

Graduate Program Review of the Department of Rehabilitation Medicine Spring 1997

Introduction

The Department of Rehabilitation Medicine offers graduate programs in occupational therapy, physical therapy and physiatry. In addition to its existing graduate programs the Department is planning to institute graduate level entry level programs in occupational therapy and physical therapy. The committee established to review these programs believed them to be excellent in content and professional personnel, but weak in resources. The Committee was impressed by the major efforts of the faculty and strongly supports the research and instruction of this Department, and the need for further University assistance if they are to continue as viable academic entities.

The Graduate Program Review Committee for Rehabilitation Medicine was appointed February 27, 1997 and the on campus members had an initial meeting with the Dean of the Graduate School Marsha Landolt, Associate Dean Dale Johnson, Associate Dean of the Medical School Dan Dorsa, and Assistant to the Dean of the Graduate School Augustine McCaffery to receive the charge to the committee. The on campus members subsequently met and conducted preliminary interviews with the chair, directors, and graduate program coordinator of the department. These interviews were held by various subsets of the members of the committee. In addition the committee requested a copy of a committee report in physiatry describing the nature of their research project, the PEW Commission report, a selection of recent theses produced by the MS students, and the latest internal documents regarding plans to reactivate the MPT degree. The full committee visited the department on May 8 and 9, 1997. Interviews were held with Drs. Stolov and Anderson, Chair and Vice Chair of Rehabilitation Medicine; Drs. Kanny and Deitz, Head and Coordinator of OT; Drs. Guthrie and Kartin, Acting Head and Coordinator of PT; faculty in OT; faculty in PT; faculty in physiatry; current graduate students in MS programs in OT and PT; graduates of the MS programs in OT and PT; a physiatry graduate student; and a telephone interview with Dr. Massagli, director of the Physiatry program.

The review dealt with three distinct areas in which graduate education is offered (or is proposed to be offered) by the department: 1)MS programs offered by the Divisions of Physical Therapy and Occupational Therapy, 2) Master's programs (MRM and MS) in Physiatry, and 3) Proposed entry level professional training programs at the masters' degree level in OT and PT.

General findings and recommendations

The Department of Rehabilitation Medicine has a strong reputation and is well respected nationally. The faculty are productive both in obtaining grant support and publishing in scholarly journals. Physical space is limited but adequate. The offices for OT and PT faculty appeared cramped if the faculty member tries to meet with more than one student or colleague at a time.

The competition for resources between entry level OT and PT programs and the MS programs is clearly being won by the entry level programs. With additional resources it is important that they not go to simply produce more entry level students but that they also support the MS programs. The regularly funded portion of the programs in OT and PT are understaffed, sufficient at present to offer the entry level program at the bachelors level but unable to offer either the post-professional MS programs or a masters' level entry program without additional support.

The faculty in Physical Therapy is in need of strong leadership to guide members through a challenging transition in the development of these professions. An experienced researcher is needed to act as a role model for the excellent junior doctoral prepared individuals recently added to the faculty. Junior faculty members are overloaded with administrative and teaching obligations that both threaten to burn them out and prevent them from developing research agenda that will result in their promotion and job satisfaction. Uncertainty over the chair position exacerbates the fragility of the faculty. Faculty in OT seem somewhat more stable but again there is real danger of burned out faculty due to the excessive work load.

MS in Rehabilitation Medicine (Occupational Therapy and Physical Therapy Pathways).

The committee recommends the continuation of the post-professional Master of Science pathways in OT and PT.

The post professional MS programs provide important leadership for the OT and PT communities. Both programs are small with OT admitting approximately 5-6 and PT 3 students per year but their impact is extensive. Current students appear mature and focused. Graduates are in positions of importance in the community and all attributed considerable responsibility for their success in their current positions to the MS program. Graduates either return to practice in leadership roles or continue on to doctoral programs and faculty positions. The department has recently completed a training grant involving a cooperative agreement with Special Education in the College of Education to train doctoral level OTs and PTs with an early childhood focus. To provide continued leadership as OT and PT develop into fields with clear bodies of knowledge, the Department of Rehabilitation Medicine should consider the feasibility of a doctoral level program in rehabilitative science.

