2015-2016
Annual Assessment Report Template

For instructions and guidelines visit our **website**
or **contact us** for more help.

Report: Doctorate Physical Therapy

Question 1: Program Learning Outcomes

Q1.1.
Which of the following Program Learning Outcomes (PLOs) and Sac State Baccalaureate Learning Goals (BLGs) **did you assess?** [**Check all that apply**]

- [x] 1. Critical Thinking
- [x] 2. Information Literacy
- [x] 3. Written Communication
- [x] 4. Oral Communication
- [ ] 5. Quantitative Literacy
- [x] 6. Inquiry and Analysis
- [x] 7. Creative Thinking
- [x] 8. Reading
- [ ] 9. Team Work
- [x] 10. Problem Solving
- [ ] 11. Civic Knowledge and Engagement
- [x] 12. Intercultural Knowledge and Competency
- [x] 13. Ethical Reasoning
- [ ] 14. Foundations and Skills for Lifelong Learning
- [ ] 15. Global Learning
- [ ] 16. Integrative and Applied Learning
- [ ] 17. Overall Competencies for GE Knowledge
- [x] 18. Overall Competencies in the Major/Discipline
- [ ] 19. Other, specify any assessed PLOs not included above:

a.
b.
c.

Q1.2.
Please provide more detailed background information about **EACH PLO** you checked above and other information such as how your specific PLOs are **explicitly** linked to the Sac State BLGs:

The Department has 5 Program Learning Obejectives (PLO). The PLOs selected above are refelcted in the Departmental student Learning Outcomes (SLO).

Student Learning Outcome 1.0: Demonstrate professional physical therapist effectiveness by creating and documenting a comprehensive physical therapy patient managment process, including determination of the physical therapy needs of any individual, designing a plan of care that synthesizes interventions, and determining the efficacy of patient outcomes.

Student Learning Outcome 2.0: Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, and to communicate effectively with patients, families, other health care professionals, and the public.

Student Learning Outcome 3.0: Demonstrate professional behaviors by reflecting on personal and professional development, and by integrating cultural, ethnic, age, economic, and psychosocial considerations in the communication and delivery of clinical services.

Student Learning Outcome 4.0: Practice in an ethical and legal manner through the consistent integration of sound decision-making with respect to established ethical, legal and professional standards.

Student Learning Outcome 5.0: Demonstrate the critical evaluation, interpretation and application of the scientific and professional literature to inform independent judgments and clinical decision-making, research and education.

Each SLO has components and subcomponents written in objective, measureable behaviors. (See Appendix 1)

Q1.2.1.
Do you have rubrics for your PLOs?

- ○ 1. Yes, for all PLOs
- ○ 2. Yes, but for some PLOs
- ◉ 3. No rubrics for PLOs
- ○ 4. N/A
- ○ 5. Other, specify:

Q1.3.
Are your PLOs closely aligned with the mission of the university?

- ◉ 1. Yes
- ○ 2. No
- ○ 3. Don't know

Q1.4.
Is your program externally accredited (other than through WASC Senior College and University Commission (WSCUC))?

- ◉ 1. Yes
- ○ 2. No (skip to **Q1.5**)
- ○ 3. Don't know (skip to **Q1.5**)

Q1.4.1.
If the answer to Q1.4 is **yes**, are your PLOs closely aligned with the mission/goals/outcomes of the accreditation agency?

- ◉ 1. Yes
- ○ 2. No
- ○ 3. Don't know

Q1.5.
Did your program use the *Degree Qualification Profile* (DQP) to develop your PLO(s)?

- ○ 1. Yes
- ◉ 2. No, but I know what the DQP is
- ○ 3. No, I don't know what the DQP is
- ○ 4. Don't know

Q1.6.
Did you use action verbs to make each PLO measurable?

- ◉ 1. Yes
- ○ 2. No
- ○ 3. Don't know

(**Remember**: Save your progress)

Question 2: Standard of Performance for the Selected PLO

Q2.1.
Select **ONE(1)** PLO here as an example to illustrate how you conducted assessment (be sure you *checked the correct box* for this PLO in Q1.1):

Overall Competencies in the Major/Disicpline

Q2.1.1.
Please provide more background information about the **specific PLO** you've chosen in Q2.1.

Overall competence in the discipline includes didactic knowledge, clinical knowledge, psychomotor skill, patient management skill, and evidence-informed clinical judgment.

Multiple measures were used to assess the different aspects of overall competence in the discipline.

National Physical Therapist Examination (NPTE): Gold standard test used by the profession to assess a student's overall competence to hold a license to treat patients.

Clinical Performance Instrument (CPI): Gold standard test used by the profession to assess a student's knowledge and psychomotor skill in treating a patient during clinical experiences.

Culminating Doctoral Project: This comprehensive patient case analysis assesses the student's ability to incorporate evidence into clinical practice. The doctoral project consists of a written thesis and oral defense.

Q2.2.
Has the program developed or adopted **explicit** standards of performance for this PLO?

- ◉ 1. Yes
- ○ 2. No
- ○ 3. Don't know
- ○ 4. N/A

Q2.3.
Please **provide the rubric(s)** and **standards of performance** that you have developed for this PLO here or in the appendix.

NPTE: has minimum passing threshold scores.

CPI: has explicit passing threshold expectations for each of the eighteen performance criteria, culminating in a requirement for entry-level competency on the final clinical internship.

Doctoral Project: has an extensive grading rubric for both written and oral examinations.

(For NPTE, see document in Q3.3.2. For CPI and Doctoral Project, see attached documents in this section)

PT 695C syllabus grading rubric.pdf
70.66 KB

Doctoral Project Grading Rubric 2016.pdf
85.09 KB

Q2.4. PLO	Q2.5. Stdrd	Q2.6. Rubric	Please indicate where you have published the **PLO**, the **standard** of performance, and the **rubric** that was used to measure the PLO:
☑	☐	☐	1. In **SOME** course syllabi/assignments in the program that address the PLO
☑	☑	☐	2. In **ALL** course syllabi/assignments in the program that address the PLO
☑	☑	☐	3. In the student handbook/advising handbook
☐	☐	☐	4. In the university catalogue
☑	☑	☐	5. On the academic unit website or in newsletters
☑	☑	☑	6. In the assessment or program review reports, plans, resources, or activities
☑	☐	☐	7. In new course proposal forms in the department/college/university
☑	☐	☐	8. In the department/college/university's strategic plans and other planning documents
☑	☐	☐	9. In the department/college/university's budget plans and other resource allocation documents
☐	☐	☐	10. Other, specify:

Question 3: Data Collection Methods and Evaluation of Data Quality for the Selected PLO

Q3.1.
Was assessment data/evidence **collected** for the selected PLO?

- ◉ 1. Yes
- ○ 2. No (skip to **Q6**)
- ○ 3. Don't know (skip to **Q6**)
- ○ 4. N/A (skip to **Q6**)

Q3.1.1.
How many assessment tools/methods/measures **in total** did you use to assess this PLO?

10+

Q3.2.
Was the data **scored/evaluated** for this PLO?

- ◉ 1. Yes
- ○ 2. No (skip to **Q6**)
- ○ 3. Don't know (skip to **Q6**)
- ○ 4. N/A (skip to **Q6**)

Q3.2.1.
Please describe how you collected the assessment data for the selected PLO. For example, in what course(s) or by what means were data collected:

NPTE: scores for individual students and the overall pass rate for the program.

CPI: individual and cumulative scored data for courses PT695A, PT695B, PT695C.

Doctoral Projects: PT690 records outcomes of both written projects and oral defense.

(**Remember**: Save your progress)

Question 3A: Direct Measures (key assignments, projects, portfolios, etc.)

Q3.3.
Were direct measures (key assignments, projects, portfolios, course work, student tests, etc.) used to assess this PLO?

- (●) 1. Yes
- ( ) 2. No (skip to **Q3.7**)
- ( ) 3. Don't know (skip to **Q3.7**)

Q3.3.1.
Which of the following direct measures were used? [**Check all that apply**]

- [x] 1. Capstone project (e.g. theses, senior theses), courses, or experiences
- [x] 2. Key assignments from required classes in the program
- [ ] 3. Key assignments from elective classes
- [x] 4. Classroom based performance assessment such as simulations, comprehensive exams, or critiques
- [x] 5. External performance assessments such as internships or other community-based projects
- [x] 6. E-Portfolios
- [ ] 7. Other Portfolios
- [ ] 8. Other, specify:

Q3.3.2.
Please **explain** and **attach** the direct measure you used to collect data:

NPTE: The Federation of State Boards of Physical Therapy (FSBPT) Report gives the program both individual and cumulative data on the NPTE results for our graduates.

CPI: The CPI Web gives both individual and cumulative data on each clinical course.

Doctoral Project: The E-Portfolio contains the written culminating project.

(See appendix 2)

FSBPT Combined Reports 2014-16.pdf
137.48 KB

CPI WEB Cumulative Marks Class of 2016.xlsx
12.07 KB

Q3.4.
What tool was used to evaluate the data?

- ( ) 1. **No** rubric is used to interpret the evidence (skip to **Q3.4.4.**)
- ( ) 2. Used rubric developed/modified by the faculty who teaches the class (skip to **Q3.4.2.**)

- ○ 3. Used rubric developed/modified by a group of faculty (skip to **Q3.4.2.**)
- ○ 4. Used rubric pilot-tested and refined by a group of faculty (skip to **Q3.4.2.**)
- ○ 5. The VALUE rubric(s) (skip to **Q3.4.2.**)
- ○ 6. Modified VALUE rubric(s) (skip to **Q3.4.2.**)
- ◉ 7. Used other means (Answer **Q3.4.1.**)

Q3.4.1.
If you used other means, which of the following measures was used? [**Check all that apply**]

- ☑ 1. National disciplinary exams or state/professional licensure exams (skip to **Q3.4.4.**)
- ☐ 2. General knowledge and skills measures (e.g. CLA, ETS PP, etc.) (skip to **Q3.4.4.**)
- ☐ 3. Other standardized knowledge and skill exams (e.g. ETC, GRE, etc.) (skip to **Q3.4.4.**)
- ☐ 4. Other, specify: _____ (skip to **Q3.4.4.**)

Q3.4.2.
Was the **rubric** aligned directly and explicitly **with the PLO**?

- ○ 1. Yes
- ○ 2. No
- ○ 3. Don't know
- ◉ 4. N/A

Q3.4.3.
Was the **direct measure** (e.g. assignment, thesis, etc.) aligned directly and explicitly **with the rubric**?

- ○ 1. Yes
- ○ 2. No
- ○ 3. Don't know
- ◉ 4. N/A

Q3.4.4.
Was the **direct measure** (e.g. assignment, thesis, etc.) aligned directly and explicitly **with the PLO**?

- ◉ 1. Yes
- ○ 2. No
- ○ 3. Don't know
- ○ 4. N/A

Q3.5.
How many faculty members participated in planning the assessment data **collection** of the selected PLO?

10

Q3.5.1.
How many faculty members participated in the **evaluation** of the assessment data for the selected PLO?

10

Q3.5.2.

If the data was evaluated by multiple scorers, was there a norming process (a procedure to make sure everyone was scoring similarly)?

- (●) 1. Yes
- ( ) 2. No
- ( ) 3. Don't know
- ( ) 4. N/A

Q3.6.
How did you **select** the sample of student work (papers, projects, portfolios, etc.)?

NPTE: All graduates who took the National Licensure Exam were assessed

CPI: All students who did clinical rotations were assessed.

Doctoral Project: All students were required to complete a doctoral project, therefore all students who completed the project were assessed.

Q3.6.1.
How did you **decide** how many samples of student work to review?

The combination of NPTE, CPI, and doctoral projects completed by all students was considered to be a comprehensive sample demonstrating overall knowledge of the discipline.

Q3.6.2.
How many students were in the class or program?

Graduating Class: 28

Q3.6.3.
How many samples of student work did you evaluated?

28

Q3.6.4.
Was the sample size of student work for the direct measure adequate?

- (●) 1. Yes
- ( ) 2. No
- ( ) 3. Don't know

(**Remember**: Save your progress)

Question 3B: Indirect Measures (surveys, focus groups, interviews, etc.)

Q3.7.

Were indirect measures used to assess the PLO?

- (●) 1. Yes
- ( ) 2. No (skip to **Q3.8**)
- ( ) 3. Don't Know (skip to **Q3.8**)

Q3.7.1.
Which of the following indirect measures were used? [**Check all that apply**]

- [ ] 1. National student surveys (e.g. NSSE)
- [ ] 2. University conducted student surveys (e.g. OIR)
- [x] 3. College/department/program student surveys or focus groups
- [x] 4. Alumni surveys, focus groups, or interviews
- [x] 5. Employer surveys, focus groups, or interviews
- [x] 6. Advisory board surveys, focus groups, or interviews
- [ ] 7. Other, specify:

Q3.7.1.1.
Please explain and attach the indirect measure you used to collect data:

The attached survey asks graduates to evaluate their perceived level of preparedness for all aspects of the discipline.

One function of the Community Advisory Board is to assess a randomly selected sample of work from the e-portfolios of the class. The attached rubric is used to assess the quality of the work.

DPT Alumni Survey 2016 abridged.pdf
1.56 MB

Community Advisory Board DPT Project Rubric.pdf
17.32 KB

Q3.7.2.
If surveys were used, how was the sample size **decided**?

All graduates from the 2016 cohort were included in the survey

Q3.7.3.
If surveys were used, how did you **select** your sample:

All graduates from the 2016 survey were included in the survey.

Q3.7.4.
If surveys were used, what was the response rate?

100%

Question 3C: Other Measures (external benchmarking, licensing exams, standardized tests, etc.)

Q3.8.
Were external benchmarking data, such as licensing exams or standardized tests, used to assess the PLO?

- (●) 1. Yes
- ( ) 2. No (skip to **Q3.8.2**)
- ( ) 3. Don't Know (skip to **Q3.8.2**)

Q3.8.1.
Which of the following measures was used? [**Check all that apply**]

- [x] 1. National disciplinary exams or state/professional licensure exams
- [ ] 2. General knowledge and skills measures (e.g. CLA, ETS PP, etc.)
- [ ] 3. Other standardized knowledge and skill exams (e.g. ETC, GRE, etc.)
- [ ] 4. Other, specify:

Q3.8.2.
Were other measures used to assess the PLO?

- ( ) 1. Yes
- (●) 2. No (skip to **Q4.1**)
- ( ) 3. Don't know (skip to **Q4.1**)

Q3.8.3.
If other measures were used, please specify:

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(**Remember**: Save your progress)

Question 4: Data, Findings, and Conclusions

Q4.1.
Please provide simple tables and/or graphs to summarize the assessment data, findings, and conclusions for the selected PLO for **Q2.1**:

Summary Data Tables.pdf
76.92 KB

No file attached

Q4.2.
Are students doing well and meeting the program standard? If not, how will the program work to improve student performance of the selected PLO?

Overall, yes. Our goal is a 100% first-time pass rate for the NPTE.

No file attached

No file attached

Q4.3.
For the selected PLO, the student performance:

- ○ 1. **Exceeded** expectation/standard
- ◉ 2. **Met** expectation/standard
- ○ 3. **Partially** met expectation/standard
- ○ 4. Did not meet expectation/standard
- ○ 5. No expectation/standard has been specified
- ○ 6. Don't know

Question 4A: Alignment and Quality

Q4.4.
Did the data, including the direct measures, from all the different assessment tools/measures/methods directly align with the PLO?

- ◉ 1. Yes
- ○ 2. No
- ○ 3. Don't know

Q4.5.
Were **all** the assessment tools/measures/methods that were used good measures of the PLO?

- ◉ 1. Yes

○ 2. No

○ 3. Don't know

Question 5: Use of Assessment Data (Closing the Loop)

Q5.1.
As a result of the assessment effort and based on prior feedback from OAPA, do you anticipate *making any changes* for your program (e.g. course structure, course content, or modification of PLOs)?

◉ 1. Yes

○ 2. No (skip to **Q5.2**)

○ 3. Don't know (skip to **Q5.2**)

Q5.1.1.
Please describe *what changes* you plan to make in your program as a result of your assessment of this PLO. Include a description of how you plan to assess the impact of these changes.

Revise course content as indicated by the results of content areas on the NPTE.

Q5.1.2.
Do you have a plan to assess the *impact of the changes* that you anticipate making?

◉ 1. Yes

○ 2. No

○ 3. Don't know

Q5.2.

How have the assessment data from the last annual assessment been used so far? [**Check all that apply**]	1. Very Much	2. Quite a Bit	3. Some	4. Not at All	5. N/A
1. Improving specific courses	◉	○	○	○	○
2. Modifying curriculum	○	○	○	○	○
3. Improving advising and mentoring	◉	○	○	○	○
4. Revising learning outcomes/goals	○	○	○	◉	○
5. Revising rubrics and/or expectations	○	◉	○	○	○
6. Developing/updating assessment plan	○	○	◉	○	○
7. Annual assessment reports	○	○	◉	○	○
8. Program review	○	○	◉	○	○
9. Prospective student and family information	○	○	◉	○	○
10. Alumni communication	○	○	◉	○	○
11. WSCUC accreditation (regional accreditation)	○	○	○	◉	○
12. Program accreditation					

	○	○	○	◉	○
13. External accountability reporting requirement	○	○	○	◉	○
14. Trustee/Governing Board deliberations	○	○	○	◉	○
15. Strategic planning	○	○	◉	○	○
16. Institutional benchmarking	○	○	○	◉	○
17. Academic policy development or modifications	○	○	○	◉	○
18. Institutional improvement	○	○	○	◉	○
19. Resource allocation and budgeting	○	○	○	◉	○
20. New faculty hiring	○	○	◉	○	○
21. Professional development for faculty and staff	○	○	◉	○	○
22. Recruitment of new students	○	○	◉	○	○

23. Other, specify:

Q5.2.1.
Please provide a detailed example of how you used the assessment data above:

See Appendix 2 for how admission criteria were changed as a result of performance on the NPTE.

