

July 8, 2010

Response of the University of Washington Division of Physical Therapy, to the Weaknesses and Challenges identified by the DPT Grad Review Committee.

## **Program Weaknesses and Challenges**

### ***1. Developing Full Professors***

*When the academic profiles of the DPT faculty are reviewed as a group, there is a notable absence of appointments at the full professor rank. This is a faculty that is heavily weighted towards the junior ranks. We are aware that the recent retirement of a senior full professor who had an outstanding record has left somewhat of a void, but it would be desirable to bolster the senior ranks by promotion and/or recruitment.*

**Recommendation:** *We recommend that a mentoring program be instituted for associate professor level faculty to facilitate their progress towards promotion to full professor. We also suggest that the possibility of a senior recruitment should be considered as part of the Department's planned expansion program.*

**PROGRAM RESPONSE:** The Division of Physical Therapy currently has six faculty members in regular, clinician-scientist track positions. Five of them are associate professors, one is an assistant professor. Two of the associates will go up for promotion to full professor within the next three years, and another is in line for shortly after that. There are several full professors in the Department of Rehabilitation Medicine, all of whom contribute to an effective mentoring program. We are confident that the promotions of Division faculty will be successful. However, we appreciate the recommendation to consider more senior individuals as we expand our faculty. We are also cognizant of the need to develop and successfully mentor a base of junior faculty. Both of these needs will be a part of future faculty recruitment efforts.

## **2. Strategic plan for growth**

*The Division needs a clear and comprehensive strategic plan to guide its growth and development over the next five to ten years. This plan must first establish what the Division wants to be – what its identity will be within the University and in the physical therapy profession. Will it be a relatively small program known primarily for its teaching with dedicated and skillful teachers? Will it be a nationally recognized center for the advance of rehabilitation and physical therapy? Will it be a center for rehabilitation research within the region? Will it be a highly valued component of the University's research efforts? Will it be ranked among the top programs in the country?*

*These questions must be addressed in the context of the environment in which the Division lives. It is part of one of the premier research institutions in the country. The School of Medicine has a strong focus on basic and translational research and has been highly successful in attracting outstanding researchers and the funding to support them. The Division's goal should be to play a valued role in accomplishing the University's overall mission. Indeed, by analyzing existing research programs within the Department and School, the Division can undoubtedly find key areas in which it can play an essential role in translating basic research into effective clinical interventions.*

*Therefore, the Division's faculty, in collaboration with leadership from the Department and School, need to engage in a focused discussion with the aim of reaching a consensus about what they want to be. Then they need to develop a plan for getting there. This plan should have clear objectives and benchmarks for measuring progress toward those objectives. For example, if one objective is to achieve a higher degree of scholarly and research productivity, standard measures of scholarly productivity would be identified, such as number and quality of publications, number of invited presentations, and number of grant proposals submitted and funded.*

*One important aspect of the strategic plan must be identification of key areas for development of strength in research. This necessitates identifying areas of existing strength both within the Division and also in related Departments and then developing plans for using those existing strengths as a foundation to build on. These discussions and plans will form the basis for the next faculty recruitment efforts. Indeed, the Division needs to determine how many new faculty they will be able to support as they grow, and what are the most critical areas of research expertise to look for. Because the Division begins this process as a relatively small unit, it cannot look to simply fill holes. It would be better to look to build on existing areas of strength. In this regard, it would be a mistake to recruit new faculty according to what courses they can teach in the curriculum. Individual courses can always be taught by faculty from other departments in the University or by outside experts. Instead, the recruitment of new faculty should be focused on building the research strength of the Division as a whole.*

*There was a sense from our interviews with faculty that there is some ambivalence about growing into a larger and more research-oriented unit. The faculty are rightly proud of the teaching environment they have created. It is highly student-centered, involves a great deal of team teaching, and depends critically on ongoing monitoring by all faculty of what is taught and how well it is learned. The faculty worry, with some justification, which such a system might begin to break down if individual faculty take more responsibility for research. It was our observation that the culture of teaching within the Division, while laudable, pulls faculty away from other critical areas of responsibility, especially research. Indeed, development of the Division's research mission will necessitate a shift to a more structured curricular approach that does not depend so critically on continual sharing of information. In such a system, responsibilities for teaching can be better defined so that faculty will be able to plan their research activities. The division's faculty need to develop a consensus on how to transform the educational approach so that it facilitates rather than conflicts with faculty research and scholarship.*