Recommendation: Ultimately the responsibility for training doctoral level people, most of whom become faculty members in OT and PT programs, will have to rest more clearly within Rehabilitation Medicine. Faculty should begin planning for this eventuality.

Funding for the MS in both the PT and OT pathways relies on grant support. Both pathways make effective use of some joint courses and coursework from around the campus. There are also a set of courses and the supervision of theses that fall on the faculty if the programs are to be offered. In PT there are 5.7 FTE currently available to support the entry level and post-professional programs. Of these only 4.0 are from secure state funding. Grant

support for the remaining 1.7 FTE is in jeopardy. Likewise, in OT grant support has been used to pay for faculty help in running the programs. Funds from training grant money has been extensively cut back and these funding sources emphasize student rather than faculty support. Without additional grant support or stable money for faculty neither program will be able to admit any post-professional students this coming year. Grant support often carries with it programmatic restrictions. In the MS for the PT pathway the funds have come from Maternal and Child Health sources and have thus restricted the program to a pediatric focus.

Recommendation: The resources to support the MS programs in OT and PT need to be strengthened. The equivalent of one additional FTE in each program is needed to allow Rehabilitation Medicine to offer quality post-professional programs.

Additional state support will also allow the department to broaden the scope of the MS degree beyond pediatrics to include a number of other specialties in which the faculty have expertise. Continuation of these programs should be considered a priority of greater long term value than increasing the size of the entry level program.

Within the division of Physical Therapy an additional masters degree program exists for post-professional training leading to an MPT degree. The MPT degree is viewed as more clinical than the research/leadership oriented MS. Unfortunately this is also the name of the degree that they plan on reactivating as an entry level degree.

Recommendation: The confusion caused by two very different MPT degrees should be eliminated by dropping the post-professional MPT and either making the MS the only post-professional degree.

MS in Rehabilitation Medicine (Physiatry pathway) and MRM in Physiatry.

The masters programs in Physiatry are limited to physicians engaged in a residency in physiatry. Prior to 1980 all physiatry residents were enrolled in the MS program as part of their residency. This program required a research project. In 1980 the MRM degree was instigated to remove the necessity of an extensive research project for those directed toward clinical work. In 1994 the required link between the residency and the masters programs was severed. Since then residents may opt to enter either the MS or MRM degree programs, but neither is required. Those electing the masters program take two additional elective courses and write either a thesis or a scholarly paper. Those not electing to pursue the masters degree still do a scholarly paper as part of their residency. Of the 7-10 incoming residents few select the masters program. It appears that at most one per year elected the combination.

The Physiatry program at the University of Washington enjoys a well deserved reputation whether one considers the residency or joint residency/masters programs. The additional value of the masters degree over the residency appears to be present only for those physiatrists who specifically desire to teach at a teaching/research hospital or medical center. The one student with whom we spoke mentioned that he believed the presence of the MS degree and the more extensive research experience associated with that degree

were pivotal in his selection for a prestigious fellowship that will help him toward a career in teaching and research.

The cost of the program is very small. The course work the joint students take is either part of the residency program or regularly scheduled outside coursework. No special classes have to be offered to maintain the program. The primary effort is in proctoring the research efforts. In conducting more extensive MS thesis, the program provides research colleagues for the faculty.

Recommendation: The MS with the Physiatry pathway should be continued. The MRM should be discontinued. The MRM is very similar to the straight residency program and may devalue the MS degree.

Entry level MOT (and MPT) proposal.

In addition to the review of the existing, operating graduate programs in Rehabilitation Medicine the committee was instructed to review a proposal to institute an entry level masters degree in Occupational Therapy (MOT). The proposal would provide a parallel degree to the entry level MPT that has been available but unused since 1979. The requests reflect a desire in physical therapy and occupational therapy to have entry level training at the masters degree level. This movement to masters degree entry training is supported by both disciplines' professional organization. The recommendation is in fact a mandate from the accreditation organization for physical therapy in that, starting in 2002, they will not consider programs for reaccreditation unless they are offered at the masters level (or higher). The committee asked for the latest draft of the MPT program that would be reinstated to consider as well as the MOT proposal.