(**Remember**: Save your progress)

Additional Assessment Activities

Q6.
Many academic units have collected assessment data on aspect of their program *that are not related to the PLOs* (i.e. impacts of an advising center, etc.). **If** your program/academic unit has collected data on program *elements*, please briefly report your results here:

No file attached No file attached

Q7.
What PLO(s) do you plan to assess next year? [**Check all that apply**]

- ☑ 1. Critical Thinking
- ☑ 2. Information Literacy
- ☑ 3. Written Communication
- ☑ 4. Oral Communication

- [ ] 5. Quantitative Literacy
- [x] 6. Inquiry and Analysis
- [x] 7. Creative Thinking
- [x] 8. Reading
- [ ] 9. Team Work
- [x] 10. Problem Solving
- [ ] 11. Civic Knowledge and Engagement
- [x] 12. Intercultural Knowledge and Competency
- [x] 13. Ethical Reasoning
- [ ] 14. Foundations and Skills for Lifelong Learning
- [ ] 15. Global Learning
- [ ] 16. Integrative and Applied Learning
- [ ] 17. Overall Competencies for GE Knowledge
- [x] 18. Overall Competencies in the Major/Discipline
- [ ] 19. Other, specify any PLOs not included above:

a.
b.
c.

Q8. Please attach any additional files here:

APPENDIX 1 Student Learning Outcomes.pdf
305.29 KB

APPENDIX 2 Changes to admissions criteria.pdf
30.16 KB

No file attached

No file attached

Q8.1.
Have you attached any files to this form? If yes, please list every attached file here:

Appendix 1 - Program Student Learning Objectives

PT695C Syllabus Grading Rubric

Doctoral Project Grading Rubric 2016

FSBPT Combined Reports 2014-16\CPI Web Cumulative Marks Class of 2016

DPT Alumni Survey 2016 abridged

Community Advisory Board DPT Project Rubric

Summary Data Tables

Appendix 2 - Changes to Admission Criteria

(Commission on Accreditation of Physical Therapy Education) CAPTE Self Study Report Assessment

Curricular Map - Course Outcomes Grid

Program Information (**Required**)

P1.
Program/Concentration Name(s): [by degree]
Doctorate Physical Therapy

P1.1.
Program/Concentration Name(s): [by department]
Physical Therapy Doctorate

P2.
Report Author(s):
Michael McKeough

P2.1.
Department Chair/Program Director:
Michael McKeough

P2.2.
Assessment Coordinator:
Michael McKeough

P3.
Department/Division/Program of Academic Unit
Physical Therapy

P4.
College:
College of Health & Human Services

P5.
Total enrollment for Academic Unit during assessment semester (see Departmental Fact Book):
93

P6.
Program Type:

- ○ 1. Undergraduate baccalaureate major
- ○ 2. Credential
- ○ 3. Master's Degree
- ◉ 4. Doctorate (Ph.D./Ed.D./Ed.S./D.P.T./etc.)
- ○ 5. Other, specify:

P7. Number of **undergraduate degree programs** the academic unit has?
N/A

P7.1. List all the names:

P7.2. How many concentrations appear on the diploma for this undergraduate program?
N/A

P8. Number of **master's degree programs** the academic unit has?
N/A

P8.1. List all the names:

P8.2. How many concentrations appear on the diploma for this master's program?
N/A

P9. Number of **credential programs** the academic unit has?
N/A

P9.1. List all the names:

P10. Number of **doctorate degree programs** the academic unit has?
1

P10.1. List all the names:
Doctor of Physical Therapy

When was your **assessment plan**...	1. Before 2010-11	2. 2011-12	3. 2012-13	4. 2013-14	5. 2014-15	6. No Plan	7. Don't know
P11. developed?	◉	○	○	○	○	○	○
P11.1. last updated?	○	○	○	○	◉	○	○

P11.3.
Please attach your latest **assessment plan**:

CAPTE Self Study Report Assessment.pdf
3.47 MB

P12.
Has your program developed a **curriculum map?**

- (●) 1. Yes
- ( ) 2. No
- ( ) 3. Don't know

P12.1.
Please attach your latest **curriculum map**:

Curricular Map-COURSE OUTCOMES GRID.xlsx
14.75 KB

P13.
Has your program indicated in the curriculum map where assessment **of student learning** occurs?

- (●) 1. Yes
- ( ) 2. No
- ( ) 3. Don't know

P14.
Does your program have a capstone class?

- (●) 1. Yes, indicate: PT 690
- ( ) 2. No
- ( ) 3. Don't know

P14.1.
Does your program have **any** capstone project?

- (●) 1. Yes
- ( ) 2. No
- ( ) 3. Don't know

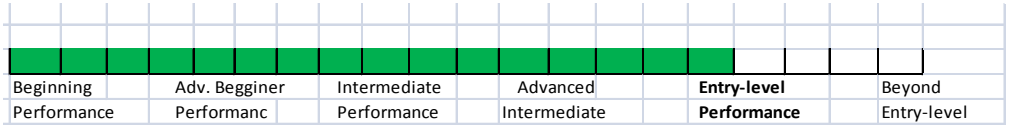
(**Remember**: Save your progress)

Excerpt from 2016 695C syllabus grading rubric/policies:

GRADING PROCEDURES:

The online *Physical Therapist Clinical Performance Instrument for Students (CPI), 2006* will be employed to assess achievement of clinical competence. Both the student's and the Clinical Instructor's (CI's) assessment are considered in the final evaluation. Grades are assigned as Credit/No Credit by the DCE based on successful completion of all requirements. In general, the CPI must reflect competency commensurate with progress in the curriculum, show no "red flag" items marked and demonstrate progress from midterm to final.

1. Achieving at least threshold competency levels for all Performance Criteria 1, 2, 3, 4, & 7, and for at least 15 of the 18 performance criteria overall. Marks on the CPI rating scale should be consistent with written documentation from both the student and the CI, and with the summary of strengths and weaknesses found at the end of the CPI form.
2. No areas of "Significant Concerns" being marked on the CPI. If Significant Concerns are marked, it may be grounds for failing the affiliation or being required to do remedial work before receiving Credit.
3. The expected minimal threshold competency level for each of the 18 Performance Criterion varies by rotation. For 695C, ratings at or above "Entry-level Performance" is expected (see illustration below). Achievement of the minimum threshold ratings is needed in order to pass the affiliation without remediation or repeat. Failing to attain threshold marks on less than 83% of the *marked* PC may result in an "No Credit" or incomplete grade, and may mandate a remediation or repeat of the clinical experience.



4. Determination of remediation may also consider clinical setting, experience with patients in that setting, relative importance of sub-threshold performance criteria, progression of performance from midterm to final evaluations, whether or not a "significant concerns" box was checked, and performance on relevant performance criteria in the priorPT695 courses. A deficit pattern demonstrated by persistent failure to meet Entry-Level marks on *the same* 3 items across *all three* clinical experiences will suggest a need for repeat of one final rotation to try to attain needed competency.

5. Satisfactory completion of:
    a. Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form
    b. Bi-Weekly reflective journal
    c. CPI self-evaluation
    d. At least two weekly feedback forms, one at the end of week 1, and one at the end of week 7 if required

Attendance: The student will be required to work the same schedule as their Clinical Instructor. Daily attendance and timeliness is expected, and students are expected to follow the schedule (including holidays) of the clinic, not that of California State University, Sacramento. Students may be required to work ten-hour days or rotating weekends to match the schedule of their CI. Courtesy and professional responsibility requires notification to the Clinical Instructor for any absence in advance. Failure to notify the Clinical Instructor of an absence can result in lowering your participation grade and is considered unprofessional. Students are responsible for any missed work time and may be required to complete make-up time in the clinic when absences exceed two full days during the 12-week rotation.

Behavioral expectations: Students are responsible for appropriate behaviors as defined by the generic abilities. Failure to comply with behavioral expectations during or prior to the clinical rotation experience may result in a student first being warned that behavior is inappropriate, then, if inappropriate behavior continues, a student may be asked to leave the clinic. Repeated failure to comply with behavioral expectations can lead to withdrawal from the clinical facility and failure in the course. Use of social media, cell phones, pagers and text messaging should comply with hospital or clinic facility policy. Because the course is conducted off campus, all email or phone correspondence from faculty is expected to be returned within two business days at the most. Failure to respond in a timely way will be considered unprofessional behavior and may adversely affect the grade for the course.

Special accommodations: If you have need for accommodations of scheduling or dress requirements (i.e. for religious reasons) that may affect the clinical rotation, please submit requests for accommodation in writing to the course instructor (the DCE) *prior to* the clinical bidding process, during fall semester of your second year.

Disability accommodations: Please re-read the essential functions and technical standards for physical therapy students in your student handbook. You must be able to meet each of these technical standards with or without reasonable accommodation. If you suspect that you have a physical, mental or learning disability that may require accommodation in the clinic, then you must initiate the process with the Office of Services to Students with Disabilities (SSWD, Lassen Hall 1008, (916) 278-6955) to establish the presence of a disability, and to determine the impact in the clinical environment. The SSWD office, in consultation with the DCE and relevant physical therapy faculty, will make the determination of reasonable accommodation. This process must be completed prior to the clinical bidding process, during fall semester of your second year.

If you incur a temporary disability or health condition which may impair your ability to perform the normal work activities required during your internship, you must report the condition with physician notes to the DCE within 36 hours of the onset. If your condition may affect your ability to perform job duties as specified by the facility, then you may be withdrawn from the internship until the disabling condition resolves.

Doctoral Project Grading Rubric

2016 (Class of 2017)

A Comprehensive Case Analysis

Evidence of Competence – each section assigned score of 2 or 1
Scoring:
2 = meets expectations
1= inadequate, doctoral candidate will have to rewrite and resubmit within 14 days

Doctoral Project Section/Instructions	**Scoring Criteria**	**Score**	
		2	**1**
Chapter 1: General Background Include information relevant to the case referencing the professional literature. Locate best evidence, analyze and synthesize the information, and apply it to the patient condition. **LIMIT TO TWO PAGES**	1. description of the known physiological aspects of condition		
	2. incidence and/or prevalence of the condition		
	3. risk factors for the health condition with mechanism for acquisition		
	4. natural history of condition including prognosis		
Chapter 2: Case Background Data Examination – History: In past tense, rite a thorough patient history, containing elements 1- 6 on the right. Systems Review: Write a brief Systems Review Examination – Medications: Include Table 1 **LIMIT NARRATIVE TO TWO PAGES**	1. medical Dx/reason for referral		
	2. current condition including interventions/chief complaint/patient goals		
	3. past medical/surgical history including interventions		
	4. social history/pertinent participation		
	5. all medications including dosage [and any side effects/precautions] **in Table 1**		
	6. current equipment/environmental modifications/home evaluation		
	7. results of the systems review, noting how data was obtained		
Chapter 3: Examination – Tests and Measures In the narrative section, briefly describe all of the examination tests and measures to be used, and which ICF level they correspond to. Tests/Measures used should include the following: 1. Abbreviations defined, 2. Brief explanation of the test/measure, 3. Scale used, what units the scale is in (seconds, repetitions counted, etc.), and what are best and worst scores. 4. Include the ICF category associated with each test/measure **LIMIT NARRATIVE TO THREE PAGES. EACH TEST AND MEASURE SHOULD BE ABLE TO BE DESCRIBED IN ONE PARAGRAPH.** **Table 2 should be based on the template for the Examination Data Table.**	1. Descriptions, observations and/or measures that address issues specific to the patient's health condition. Such items may include patient specific outcome measures (patient specific activity goals) and are important to be noted in the patient's clinical presentation. Examples include, but are not limited to a. Impairments associated with the patient's disorder (abnormal postures or guarding postures, pain behavior, minor swelling, integumentary abnormality, tone abnormalities, fear avoidance behaviors) b. Activity limitations associated with the patient's disorder (specified stair climbing limit, specified sitting tolerance limit, specified assistance level and assistive device in walking on even/uneven surfaces)		
	2. For each standardized outcome measure used to detect a change in the patient's condition, when available includes: a. Minimum detectable change of the measure (calculated MDC acceptable, i.e. from ICC/SEM) **and /or** b. Minimal clinically important difference (MCID) c. Other indicators of test/measure responsiveness if the MCID is not available (e.g. effect size) d. Justifies the use of any test or measure that has poor or unknown psychometric properties (validity		

Chapter 3: Examination – Tests & Measures (continued)	and/or reliability) e. Explains how the results of this evidence affect goal setting on the outcome measure		
	3. For one diagnostic test/ measure or clinical prediction rule used as a diagnostic tool includes (when available): a. Evidence of post-test probability (e.g. LR+/LR, positive predictive value/negative predictive value; or other posttest probability).Calculated likelihood ratios from Sn/Sp are acceptable. b. Explanation of how the information affects the clinical impression for a typical patient.		
	4. For a minimum of one prognostic factor or Clinical Prediction Rule predictive of patient condition or outcome, includes: a. Risk ratio/odds ratio, NNT **and/or** b. Evidence of post-test probability (e.g. positive predictive value/negative predictive value; LR+/LR-) and/or other posttest probability		
Chapter 4: Evaluation Write an evaluation summary. Use clinical reasoning to form the diagnostic and prognostic impressions. **LIMIT EVALUATION SUMMARY, DIAGNOSTIC IMPRESSION, PROGNOSTIC STATEMENT, G-CODES AND EXPECTED DISCHARGE DESTINATION TO TWO PAGES TOTAL.**	1. Evaluation summary. Briefly summarizes the patient's history and interpret the response to the tests and measures.		
	2. Diagnostic impression. Discusses whether the clinical presentation supports the medical diagnosis. Gives a PT diagnosis that describes the relationships between the impairments, activity limitations and participation restrictions.		
	3. One applicable "current" and "goal" G-code with severity modifier listing the test/measure used.		
	4. Writes a prognostic statement that is supported by the best available evidence about positive and negative prognostic indicators relevant to your individual patient *and/or* Clinical Prediction Rules that were, or could have been, applied to this patient. Justifies prognosis in context of specific patient.		
	5. Expected discharge destination/status and, if appropriate, social supports		
Chapter 5: Plan of Care – Goals Using the template, create Table 3 which will include in the first column the patient's problems by ICF category, in the second column a short term goal and in the third column a long term goal for each problem; items to be included in the last column are described in the next section. **ALL ITEMS IN THIS SECTION ARE TO BE INCLUDED IN TABLE 3 – Evaluation & Plan of Care**	1. Lists the patient's physical therapy problems organized by ICF categories in the first column in Table 3.		
	2. Goals contain appropriate time frames		
	3. Goals are written at the appropriate ICF level		
	4. Goals are appropriate for the patient case		
	5. Goals contain the essential elements of a measurable goal		
	6. Referrals, consultations, follow-up appointments if appropriate.		
Chapter 5: Plan of Care – Interventions In the third column of Table 3, write the interventions used during the patient's episode of care for each problem. List direct/procedural interventions for each problem, and if you will use a coordination of care, or patient-related instruction intervention that were used.	1. Describes overall approach/philosophy/strategy for procedural interventions utilized (i.e. a Classification Based approach, Clinical Guidelines approach, PNF or NDT approach, Task Specific training, Maitland, McKenzie method (MDT), Constraint-Induced paradigm, manual therapy, modalities, compensatory, restorative, etc.). Includes time frequency and duration for the episode of care.		