**Recommendation:** *Develop the strategic plan taking into account the issues raised above.*

**PROGRAM RESPONSE:** Plans are already underway for this strategic planning process. An

external facilitator has been identified to assist us in these efforts. Very soon, Drs. Kartin and Guthrie will meet with the facilitator and Dr. Esselman, Department Chair, for an initial discussion of our overall vision of the future of the Division, consider the recommendations of the Review Committee, add additional components of our own, and identify possible directions for proceeding with the process. The next step will be to engage the entire Division in a retreat with the facilitator, to discuss and identify our vision and develop a strategic plan. At every step the comments of the Review Committee will be re-examined for guidance. For example, as suggested by the Review Committee, the plan will include clear objectives and benchmarks for measuring progress toward the objectives.

Also in response to the Committee's report, we have altered the focus of our current faculty search to put a greater emphasis on hiring a faculty member with prior grant funding success and real potential to collaborate with colleagues both in Rehabilitation Medicine and across health sciences, and to help us advance the research side of the Division.

### **3. Faculty recruitment**

*One of the most important elements in the Division's success in achieving its strategic goals will be to recruit accomplished research faculty who can thrive in the University environment from the moment they arrive. In order to accomplish this, newly recruited faculty should have an identified set of collaborators both within and outside the Division as they are recruited. Indeed, potential for collaboration should be a key criterion for hiring: Does there exist an established group of collaborators for this individual, and are those collaborators enthusiastic about this person's recruitment? To make these judgments, researchers from outside the Division should be involved in recruitment from the beginning.*

**Recommendation:** *When recruiting new faculty, assure that the faculty have internal and external collaborators for their research agenda.*

**PROGRAM RESPONSE:** We appreciate and are very mindful of this recommendation. For example, as noted above we are altering our current faculty recruitment to place an even greater emphasis on this recommendation and our efforts to elevate the research component of the Division. Assuring that new faculty members have both internal and external research collaborators is seen as integral to the recruitment process.

#### **4. Attaining And Maintaining Quality For Internships And Clinical Experience**

*As the class size increases from 32 to 40 in fall 2010 and then to 45 in fall 2011, the demands on the clinical education program also will increase. One demand will be to have a sufficient number of clinical sites for students. Even more important, however, is having high quality sites, particularly considering that over one-third of students' physical therapy education takes place in clinical settings with clinical educators. As described above, a need appears to exist to identify or develop high quality clinical sites in which clinicians model evidence-based practices and students have the opportunity to practice them.*

*Another effect of increasing class size will be increased demand for communication between the Director of Clinical Education (DCE) and students. The only concern about communication with faculty that current students expressed was lack of information about the clinical sites for their upcoming clinical experiences, lack of communication when they request information, and some "stories" about appointments for phone visits with clinicians that were not kept and lack of responsiveness to clinical instructors who need help. The veracity of these comments and the magnitude of the problem, if real, are not known. But the concerns are worth noting and investigating. The DCE estimated that 50-75% of her time is related to clinical education. She currently has help from a .50 FTE staff member, who will become full time in June, which should help with the increased number of students.*

**Recommendation:** *As the program grows, carefully address the need to identify or develop high quality clinical sites in which clinicians model evidence-based practices and students have the opportunity to practice them. To coordinate this effort allot and increase sufficient FTE to the DCE to cover increased responsibilities.*

**PROGRAM RESPONSE:** The issue of evidence-based practice is important across the entire profession of physical therapy, not merely within the realm of student supervision. We are confident that we are training our students in the practice of evidence-based medicine in the classroom and in the clinical sites. The selection and maintenance of clinical sites is certainly among the most important things we do. We work very hard to assure the experiences for students are positive, with supervision by motivated, up-to-date clinicians. However there is always a certain measure of unpredictability associated with clinical education. Clinical supervisors go on vacation, become ill, change jobs, etc., so new supervisors are always being added to training sites. We monitor the educational quality at the clinical sites and when circumstances warrant, we do not hesitate to remove sites or individuals from our pool.

Dr. Robinson, our Director of Clinical Education, is also an APTA CI (clinical instructor) Credentialing instructor. She instructs approximately 150 therapists each year in Western Washington. This is adding greatly to our pool of credentialed clinical instructors, and similar efforts are taking place at Eastern Washington University in Eastern Washington. In addition, while on their fulltime internships our 3<sup>rd</sup> year students complete a comprehensive, evidence-based case report based on a patient they evaluate and treat. Since they need a site mentor for the case, a positive side effect has been the inclusion of hundreds of clinicians in this process, hopefully encouraging them to practice in a more evidence-based manner.

