

Chapter 4. Organization and Resources

Introduction

This chapter provides information on the infrastructure of a physical therapist education program, necessary both to place the curriculum in context and to ensure its success. In terms of context, it describes the prerequisites and admissions criteria for students, articulating assumptions necessary to develop appropriate learning experiences in the professional curriculum.

This chapter also includes descriptions of several aspects of the resources needed for a successful physical therapist education program. These areas include the educational setting; the qualifications of the program administrator and faculty, including the academic coordinator/director of clinical education; and the management of the clinical education component of the program.

Applicant Qualifications

Prerequisites

The preferred prerequisites for admission to a physical therapist professional education program are:

- The bachelor's degree (the desirable knowledge, skills, and behaviors that a student should bring to a physical therapist professional education program are best acquired through an organized undergraduate learning experience that culminates with the awarding of the bachelor's degree).
- An academic record that demonstrates a balance of course work in the humanities and the social and natural sciences and that includes a selection of at least six courses in the humanities and social sciences, generally includes psychology and statistics, and includes 1 year each of physics, chemistry, and human anatomy and physiology (vertebrate, mammalian, and human)—all with laboratory experiences. If biology is not a prerequisite for human anatomy and physiology, then biology is a prerequisite. (*Note: no further delineation of course work is warranted.*)

If used, standardized admissions tests should be selected to match the purpose intended, measurement of achievement, or aptitude. Standardized admissions tests should have demonstrated validity for physical therapy.

Admissions Criteria

The preferred applicant to a physical therapist professional education program will give evidence of and demonstrate:

- An informed commitment to and understanding of the profession of physical therapy, including practice, settings, and service. These attributes can be measured through analysis of an essay, recommendations, interviews, or documentation of experience in clinical settings.

- A grade point average (GPA) commensurate with graduate school admission requirements.
- Competence in 1) conveying ideas in an organized manner, 2) critical thinking and logic, and 3) writing. This competence should be measured using valid tools, which can include transcript analysis and standardized testing.
- Interpersonal communication skills needed to participate in professional discourse (evidenced by life and community experience or the interview process).
- Literacy in computer technology.

Admission decisions may involve an assessment of the following factors, among others: 1) rural or underserved area status, 2) blend of students consistent with institutional mission, and 3) practice preferences. These decisions should be made in the context of societal needs.

Educational Setting

The preferred setting for physical therapist professional education is at the department level within an institution of higher education and offers:

- Adequate funding of operating costs through the sponsoring institution's operating budget; if nonbudgeted revenue is required (eg, gifts, grants), the setting will strongly encourage the formation of a strategic funds–development partnership between the physical therapist professional education program and the sponsoring institution.
- A level of access, participation, decision-making authority, and advancement that is equal to that of administrators and faculty in similar administrative or academic units.

- Adequate space for faculty and staff; access to classrooms, conference rooms, and laboratories of sufficient quality and quantity; and equipment and materials for state-of-the-art teaching and research activities with access to adequate libraries.
- A cadre of full-time faculty appropriately educated to engage in all areas of professional education, which include teaching, research, service, and patient/client care.
- Adequate administrative and staff support for all departmental functions.
- An environment that supports each full-time faculty member's pursuit of scholarship and research activity to include but not be limited to the following resources: adequate space, equipment, materials, information technology systems, and time.
- An environment that provides resources and continued support for utilization of information technology systems in didactic and clinical education, research, and patient/client care activities.
- An environment that fosters ongoing faculty and support staff development based on program and professional needs.
- Development of strategies for enhancing faculty and student socialization in within each group's peer communities on campus.
- Regular outcomes assessment of all aspects of the education program to ensure that the mission, goals, and objectives have been achieved for all stakeholders.
- An environment that reflects cultural competence in all members of the community as demonstrated through respect and dignity for each individual.

Qualifications and Role of Personnel

Program Administrator

The physical therapist professional education department administrator is a physical therapist that gives evidence of and demonstrates the following:

- Proven educational leadership, including but not limited to 1) vision for physical therapist professional education, 2) understanding of and experience with curriculum design and evaluation, 3) a record of promoting and supporting professional development, 4) proven effective interpersonal and conflict-management skills, 5) ability to facilitate change, 6) negotiation skills (relative to planning, budgeting, funding, faculty and program status, employment and termination, space, and appropriate academic and professional benefits), and 7) experience in strategic planning.
- Teaching and research qualifications comparable to those of senior full-time faculty members.
- Demonstrated record of peer-reviewed publications that may include any of the following: 1) the scholarship of discovery (the development and creation of new knowledge), 2) the scholarship of integration (the critical analysis and review of existing knowledge), 3) the scholarship of application (the integration and application of existing knowledge to clinical practice and teaching), and 4) the scholarship of teaching (the critique, analysis, and dissemination of knowledge about teaching and learning). (Boyer E, *Scholarship reconsidered: Priorities for the Professoriate*. Carnegie Foundation for the Advancement of Teaching: San Francisco: Jossey Bass Publishers; 1997). An integral and important component of each of the scholarly activities is the continuous and public dissemination of findings through peer-reviewed presentations and publications. (See Scholarly Activity Expectations of Physical Therapy Faculty. In: Commission on Accreditation in Physical Therapy Education. *CAPTE Accreditation Handbook*. Alexandria, Va: American Physical Therapy Association; 2003:E4-E8. Available at http://www.apta.org/Education/accreditation/accreditation_handbook.)

- Senior faculty status.
- Postprofessional academic doctoral degree.
- Qualifications comparable to those of other department administrators who manage similar units within the institution.
- Active service on behalf of physical therapist professional education, higher education, the larger community, and professional organizations related to one's respective disciplines.
- Effective management of human and fiscal resources.
- Cultural competence.
- Commitment to lifelong learning.
- Active role in institutional governance.

Program Faculty (Academic)

Program faculty is defined as all faculty involved in the physical therapist professional education program, including:

- *Core faculty*: those individuals appointed to and employed primarily in the academic programs, including the program administrator.
- *Associated faculty*: those individuals who have classroom or laboratory teaching responsibilities in the program and who are not core faculty or clinical education faculty.
- *Clinical education faculty*: those individuals engaged in providing the clinical education components of the program.

The physical therapist core, adjunct, and supporting faculties will include a blend of expert clinicians and postprofessional doctoral-prepared

faculty who will give evidence of and demonstrate the following as appropriate to their role:

- Postprofessional academic credentials consistent with roles and responsibilities, with a doctorate expected.
- Postprofessional clinical credentials consistent with roles and responsibilities, with clinical specialization expected.
- A current and continuous record of scholarly activity that may include any of the following: 1) the scholarship of discovery (the development and creation of new knowledge), 2) the scholarship of integration (the critical analysis and review of existing knowledge), 3) the scholarship of application (the integration and application of existing knowledge to clinical practice and teaching), and 4) the scholarship of teaching (the critique, analysis, and dissemination of knowledge about teaching and learning) (Boyer E, *Scholarship reconsidered: Priorities for the Professoriate*. Carnegie Foundation for the Advancement of Teaching: San Francisco: Jossey Bass Publishers; 1997). An integral and important component of each of the scholarly activities is the continuous and public dissemination of findings through peer-reviewed presentations and publications. (See Scholarly Activity Expectations of Physical Therapy Faculty. In: Commission on Accreditation in Physical Therapy Education. *CAPTE Accreditation Handbook*. Alexandria, Va: American Physical Therapy Association; 2003:E4-E8. Available at http://www.apta.org/Education/accreditation/accreditation_handbook.)
- Verbal and written communication skills, including the ability to address difficult issues and diverse populations.
- Effective interpersonal skills.
- Professional and ethical behavior.
- Cultural competence.
- Currency in content and teaching (ie, planning, implementing, and evaluating) expertise, clinical practice, and the processes of evaluating teaching and learning in the curriculum.

- Commitment to engage in service to the department, institution, and profession, including membership in professional organizations, such as APTA.

Program Faculty (Clinical)

The preferred physical therapist center coordinator of clinical education (CCCE) will give evidence of and demonstrate the following appropriate to his or her role:

- Administrative and management skills necessary to plan, implement, coordinate, and evaluate the clinical education program and to provide ongoing oversight and evaluation of clinical educators who provide instruction for the clinical education program.
- Current clinical competence in his or her area of practice.
- Legal, ethical, and professional practice.
- Effective interpersonal skills.
- Cultural competence.
- Instructional skills that incorporate concepts of adult and lifelong learning, teaching in the clinical context, planning alternative or remedial learning experiences for students, and accommodating students with special needs.
- Supervisory skills that include overseeing educational planning, implementing clinical experiences, and evaluating performance of both clinical instructors (CIs) and students.
- Participation in professional activities, including membership in professional organizations, such as APTA.
- Formative and summative performance evaluation skills.

The preferred physical therapist professional CI will give evidence of and demonstrate the following:

- Current clinical competence, including preferably a minimum of 1 year of clinical experience.
- Legal, ethical, and professional practice.
- Effective interpersonal skills.
- Skill in interpersonal relationships with students and others.
- Cultural competence.
- Instructional, supervisory, and performance evaluation skills commensurate with the content of the APTA Clinical Instructor Education and Credentialing Program.