***INCLUDE #2 IN TABLE 3.** ****DESCRIBE #3 IN TABLE 3** In a narrative following Table 3, describe your **overall approach/**philosophy/strategy for the interventions that will be utilized. **LIMIT OVERALL APPROACH TO ONE HALF PAGE.** Also following Table 3, write the appraisal of the evidence found in response to your PICO question. **LIMIT PICO QUESTION SECTION TO TWO PAGES.**	2. *Describes procedural intervention and include intensity, frequency, duration, and progression		
	3. **States changes made in interventions during the episode of care and the rationale for the changes		
	4. Describes indirect interventions (equipment, caregiver education, referrals) integrated into the plan of care.		
	5. Gives one PICO question and evidence used to justify one intervention. Summarize the results, and appraise the quality of the evidence and it's applicability to the patient. Explain how the research findings informed the treatment plan. If the treatment plan is inconsistent with the evidence suggested by research, clinical reasoning and justification for the inconsistency is given.		
Chapter 6: Outcomes In Table 4 – Outcomes, report on your outcome measures that monitored the patient's changes in status by comparing to baseline measures and interpreting the findings for each outcome measure. Use the outcomes table. **LIMIT DISCHARGE STATEMENT AND G-CODE TO ONE PAGE**.	1. Reports any change of the patient's status made on every outcome in outcome table		
	2. Compares follow-up outcome measures to baseline measures and interprets the findings relative to MDC, MCID, and/or significant cutoffs for each outcome scores (when available).		
	3. Provides a brief discharge statement indicating the number of visits, the time frame of course of care, the status of the patient's condition, discharge instructions and discharge destination (if applicable). Include "discharge" G-code with modifier, and list the test used to derive the G-code.		
Chapter 7: Discussion Write a summary, conclusion and/or recommendations for managing this patient and how you will manage patients with similar conditions in the future**. You may use first person for this section if you wish.** **LIMIT DISCUSSION TO TWO PAGES**	1. Writes a summary, conclusion and/or recommendations for managing this patient and similar patients with similar conditions will be managed in the future.		
	2. Remarks on whether or not this patient responded to the treatment provided as expected		
	3. Reflects on what was done well and what s/he would have done differently in the examination, evaluation, and/or intervention in this patient's episode of care.		
	4. Reflects on how a patient's individual circumstances and preferences will be considered when generalizing this patient's clinical performance to future patients you may encounter. a. Considers what was typical and atypical about this patient's clinical presentation. b. Considers whether the diagnostic tests and/or outcome measures used on this patient are appropriate for similar patients or whether special conditions applied in this situation. c. Considers whether the interventions utilized for this patient can be broadly applied or if special conditions applied in this situation		
	5. Based on this case, explains how better evidence might have improved his/her ability to treat this patient.		
References/Annotated Bibliography	Cites between 25 and 50 references total		

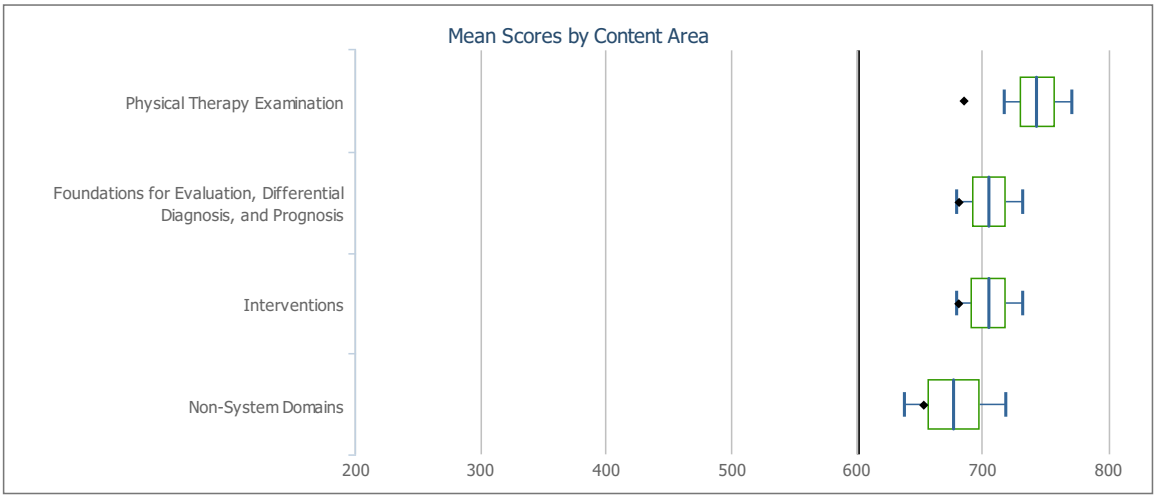
USE CITATIONS DOWNLOADED FROM PUBMED INTO ENDNOTE The case study will be written according to CSUS Office of Graduate Studies formatting requirements. The case study will be returned to the candidate until formatting of chapters, outline headers, tables, margins, pagination, spelling/grammar and referencing are correct.	The references are in JAMA format and inserted via the university referencing program (currently Endnote©)		
	Formatting of chapters, outline headers, tables, margins, pagination, spelling/grammar and referencing are correct.		
Writing Style The quality of writing meets the standards of university graduate level writing. Any score below 2 will result in proposal re-submission.	2-good complexity of writing and engagement with the topic, focused and clear arrangement of components, follows required outline, coherent sections, no spelling or grammar mistakes**, written in past tense and third person where required** 1-below average complexity of writing and engagement with the topic, below average clarity of arrangement of components, does not follow required outline, below average coherency of sections, any spelling or grammar mistakes**, written in incorrect tense and/or first or second person**		

California State University, Sacramento (PT)

1st Time Test Takers Content Area School Report

School Code: 0521
Graduation Year: 2015
Content Outline Year: 2013
State: CA
Date of Report: 12/21/2015
Graduates Comprising This Report: 31

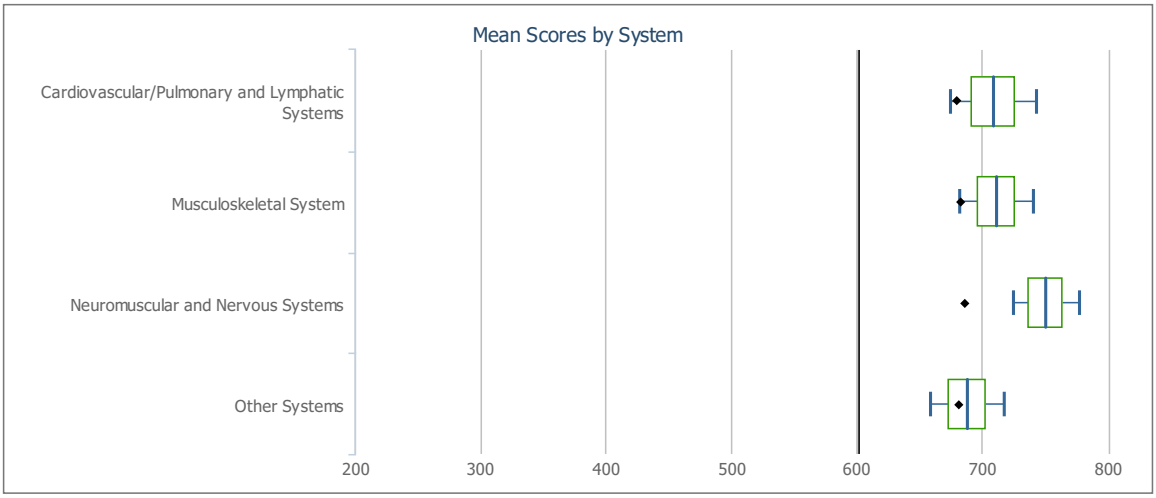
	Target Percentage and Number of Items in Each Area of the Test Content Outline		1st Time Test Takers from Your Program		1st Time Test Takers From U.S. Accredited Programs	
Content Areas	% of Exam	# Items in Each Content Area	Mean Scale Score	Confidence Interval of the Mean	Mean Scale Score	Standard Deviation
Physical Therapy Examination	26.5%	53	742.8	13.6	684.7	69.9
Foundations for Evaluation, Differential Diagnosis, and Prognosis	32.5%	65	704.7	13.2	680.7	66.2
Interventions	28.5%	57	704.3	13.4	680.5	66.0
Non-System Domains	12.5%	25	676.7	20.1	652.6	82.2



♦ Denotes the national mean scale score

Confidence Interval is a measure of the statistical accuracy of an estimate, equal to the standard deviation of the theoretical distribution of a large population of such estimates. See the School Reports Interpretive Guide for more information.

	Target Percentage and Number of Items in Each Area of the Test Content Outline		1st Time Test Takers from Your Program		1st Time Test Takers From U.S. Accredited Programs	
Systems	% of Exam	# Items in Each Content Area	Mean Scale Score	Confidence Interval of the Mean	Mean Scale Score	Standard Deviation
Cardiovascular/Pulmonary and Lymphatic Systems	16.5%	33	707.7	17.2	678.9	77.0
Musculoskeletal System	30.5%	61	710.1	14.7	682.0	70.3
Neuromuscular and Nervous Systems	25.0%	50	749.4	13.1	685.3	71.4
Other Systems	15.5%	31	686.9	14.9	680.5	71.5



♦ Denotes the national mean scale score

Report data is updated eight times a year. The data for this report is current as of May 5, 2016.

California State University, Sacramento (PT)

Free Basic Pass Rate Report

School Code: 0521
Graduation Years: 2014 - 2016
Exam Level: PT
State: CA
Date of Report: 6/15/2016

				Summary Performance for the School by Graduation Year			Summary Performance for All U.S.-Accredited Candidates by Graduation Year		
Graduation Year	Group	Number of Candidates	Number of Passing Candidates	Pass Rate	Mean Scale Score	Confidence Interval of the Mean	Pass Rate	Mean Scale Score	Standard Deviation Scale Score
2015	First Time	**31**	**30**	**96.8%**	**712.1**	**10.5**	**91.3%**	**676.8**	**56.4**
	Ultimate	**31**	**31**	**100.0%**	**712.6**	**10.3**	**97.6%**	**680.5**	**51.4**
2014	Insufficient data for this year								

Scale Scores of 600 and above are passing.

Listed below are all candidates from these graduating classes who have taken the NPTE.

Graduation Class	Last Name	First Name
2015	BARRAGAN-CABRERA	DANIEL
	BRAHCE	EVAN
	BROADLEY	STEPHANIE
	CARLI	JILLIAN
	CHRISTIANSEN	SARAH
	CURTIS	DONOVAN
	ESTREM	CHRISTINA
	FEDORENKO	OLHA
	GIVENS	CRISTY
	HECKEROTH	CHRISTIANE
	HENDRIX	ANGELA
	HOLTHAUS	AMY
	HUEY	AUTUMN
	JANICKI	ALEXA
	JOHNSON	EMILY
	KLESCZEWSKI	ALEXIS
	LEE	MICHAEL
	MANGRUM	ADIO
	MASON	JARED
	MCCORMACK	CHELSEA
	NEWMAN	ERIK
	NGUYEN	TRI
	PADILLA	JESSICA
	POTTER-TOSCH	CHRISTAL
	RIVERA	CYNTHIA
	SWANSON	CHRISTIAN
	VU	TUONG-LINH
	WARNSHUIS	JENNIFER
	WILLIS	MAJOR
	WINCHELL	KATIE
	YOSHIDA	AYAKO
2014	MCLAIN	MICHAEL

Report data is updated eight times a year. The data for this report is current as of May 5, 2016.

Physical Therapist

California (CA)

School	Code	Graduates	Average
Azusa Pacific University *Results From 2012, 2013, 2014*	0523	108	**100.00%**
California State University, Fresno *Results From 2012, 2013*	0501	44	**95.45%**
California State University, Long Beach *Results From 2012, 2013, 2014*	0502	60	**100.00%**
California State University, Northridge *Results From 2012, 2013, 2014*	0503	102	**99.02%**
California State University, Sacramento *Results From 2012, 2013, 2014*	0521	58	**98.28%**
Chapman University *Results From 2012, 2013, 2014*	0504	130	**100.00%**
Loma Linda University *Results From 2012, 2013, 2014*	0505	196	**97.96%**
Mount St Mary's College *Results From 2012, 2013, 2014*	0506	82	**100.00%**
Samuel Merritt University *Results From 2012, 2013, 2014*	0516	96	**98.96%**
San Diego State University *No Results*	0537	0	
University of CA / San Francisco State University *Results From 2012, 2013, 2014*	0507	100	**100.00%**
University of Southern California *Results From 2012, 2013, 2014*	0509	273	**100.00%**
University of St Augustine for Health Sciences – California *Results From 2012, 2013, 2014*	0522	428	**97.90%**
University of St Augustine for Health Sciences – ONLINE FLEX EXPANSION PROGRAM in San Diego *Results From 2012, 2013, 2014*	0528	28	**89.29%**
University of The Pacific *Results From 2012, 2013, 2014*	0508	114	**100.00%**
Western University of Health Sciences *Results From 2012, 2013, 2014*	0517	132	**98.48%**

Report Type: Student Experiences by PT CPI Rating

Filters Used: Class of 2016, n=28, measured on final summative evaluations

Total by Student Experiences: 54

Performance Criterion	Beginner	Interval	Advanced Beginner	Interval	Intermediate	Interval
Professional Practice - Safety	0	0	0	0	0	0
Professional Practice - Professional Behavior	0	0	0	0	0	0
Professional Practice - Accountability	0	0	0	0	0	0
Professional Practice - Communication	0	0	0	0	0	0
Professional Practice - Cultural Competence	0	0	0	0	0	0
Professional Practice - Professional Development	0	0	0	0	0	0
Patient Management - Clinical Reasoning	0	0	0	0	0	0
Patient Management - Screening	0	0	0	0	0	0
Patient Management - Examination	0	0	0	0	0	0
Patient Management - Evaluation	0	0	0	0	0	0
Patient Management - Diagnosis and Prognosis	0	0	0	0	0	0
Patient Management - Plan of Care	0	0	0	0	0	0
Patient Management - Procedural Interventions	0	0	0	0	0	0
Patient Management - Educational Interventions	0	0	0	0	0	0
Patient Management - Documentation	0	0	0	0	0	0
Patient Management - Outcomes Assessment	0	0	0	0	0	0
Patient Management - Financial Resources	0	0	0	0	0	0
Patient Management - Direction and Supervision	0	0	0	0	0	0
Total	0	0	0	0	0	0

Performance Criterion	Advanced Intermediate	Interval	Entry Level	Interval
Professional Practice - Safety	0	0	3	0
Professional Practice - Professional Behavior	0	0	1	2
Professional Practice - Accountability	0	0	2	1
Professional Practice - Communication	0	0	3	0
Professional Practice - Cultural Competence	0	0	1	2
Professional Practice - Professional Development	0	0	1	2
Patient Management - Clinical Reasoning	0	0	2	1
Patient Management - Screening	0	0	2	1
Patient Management - Examination	0	0	2	1
Patient Management - Evaluation	0	0	3	0
Patient Management - Diagnosis and Prognosis	0	0	2	1
Patient Management - Plan of Care	0	0	2	1
Patient Management - Procedural Interventions	0	0	2	1
Patient Management - Educational Interventions	0	0	2	1
Patient Management - Documentation	0	0	1	2
Patient Management - Outcomes Assessment	0	0	3	0
Patient Management - Financial Resources	0	0	2	1
Patient Management - Direction and Supervision of PTA	0	0	2	1
Total	0	0	36	18
	Percent at:		**67%**	**33%**
	Percent at or above:		**100%**	**33%**

Beyond Entry Level	Total
0	3
0	3
0	3
0	3
0	3
0	3
0	3
0	3
0	3
0	3
0	3
0	3
0	3
0	3
0	3
0	3
0	3
0	3
0	54
	100%
	100%

Professor Brad Stockert : DPT Alumni Survey 2015-1

- ()

No. of responses = 29 / (%)

Overall indicators

Global Index

av.=4.36

Please rate the following areas regarding the Department of Physical Therapy using the scale below:

av.=4.59

Level of Preparation to Perform

av.=4.05

6. Determine the needs and diagnosis of an individual by examining and evaluating factors within the following systems:

Rate your level

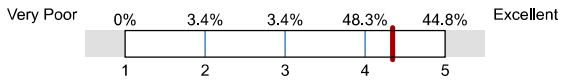
av.=4.46

Rate your level of preparation to perform in the following areas based on your experience in Physical Therapy.

Survey Results

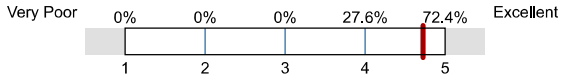
Please rate the following areas regarding the Department of Physical Therapy using the scale below:

1. Mutual respect demonstrated between majors and professors in the PT department



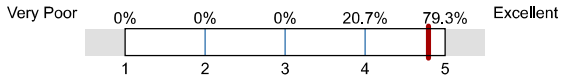
n=29
av.=4.34

2. I would advise a friend who wants to be a physical therapist that the PT program at CSUS is



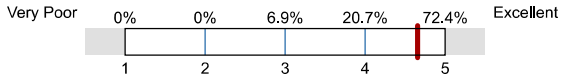
n=29
av.=4.72

3. The quality of support and clerical staff in the PT program at CSUS is



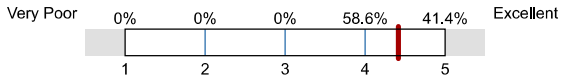
n=29
av.=4.79

4. The contribution of clinical affiliation experiences to your academic development



n=29
av.=4.66

5. Overall, how would you rate your experience in the Physical Therapy program in preparing you to be a Physical Therapist?

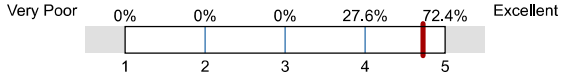


n=29
av.=4.41

Level of Preparation to Perform

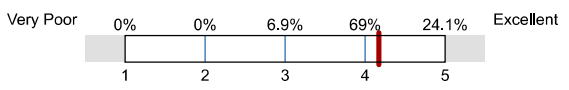
6. Determine the needs and diagnosis of an individual by examining and evaluating factors within the following systems:

Cardiovascular



n=29
av.=4.72

Integumentary



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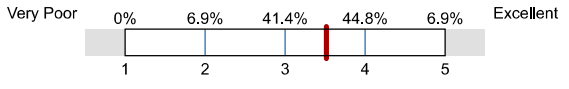
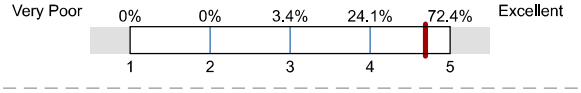
av.=4.17

Musculoskeletal



n=29
av.=3.52

Neuromuscular



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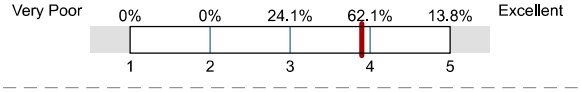
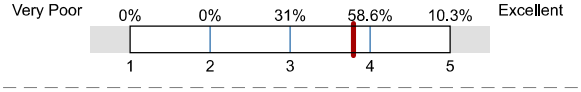
av.=4.69

Endocrine/Metabolic



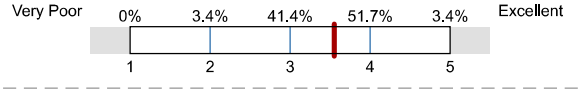
n=29
av.=3.9

Gastrointestinal



n=29
av.=3.79

Genito/urinary

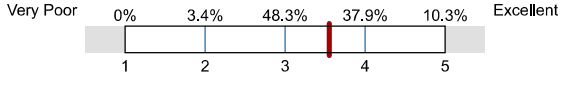


n=29
av.=3.55

Pulmonary

n=29
av.=4.55

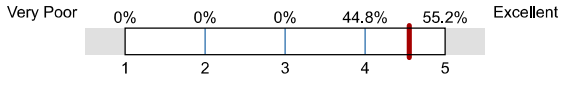
Psychosocial



n=29
av.=3.55

7. Implement a plan of care that demonstrates efficient and safe psychomotor skills for an individual with dysfunctions of the following systems:

Cardiovascular



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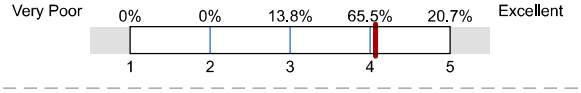
Integumentary



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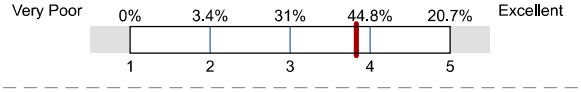
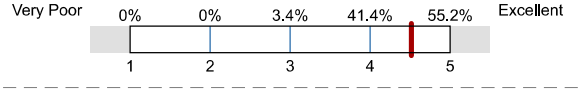
Musculoskeletal



n=29
av.=3.83

Neuromuscular



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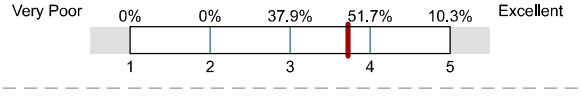
Endocrine/Metabolic



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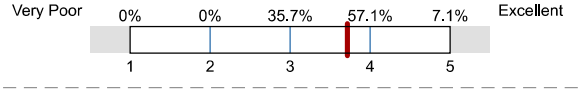
av.=3.72

Gastrointestinal



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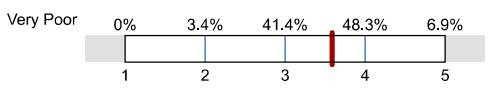
av.=3.71
ab.=1

Genito/urinary



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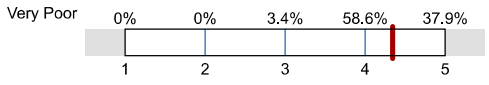
av.=3.59

Pulmonary



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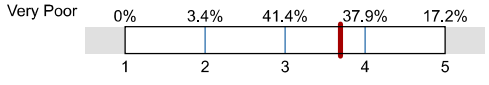
Psychosocial



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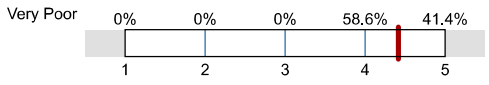
Rate your level

Rate your level of preparation to perform in the following areas based on your experience in Physical Therapy.