We are very aware of the need for additional affiliation opportunities as we expand our student cohorts. We are now, as always, in the process of expanding certain types of sites available for affiliations. On the plus side, with fewer PT programs in the Northwest, we feel that we do have somewhat greater success than some other programs in securing clinical sites.

Regarding clinical education communication issues, there were some unique and extenuating

circumstances this Winter and Spring that hampered the clinical education process. These have largely been resolved. For example, our DCE recently defended (successfully) her PhD in Rehabilitation Science and, as noted, we have recently increased the FTE of our clinical education assistant from 0.5 to 1.0. These two changes are already having a positive impact on the entire clinical education process. We held a very productive meeting between faculty and students, to discuss primarily the process of site selection by students. Now the faculty will hold subsequent meetings to consider the ideas presented by the students and to brainstorm additional ideas for improving the process. Drs. Robinson and Guthrie will then present a preliminary plan that will be refined at follow-up sessions. Student satisfaction with the entire program is assessed in annual surveys, but we will make sure to pay particular attention to the items related to clinical education.

Dr. Robinson and her assistant are developing a continuing education webpage to provide overall program information (guidelines, policies, internship dates, time lines for all site selections, student responsibilities, etc) and announcements, as well as class specific information. This will replace the existing Clinical Education Handbook, which was provided to every student in hard copy, and which contained all policies and guidelines associated with the clinical education program, as well as all dates of clinical education experiences, the time lines for selection and confirmation of clinical placements, and time lines and student responsibilities related to provision of information to confirmed clinical sites. Consultation with Catalyst, the learning and technology support center for UW, will provide us with the opportunity to develop a more sophisticated website, thus consolidating information from multiple sites (general clinical education site as well as individual class pages) into one location with access control to specific locations on the site.

We are opening a new email account that will be exclusively for clinical education issues. This account will be accessible to both Dr. Robinson and her assistant. We have set a turn-around time of three days for responses. Given the importance of clinical education, this devoted account will make it easier to respond to clinical education issues.

We are also developing a “clinical education” electronic discussion board in order to give students, and faculty, greater access to information about clinical education. For example, instead of individual emails about issues that really are of interest to all parties, the discussion board will be accessible and active for all.

The entire process, including the changes described above, will be evaluated at six-month intervals for at least the next two years, and annually after that.

## **5. Integration with UW Medicine Physical Therapy**

*In the conversations that committee members had with past and present DPT students, many students mentioned that a primary reason they decided to attend UW was because they anticipated being part of a major medical center. In particular, they anticipated being associated with the UW Medicine clinical physical therapy program since it was in the same UW Medicine department. Several students then mentioned that they were disappointed to find that the association between the educational and clinical components of the Department of Rehabilitation Medicine were not stronger.*

*We recognize that students will invariably say that they need more clinical experience even while they are still accumulating the knowledge that such exposure would require. Also, the results of our further explorations indicated that there was indeed a good relationship between the director of the DPT program and the Director of the UWMC clinical physical therapy program. It is also the case that a number of clinical PTs volunteer their time in the educational program, and that the clinical PT program hosts DPT student for their internships.*

*The missing piece of the puzzle is a student clinic in which advanced students can treat patients under the supervision of the clinical PTs in the UW Medicine system on a regular basis. This would likely be accompanied by the creation of courtesy academic appointments for the personnel involved in teaching and clinical appointments for the academic faculty engaged in supervision. While there is agreement in principle between the two arms of the department that such a clinic would be mutually beneficial, there appears to be resistance at the hospital administration level to making such a clinic a reality.*

**Recommendation:** *We recommend that the Department Chair take the creation of such a Student Clinic to the administration as a priority issue. The many precedents in other areas of the University's medical education mission show that there are no over-arching barriers to creating such a clinic.*

**PROGRAM RESPONSE:** In recent years many more opportunities for students to evaluate and treat patients, and simulated patients, during the didactic portion of the curriculum have been added. Evaluation of patients, primarily simulated patients, begins during the first quarter of the program. Throughout that year and certainly in the second year students have multiple opportunities to evaluate and treat patients, either in our own facilities or at local clinics. In addition, during Spring and Summer quarters of the second year, 12-16 of the students have the opportunity to evaluate and treat patients one afternoon each week, on an ongoing basis, at Hall Health, the campus healthcare facility. This is supervised by one of the Hall Health staff PTs who is a member of our clinical faculty. Hall Health is adding an additional PT, so that opportunity may expand in the future.