Faculty in the Aggregate

The preferred physical therapist professional education faculty in the aggregate will give evidence of and demonstrate the following:

- A sufficient number of full-time core faculty who possess the expertise to address content of teaching, research, governance, and administration.
- A sufficient number of full-time core faculty who are physical therapists.
- A workload that includes opportunities for the entire core faculty to engage in ongoing research, clinical practice, or both, in order to remain current in the delivery of physical therapy services.
- Ability to design and evaluate the curriculum to ensure that educational outcomes corresponding to entry-level practice expectations are being achieved.

- Ability to identify effective or unsafe practices and performance deficits of students and to determine the students' readiness to engage in clinical education and proceed to clinical practice.
- Ability to coordinate the classroom and clinical education portions of the curriculum.
- Ongoing communication among all program faculty and others directly involved in the program to ensure continuity and consistency between programmatic goals and classroom and clinical education outcomes.
- Active service on behalf of physical therapist professional education, higher education, the community, and the profession.

The number of core, adjunct, and supporting faculty should be consistent with the faculty/student ratio, class enrollment, and aggregate credit hours in the professional phase of the postbaccalaureate program. Currently, in professional programs the average number of full-time core faculty is 8.8 and part-time core faculty is 1.4. The average number of adjunct faculty in a program is 14.7 with an average number of supportive faculty of 4.8. The average core faculty/student ratio is 1:8.4, with an average faculty-to-student ratio in laboratories of 1:12.2. The number of clinical faculty should be consistent with class enrollment and the objectives of the clinical education experience. Currently, on average, a physical therapist program affiliates with 276 clinical education sites. ([APTA Department of Accreditation](#). 2004 Biennial Accreditation Report. Alexandria, Va: American Physical Therapy Association; 2004.)

Clinical Education Management

The clinical education program is an integral component of the entire curriculum to prepare students to enter the profession of physical therapy. Clinical education may be viewed as both a series of individual courses and as a collective process. The clinical education program within the curriculum should address the following elements:

Process

- Both the academic program and clinical education sites have processes for determining the availability of clinical education experiences offered by the clinical sites, including timely communication and timely notice of the intent to use available clinical education placements or to cancel clinical education placements.
- The academic program has processes in place to permit student selection of and placement at clinical education sites.
- The academic program has a policy that directs the student selection/placement process to ensure that the student participates in the variety of clinical education placements deemed necessary by the academic program and that the student has the opportunity to achieve the entry-level performance expectations of the program.

Partnership

- The partnership between the academic program and clinical education sites is collaborative and defined by a formal contractual relationship that explicates the roles and responsibilities of each party.
- Each party maintains its respective required accreditation status and has in place policies and procedures associated with the clinical education process.
- All parties involved have current knowledge of the trends and regulatory and legal issues in health care.
- All parties involved have mutually established, frequent, and effective formal and informal communication mechanisms, which are regularly assessed.

Site Selection

Clinical site selection is by mutual agreement between the academic program and clinical education sites and in general is based on:

- Clinical education site determination of readiness using [APTA Guidelines and Self-Assessment for Clinical Education Sites](#).
- Clinical education site congruence with overall mission and program goals of the academic program as evidenced by the [Clinical Site Information Form \(CSIF\)](#).
- Clinical education site ability to provide a variety of learning experiences that will meet the clinical education objectives outlined by the academic program.
- Clinical education site ability to provide consistent, high-quality, and culturally competent patient/client care, which is based on available evidence.
- Strong administrative support for all aspects of the clinical education program.
- Commitment to equal access for student participation in the clinical education program, including race, creed, ethnic origin, nationality, sexual orientation, and disability.

Essential Components

Effective academic/clinical education partnerships are collaborative and grounded in educational theory. At a minimum this partnership should include:

- Collaborative development, implementation, and assessment of clinical education components.

- The availability of clinical education experiences of sufficient number, length, timing, and scope to meet the expectations of the program for entry-level practitioners.
- Clearly defined roles and expectations of all involved parties.
- Strategies for alternative models of clinical education and supervision.
- Use of valid and reliable evaluation and assessment instruments.
- Respectful, culturally competent, and professional interactions and communications.
- Opportunities for self-assessment and mentoring experiences.
- Delineation of tangible benefits and rewards for the involved parties.

Assessment of Outcomes

The responsibility for assessment of clinical education outcomes is shared by the academic and clinical education programs and includes ongoing:

- Formative and summative evaluation of students conducted by supervising clinical instructors.
- Assessment of achievement of clinic and academic program objectives.
- Assessment of utilization of resources including cost-benefit analysis.
- Assessment of student and CI feedback regarding clinical education experiences.