8. Recognize normal versus pathological factors that lead to impairments



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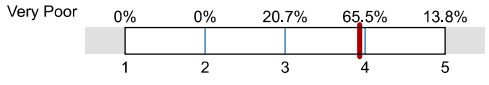
9. Determine a patient prognosis through physical therapy intervention



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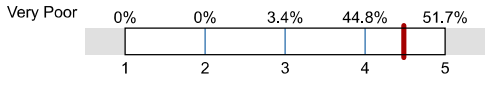
10. Develop an individualized plan of care



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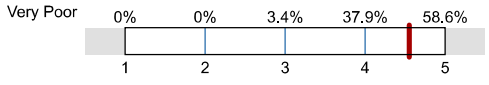
11. Demonstrate effective verbal skills



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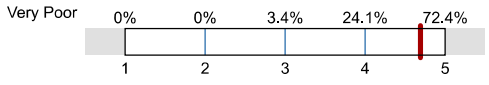
12. Demonstrate effective written communication skills



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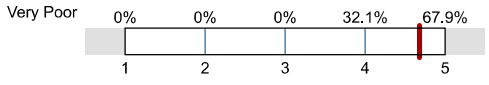
13. Recognize and demonstrate sensitivity to cultural, ethnic, economic, and psychological differences in the delivery of a clinical service



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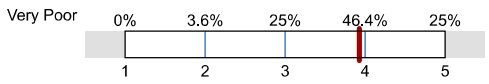
14. Plan, organize, administer and direct human and fiscal resources for patient/client management and optimal organizational operations



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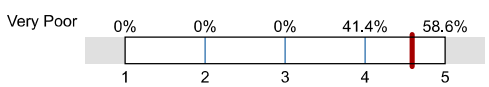
15. Participate in professional activities



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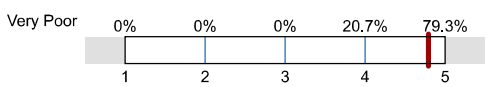
16. Evaluate physical therapy in a safe, legal, and ethical manner



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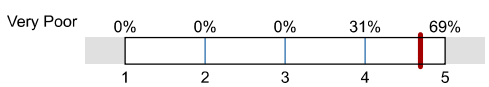
17. Evaluate clinical decisions based on the available evidence



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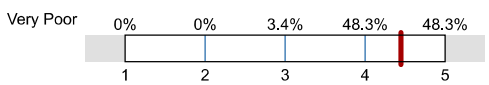
18. Evaluate the efficacy of physical therapy interventions



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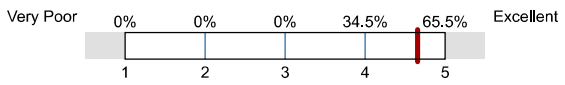
19. Self-assess, self-correct, and self-direct personal and professional growth



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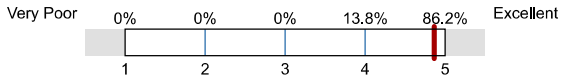
20. Demonstrate professional responsibility through dependability, punctuality, and follow through with commitments



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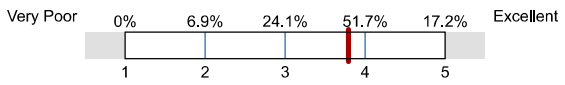
21. Determine and implement an appropriate discharge plan



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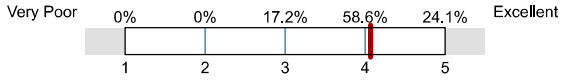
22. Provide physical therapy consultative services



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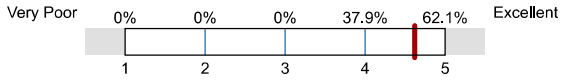
av.=4.07

23. Promote healthy behaviors through education and modelling



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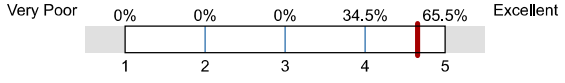
24. Read, critique and interpret professional literature



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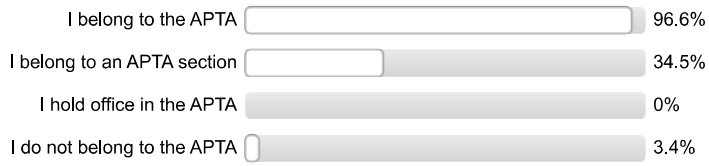
av.=4.66

25. Contribute to the body of knowledge of physical therapy through clinical, basic or applied research and/ or disseminate the results of research

n=29
av.=4.38

Other Details

26. What is your affiliation with the American Physical Therapy Association (APTA)? (please choose all that apply)



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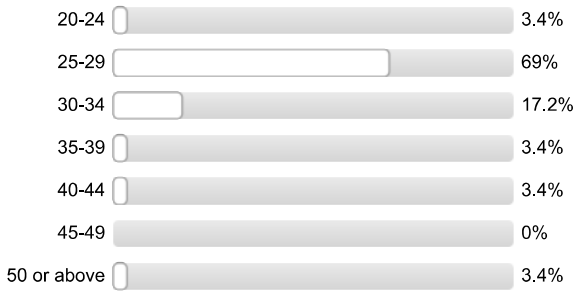
27. Have you attended any continuing education related to your practice as a physical therapist in the past year?

n=29

28. What is your age?



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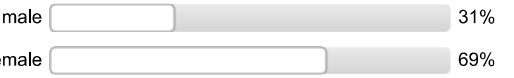
29. What is your gender?



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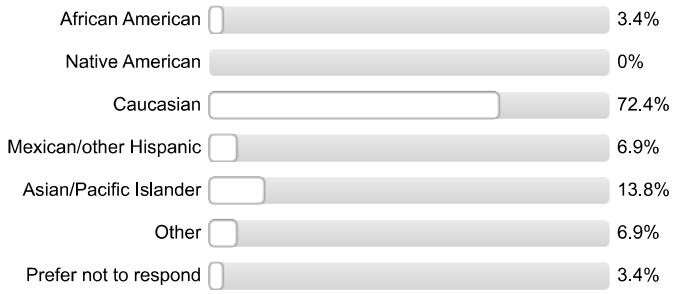
30. What is your racial/ethnic identity? (please choose all that apply)

n=29



CALIFORNIA STATE UNIVERSITY SACRAMENTO
DEPARTMENT OF PHYSICAL THERAPY
PORTFOLIO RUBRIC 2016

GOAL 1A: Evaluation of an individual with a neurologic disorder from a case study or actual patient contact. Review the Initial Encounter Note for the following elements marking + for competency demonstrated, or – for not demonstrated:

INDICATOR	+	-	COMMENTS
Examination			
History			
Medications			
Systems Review			
Tests & Measures of:			
Body Structure & Function Impairments			
Activity Limitations			
Participation Limitations			
Evaluation			
Problem List			
PT Diagnosis			
Prognosis			
Plan of Care			
Goals			
Body Structure & Function Impairments			
Activity Limitations			
Participation Limitations			
Duration & Frequency of PT Treatment			
Interventions			
Body Structure & Function Impairments			
Activity Limitations			
Participation Limitations			
Discharge Plans			

Comments:

Student's Name **Evaluator's Signature**

Summary Data from the NPTE: The Sac State Pass Rate is above the National Average and the Sac State Performance in Each Content Area is Above the National Average.

National Pass Rate	**National Average**	**Sac State Average**
NPTE Examination First-Time Pass Rate	91.3%	96.8%
NPTE Examination Content Areas		
Physical Therapy Examination	684.7	742.8
Foundations for Evaluation, Differential Diagnosis, and Prognosis	680.7	704.7
Interventions	680.5	704.3
Non-Systems Domains	652.6	676.7
Cardiovascular/Pulmonary and Lymphatic Systems	678.9	707.7
Musculoskeletal System	682.0	710.1
Neuromuscular and Nervous Systems	685.3	749.4
Other Systems	680.5	686.9

Summary Data from the CPI: 100% of Students were At Entry-level for all 18 criterion.

Performance Criterion	Advanced Intermediate	Interval	Entry Level
Professional Practice - Safety	0	0	3
Professional Practice - Professional Behavior	0	0	1
Professional Practice - Accountability	0	0	2
Professional Practice - Communication	0	0	3
Professional Practice - Cultural Competence	0	0	1
Professional Practice - Professional Development	0	0	1
Patient Management - Clinical Reasoning	0	0	2
Patient Management - Screening	0	0	2
Patient Management - Examination	0	0	2
Patient Management - Evaluation	0	0	3
Patient Management - Diagnosis and Prognosis	0	0	2
Patient Management - Plan of Care	0	0	2
Patient Management - Procedural Interventions	0	0	2
Patient Management - Educational Interventions	0	0	2
Patient Management - Documentation	0	0	1
Patient Management - Outcomes Assessment	0	0	3
Patient Management - Financial Resources	0	0	2
Patient Management - Direction and Supervision of PTA	0	0	2
Total	0	0	36
	Percent at:		**67%**
	Percent at or above:		**100%**

Summary Data for Doctoral Projects: 100% of students passed written and oral examinations, by a three-member faculty panel, of both proposals and final doctoral projects.

Sacramento State
Department of Physical Therapy
Student Learning Outcomes

Student Learning Outcome 1.0:
Demonstrate professional physical therapist effectiveness by creating and documenting a comprehensive physical therapy patient management process, including determination of the physical therapy needs of any individual, designing a plan of care that synthesizes best available evidence and patient preferences, implementing safe and effective psychomotor interventions, and determining the efficacy of patient outcomes.

1.1 Compare and contrast normal biological, physiological, and psychological mechanisms of the human body with pathophysiological factors that lead to impaired body functions and structure.
- 1.1.1 Discuss the etiology and clinical features of major disorders.
- 1.1.2 Describe how pathological processes affect normal function.
- 1.1.3 Discuss common medical/surgical treatments for major disorders.
- 1.1.4 Analyze the effects of pharmacological agents on human function.

1.2 Determine the physical therapy needs of any individual seeking services.

1.3 Perform an effective and efficient systems review screen.

1.4 Review pertinent medical records and conduct a comprehensive patient interview.

1.5 Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.

- 1.5.1 Determine, with each patient encounter, the patient's need for further examination or consultation.
- 1.5.2 Perform a physical therapy patient examination using evidenced-based tests and measures.
- 1.5.3 Utilize available evidence in interpreting examination findings to inform the patient evaluation.
- 1.5.4 Evaluate data from the patient examination (history, systems review, tests and measures) to make clinical judgments.
- 1.5.5 Synthesize available data on a patient using the concepts and terminology of the most recent disability/enablement theoretical construct (currently the *International Classification of Functioning, Disability, and Health* (ICF) *Model of Functioning and Disability*).
- 1.5.6 Cite the evidence (patient history, diagnostic test results, tests, measures, and scientific literature) to support clinical decisions.
- 1.5.7 Evaluate and interpret the results of examination findings to classify the patient problem using the most recently adopted diagnostic taxonomy (currently the *Guide to Physical Therapist Practice*'s labels and practice patterns).
- 1.5.8 Integrate and evaluate data that are obtained during the examination to

describe the patient condition in terms that will guide the prognosis, the plan of care and intervention strategies.

1.5.9 Identify and prioritize body function and structure impairments to determine specific activity limitations towards which interventions will be directed.

1.5.10 Make a referral to another physical therapist, other health care practitioner or agency when physical therapy is not indicated or the patient/client's needs are beyond the skills, expertise and/or scope of practice of the physical therapist practitioner.

1.5.11 Determine the need for additional information and utilize technological search mechanisms to find that information.

1.5.12 Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs.

1.5.13 Apply current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.

1.6 Develop a plan of care based on the best available evidence and that considers the patient's personal and environmental factors

1.6.1 Prioritize patient/client problems taking into consideration the patient/client's needs and goals, health condition, physiological and biological mechanisms within the constraints of the environment and resources.

1.6.2 Write measurable, functional goals that are time referenced with expected outcomes.

1.6.3 Determine a patient prognosis by predicting the level of optimal improvement in function and the amount of time required to achieve that level.

1.6.4 Recognize barriers that may impact the achievement of optimal improvement within a predicted time frame.

1.6.5 Select and prioritize the essential interventions that are safe, meet the specified functional goals and outcomes and are patient-centered.

1.6.6 Identify and collaborate with others needed in implementing the plan of care.

1.6.7 Articulate a specific rationale for referrals made to other providers.

1.6.8 Progress the plan of care by making ongoing adjustments to interventions.

1.6.9 Include in the plan of care indirect interventions, such as coordination of care, patient/family education, modifications to physical and social environments, and referral to other providers.

1.6.10 Seek and find information using contemporary technology that addresses the specific needs of the patient care plan.

1.6.11 Identify patient needs in terms of discharge planning, discontinuation of care, and transfer of care.

1.7 Implement the physical therapy plan of care designed to restore and/or maintain optimal function applying selected procedural interventions that demonstrate safe and effective psychomotor and clinical reasoning skills.

1.7.1 Perform efficient and effective procedural interventions utilizing evidence- informed physical therapy procedures in a competent

manner.

1.7.2 Modify or redirect selected procedural interventions in light of reexaminations and/or patient/client's response to interventions.

1.7.3 Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain patient/client status, or to slow deterioration.

1.7.4 Assess patient/client progress towards goals/projected outcomes.

1.7.5 Coordinate patient/client care with other health care providers.

1.8 Demonstrate effective verbal and written communication skills with patients, families, other health care professionals, and the public, to facilitate interventions and interdisciplinary interactions and cooperation.

1.8.1 Determine appropriate documentation for the recording of patient/client information consistent with professional standards, the fiscal intermediary, and the treatment setting.

1.8.2 Produce quality documentation in a timely manner to support the delivery of physical therapy services.

1.8.3 Demonstrate thorough, concise documentation consistent with current language from the Patient Management Model contained in the most recent edition of the Guide to Physical Therapist Practice.

1.8.4 Communicate efficiently and effectively with other health care providers involved in the patient/client's management.

1.9 Utilize data from selected outcome measures to document intervention effectiveness.

1.9.1 Select relevant outcome measures for levels of body functions and structural impairments, activities and participation with respect for their psychometric properties.

1.9.2 Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of function.

1.9.3 Describe how aggregate data is analyzed to assess the effectiveness of clinical performance (interventions).

1.10 Determine an appropriate discharge, discontinuation of service, or transfer of care plan for patients/clients.

1.10.1 Re-examine patients/clients to determine if continued physical therapy services are indicated.

1.10.2 When a patient/client has reached optimal goals with physical therapy interventions and, when other related services are still needed, seek resources and/or consult with others to identify alternative resources.

1.10.3 Determine needed resources for patients/clients to ensure timely discharge, including follow-up care.

1.10.4 Discontinue care when physical therapy services are no longer indicated.

Student Learning Outcome 2.0:

Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, and to communicate effectively with

patients, families, other health care professionals and the public.

2.1 Provide consultative services applying the unique knowledge and skills of a physical therapist to identify problems, recommend solutions, or produce an outcome or product.

2.2 Engage in education activities consistent with imparting information and knowledge unique to the expertise of physical therapists to individuals or groups using relevant and effective teaching methods.

- 2.2.1 Promote health behaviors through educational interventions and modeling.
- 2.2.2 Apply basic educational concepts of teaching to the practice of physical therapy.
- 2.2.3 Educate colleagues and other health care professionals about the roles, responsibilities and academic preparation of the physical therapist and scope of physical therapy practice.
- 2.2.4 Present topics/issues using current evidence and sound teaching principles (i.e. case studies, in-service, journal article review, etc.).

2.3 Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including:

- 2.3.1 Billing and reimbursement.
- 2.3.2 Electronic medical records documentation.
- 2.3.3 Contemporary electronic communication.
- 2.3.4 Direction and supervision of support personnel, including physical therapist assistants (PTAs) and aides.
- 2.3.5 Patient rights, consent, confidentiality and the Health Information Portability and Privacy Act (HIPPA).