A part of evaluating the entry level MOT and MPT proposals is to tell how they would change from the current bachelors level programs. The changes take two forms; new requirements and courses, and upgraded courses. The two divisions propose to use both approaches as well as pointing out that the current program is more like a graduate level program than an undergraduate. In OT the primary additions to the programs include course work and a research project. The coursework includes a professional seminar and additional work in research methodology. In PT there are six new courses as well as required independent study or research credit in which to complete their MPT project. The increase in research skills is focused on creating better consumers of research. We are assured that the existing coursework will be carefully evaluated and revised to reflect graduate work. Both degrees would still be professional, entry-level practice oriented degrees.

The changes to an MOT and MPT entry level degree will require additional resources in both OT and PT. Both the additional class work and the projects will require staff that exceeds the 4 FTE positions allotted to each program. The chair has requested one additional FTE in each of the two programs. This addition seems sufficient to convert the programs to graduate study. Without this additional support the already thin spread faculty would be unable to offer quality programs that would differ from the present bachelors degree programs.

Recommendation: The MOT be approved in principle contingent upon increased resources and review of upgraded coursework. Likewise the MPT should be revitalized given the same conditions.

Summary

The programs in Rehabilitation Medicine should be continued. They are quality programs producing graduates who are readily employable. Based on the information provided it appears that the need for professionals trained in the various aspects of rehabilitation medicine will remain strong for the foreseeable future. At present all of the entry level training is done within a bachelor's degree structure and the post-professional done at the graduate level. With the move to conduct entry level as a graduate program there will be some confusion introduced as to what a "masters" represents.

The faculty in Rehabilitation Medicine are productive, well respected scholars and teachers. Within the fields of OT and PT there has been a continuing upgrading of the educational preparation of the faculty and membership on graduate faculty since the last review yet there appears to be a fragility in the faculty that needs attention. The two most evident concerns are insufficient resources to mount the programs that are desired and a lack of sufficient role models and mentors for the junior faculty. Our concern is that junior faculty become so overwhelmed with the tasks required to keep the programs operating that they are unable to develop a continuing line of research necessary for promotion in the School of Medicine. The problem is most clearly exhibited in PT where the uncertainty caused by the search for leadership and the increased work for all of the other faculty while the search gone on threatens the morale of the faculty. Hopefully this situation will be rectified soon with the addition of senior faculty who can mentor and support the existing faculty.

The recommendations of this review committee include the addition of at least one faculty in each program (OT and PT) to bolster the MS programs and an additional faculty in each program to support the change from the existing undergraduate programs to graduate programs. Without these additional resources we believe both the MS programs and the move to have entry level graduate programs are in jeopardy.

Review Committee

Alan J. Klockars, PhD, Professor, Educational Psychology, Chair
Mary Richardson, PhD, Professor and Director, Interdisciplinary Health Services Administration Group

Basia Belza, Ph.D., RN, Associate Professor, Department of Behavioral Nursing and Health Systems

External Members

Kenneth Ottenbacher, PhD Professor and Vice Dean, University of Texas Medical Branch, Galveston

Joyce W. Sparling, PhD PT OT, Professor, Division of Physical Therapy, University of North Carolina, Chapel Hill



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Office of the Dean

June 16, 1997

Dale E. Johnson
Associate Dean for Academic Programs & Research
University of Washington
The Graduate School
200 Gerberding Hall
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Dear Professor Johnson:

Enclosed you will find comments regarding the recent graduate program review for the Department of Rehabilitation Medicine at the University of Washington. These comments are my personal observations and impressions and do not represent the views of the entire review team.

I hope that these observations are useful to you in planning for the future of graduate education in the Department of Rehabilitation Medicine.

Sincerely,

A handwritten signature in cursive script that reads "Ken Ottenbacher".

