



THE GRADUATE SCHOOL

UNIVERSITY *of* WASHINGTON

June 21, 2011

To: John T. Slattery, Vice Dean, Research and Graduate Education
School of Medicine

From: Gerald J. Baldasty, Vice Provost and Dean
James S. Antony, Associate Dean and Associate Vice Provost for Academic Affairs

RE: Review of the Doctor of Physical Therapy Degree Program

This memorandum outlines the Graduate School's recommendations on the five-year review of the Doctor of Physical Therapy (DPT) degree program offered by the Department of Rehabilitation Medicine. Detailed comments on the degree program may be found in the following documents of the review.

- Charge meeting between review committee, department, and administrators (September 1, 2009)
- DPT self-study (February 1, 2010)
- Site visit (April 19-20, 2010)
- Review committee report (May 21, 2010)
- Department response to the Review Committee Report (July 8, 2010)
- Graduate School Council consideration of review (December 9, 2010)
- Graduate and Professional Student Senate (GPSS) survey results (April 13, 2010) and report (April 30, 2010)

The review committee consisted of the following faculty:

Douglas A. Cheney, Professor, UW College of Education (Committee Chair)
Peter R. Cavanaugh, Professor, UW Department of Orthopedics and Sports Medicine
Irene R. McEwen, Professor, Department of Rehabilitation Sciences University
of Oklahoma Health Sciences Center
James Gordon, Associate Dean and Chair, Division of Biokinesiology and Physical
Therapy, University of Southern California

A subcommittee of the Graduate School Council presented findings and recommendations to the full Council at its meeting on December 9, 2010. Specific comments and recommendations regarding the department and the DPT program include the following:

Program Strengths:

- Collaboration: There is a clear theme of collaboration among administrators, faculty, and students that benefits the program.
- Multidisciplinary education: Related to collaboration, there appears to be an appreciation and reliance on distinctive contributions of each discipline and regular gatherings (meetings/retreats) to sustain these links.

- Poised for growth: The foundation established during the first years of the program, including implementing the self-sustaining model, has prepared the program to increase the number of students in the program and to add faculty.
- Leadership is supportive: The leadership of the program, including Drs. Esselman and Guthrie has contributed greatly to the cohesiveness of the faculty and student satisfaction.
- Self-sustaining program: The program has generated sufficient revenue to support faculty research, travel, dissemination, as well as funding the educational activities.
- DPT applicant pool: The program now has more than 500 applicants (having increased from 300) for the 45 available slots, resulting in highly qualified students in the program.
- Faculty commitment: The students are impressed with the commitment of the faculty to the program and their roles as educators.
- High level of student satisfaction: Students have many ways to provide feedback on the program and are generally very satisfied; confirmed by the responses to the GPSS survey as well. Examples include good mentoring by faculty, support of independent interests, and high regard for both clinical and research training, and confidence in obtaining future employment after completion.
- Good preparation of students: The curriculum is comprehensive, well organized, evidence-based and executed with a high degree of attention to detail. All of the graduates of the DPT program since 2007 have passed the licensure exam on the first attempt.
- Students and graduates are highly professional: The students conduct themselves as professionals, are aware of the professional responsibilities, and are motivated to contribute to the profession.
- Reliance on evidence based practice: Incorporation of up-to-date evidence-based education is a major strength of the program.

Challenges and Risks

- Developing full professors: There is a notable absence of appointments at the full professor level and the review committee recommended both a mentoring program, and considering faculty hiring at a senior level.
- Strategic plan for growth: The committee recommended the development of a clear and comprehensive plan to guide the growth and development of the program over the next 5 to 10 years.
- Faculty recruitment: The committee recommended hiring new research-oriented faculty who can develop both internal and external research collaborations.
- Attaining and maintaining quality for internships and clinical experience: As the program grows, it needs to identify and develop new, high quality clinical sites for students to practice in. Students identified needing more involvement with patients in clinical settings.
- Integration with UW Medicine Physical Therapy: A student clinic in which advanced students can treat patients under the supervision of the clinical PTs in the UW Medicine system is needed.
- Research Laboratory Space: Such space is essential for the research component of the program to grow, and may become available when “back-fill” opportunities arise while the South Lake Union campus grows.
- Faculty and student diversity: As the program grows, increasing diversity among both incoming students and new faculty needs to be a priority.
- Technology and space: The DPT students currently have no space to congregate, and this would be a valuable addition to the program. Similarly, the need for increased access to

computer assisted learning terminals and network printing was also noted.

- Funding: Funding for students is limited and the self-sustaining status of the program constrains students' ability to access financial aid for which they can qualify.

Areas of Concurrence

- The DPT response to the Review Committee was organized around eight specific recommendations set forth by the committee.
- In every case, DPT was in full concurrence. These included:
 1. development of more senior faculty in the DPT,
 2. developing a strategic plan,
 3. facilitating collaborators for new faculty,
 4. augmented supports to the director of clinical education given the anticipated program growth and increased number of students,
 5. creation of new student clinic settings,
 6. location of new research space,
 7. increase the diversity of students and faculty, and
 8. make technology and space for students a priority.
- In several cases, the Department already had developments underway in line with recommendations. Examples include identification of an external facilitator to assist with a strategic plan, development of new resources to meet demands of program growth, development of a new student clinic at Harborview Medical Center, and purchase of new computer equipment and allocation of space.

Graduate School Recommendations

- The Graduate School Council agrees with the overall assessment that the DPT program is healthy, with potential for growth and development.
- We recommend that student financial aid be increased.
- We concur with the review committee that the DPT program be moved from provisional to continuing status, with the next review be in the 2019-2020 academic year.
- We also concur with the review committee recommendation for a strategic planning process that lays out major goals, activities to reach goals, and benchmarks to evaluate progress during the 2010-2012 academic years.

We concur with the Council's comments and recommendations.

- c: Mary Lidstrom, Interim Provost and Executive Vice President
Douglas Wadden, Executive Vice Provost for Academic Affairs and Planning
Peter Esselman, Professor and Chair, Department of Rehabilitation Medicine
Mark Guthrie, Associate Professor and Head, Physical Therapy Program,
Department of Rehabilitation Medicine
Deborah Kartin, Associate Professor and GPC, Department of Rehabilitation Medicine
Members of the Doctor of Physical Therapy Review Committee
Members of the Graduate School Council
Augustine McCaffery, Senior Academic Program Specialist, The Graduate School