<u>Student Learning Outcome 3.0:</u>

Demonstrate professional behaviors by reflecting on personal and professional development, and by integrating cultural, ethnic, age, economic, and psychosocial considerations in the communication and delivery of clinical services.

3.1 Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery of clinical service.

- 3.1.1 Practice physical therapy demonstrating cultural competence with all individuals and groups.
- 3.1.2 Work effectively with challenging patients.
- 3.1.3 Respect personal space of patients/clients and others.
- 3.1.4 Demonstrate behaviors that are non-judgmental with regards to patients'/clients' lifestyles.
- 3.1.5 Respect roles of support staff and delegate appropriately.

3.2 Communicate effectively for varied audiences and purposes.

- 3.2.1 Demonstrate effective interpersonal (verbal, nonverbal, electronic) communication skills considering the diversity of populations and environments.

3.2.2 Facilitate therapeutic communication and interpersonal skills.
3.2.3 Discuss difficult issues with sensitivity and objectivity.
3.2.4 Appropriately utilize communication technology efficiently, professionally, and effectively.
3.2.5 Respect roles of support staff and communicate appropriately.

3.3 Participate in professional activities that serve the community and advance the profession of physical therapy.
3.3.1 Participate in community service activities.
3.3.2 Recognize the importance of participation in professional association activities.
3.3.3 Recognize one's role as a member and leader of the health care team.
3.3.4 Promote participation in clinical education.

3.4 Recognize the need for personal and professional development.
3.4.1 Participate in self-assessment to improve clinical and professional performance.
3.4.2 Welcome and seek new learning opportunities.
3.4.3 Assume responsibility for professional lifelong learning.
3.4.4 Accept responsibility and demonstrate accountability for professional decisions.
3.4.5 Recognize own biases and suspend judgments based on biases.

3.5 Demonstrate entry level generic abilities, including:
3.5.1 Professional accountability and commitment to learning.
3.5.2 Recognition of one's own limitations.
3.5.3 Effective use of constructive feedback.
3.5.4 Effective use of time and resources.
3.5.5 Demonstrate integrity, compassion, and courage in all interactions.

Student Learning Outcome 4.0:

Practice in an ethical and legal manner through the consistent integration of sound decision-making with respect to established ethical, legal and professional standards.

4.1 Practice physical therapy in a manner consistent with established legal and professional standards.
4.1.1 Demonstrate awareness of and adherence to state licensure regulations.
4.1.2 Practice within all applicable regulatory and legal requirements.
4.1.3 Demonstrate the ability to search and find information about laws and regulations pertaining to physical therapy practice from state and federal electronic sources.
4.1.4 Demonstrate accountability by adhering to laws and regulations governing physical therapy fiscal management.

4.2 Practice in a manner consistent with the professional code of ethics
4.2.1 Demonstrate knowledge and application of ethical decision-making.
4.2.2 Treat patients/clients within scope of practice, expertise and experience.
4.2.3 Seek informed consent from patients/clients.

Student Learning Outcome 5.0:

Demonstrate the critical evaluation, interpretation and application of the scientific and professional literature to inform independent judgments and clinical decision-making, research and education.

- 5.1 Apply basic principles of statistics and research methodologies within the practice of physical therapy.
  - 5.1.1 Formulate and reevaluate positions based on the best available evidence.
  - 5.1.2 Evaluate the efficacy and efficiency of physical therapy procedural interventions.
  - 5.1.3 Critically evaluate and interpret professional literature as it pertains to practice, research, and education.
  - 5.1.4 Utilize contemporary technology consistently to access evidence.
- 5.2 Contribute to the body of knowledge of physical therapy.
  - 5.2.1 Participate in, plan, and/or conduct clinical, basic, or applied research.
  - 5.2.2 Disseminate the results of scholarly activities.

Title: Pre-admission factors predictive of success on the national physical therapy licensure exam for graduates of a public physical therapy program.

Authors:
Bryan Coleman-Salgado, PT, DPT, CWS, Assistant Professor & Edward Barakatt, PT, PhD, Professor, Department of Physical Therapy California State University, Sacramento, California.

Abstract

Background and Purpose: A primary outcome of concern to the physical therapy (PT) program is the ability of graduates to pass the National Physical Therapy Exam (NPTE) for licensure. The purpose of this case study was to identify the predictive strength of pre-admission demographic factors, academic performance and standardized test scores in graduates' ability to pass the NPTE within two attempts. ***Case Description.*** Pre-admissions data from **e**leven years of graduates from a single MPT program (n=320) were analyzed, including preadmissions GPA, analytic GRE (aGRE), verbal GRE (vGRE) and quantitative GRE (qGRE) scores, gender, English as a Second Language (ESL) status and NPTE test results. The bivariate association of each pre-admission variable to NPTE success was assessed and receiver operating characteristic curve analysis was performed to determine the optimal cutoff score of each continuous variable. Multifactor logistic regression analysis was performed to determine which independent variables were most predictive of NPTE success. ***Outcomes:*** Fifteen (4.7%) graduates required three or more attempts to pass the NPTE. Bivariately, all three of the GRE subscale average scores, ESL and pGPA were significantly associated with NPTE success. Only qGRE (p=.001) and aGRE (p=.043) were found to be a significant regression coefficients in the multifactor logistic regression analysis, with pGPA approaching significance, and ESL and vGRE dropping out of the equation. ***Discussion and Conclusion*****:** The strongest pre-admission variable for NPTE success was the qGRE score and it explained the variance predicted by ESL and pGPA. The admissions committee used this data to implement an evidence-based admissions minimum threshold for qGRE and validated our required minimum score used for the aGRE. This case is an example of how a physical therapist education program can analyze their own data to apply evidence to their admissions criteria that best serve the mission of the program.

2015 Self-Study Report - California State University, Sacramento - PT

Institution

Institution Name:	California State University, Sacramento
Institution accrediting agency:	WASCUC
Name of Chief Executive Officer:	Alexander Gonzalez - PhD
Administrative Title:	President
Name of Chief Academic Officer:	Frederika Harmsen - PhD
Administrative Title:	Provost and Vice President for Academic Affairs
Name of Dean:	Fred Baldini - PhD
Administrative Title:	Dean
Unit or school in which the program resides:	College of Health and Human Services

Program Director/Administrator

Name of Program Director/Administrator:	Edward Barakatt - PT, PhD
Administrative Title:	Director

Program

Title of Program:	Department of Physical Therapy
Year of First Class Graduation:	1997
Program Accreditation Status:	Accreditation
Degree Awarded:	Other

Curriculum Design Characteristics

Type of Term:	Semester
Total # Terms to Complete Degree:	9
Total # of terms in academic year:	3
Term length (in weeks):	16
Length of professional/technical coursework in weeks (including exam week and count exam week as 1 wk):	128

Clinical Education

Total Hours of Clinical Education:	1440

# Weeks Full-Time Clinical Education:	36

Coursework

Year of Term	Number of Term	Prefix and Number	Course	Type	Credits	Length of Course	Classroom Hours	Lab Hours	Distance Education Hours	Clinical Education	Other Hours	Students Per Class	Students Per Section	Primary	Other	Exam	Syllabus
1	1	PT 608	PT/Patient/Professional Interactions		2	16	32	0	0	0	0	32	32	Hoffman		E_PT608.pdf	S_PT608.pdf
1	1	PT 602	Evidence Informed Practice I	F	3	16	47	0	0	0	0	32	32	Hoffman		E_PT602.pdf	S_PT602.pdf
1	1	BIO 633	Human Gross Anatomy for Physical Therapists	F	3	16	32	45	0	0	0	32	16	Ernst		E_BIO633.pdf	S_BIO633.pdf
1	1	PT 630	Pathophysiology	F	3	16	47	0	0	0	0	32	32	Stockert		E_PT630.pdf	S_PT630.pdf
														McKeough			
1	1	PT 600	Pathokinesiology	F	5	16	47	90	0	0	0	32	16	MacLeod		E_PT600.pdf	S_PT600.pdf
														Escamilla			
1	2	PT 604	Principles of Human Movement	F	2	16	32	0	0	0	0	32	32	MacLeod		E_PT604.pdf	S_PT604.pdf
1	2	PT 622	Evidence Informed Practice II		3	16	47	0	0	0	0	32	32	MacLeod		E_PT622.pdf	S_PT622.pdf
1	2	PT 606	Therapeutic Measurements & Techniques		4	16	32	90	0	0	0	32	16	Lewis		E_PT606.pdf	S_PT606.pdf
														Hoffman			
1	2	PT 620	Physical Therapy Interventions I		3	16	32	45	0	0	0	32	16	Escamilla		E_PT620.pdf	S_PT620.pdf
1	2	PT 614	Neuroscience for Physical Therapists	F	3	16	47	0	0	0	0	32	32	McKeough		E_PT614.pdf	S_PT614.pdf
1	2	PT 618	Foundations for Patient Management		1	16	16	0	0	0	0	32	32	Coleman-Salgado		E_PT618.pdf	S_PT618.pdf
1	3	PT 634	Diagnostic Imaging for Physical Therapists		2	4	32	0	0	0	0	32	32	McKeough		E_PT634.pdf	S_PT634.pdf
1	3	PT 632	Pharmacology for Physical Therapists		2	4	32	0	0	0	0	32	32	Stockert		E_PT632.pdf	S_PT632.pdf
1	3	PT 638	Health, Wellness and Ergonomics in Physical Therapy		2	4	32	0	0	0	0	32	32	Escamilla		E_PT638.pdf	S_PT638.pdf
														McGinty			
1	3	PT 636	Geriatrics/Gerontology for Physical Therapists		2	4	32	0	0	0	0	32	32	Escamilla		E_PT636.pdf	S_PT636.pdf
1	4	PT 625	Musculoskeletal Patient Management I		4	16	32	90	0	0	0	32	16	Garcia		E_PT625.pdf	S_PT625.pdf
														Boulgarides			
2	4	PT 626	Clinical Agents		3	16	16	90	0	0	0	32	16	Larrucea		E_PT626.pdf	S_PT626.pdf
2	4	PT 624	Adult Neuromuscular		4	16	32	90	0	0	0	32	16	Mattern-		E_PT624.pdf	S_PT624.pdf

			Patient Management I										Baxter			
													McKeough			
2	4	PT 640	Physical Therapy Interventions II		3	16	32	45	0	0	0	32	16	Stockert		E_PT640.pdf	S_PT640.pdf
2	4	PT 660A	Graduate Seminar I Research Elective	E	1	16	16	0	0	0	0	6	6	Escamilla		E_PT660ABC.pdf	S_PT660A.pdf
2	4	PT 646	Acute Care and Cardiopulmonary Physical Therapy		2	16	32	0	0	0	0	32	32	Stockert		E_PT646.pdf	S_PT646.pdf
2	5	PT 644	Adult Neurological Patient Management II		4	16	32	90	0	0	0	32	16	McKeough		E_PT644.pdf	S_PT644.pdf
														Mattern-Baxter			
														Corbett			
2	5	PT 645	Musculoskeletal Evaluation & Treatment II		4	16	32	90	0	0	0	32	16	Garcia		E_PT645.pdf	S_PT645.pdf
														Langerwerf			
2	5	PT 669	Psychosocial Issues in Physical Therapy		1	16	16	0	0	0	0	32	32	Lewis		E_PT669.pdf	S_PT669.pdf
2	5	PT 662	Differential Diagnosis in Physical Therapy		3	16	47	0	0	0	0	32	32	Stockert		E_PT662.pdf	S_PT662.pdf
2	5	PT 660D	Graduate Seminar I Electrotherapeutics Lab	E	2	16	16	16	0	0	0	6	6	Larrucea		E_PT660D.pdf	S_PT660D.pdf
2	5	PT 660B	Graduate Seminar I Research Elective		1	16	16	0	0	0	0	6	6	Larrucea		E_PT660ABC.pdf	S_PT660B.pdf
2	5	PT 648	Health Care Delivery in Physical Therapy I		2	16	32	0	0	0	0	32	32	Larrucea		E_PT648.pdf	S_PT648.pdf
2	5	PT 660G	Graduate Seminar I CSCS		2	16	32	0	0	0	0	16	16	Escamilla		E_PT660G.pdf	S_PT660G.pdf
2	5	PT 627	Physical Therapy Educator		1	16	16	0	0	0	0	32	32	Coleman-Salgado		E_PT627.pdf	S_PT627.pdf
2	6	PT 695A	Clinical Practicum/Internship I	C	6	12	0	0	0	480	0	32	32	Coleman-Salgado		E_PT695A.pdf	S_PT695A.pdf
3	7	PT 690	Doctoral Project/Culminating Experience		3	16	0	0	0	0	100	32	6	Mattern-Baxter	Stockert	E_PT690.pdf	S_PT690.pdf
														Coleman-Salgado	Barakatt		
														Boulgarides	Escamilla		
															McKeough		
3	7	PT 668	Health Care Delivery in Physical Therapy II		2	16	32	0	0	0	0	32	32	Larrucea		E_PT668.pdf	S_PT668.pdf
3	7	PT 660E	Graduate Seminar I	E	2	16	32	0	0	0	0	10	10	McNeil		E_PT660E.pdf	S_PT660E.pdf

			Neuropediatric Management Lab													
3	7	PT 663	Integumenatry Patient Management		2	16	16	45	0	0	0	32	16	Coleman-Salgado		E_PT663.pdf	S_PT663.pdf
														MacLeod			
3	7	PT 665	Musculoskeletal Patient Management III		3	16	16	90	0	0	0	32	16	Boulgarides		E_PT665.pdf	S_PT665.pdf
3	7	PT 660C	Graduate Seminar I Research Elective		1	16	0	0	0	0	16	16	16	McKeough		E_PT660ABC.pdf	S_PT660C.pdf
3	7	PT 660F	Graduate Seminar I Adult Neuromuscular Management Lab	E	2	16	32	0	0	0	0	10	10	Corbett		E_PT660F.pdf	S_PT660F.pdf
3	7	PT 664	Neuropediatric Patient Management		2	16	16	90	0	0	0	32	16	Mattern-Baxter		E_PT664.pdf	S_PT664.pdf
3	8	PT 695B	Clinical Practicum/Internship II	C	6	12	0	0	0	480	0	32	32	Larrucea		E_PT695B.pdf	S_PT695B.pdf
														Coleman-Salgado			
3	9	PT 680	Graduate Physical Therapy Seminar		1	1	16	0	0	0	0	32	32	McKeough		E_PT680.pdf	S_PT680.pdf
3	9	PT 695C	Clinical Practicum/Internship III	C	6	12	0	0	0	480	0	32	32	Coleman-Salgado		E_PT695C.pdf	S_PT695C.pdf

Core Faculty Workload

Faculty Name	Hours - Fall	Hours - Winter	Hours - Spring	Hours - Summer	Teaching in Entry-level Program	Teaching other programs	Clinical Practice	Committee Work	Admin Responsibilities	Scholarship	Enrolled In Degree Program	Total
Barakatt, Edward	0	0	0	0	5	0	0	25	55	15	0	100
Boulgarides, Lois	151	0	0	0	65	0	0	10	20	5	0	100
Coleman-Salgado, Bryan	61	0	32	0	15	0	0	15	45	25	0	100
Escamilla, Rafael	124	0	93	48	60	0	0	20	0	20	0	100
Larrucea, Creed	106	0	96	0	35	0	0	15	45	5	0	100
Lewis, Clare	6	0	61	0	55	0	0	20	5	20	0	100
MacLeod, Toran	106	0	79	0	40	0	0	15	5	40	0	100
Mattern-Baxter, Katrin	183	0	61	0	60	0	0	20	0	20	0	100
McKeough, Michael	106	0	86	32	60	0	0	20	0	20	0	100
Stockert, Brad	153	0	47	32	40	0	0	20	20	20	0	100

Associated/Adjunct Faculty Workload

Faculty Name	Hours - Fall	Hours - Winter	Hours - Spring	Hours - Summer	Teaching in Entry-level Program	Teaching other programs	Clinical Practice	Committee Work	Admin Responsibilities	Scholarship	Enrolled In Degree Program	Total

Corbett, John	32	0	22	0								
Ernst, Allan	122	0	0	0								
Fisher, Brent	32	0	0	0								
Garcia, Bill	61	0	61	0								
Hoffman, Shannon	79	0	61	0								
Langerwerf, Leigh	106	0	39	0								
McGinty, Susan	0	0	0	16								
McNeil, Stefani	32	0	0	16								

Faculty

# of PT FULL-TIME core faculty positions:	10
# of PT PART-TIME core faculty positions:	0
# of Non-PT FULL-TIME core faculty positions:	0
# of Non-PT PART-TIME core faculty positions:	0
# of FTE's the above # of core faculty represents:	8.87
Describe the definition of 1 FTE at your institution (ie, 9 mo, 10 mo, 11 mo, 12 mo)	10 Months
# of current vacancies in currently allocated (budgeted) core faculty positions:	0
% of core faculty positions turned over in last year:	0
# of projected vacancies in currently allocated positions:	0
# of associated/adjunct faculty who teach half the contact hours of a course:	8
FTE's represented by the previous # of adjunct/associated faculty	1.3

Core Faculty List

Name	CV/Resume	Faculty Scholarship	FTE
Edward Barakatt, PT, PhD	CV_Barakatt.pdf	F3_Barakatt.pdf	1
Lois Boulgarides, PT, MS, DPT	CV_Boulgarides.pdf	F3_Boulgarides.pdf	0.83
Bryan Coleman-Salgado, PT, DPT, MS, CWS	CV_ColemanSalgado.pdf	F3_ColemanSalgado.pdf	1
Rafael Escamilla, PT, PhD, CSCS, FACSM	CV_Escamilla.pdf	F3_Escamilla.pdf	0.89
Creed Larrucea, PT, DPT, ECS	CV_Larrucea.pdf	F3_Larrucea.pdf	0.83
Clare Lewis, PT, DPT, PsyD, FAAOMPT	CV_Lewis.pdf	F3_Lewis.pdf	0.86
Toran MacLeod, PT, PhD	CV_MacLeod.pdf	F3_MacLeod.pdf	0.83