Kenneth J. Ottenbacher
Professor & Vice Dean

enc:

cc: Professor A. Klockars

Response from External Review Team Member:
Kenneth J. Ottenbacher
Professor & Vice Dean
School of Allied Health Sciences
University of Texas Medical Branch at Galveston

Charge:

"The Committee's charge in this review is to assess the quality of the three degree programs and provide the faculty with constructive suggestions for strengthening the programs. We ask that you also assess the academic aspects of the proposed M.O.T. Degree program and make a recommendation on whether it should be considered for approval." From letter to Committee dated February 27, 1997.

Response:

Quality of the Three Degree Programs:

The Department of Rehabilitation Medicine offers the following degree programs:

1. M.S. in Rehabilitation Medicine (Specialization in Physical Therapy, Occupational Therapy, or Rehabilitation Medicine)
2. Masters in Rehabilitation Medicine (M.R.M.)
3. Master of Physical Therapy (M.P.T.) (Currently not active).

The Department of Rehabilitation Medicine is nationally recognized as one of the strongest academic programs in the country. The faculty are well published and involved in professional, research, and service activities at the national level. A large percentage of students who complete the M.S. degree disseminate the results of their research in refereed publications and/or professional/scientific presentations. The high percentage of students who publish their thesis work in refereed journals is the single best indicator of the quality of the graduate degree program.

The graduate program is small with the majority of students in the occupational therapy concentration. The small number of students is appropriate given the research orientation of the M.S. program, and the small number of doctorally prepared faculty in the physical and occupational therapy divisions. Despite the high quality of the M.S. degree, the future of the graduate program is uncertain. No students are being accepted into the occupational and physical therapy graduate concentrations for the 1997-98 academic year due to the lack of grant support for students and faculty.

Suggestions:

There are well established undergraduate programs in occupational and physical therapy, the M.S. in Rehabilitation Medicine, and the collaborative doctoral program in the College of Education. The occupational and physical therapy divisions are responsible for the majority of graduate education in the Department of Rehabilitation Medicine. The physical therapy division plans to activate the entry-level Masters of Physical Therapy (M.P.T.) and the occupational therapy division has proposed development of a Masters of Occupational Therapy (M.O.T.) degree (entry-level) option. Both divisions are providing these varied academic programs with a small number of state supported faculty (approximately 4 FTE in each division). This is simply not adequate to maintain multiple educational programs at both the undergraduate and graduate (masters and doctoral level). The actual FTE in each division is approximately 6 persons. The additional FTE are supported by grants (2 FTE) in each division. The grant funded positions (at least in the occupational therapy division) will be discontinued in the fall when funding ends.

The available academic evidence suggests that future expansion of occupational and physical therapy educational programs will occur at the post baccalaureate and graduate level. The American Physical Therapy Association has announced that it will not accredit new programs at the bachelors level after the year 2002. The majority of entry-level programs in physical therapy are now at the post-baccalaureate level. Occupational therapy is also moving toward developing more entry level programs at the post-baccalaureate level. Qualified faculty will be needed to teach in these post-baccalaureate programs. The demand for doctorally prepared faculty is very high nationally, and will continue to increase as more entry-level programs move to the post-baccalaureate level. Institutions such as the University of Washington are in a unique position to meet this demand through the development of graduate programs, particularly at the doctoral level.

The university and department should maintain the M.S. degree, but should also make an investment in the department's future by immediately beginning to plan for a Ph.D. in Rehabilitation Science. Several universities are in the process of developing or implementing Ph.D. in Rehabilitation Science programs, e.g., the University of Pittsburgh, the State University of Buffalo at New York, and the University of Florida among others. Ph.D. programs in rehabilitation science have been in existence at Canadian Universities for several years, the oldest one at McGill University in Montreal was established in the mid 1980s. The advantages of developing such a program at the University of Washington include:

There is a growing demand for doctorally prepared faculty in rehabilitation, particularly in occupational and physical therapy. An excellent job market for graduates of a Ph.D. in Rehabilitation Science program exists.

