability models. To

ensure that the primary content was appropriate, accurate, sufficiently comprehensive, and reflective of an expanded body of knowledge, the model's foundational and clinical science content was reviewed by 40 content experts who recommended edits and changes based on the current state of knowledge within the respective content areas. Finally, NMV2K was reviewed by all of the original member consultants that participated in all of the consensus conferences between 1994 and 1997, as well as others selected from a variety of the stakeholder groups that would use the model.

As a result of the entire review and revision process, the following changes were incorporated into NMV2K, among others:

- Revised content to reflect contemporary knowledge in foundational and clinical sciences.
- A more tightly integrated, concise presentation with greater clarity regarding how the profession and professional education had changed since NMV97 was published.
- Revised terminology to be congruent with language found in APTA documents, including the *Guide to Physical Therapist Practice* and House of Delegates positions and policies on direction and supervision of the PTA and other support personnel.
- Balance of content across all practice expectations, including examples of terminal behavioral objectives and instructional objectives reflective of the breadth of physical therapist practice (life span, diagnosis, gender, and diversity).
- Full integration of the academic and clinical education components, with two columns provided for "Examples of Instructional Objectives"—one column for instructional objectives to be achieved in clinical practice and the other column for instructional objectives to be achieved in the classroom.
- Elimination of redundancy in clinical education by retitling the "Non Curricular Section as Organization and Resources" and including the roles and qualifications of clinical education faculty (CCCE, CI) along with the other descriptions of academic faculty.
- Addition of information on "Infrastructure/Clinical Education Administration" to better reflect those aspects of clinical education defined by a partnership between the academic program and clinical site and those aspects between the two entities that remain distinct.
- Addition of references used to develop the model.
- Addition of an appendix on "Expectations for the Preferred Relationship Between the Physical Therapist and the Physical Therapist Assistant" taken from *A Normative Model of Physical Therapist Assistant Education.*

In 2003, the NMV2K underwent a comprehensive review and assessment in light of health care, economic, higher education, physical therapist education, and practice considerations that have altered the breadth, depth, scope, and sequencing of the curriculum. The model also was evaluated in light of current APTA policies, positions, guidelines, and documents, including the *Guide to Physical Therapist Practice, Revised 2nd Edition*.[3] Other documents external to the profession also were considered during the revision process, including Institute of Medicine's *The Core Competencies*[4] and *Crossing the Quality Chasm: A New Health System for the 21st Century*,[5] Healthy People 2010,[6] the American Association of Medical Colleges report on learning objectives for medical student education,[7] *Professionalism in Physical Therapy: Core Values* (Appendix A),[8] and elements contained within APTA's Vision 2020[9] statement. An ad hoc group managed and coordinated the review process to ensure consistency with all of the documents listed above as well as congruence with the direction in which physical therapist professional education is moving as a profession in transition. Finally, a draft revision of the *Normative Model for Physical Therapist Professional Education: Version 2004* (NMV2004) was reviewed by all physical therapist programs and other stakeholder groups that would use the model.

As a result of the entire review and revision process, the following changes were incorporated into NMV2004, among others:

- Incorporation of the outcomes (practice expectations, educational outcomes, content, example terminal behavioral objectives, example instructional objectives achieved in the classroom and in clinical practice) from the conference Coalitions for Consensus: A Shared Vision for Professionalism in a Doctoring Profession, as described in

the Board of Directors-approved document *Professionalism in Physical Therapy: Core Values*, included as Appendix A.

- Definition of each theme found prior to the practice expectations.
- Reorganization of the model into chapters, with an introduction provided for each chapter.
- Reorganization of curricular practice expectations (Chapter 2) to precede the foundational and clinical sciences (Chapter 3), given that the education outcomes for the program are supported by foundational and clinical sciences.
- Identification of specific tests and measures and interventions from the *Guide to Physical Therapist Practice, Revised 2nd Edition* that delineate expectations of program graduates at the level of skill and/or knowledge.
- Inclusion of the 2000 *Prevention, Health Promotion, Fitness, and Wellness Supplement* as Appendix D.
- Revision of language where appropriate to be consistent with the June 2003 *Guide to Physical Therapist Practice, Revised 2nd edition.*

References

1 *A Normative Model of Physical Therapist Professional Education*. Alexandria, Va: American Physical Therapy Association; 2000.

2 *Guide to Physical Therapist Practice*. Rev 1st ed. Alexandria, Va: American Physical Therapy Association; 1999.

3 *Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.

4 Institute of Medicine. Health professions education: a bridge to quality. *The Core Competencies*. Washington, DC: The National Academy of Science; 2003; 45-73.

5 Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press, 2001.

6 U S Department of Health and Human Services. Healthy People 2010. 2nd ed. In: Understanding and Improving Health ad Objectives for Improving Health. Washington, DC: US Government Printing Office; 2000.

7 Association of American Medical Colleges. Report 1: Learning Objectives for Medical Student Education: Guidelines for Medical Schools. Washington, DC: Association for the American Medical Colleges; 1998.

8 American Physical Therapy Association Education Division. *Professionalism in Physical Therapy: Core Values*. Alexandria, Va: American Physical Therapy Association; 2003 [developed from the APTA Education Division's 2002 Coalitions for Consensus: A Shared Vision for Professionalism in a Doctoring Profession].

9 American Physical Therapy Association House of Delegates. APTA Vision Sentence for Physical Therapy 2020 and APTA Vision Statement for Physical Therapy 2020. (HOD 06-00-24-35). Alexandria, Va: American Physical Therapy Association; 2000.