Katrin Mattern-Baxter, PT, DPT, PCS	CV_Mattern-Baxter.pdf	F3_Mattern-Baxter.pdf	0.83
Michael McKeough, PT, EdD	CV_McKeough.pdf	F3_McKeough.pdf	0.89
Brad Stockert, PT, PhD	CV_Stockert.pdf	F3_Stockert.pdf	0.89

Associated / Adjunct Faculty List

Name	CV/Resume	Faculty Scholarship
John Corbett, PT, NCS	CV_Corbett.pdf	
Allan Ernst, PhD	CV_Ernst.pdf	
Brent Fisher, PT, DPT	CV_Fisher.pdf	
Bill Garcia, PT, DPT, OCS	CV_Garcia.pdf	
Shannon Hoffman, PT, DPT	CV_Hoffman.pdf	
Leigh Langerwerf, PT, DPT, OCS	CV_Langerwerf.pdf	
Susan McGinty, PT	CV_McGinty.pdf	
Stefani McNeil, PT, MSPT, PCS	CV_McNeil.pdf	

Students

Freshmen:	0	**Grad 1:**	30
Sophomore:	0	**Grad 2:**	30
Junior:	0	**Grad 3:**	33
Senior:	0	**Grad 4:**	0

Student Ethnicity/Race

Hispanic/Latino of any race:	6	**American Indian/Alaskan Native:**	2
Asian:	9	**Black or African-American:**	2
Native Hawaiian/other Pacific Islander:	0	**White:**	57
Two or more races:	0	**Unknown:**	13
Total:	93		

Income Statements

Year Beginning	Year Ending	Core FTEs	Total Income	Total Expenses
2015	2016	9.7	$1,580,299.00	$1,577,805.00

2014	2015	8.9	$1,580,299.00	$1,614,897.00
2013	2014	8	$1,319,968.00	$1,305,536.00

Income

Category	2015-2016	2014-2015	2013-2014
State Funds - DPT	$282,000.00	$282,000.00	$387,059.00
Tuition - DPT	$1,298,299.00	$1,298,299.00	$811,638.00
State Funds - MPT	$0.00	$0.00	$121,271.00
Total	$1,580,299.00	$1,580,299.00	$1,319,968.00

Expenses

Category	2015-2016	2014-2015	2013-2014
Core FTEs	9.7	8.9	8
Associated Faculty Compensation (Excluding Benefits)	$85,000.00	$107,744.00	$10,444.00
Core Faculty Salary (Excluding Benefits)	$921,305.00	$831,305.00	$745,306.00
Staff Salary (Excluding Benefits)	$138,000.00	$88,848.00	$83,258.00
Total	$1,144,305.00	$1,027,897.00	$839,008.00

Category	2015-2016	2014-2015	2013-2014
Clinical Education	$6,500.00	$6,000.00	$3,436.00
Operational	$26,000.00	$26,000.00	$21,408.00
Other	$100,000.00	$100,000.00	$38,870.00
Equipment	$253,000.00	$407,000.00	$373,636.00
Faculty Development	$48,000.00	$48,000.00	$29,178.00
Total	$433,500.00	$587,000.00	$466,528.00

Faculty List - Summary

Last Name	First Name	Credentials	Type
Barakatt	Edward	PT, PhD	Core
Boulgarides	Lois	PT, MS, DPT	Core
Coleman-Salgado	Bryan	PT, DPT, MS, CWS	Core
Corbett	John	PT, NCS	Adjunct/Associated
Ernst	Allan	PhD	Adjunct/Associated
Escamilla	Rafael	PT, PhD, CSCS, FACSM	Core
Fisher	Brent	PT, DPT	Adjunct/Associated
Garcia	Bill	PT, DPT, OCS	Adjunct/Associated
Hoffman	Shannon	PT, DPT	Adjunct/Associated
Langerwerf	Leigh	PT, DPT, OCS	Adjunct/Associated
Larrucea	Creed	PT, DPT, ECS	Core
Lewis	Clare	PT, DPT, PsyD, FAAOMPT	Core
MacLeod	Toran	PT, PhD	Core

Mattern-Baxter	Katrin	PT, DPT, PCS	Core
McGinty	Susan	PT	Adjunct/Associated
McKeough	Michael	PT, EdD	Core
McNeil	Stefani	PT, MSPT, PCS	Adjunct/Associated
Stockert	Brad	PT, PhD	Core

Core Faculty Details - Barakatt , Edward

Qualifications Narrative

Edward Barakatt, a physical therapist licensed in the State of California since 1982, is currently the Chair of the Department of Physical Therapy and the Program Director. He has also served over the last three years as the Department's Graduate Coordinator during the Department's transition from the MPT to DPT curriculum. The Department Chair does not have a teaching assignment.

Prior to becoming a faculty member at CSU Sacramento, Barakatt was a full-time clinician for 16 years. He has been a faculty member at CSU Sacramento since 1997, teaching a variety of courses, including: research methods, pathokinesiology, therapeutic agents, healthcare administration, and therapeutic measurements and procedures. He has also served for four years as the Academic Coordinator of Clinical Education. Barakatt has served on multiple departmental committees over the years including the Admissions Committee (which he chaired), Curriculum Committee, Student Affairs Committee, Faculty Search Committees (which he chaired), and others. This varied experience prior to and within the Department prepared Barakatt well for understanding the varied needs of the program's didactic curriculum, clinical education program, and administrative requirements. During his tenure as a faculty member Barakatt assisted the previous Chair of the Department extensively in the administrative duties, and he served as acting Department Chair for a semester while the current Chair was on leave. To prepare for his role as Chair, Barakatt attended a number of leadership workshops, including: Survival Skills for Department Chairs and Academic Administrators at CSUS (2009), Academic Leadership Development Program at CSUS (2011-12), and the Education Leadership Institute Fellowship through the American Physical Therapy Association (2012-13).

Barakatt's training in epidemiology and research methods have been beneficial in his role as the Graduate Coordinator and a member of the Curriculum Committee during the transition from the MPT to the DPT degree. The Curriculum Committee was tasked with developing the format, grading rubric, and logistics of the DPT culminating doctoral project, a comprehensive case analysis. Barakatt's understanding of evidence-based methodologies facilitated the threading of these concepts throughout the curriculum and the inclusion and evaluation of these concepts in students' doctoral projects.

Barakatt's experience in developing a private practice and teaching the health care delivery courses for many years were beneficial to the development of the Department's new facility. He was able to successfully manage the budget, space considerations, equipment requirements and ordering processes, and facility development processes in conjunction with the College Dean's Office, University Facilities Department, University Requisition and Contracts Office, and the Department faculty.

Barakatt's background as a faculty member in the Department, providing service to the University, performing scholarship in the community, providing service to the professional community at the district and state levels, and his participation in the APTA Educational Leadership Institute has allowed him to establish a wide network of professional contacts among alumni, University personnel, and the physical therapy community at the local, state and national level. These contacts greatly benefit the Department when cooperation or assistance is required from the community for didactic, clinical education, or administrative activities.

Core Faculty Information

Position:	Chair/Director
Months Appointed Per Academic Year:	12
FTE:	1
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Bachelors
Highest Earned Degree (Not E-L PT):	Doctor of Philosophy
Discipline of Highest Earned Degree:	Other
Rank:	Professor
Total Years As Faculty in Program:	17
Primary Area of Expertise Taught in Program:	Research

Secondary Area of Expertise Taught in Program:	Musculoskeletal
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No
Scholarship Productivity:	Actively engaged > 10 peer reviewed disseminated products in last 10 years

Teaching (%)			
Entry-Level Program:	5	**Other Programs:**	0
Service (%)			
Clinical Practice:	0	**Committee Work, General Advising, Etc:**	25
Other (%)			
Administrative:	55	**Scholarship:**	15
Enrolled in Degree Program:	0		

Core Faculty Details - Boulgarides , Lois

Qualifications Narrative

Lois Boulgarides, a licensed physical therapist since 1977, teaches the Musculoskeletal Patient Management course series (PT 625, PT 645, PT 665). She has taught full-time in the Department for two years, prior to which she taught for 15 years in the undergraduate Kinesiology program at CSUS. Boulgarides taught throughout her career as a clinician, including delivering professional continuing education courses and lectures in orthopedics for the California State University, Northridge Physical Therapy program from 1981-1985.

In 1981 Boulgarides completed the Kaiser Hayward Orthopedic Manual Therapy Residency, the first U.S. based residency program, receiving a certificate in orthopedic manual therapy. In 2007 she received her transitional DPT from Massachusetts General Hospital Institute of Health Professionals. This advanced education refined her evidence-based practice orientation and provided foundation for development and teaching of the diagnostic portion of the Evidence Informed Practice II class (PT 622). Both experiences prepared her to participate as a committee member for doctoral project proposal presentations and the oral defense. Throughout her 37-year career, Boulgarides has maintained currency and continually developed her knowledge and skills through clinical practice, continuing education, research, and supervision of students in the orthopedic pro bono clinic. Continuing education has focused on evidence-based practice in orthopedics, advanced exercise prescription, and advanced manual therapy.

From 2000-06 Boulgarides was the faculty director of a fitness and wellness program for older adults offered through the CSUS College of Health and Human Services in which she developed and taught the fall prevention program, hired and coordinated other fitness/wellness instructors and speakers, and coordinated student interns. The position was useful preparation for her current role coordinating the orthopedic integrated clinical experiences (pro bono clinics), in which students treat patients from the Student Health Clinic, campus faculty and staff, and community members under the supervision of licensed faculty and community therapists. Boulgarides recently expanded this experience to include students in the first semester musculoskeletal class who now participate under the mentorship of third semester students.

In previous years, Boulgarides' research focused on fall prediction, fall prevention, exercise for older adults, and yoga for Parkinson's disease. Her recent research has focused on evidence-based management of orthopedic patients. She was recruited as an experienced, residency-trained physical therapist to contribute to recently published research on the reliability of Maitland's low back pain irritability construct in the outpatient setting. Her primary scholarly work includes the development of the practical evidence-based examination procedures tool for orthopedics (known on campus as PEEPO). This interactive document places orthopedic examination procedures in the ICF framework, categorizes them by focus (diagnostic, outcome, prognostic), and provides description, video, and measurement characteristics. It is designed to help students and clinicians consider all aspects of a patient, while also searching for the specific causes of an orthopedic problem. This project has provided a number of student research assistants with insight into the research process, the state of current evidence, and best examination procedures in orthopedics. The PEEPO was presented at the California State Conference in 2013, and will be assessed for use in the clinic and classroom in spring 2015.

Boulgarides has cultivated teaching effectiveness through attendance at teaching effectiveness and technology workshops on campus. She has collaborated with university media services to videotape and provide animation assistance for visual reinforcement in the teaching of exercise, mobilization concepts, and examination techniques. Student evaluations indicate Boulgarides is an effective teacher.

Boulgarides has been active in service to the University, serving on the departmental Curriculum Committee, which developed the process and product expectations for the doctoral evidence-based patient case presentation. She serves as a representative of the department for the California Faculty Association, a faculty union that also advocates for learning conditions for students. Boulgarides serves as Secretary and Assembly Representative to the Northeast District of the APTA. She has attended California Physical Therapy Association legislative days, and supported students in their attendance at student legislative days. Involvement in the APTA has helped her inform students about professional ethics, changing scope of practice, and the importance of a professional organization for physical therapists.

Core Faculty Information	
Position:	Other Faculty
Months Appointed Per Academic Year:	10
FTE:	0.83
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Certificate + Transition DPT
Highest Earned Degree (Not E-L PT):	Masters (advanced)
Discipline of Highest Earned Degree:	Exercise Physiology; Ex Science; Sports Med
Rank:	Lecturer
Total Years As Faculty in Program:	6
Primary Area of Expertise Taught in Program:	Musculoskeletal
Secondary Area of Expertise Taught in Program:	Therapeutic Exercise
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No
Scholarship Productivity:	Actively engaged, 5-10 peer reviewed disseminated products in last 10 years

Teaching (%)			
Entry-Level Program:	65	**Other Programs:**	0

Service (%)			
Clinical Practice:	0	**Committee Work, General Advising, Etc:**	10

Other (%)			
Administrative:	20	**Scholarship:**	5
Enrolled in Degree Program:	0		

Core Faculty Details - Coleman-Salgado , Bryan

Qualifications Narrative

Coleman Salgado serves as the co-Director of Clinical Education, which involves planning, coordinating and teaching the three clinical practical courses. Additionally, he teaches four courses: PT 618 Foundations of Patient Management, PT 602 Evidence-Informed Practice, PT 627 Physical Therapy Educator, and PT 663 Integumentary Patient Management. Coleman Salgado earned his entry-level PT degree from Duke University with an MS in Physical Therapy and a transitional DPT from Massachusetts General Hospital Institute of Health Professions. He has been a licensed physical therapist in California since 1992 (#18469), has been a Certified Wound Specialist since 2002, and is a Diplomate of the American Board of Wound Management. Since receiving his PT license, Coleman Salgado has participated in many continuing education opportunities related to wound care and clinical education. He has completed the APTA CI credentialed course (2005) and has been trained as a Facilitator for APTA CI credential courses (since 2013). He regularly attends the Combined Sections Meeting of the APTA, the Educational Leadership Conference, and California Physical Therapy Association Annual Conference, in addition to local continuing education classes in ethics, rehabilitation for the bariatric population, sexuality issues in PT, and skin and wound care.

Prior to joining the CSUS program in 2004, Coleman Salgado was a practicing physical therapist for twelve years, working as the Lead Physical Therapist at Alta Bates Medical Center, Sundance Rehabilitation Corporation, and Kindred Hospital in California. After a year in general acute care, he specialized in inpatient rehabilitation, primarily working with individuals with CVAs. In the last seven years in the clinic, he specialized in sub-acute rehabilitation of patients with complex comorbidities, including ventilator-dependent patients, and patients with deep and complex wounds. During this time, he was a Clinical Instructor to 18 students from various PT programs.

Coleman Salgado’s scholarly activity has closely aligned with his area of expertise. His clinical research with persons with chronic neurologic conditions supported his teaching in the adult neurologic courses in the program. Additionally, he established mock clinics in neurological rehabilitation, which informed the Patient Education and Patient Management courses. In the last two years, Coleman Salgado’s teaching assignments have moved away from the neurology courses to a broader teaching of related patient management and education topics, as well as evidence

based practice. His knowledge of study design and statistical analysis is informed by his original research. He has also participated in the new faculty mentoring program, where development of a scholarly agenda has been mentored by the College's Associate Dean and tenured College faculty from other departments, including Nursing, Kinesiology and Speech Therapy.

Coleman Salgado has been teaching in the program since 2004. He trained with the full faculty in the interpretation of statistical analysis of evidence results, the quality assessments of the evidence, and the applicability to the patient cases used in student projects. His skills for assessing written and oral doctoral proposals were developed while preparing for the Evidence Informed Practice course, and in attending continuing education courses in the Research section at CSM.

Coleman Salgado is a very effective instructor, as evidenced by his student teaching evaluations. Evaluations indicate that he is very knowledgeable about the content taught in his courses and that his classes are well organized, clear and sequenced appropriately. Students mention that he provides assistance and evaluative feedback on student performance during labs, exams, and written assignments. Students state that he encourages class discussion, critical thinking and analysis. Coleman Salgado also designs lectures to promote active learning by combining discussion of assignments and question and answer sessions. He assesses student learning through the application of learning in patient labs, exams and written assignments.

Coleman Salgado is involved in service activities within the University, program, and the community. In the program, he serves as an advisor, reader and doctoral committee chair for students' advancement to candidacy and culminating doctoral projects. He was involved in the CSU system-wide development of the doctoral project requirements for the DPT programs, and the DPT curriculum in the CSUS program. He has served on the departmental Curriculum Committee for ten years, is a member of the Academic Council in the College of Health and Human Services, and has participated in the California Physical Therapy Association Legislative Day.

Core Faculty Information

Position:	ACCE
Months Appointed Per Academic Year:	12
FTE:	1
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Master's + Transition DPT
Highest Earned Degree (Not E-L PT):	Not Applicable
Discipline of Highest Earned Degree:	Physical Therapy
Rank:	Assistant Professor
Total Years As Faculty in Program:	10
Primary Area of Expertise Taught in Program:	Clinical Education
Secondary Area of Expertise Taught in Program:	Integumentary
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	Yes
Scholarship Productivity:	Actively engaged > 10 peer reviewed disseminated products in last 10 years

Teaching (%)

Entry-Level Program:	15	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	15

Other (%)

Administrative:	45	**Scholarship:**	25
Enrolled in Degree Program:	0		

Associated Faculty Details - Corbett , John

Qualifications Narrative

John Corbett has been a part time faculty lecturer CSUS since 2005, teaching primarily in the Adult Neurologic Patient Management Labs. Corbett earned his bachelor's degree in Physical Therapy from Boston University in 1990 and has been a licensed physical therapist in California since 1990 (17155).

From 1990-1993, Corbett worked as a staff physical therapist at the University of California, San Francisco (Mount Zion Hospital campus) working in various inpatient acute care, rehabilitation and skilled nursing facility settings. He assisted in initiating an inpatient pediatric rehabilitation program and also served as a chairperson of the Design Team that worked on the merger of Mt. Zion Campus with the Parnassus campus of UCSF. He then took a year leave of absence from UCSF to study conversational Spanish and practice physical therapy while living in Chile. After this hiatus, he returned to work at UCSF Medical Center from 1994-1995. While at UCSF, he worked as a senior therapist in both inpatient and outpatient clinics, treating children and adults with orthopedic, neurologic, and post-surgical diagnoses.