The Department of Rehabilitation Medicine has the existing infrastructure to fast track the development of a Ph.D. program. This infrastructure includes ongoing interdisciplinary research programs, experienced faculty, and strong research support facilities.

The department currently provides undergraduate academic programs, masters degrees, clinical residencies, and post-doctoral training. The only degree missing is the doctorate.

The presence of doctoral students will strengthen the department's research profile by providing a more stimulating scholarly environment including the presence of advanced graduate students to assist with faculty research.

Federal funding is currently available to support the development of advanced interdisciplinary graduate programs in rehabilitation science. For example, the following statement appears in the *Research Plan for the National Center for Medical Rehabilitation Research* published by the NIH in 1993.

The support of training has been recognized by the Advisory Board and staff of the NCMRR to be a priority, and the first grants awarded by the Center were to support institutional training programs. During the next 5 years, the recently funded NCMRR institutional training programs will begin to produce scientists trained to conduct research both within domains and across domains of science. Expansion of these programs and the addition of career development, fellowships, and other programs should continue to be a major focus of the NCMRR's activities for the next decade (p. 49).

The establishment of advanced graduate education programs fits with the mission of the University of Washington and the Department of Rehabilitation Medicine to generate and disseminate knowledge.

The development of interdisciplinary graduate education in rehabilitation should be a high priority in future planning for the department. Support of advanced graduate education in rehabilitation science will help ensure that the Department of Rehabilitation Medicine maintains its leadership role in providing high quality education, research and clinical service to the residents of Washington state and the nation.

1444 Center Grove Church Road
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June 5, 1997

Marsha Landolt, Ph.D.
Dean of the Graduate School
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Dear Dean Landolt:

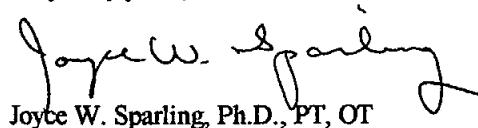
Thank you for the recent opportunity of reviewing the Department of Rehabilitation Medicine. I have been for the last nine years Project Director and PI for the University of North Carolina at Chapel Hill's Maternal & Child Health training grant. Having heard of the wonders of your program for many years at our annual Maternal & Child Health Bureau Conferences, I was delighted to participate in this review. Drs. Kartin and Washington have attended those invited meetings and have spoken highly of Dr. Deitz and the Department. Their positive comments have been justified. I strongly support the further development of these programs, especially at the MS and Ph.D. levels.

One unique aspect involved in this review relates to the current status of the Physical and Occupational Therapy professions. Physical therapy was established early as a response to the needs of our injured soldiers - thus the initial emphasis was on clinical expertise. Occupational Therapy was developed by a psychiatrist, Dr. Adolph Meyer in response to the negative effects of inactivity on his patients - again, a clinical perspective. As these professions have developed over this century, in conjunction with changing health care needs and demands, a major new emphasis on research to support clinical efforts has been mandated. The national organizations of these professions have attempted to emphasize this changing need (sometimes inappropriately demanding that Universities conform to the profession's demands). The reality, however, is that physical and occupational therapy have a specialized body of knowledge that needs to be supported by research, if therapists are to continue to offer quality health care to the nation and specifically to the people of Washington and the northwest. In addition, training of "professional" or entry-level therapists needs to be in conjunction with "post-professional" or advanced education so that both groups will benefit through proximity and the sharing of information.

As a very recent retiree from academia, I'm gaining an additional perspective on health care training - we need to support what already exists that is good. Occupational Therapy faculty such as Drs. Deitz, Kanny, and Engel Knowles are nationally respected leaders in their fields. Your young doctoral recipients in Physical Therapy, such as Drs. Buford, Kartin and Washington, are fast becoming recognized and already have entered the national scene as researchers, teachers and administrators. My fear is that if we do not offer them more support, in terms of additional faculty and time to conduct their research, we will be unable to provide adequate health care to our nation's people in the future.

Thank you for enabling me to witness the successes of the Graduate School at the University of Washington.

Very truly yours,


Joyce W. Sparling, Ph.D., PT, OT