It is true, however, that other than the Hall Health experience there has never been a student clinic. This is also in the process of changing. We are currently working with one of the UW clinics, outpatient physical therapy at Harborview Medical Center, to develop a student clinic, where students will evaluate and treat uninsured patients. Harborview is a short, free bus ride from campus (on the Health Sciences Express). The outpatient physical therapy clinic is housed in a new updated facility by an excellent, motivated staff, and serves a very diverse patient population. We will be meeting over the next few months to work out the details for this new opportunity but the proposed plan is for students to evaluate and treat patients one day a week throughout the year, under the supervision of Harborview PTs. This will provide ongoing opportunities for all of our students. We are very excited about this developing opportunity.

## **6. Research Laboratory Space**

*Impressive renovation of the space on the 9<sup>th</sup> floor of the BB Tower has been recently completed. However, the new space is primarily devoted to DPT teaching and faculty/staff offices. The lack of new space for research laboratories has the potential to influence the type of faculty members who can be recruited to fuel the Department's expansion in the next several years. It is highly likely that candidates with a strong research emphasis will require laboratory space as part of their start-up packages. The present plan for such a situation appears to be to assist such candidate in finding collaborators in other divisions or departments where space is available. While this may work in some cases, it is very possible that top-flight recruits will be lost unless a commitment to personal research space can be given. Taken to the limit, is possible that such a trend could lead to the de-emphasis of research in the division.*

**Recommendation:** *We recommend that the Department Chair work with the office of the Dean for Research of the Medical School to locate new research space that could be used for faculty recruits. As expansion at the University's South Lake Union Campus continues to the next phase, there will be "back-fill" opportunities on the main campus site that may suit the needs of the division's new researchers.*

**PROGRAM RESPONSE:** It is a priority in the Department that there is adequate research space for funded research activities. In addition to the Human Motion Analysis Laboratory and a smaller research room, there is existing space in the Rehabilitation Medicine Department that can be used for research purposes. Depending on the needs of the person we hire in our current faculty search, that space can be modified to suit his/her needs. In addition, as the research activities in the Department and Division grow, we will work with the Medical School to identify additional space as needed such as the "back-fill" opportunities mentioned by the review committee.



### **7. Faculty and Student Diversity**

*The Division's self study reported the challenges to recruiting students/faculty from underrepresented groups for both their faculty and student membership. This is an issue that several units on campus have faced and is an important issue to address as the program grows. The recruitment of new faculty should consider the issue of diversity in the review of files and selection of candidates. Faculty could, for example, contact their colleagues nationally/internationally to seek applicants from underrepresented group for any new positions in the Division. The admissions committee should attempt to increase the number of students from underrepresented groups as the program accepts more students in the coming years.*

**Recommendation:** *Commit to increasing the diversity of faculty and students in hiring and admissions.*

**PROGRAM RESPONSE:** We are resolute in our commitment to increase the diversity of the faculty and students in hiring and admissions. We will continue to participate in the Department of Rehabilitation Medicine's Diversity Recruitment and Retention Council for the academic programs, which is chaired by a PT faculty member and includes diverse members from the professional community and our students. We will continue to work collaboratively with the existing campus resources that promote diversity on campus including the Graduate School (GO-MAP), and the School of Medicine (Office of Multicultural Affairs). With the assistance of these resources, we will continue to develop a "mission-based" admissions process

### **8. Technology and Student Space**

*There was no space for students to congregate or call their own and only one dedicated computer for student use. While the students said that they could access computers in the Health Science library, it appeared to the committee that students should have greater access to computers and have a space to meet. There are clearly space limitations in the Health Sciences building, but as the program grows, additional space and technology should be a priority for students.*

**Recommendation:** *The Division and Department administrators should review access to technology and meeting space for students; and keep address this as a priority during future growth.*

**PROGRAM RESPONSE:** We appreciate this recommendation and commit to making it an ongoing action item for the Division. Two new computer stations with printers, for PT students, will be in place in room BB-918 by the beginning of Autumn Quarter 2010. Because our two teaching lab rooms are usually not scheduled for courses simultaneously those rooms will likely continue to also serve as meeting space for students. Two conference rooms on the 9<sup>th</sup> floor, BB-938 and CC-902U are also available for student use anytime they are not officially scheduled – which is common, so they are usually available. We have alerted the students to these options as they apparently did not realize they could use those rooms.

As with research space and office space, the acquisition of meeting space has long been and will continue to be an important objective for us.