In 1996, he transferred to University of California, Davis Medical Center (UCDMC) and started an inpatient pediatric rehabilitation program working as a clinical specialist in pediatrics. He has been a California Children Services paneled physical therapist since 1995. In 2003, he co-authored a chapter in Child Abuse and Neglect—Guidelines for Identification, Assessment and Case Management and has been an American Physical Therapy Association member since 1988.

From 2002 to present, Corbett has worked as the Adult and Pediatric Occupational and Physical Therapy Inpatient Rehabilitation Section Chief and Clinical Coordinator at UCDMC. Corbett divides his time between managing UCDMC's 19-bed Inpatient Adult Rehabilitation and 6-bed Inpatient Pediatric Programs, mentoring staff and direct patient care. He regularly participates in Physician Resident Lecture Series where he presents lectures to resident physicians on various clinical neurology and pediatric topics. Corbett also gives multiple lectures to staff physical and occupational therapists on adult and pediatric rehabilitation topics. He has been a Certified Neurological Clinical Specialist from 2005 to the present.

Corbett has consistently generated positive feedback from students, bringing his extensive clinical experience into the classroom. Corbett has actively maintained current practice through participating in regular continuing education conferences, courses and mentoring over his 24-year professional career and has a solid record of utilizing his professional knowledge to perform community service.

Associated Faculty Information

Sex:	Male
Total Teaching Contact Hours Per Academic Year:	60
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Masters
Highest Earned Degree (Not E-L PT):	Not Applicable
Discipline of Highest Earned Degree:	Physical Therapy
Total Years As Faculty:	5
Total Years As Faculty in Program:	5
Primary Area of Expertise Taught in Curriculum:	Neuromuscular
Secondary Area of Expertise Taught in Curriculum:	Neuromuscular
Enrolled in Degree Program:	No
Certified Clinical Specialist:	Yes

Associated Faculty Details - Ernst , Allan

Qualifications Narrative

Alan Ernst holds a lecturer appointment in the Department of Biological Sciences at CSUS. His teaching assignment includes BIO633 Human Gross Anatomy for Physical Therapists. Ernst received his PhD in Neuroscience from the University of Minnesota in 2001.

Since 2007, Ernst has held multiple positions teaching neuroscience, neuroanatomy, and gross human anatomy to medical students at: California Northstate University College of Medicine; Kathmandu University School of Medicine; University of Medicine and Health Sciences; and Ross University School of Medicine. Ernst has also provided lectures on general neuroplasticity and specifically related to individuals who have experienced a stroke.

Prior to 2007, Ernst held multiple teaching positions on topics including neuroanatomy, neurobiology, biopsychology, human biology, human physiology, general science and mathematics. He has had multiple international teaching experiences and won a Fulbright Scholarship to teach at the Kathmandu University School of Medicine in Nepal while a faculty member at the University of

Medicine and Health Sciences in St. Kitts, West Indies in 2012. He has also held a position for three years teaching adults with mental and physical impairments at the Interact Center in Minneapolis, MN. Ernst has maintained currency in the course materials he teaches through continuing education course in anatomy, physiology and neurology.

Associated Faculty Information

Sex:	Male
Total Teaching Contact Hours Per Academic Year:	122
PT or PTA:	Neither
Entry-Level PT/PTA Degree:	Not Applicable
Highest Earned Degree (Not E-L PT):	Doctor of Philosophy
Discipline of Highest Earned Degree:	Anatomy
Total Years As Faculty:	1
Total Years As Faculty in Program:	1
Primary Area of Expertise Taught in Curriculum:	Anatomy
Secondary Area of Expertise Taught in Curriculum:	Anatomy
Enrolled in Degree Program:	No
Certified Clinical Specialist:	No

Core Faculty Details - Escamilla , Rafael

Qualifications Narrative

Rafael Escamilla has been a full professor in the Department since joining the faculty in 2002. Prior to joining the faculty, he was Assistant Professor of Orthopaedic Surgery in the Department of Surgery at Duke University Medical Center from 1998 to 2002. At Duke University, Escamilla taught Human Movement Sciences I/Biomechanics and Arthrological and Pathological Movement Science courses in the Doctor of Physical Therapy program. He was also the Director of the Michael W. Krzyzewski Human Performance Biomechanics Laboratory. Escamilla currently teaches five courses: PT 600 Pathokinesiology, PT 620 Therapeutic Exercise, PT 660 Certified Strength and Conditioning Specialist, PT 636 Geriatrics/Gerontology and PT 638 Health and Wellness.

Escamilla is an effective instructor, as evidenced by his teaching evaluations. From all his courses combined, 80-90% of student responses were rated excellent or very good, with the majority rated excellent. Escamilla's overall course average for all courses he has taught over his 12 year tenure in the Department is approximately 4.5/5.0. Official student written comments are overwhelmingly positive regarding his knowledge of the subject matter, being a competent instructor, effectively presenting course material both verbally and in writing, demonstrating respect for students and individual views, and possessing the ability to assess student learning through written and oral evaluations.

Escamilla received his entry-level PT degree from Elon University in 2002 and his PhD in in Biomechanics with a minor in exercise physiology and nutrition from Auburn University in 1995. Escamilla has been a member of the American Physical Therapy Association and California Physical Therapy Association (CPTA) since 2002. He is currently a member of the Sports section of the APTA. Escamilla attends and presents regularly at the APTA Combined Sections Meeting, the Annual Conference of the CPTA, the Annual Conference of the American College of Sports Medicine, and several other physical therapy conferences at both the national and international levels. Escamilla has taken and presented many continuing education courses over the years covering a variety of topics, including certified strength and conditioning, knee, hip, elbow, shoulder, and spine biomechanics, exercise physiology, and physical therapy.

Escamilla's scholarly activities are closely aligned with his areas of expertise and his teaching as he conducts research studies on strength and conditioning, performance enhancement, core stability, evaluation of exercise programs, knee biomechanics, and shoulder biomechanics. He has 56 peer reviewed published papers and 14 book chapters in musculoskeletal, biomechanics, sports medicine, and geriatrics, make him highly qualified to teach all of the above listed courses. He also has over 150 conference abstracts and during his tenure at CSUS he has given over 100 professional and scientific presentations at scientific conferences.

Escamilla is also a certified strength and conditioning specialist, which is one of the courses he teaches. His background in biomechanics, exercise physiology, and physical therapy, make him well qualified to teach the above PT classes mentioned above.

Core Faculty Information

Position:	Other Faculty
Months Appointed Per Academic Year:	10
FTE:	0.89
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Masters
Highest Earned Degree (Not E-L PT):	Doctor of Philosophy
Discipline of Highest Earned Degree:	Kinesiology; Biomechanics; Pathokinesiology
Rank:	Professor
Total Years As Faculty in Program:	12
Primary Area of Expertise Taught in Program:	Musculoskeletal
Secondary Area of Expertise Taught in Program:	Therapeutic Exercise
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No
Scholarship Productivity:	Actively engaged > 10 peer reviewed disseminated products in last 10 years

Teaching (%)

Entry-Level Program:	60	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	20

Other (%)

Administrative:	0	**Scholarship:**	20
Enrolled in Degree Program:	0		

Associated Faculty Details - Fisher , Brent

Qualifications Narrative

Brent Fisher is an adjunct professor at CSUS. His primary teaching responsibilities are in licensure acquisition, ethics, preparing students for work in the field of physical therapy, and core values of the profession. He is also experienced in instruction at the undergraduate level, primarily in pre-physical therapy courses, including principles and techniques in the clinical setting and evaluation and assessment of the upper and lower extremities. Fisher has extensive experience working with students and interns, including more than four years of service as a clinical instructor and assisting in pro bono orthopedic clinics.

Fisher has practiced physical therapy for more than 7 years, the majority of which have been in leadership capacities, including as the clinic director of the Roseville location with Burger Rehabilitation and the Physical Therapy Supervisor in Occupational Medicine with Kaiser Permanente. In addition to being employed in the outpatient and acute settings, Fisher also did intermittent work in home health with Interim Healthcare, further broadening and advancing his skills.

After graduating from the University of the Pacific in 2007, Fisher was invited back serve as an adjunct faculty in anatomy. He also assisted with a pro bono orthopedic clinic in 2012-2013 at CSUS, allowing him to direct and oversee students in the Physical Therapy program as they treated patients as part of the curriculum. Fisher has also taught in several courses in the undergraduate Kinesiology Department at CSUS. Organizing and instructing several courses in that arena granted Fisher the experience and skills he needed to begin teaching at the graduate level. Teaching evaluations of Fisher continue to be strong from students.

Associated Faculty Information

Sex:	Male

Total Teaching Contact Hours Per Academic Year:	64
PT or PTA:	PT
Entry-Level PT/PTA Degree:	DPT
Highest Earned Degree (Not E-L PT):	Not Applicable
Discipline of Highest Earned Degree:	Physical Therapy
Total Years As Faculty:	1
Total Years As Faculty in Program:	1
Primary Area of Expertise Taught in Curriculum:	Administration/Management
Secondary Area of Expertise Taught in Curriculum:	Administration/Management
Enrolled in Degree Program:	No
Certified Clinical Specialist:	No

Associated Faculty Details - Garcia , Bill

Qualifications Narrative

Bill Garcia is a part-time faculty member at CSUS, teaching Musculoskeletal Patient Management. Garcia received his Masters of Physical Therapy from the College of Osteopathic Medicine of the Pacific (Western University) in 1995. In January 2009, Garcia entered the Evidence in Motion (EIM) orthopedic manual physical therapy fellowship program and completed the program in June 2012. In June 2011, Garcia also completed the requirements for the EIM transitional Doctorate program in Physical Therapy. Prior to starting the Evidence in Motion Manual Therapy Fellowship, Garcia's OMPT training included year-long courses in both the Maitland system and the Kalenborn/Evjenth system.

In 2010, Garcia became a member of the EIM faculty, while completing his transitional DPT and fellowship as the Director of the Resident Virtual Rounds. This course was part of a hybrid learning model for post-graduate orthopedic residency training, where physical therapists participated in patient case presentations and discussions aimed at incorporating evidence based practice and clinical decision making. Student evaluations of Garcia's teaching are continually strong.

In August of 2011, Garcia became a lead faculty member for EIM teaching weekend intensive courses nationally, including Management of Lumbopelvic Disorders, Management of Cervicothoracic Disorders, Management of Lower Extremity Disorders, and Management of Upper Extremity Disorders. These courses include a hybrid learning experience with both online lectures and live lab time, where participants work on manual therapy techniques and exercise, as well as evidence based practice discussions. Currently, Garcia works for Sutter Medical Foundation in an outpatient clinic. In 2011, Garcia worked on a pilot program within Sutter Medical Foundation, teaming primary care physicians and physical therapists to provide early access physical therapy care for orthopedic patients. In January 2015, Garcia will begin working in a spine care clinic within Sutter, teaming with a neurologist to provide care to chronic spine patients. Garcia is a member of the APTA and AAOMPT and is Board Certified in Orthopedics by the APTA.

Associated Faculty Information

Sex:	Male
Total Teaching Contact Hours Per Academic Year:	107
PT or PTA:	PT
Entry-Level PT/PTA Degree:	DPT
Highest Earned Degree (Not E-L PT):	Not Applicable
Discipline of Highest Earned Degree:	Physical Therapy
Total Years As Faculty:	1
Total Years As Faculty in Program:	1
Primary Area of Expertise Taught in Curriculum:	Musculoskeletal
Secondary Area of Expertise Taught in Curriculum:	Musculoskeletal
Enrolled in Degree Program:	No

Certified Clinical Specialist:	Yes

Associated Faculty Details - Hoffman , Shannon

Qualifications Narrative

Shannon Hoffman is a part-time lecturer responsible for teaching the following three courses: Evidence Informed Practice I, Physical Therapist/Patient/Professional Interactions, and Therapeutic Measurements and Techniques. Hoffman earned a bachelor's degree in Pre-Professional Studies and Anthropology in 2004 from the University of Notre Dame, which included the study of issues related to the delivery of health care across cultures. Hoffman earned her entry-level DPT degree from Washington University School of Medicine in St. Louis in 2007. She is a licensed physical therapist in California (#39169) since 2012 and was previously licensed in Missouri (#2007022053) from 2007 to 2014. Prior to joining the CSUS program in January 2014, Hoffman worked in varying capacities as a clinical physical therapist, research physical therapist, and laboratory assistant, guest lecturer, and case study advisor in another entry-level DPT program. Both the clinical and academic nature of her various roles uniquely prepared her for the courses she teaches at CSUS.

Hoffman's prior clinical experience includes outpatient musculoskeletal and neurologic physical therapy, with specialization in vestibular rehabilitation, at the Rehabilitation Institute of St. Louis and later at Mercy Hospital of Folsom. Recently, Hoffman began practicing physical therapy part-time at Mercy General Hospital in Sacramento, California, working with patients in the acute care setting with a wide variety of orthopedic, neurologic, cardiovascular, and general medical conditions.

Between 2008 and 2012, Hoffman was a research physical therapist in the Musculoskeletal Analysis Laboratory in the Program in Physical Therapy at Washington University in St. Louis. She primarily worked on a clinical trial investigating the effect of classification-specific physical therapy treatment in the management of low back pain. Her responsibilities included performance of a standardized clinical examination pre- and post-intervention, data processing and analysis, abstract and manuscript writing, presentation of data at scientific meetings, participation in grant writing, supervision of entry-level DPT student workers, and collaboration on other PhD candidate and post doctoral scholar projects.

Hoffman's previous teaching experience included assisting in several laboratory-based skill development courses across the entry-level DPT curriculum at Washington University in St. Louis. Her involvement in the course Essential Clinical Skills I, in particular, prepared her well for the instruction of Therapeutic Measurements and Techniques at CSUS with significant crossover in the skills covered, including gait and transfers, palpation, manual muscle testing, and goniometry. She provided guest lectures in the areas of vestibular rehabilitation and balance testing and retraining. She also served as a written case study advisor for three students.

Hoffman has participated in a range of continuing education and service activities that support her clinical and academic interests and responsibilities. She has taken several courses directly relating to neurologic and orthopedic clinical practice, as well as two courses in ethics and one on cultural competence. She has participated in three of the last five Combined Sections Meetings of the APTA and in numerous bi-weekly research seminars when she was at Washington University. She is an active member of the APTA, the Neurology section, and the Vestibular Rehabilitation Special Interest Group, serving as the coordinator of the Patient and Physician Education Task Force and a member of the committee on vestibular certification. She is also a current member of the CPTA and has participated in several local meetings of the Northeast District. Hoffman has worked closely with several of the CSUS faculty to develop her skills as an educator both in course organization and content.

Hoffman's first set of student evaluations supports her efficacy as an instructor. Students appreciated her depth of knowledge and the inclusion of first-hand clinical examples to reinforce course material. They also stated her lecture style is organized and clear and that she provides useful feedback in laboratory sessions. Her overall style is challenging, but fair. Hoffman designs lectures to encourage class participation and critical thinking, and she assesses learning through written and practical examinations, written assignments, and participation in class discussions.

Associated Faculty Information

Sex:	Female
Total Teaching Contact Hours Per Academic Year:	185
PT or PTA:	PT
Entry-Level PT/PTA Degree:	DPT
Highest Earned Degree (Not E-L PT):	Not Applicable
Discipline of Highest Earned Degree:	Physical Therapy
Total Years As Faculty:	1
Total Years As Faculty in Program:	1
Primary Area of Expertise Taught in Curriculum:	Other

Secondary Area of Expertise Taught in Curriculum:	None
Enrolled in Degree Program:	No
Certified Clinical Specialist:	No

Associated Faculty Details - Langerwerf , Leigh

Qualifications Narrative

Leigh Langerwerf is a lecturer at CSUS, teaching orthopedics in Musculoskeletal Patient Management II and III. Langerwerf received his training as a physical therapist at University of Southern California (2004). He is in the process of completing a fellowship in orthopedic manual therapy through Evidence in Motion. In 2012, Langerwerf became an American Physical Therapy Association Certified Clinical Instructor. He is Board Certified as an APTA Orthopedic Specialist (2012). Additionally, Langerwerf has held appointments by the APTA on the Program Services Committee of the American Board of Physical Therapy Residency and Fellowship Education and as an item writer for the OCS exam. On a state level, he has been a continuing education reviewer for the California Physical Therapy Association (CPTA) from 2011-2016, Treasurer of the Northeast District (2010-2013) and is the incoming chair of the Northeast District (2015-2016). Langerwerf has been licensed as a physical therapist in California since 2004 (PT-29876).

Langerwerf has practiced physical therapy for 10 years in California, where he has worked in a number of outpatient practices treating patients of various ages and a wide range of orthopedic conditions. He started out working in two private practices after finishing physical therapy school. After three years of practice, Langerwerf opened his own outpatient private practice. He has owned this practice for seven years and continues to treat patient's full time.

Langerwerf has been a clinical instructor for physical therapy students from multiple programs since 2006. He has also developed online educational presentations concerning evidence-based interventions with traction for patients with low back pain. His current participation in an orthopedic manual therapy fellowship and his extensive clinical experience allows Langerwerf to bring the most current information to the students in the orthopedic courses he teaches.

Associated Faculty Information

Sex:	Male
Total Teaching Contact Hours Per Academic Year:	107
PT or PTA:	PT
Entry-Level PT/PTA Degree:	DPT
Highest Earned Degree (Not E-L PT):	Not Applicable
Discipline of Highest Earned Degree:	Physical Therapy
Total Years As Faculty:	1
Total Years As Faculty in Program:	1
Primary Area of Expertise Taught in Curriculum:	Musculoskeletal
Secondary Area of Expertise Taught in Curriculum:	Musculoskeletal
Enrolled in Degree Program:	No
Certified Clinical Specialist:	Yes

Core Faculty Details - Larrucea , Creed

Qualifications Narrative

Dr. Larrucea is the Co-Director of Clinical Education, which involves planning, coordinating and teaching the three clinical practical courses. Additionally, he teaches three courses: PT 606 Therapeutic Measurements and Techniques, PT 648 Health Care Delivery in Physical Therapy I, and PT 660D Electrotherapeutics Lab Elective. Larrucea earned his entry-level PT degree from California State University, Sacramento with a BS in Physical Therapy and a transitional DPT from A.T. Still University. He has been a licensed physical therapist in California since 2000 (#24966), a licensed electroneuromyographer since 2007 (#52) and is board certified in Clinical Electrophysiology by the American Board of Physical Therapy Specialists since 2010. Since receiving his PT license, Larrucea has participated in continuing education opportunities related to teaching, orthopedic physical therapy, and clinical electrophysiology. He completed the Folsom Long-Term Orthopedic Manual Therapy Certification in 2001, Training of the Overhand Throwing Athlete in 2004, Rocky Mountain University of Health Professionals Basic Electroneuromyography Certification

in 2005, California Electroneuromyography Certification in 2007, and APTA New Faculty Course in 2013. In addition, he has been an item writer for the ABPTS clinical electrophysiology exam since 2011, submitting many items to test future electroneuromyographers. He is active in clinical electrophysiology by attending yearly symposiums, being a member of the APTA section on clinical electrophysiology and being an active member of the American Congress of Electroneuromyographers (ACE).

Prior to joining the CSUS program in 2012, Larrucea was a practicing physical therapist for twelve years, serving as the owner and operator of Larrucea Diagnostics & Rehabilitation; and was a clinician at US Healthworks, Eskaton, Catholic Healthcare West, Remedy Rehab, and Rehabilitative Management Systems. Larrucea was the lead therapist at most locations and managed three clinics at Rehabilitative Management Systems. Initially, his specialty was orthopedics but for the past seven years his focus has shifted to clinical electrophysiology. As one of the few PT electroneuromyographers in the State of California, Larrucea has helped physicians diagnose a wide variety of neurological disorders, including motor neuron disease, radiculopathies, mononeuropathies, and polyneuropathies.

Larrucea's scholarly activity has just begun with work in orthopedics on ACL prevention and a curriculum review study on the admission criteria of PT students at CSUS.

Larrucea is an effective instructor, as evidenced by his student teaching evaluations. Evaluations indicate that he was willing to try a flipped classroom approach, was energetic and enthusiastic with his presentation of course material, is very knowledgeable and approachable, and encourages critical thinking and class participation. Larrucea has successfully taught traditional lectures and labs plus implemented the department's first "flipped" classroom and case study-based course. Larrucea utilizes modern technology to implement computerized testing and digital lab documents that are both economical and eco-friendly.

Larrucea is involved in service activities within the University, Department, and the community. In the Department, he serves as an advisor and reader for students' advancement to candidacy and culminating doctoral projects. He was involved in the Admissions Committee, chaired the Student Affairs Committee and was involved in the Educational Equity Committee for the College of Human Health Services.

Core Faculty Information	
Position:	ACCE
Months Appointed Per Academic Year:	10
FTE:	0.83
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Bachelor's + Transition DPT
Highest Earned Degree (Not E-L PT):	Not Applicable
Discipline of Highest Earned Degree:	Physical Therapy
Rank:	Assistant Professor
Total Years As Faculty in Program:	4
Primary Area of Expertise Taught in Program:	Electrotherapy/Modalities
Secondary Area of Expertise Taught in Program:	Administration/Management
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	Yes
Scholarship Productivity:	Actively engaged, but products not disseminated

Teaching (%)			
Entry-Level Program:	35	**Other Programs:**	0

Service (%)			
Clinical Practice:	0	**Committee Work, General Advising, Etc:**	15

Other (%)			
Administrative:	45	**Scholarship:**	5
Enrolled in Degree Program:	0		

Core Faculty Details - Lewis , Clare

Qualifications Narrative

Clare Lewis is a Professor in the Department, joining the faculty in 1996 when the program was just beginning at the bachelors level. Prior to joining CSUS, she was an Assistant Professor of physical therapy at the University of Mississippi Medical Center for two years. Lewis has taught several courses in the Department, including Kinesiology, Therapeutic Exercise, Modalities, Health Care Delivery for Physical Therapists and the Orthopedic Elective. Most recently she has taught PT 606 Therapeutic Measurements and Techniques, PT 625/PT 645 Musculoskeletal Patient Management I and II, PT 669 Psychosocial Issues in Physical Therapy, PT 638 Health, Wellness and Ergonomics in Physical Therapy and PT 626 Clinical Agents. Lewis has also assisted with teaching in PT 608 PT/Patient/Professional Interactions and PT 620 Physical Therapy Interventions I.

Lewis received her entry-level PT degree from California State University, Fresno in 1981, her Masters in Public Health in 1988 and Masters of Science in Orthopedic Manual Therapy in 1994 from the University of Alabama, Birmingham, and her PsyD in both clinical and organizational psychology from the Professional School of Psychology in Sacramento in 2003 and 2005 respectively. Lewis obtained her license as a clinical psychologist in 2012. She also earned a DPT from AT Stills University in 2013. Lewis has been a member of the American Physical Therapy Association (APTA) and California Physical Therapy Association (CPTA) since 1979. She is currently a member of the Orthopedic and Sports, Home Health, and Education sections of APTA and regularly attends and presents at the APTA Combined Sections Meeting and the CPTA Annual Conference. Lewis has taken and presented many continuing education courses over the years covering a variety of topics, including orthopedics, therapeutic exercises and taping for sports and orthopedic conditions.

Lewis is an effective instructor, as evidenced in her teaching evaluations, which consistently place her in the good to very good range. Her reputation as an outstanding teacher (nominated as outstanding teacher for two years in a row) has resulted in her being sought out by various organizations to present multiple continuing education courses year after year. She was also asked to teach a summer course at the Sacramento City Community College and has been asked to return every year, due to the outstanding student evaluations and very positive student comments. Students comment on her openness, easy accessibility, and ability to engage students in active learning. Students state that Lewis encourages excellence in academic achievement while at the same time motivating her students by her "real world" style of her teaching. She encourages class discussion and participation with a strong emphasis on hands-on experience. Students are highly positive in their reviews of the free clinic, which she personally established many years ago.

Lewis's scholarly activities are closely aligned with her areas of expertise and her teaching. Most recently she has been studying alternative interventions for musculoskeletal low back pain and scoliosis, along with working on an innovative hands saving device for manual therapy with engineering colleagues at CSUS. Lewis has published in these areas and has obtained several grants, including an NIH grant for new researchers. She has submitted abstracts for multiple presentations based upon her research for scoliosis, low back pain and the development of a new physical therapy manual therapy device. Her presentations have been accepted every year since beginning this line of research.

Lewis has provided service and leadership to the CSUS community. She has served and chaired many committees including, Primary Committee, Secondary Committee, Fulbright Committee, Committee on Retention and Equity, Professional Development, Faculty Senate and Educational Equity. Lewis has also provided service to the community through her volunteer efforts with the Guardian Scholars Program as a mentor to a foster youth. She is also a volunteer for the Sacramento Suicide Prevention Hotline. She continues to serve the community doing pro bono physical therapy and working with other non-profit organizations including Girls on the Run and the Arthritis Foundation Jingle Bell Run.

Core Faculty Information

Position:	Other Faculty
Months Appointed Per Academic Year:	10
FTE:	0.86
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Bachelors
Highest Earned Degree (Not E-L PT):	Professional Doctorate (EdD, DRPH, DSc, etc.)
Discipline of Highest Earned Degree:	Other
Rank:	Professor
Total Years As Faculty in Program:	19
Primary Area of Expertise Taught in Program:	Musculoskeletal
Secondary Area of Expertise Taught in Program:	Psychosocial Aspects of Care
% of Time Enrolled in Degree Program:	No

Certified Clinical Specialist:	No
Scholarship Productivity:	Actively engaged > 10 peer reviewed disseminated products in last 10 years

Teaching (%)			
Entry-Level Program:	55	**Other Programs:**	0

Service (%)			
Clinical Practice:	0	**Committee Work, General Advising, Etc:**	20

Other (%)			
Administrative:	5	**Scholarship:**	20
Enrolled in Degree Program:	0		

Core Faculty Details - MacLeod , Toran

Qualifications Narrative

Toran MacLeod teaches two courses: the lab portion of PT 600 Pathokinesiology (foundational biomechanical principles, kinesiology, and clinical application) and the amputations and prosthetics component of PT 663 Integumentary Patient Management (physical therapy care for the patient with an amputation).

MacLeod earned his Masters degree in biomechanics from CSUS, with research focused on gait mechanics and motor control. Following, he earned his second Masters degree in physical therapy, from CSUS, where he published a number of peer-reviewed articles on therapeutic exercise, neuromuscular control, and biomechanics of the lower extremities. MacLeod earned his PhD from the University of Delaware in biomechanics and movement science, with an emphasis on applied anatomy and biomechanics. In his doctoral work, he examined the relationships between muscle morphology (muscle volume, cross sectional area, and quality using magnetic resonance imaging) and neuromuscular control in patients before and after anterior cruciate ligament reconstruction. MacLeod completed a fellowship and continued research in the Department of Radiology at the University of California, San Francisco (UCSF), fully funding his own research with a F32 postdoctoral award from the National Institutes of Health investigating menisci biomechanics and their relationships to knee osteoarthritis. In addition to his work on osteoarthritis at UCSF, he worked with the Department of Prosthetics and Orthotics to help community amputee members improve the quality and functionality of their lives.

MacLeod has been a licensed physical therapist in California since 2008 (#34505), and has practiced consistently for the past six years. Initially, while attending University of Delaware, he practiced in the student run outpatient physical therapy clinic on patients with orthopaedic injuries. Following, he practiced in the acute care environment, where he continues to work today. MacLeod has also worked as a biomechanical expert, performing gait analyses for individuals with and without amputations seeking to improve their function.

MacLeod's research further supports his teaching, with 18 peer reviewed manuscript publications, and more than 20 conference abstracts at national and international venues relating to his area of teaching. He has consistently attended national American Physical Therapy Association meetings, and is an active member in the Biomechanics Interest Group.

MacLeod has taught in the DPT program at UCSF on amputations and prosthetics and gait mechanics for the past three years. He uses both old and new technology to foster rich discussion, clear organization, and higher level understanding of material. Further, his contact with the community allows him to bring in survivors of amputation to offer real world understanding of the course material in Integumentary Patient Management (PT663). In Pathokinesiology (PT600) MacLeod's skillset in the biomechanics lab enriches student learning through providing laboratory application of clinical concepts that might otherwise get lost in power point lectures. Student evaluations of MacLeod's teaching indicate he is an effective instructor.

MacLeod has provided service and leadership to the CSUS community. He provides service to the professional community by reviewing for eight journals, and the National Institutes of Health & Veteran's Affairs office. In addition, he provides clinical and biomechanical evaluations regularly at the Amputee Comprehensive Training program at UCSF. In this role, MacLeod helps amputees improve their level of function and independence. Finally, MacLeod sits as an alternate on the Sacramento State Faculty Senate where he supports the Department's interest at the University level.

Core Faculty Information

Position:	Other Faculty
Months Appointed Per Academic Year:	10
FTE:	0.83
PT or PTA:	PT

Entry-Level PT/PTA Degree:	Masters
Highest Earned Degree (Not E-L PT):	Doctor of Philosophy
Discipline of Highest Earned Degree:	Kinesiology; Biomechanics; Pathokinesiology
Rank:	Assistant Professor
Total Years As Faculty in Program:	1
Primary Area of Expertise Taught in Program:	Musculoskeletal
Secondary Area of Expertise Taught in Program:	Research
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No
Scholarship Productivity:	Actively engaged > 10 peer reviewed disseminated products in last 10 years

Teaching (%)

Entry-Level Program:	40	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	15

Other (%)

Administrative:	5	**Scholarship:**	40
Enrolled in Degree Program:	0		

Core Faculty Details - Mattern-Baxter , Katrin

Qualifications Narrative

Katrin Mattern-Baxter is an Assistant Professor and holds a tenure-track faculty position at CSUS. Her main teaching responsibilities lie in the foundational, neurological, and pediatric curriculum in the following courses: PT 604 Principles of Human Movement, PT 624 Neuro Adult Neuromuscular Patient Management I, PT 644 Adult Neuromuscular Patient Management II and PT 664 Neuropediatric Evaluation & Treatment. In the past, she has also taught the PT 608 PT/Patient/Professional Interactions course.

Mattern-Baxter received her training as a physical therapist at the University of Freiburg in Germany and completed her post-professional doctorate at A.T. Still University. She completed residency training in Proprioceptive Neuromuscular Facilitation (PNF) at Kaiser Foundation Hospital in 1989. In 2003, she became an American Physical Therapy Association Certified Clinical Instructor. She received certification in Neurodevelopmental Treatment (NDT) in 2003 and was Board Certified as a Pediatric Certified Specialist in 2006. Mattern-Baxter has been a licensed physical therapist in California since 1990 (#16894) and she keeps her knowledge current by teaching and attending continuing education classes. She regularly presents and attends the APTA Combined Sections Meeting, California Physical Therapy Association Annual Conference, the Section on Pediatrics Annual Conference and other continuing education courses.

In the five years prior to joining CSUS, Mattern-Baxter was an Assistant Professor at the University of the Pacific. She was the primary instructor of the neurological curriculum in that role, which included teaching courses in neuroscience, neurological rehabilitation, therapeutic exercise and motor learning. Prior to her tenure at the University of the Pacific, Mattern-Baxter was a part-time faculty at CSUS in neurology and pediatrics from 2004 to 2007.

Mattern-Baxter has practiced physical therapy for 30 years in several settings in California, New Jersey and in Germany, where she started out in a neurological private practice and continued her career as a school physical therapist in a boarding school for children and young adults. After her move to California, she focused on adult neuro rehab and was admitted to the PNF residency program. She stayed on as a staff physical therapist, working with patients after stroke, acquired brain injury, spinal cord injury and other neurological diagnoses. Mattern-Baxter then transitioned to a pediatric setting at Shriner's Hospital, where she worked with children and young adults with cerebral palsy, spinal cord injury and acquired brain injury. She also worked for over a decade for the Cerebral Palsy Association with children with various developmental diagnoses, as well as in the neonatal follow-up clinic at St. Peters Hospital. During that time, Mattern-Baxter became a regular clinical instructor for students from surrounding physical therapy and occupational therapy programs, as well as a mentor for medical residents for neonatal assessment and service delivery.

Mattern-Baxter has built her scholarly record at University of the Pacific and CSUS. She has published nine articles in her field of expertise, with four as first author. Furthermore, she mentored several students in research projects, leading to peer-reviewed articles and several poster and platform presentations at conferences. Mattern-Baxter has been recognized for her research with several awards and has been successful in securing grants to support her work.

Mattern-Baxter is an effective instructor, as evidenced in her teaching evaluations, which consistently exceed the departmental mean. Students comment on her ability to engage students in active learning, which include the regular use of an audience response system. Students state that Mattern-Baxter creates an environment which covers challenging material, but one that lays out clear expectations. She encourages class discussion and active learning, is well organized, and has a strong emphasis on hands-on experiences. Students are consistently positive in their reviews of the mock clinics.

Mattern-Baxter is engaged in service activities at all levels. She serves on the Steering Committee for the Sacramento Pediatric Physical Therapy Interest Group and helps organize and teach free continuing education courses for local therapists. She also provides presentations to her colleagues and peers. She is a nominated member of the California Physical Therapy Association Research Council and an elected member of the APTA Section on Pediatrics Research Committee. At the department level, she serves as an advisor, doctoral committee chair for students' advancement to candidacy and culminating doctoral projects, and as chair of the Curriculum Committee. She also serves as a member of the Health and Human Services Academic Information Technology Advisory Committee.

Core Faculty Information

Position:	Other Faculty
Months Appointed Per Academic Year:	10
FTE:	0.83
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Bachelor's + Transition DPT
Highest Earned Degree (Not E-L PT):	Not Applicable
Discipline of Highest Earned Degree:	Physical Therapy
Rank:	Assistant Professor
Total Years As Faculty in Program:	5
Primary Area of Expertise Taught in Program:	Pediatrics
Secondary Area of Expertise Taught in Program:	Neuromuscular
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	Yes
Scholarship Productivity:	Actively engaged > 10 peer reviewed disseminated products in last 10 years

Teaching (%)

Entry-Level Program:	60	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	20

Other (%)

Administrative:	0	**Scholarship:**	20
Enrolled in Degree Program:	0		

Associated Faculty Details - McGinty , Susan

Qualifications Narrative

Susan McGinty, PT, EdD is an emerita professor from CSUS after 17 years with the Department. McGinty presided over the multiple changes in the program from its early days at the baccalaureate level to advancing to the doctoral level. While with the program, she was responsible for curriculum development and teaching in the areas of professionalism, ethics, communication, and geriatrics. In retirement, she continues to be a guest lecturer/adjunct professor in the areas of ethics, ethical decision-making and geriatrics. Her continued strong teaching evaluations and frequent requests for lectures at both the university and in the private sector, speak to her qualifications.

McGinty attended the baccalaureate physical therapy program at the University of California San Francisco and began her career doing home health with primarily a geriatric population in San Francisco. She worked at Marin General Hospital, and then back to southern California and to home health. While in southern California, she returned to school and obtained a post-graduate MS in Physical Therapy from USC. Settling ultimately in Sacramento, she returned to home health where she rose to lead a large home health rehabilitation team. She welcomed the opportunity to be on the Community Advisory Committee examining whether or not to begin a PT program at CSU Sacramento. She initially joined the faculty as the clinical coordinator, becoming the Director after a year and a half and recognized the need to advance the program to the post-graduate level as quickly as possible. While at Sac State, she returned to school and obtained an EdD from the University of San Francisco with a concentration in Curriculum, Learning and Instruction. Her research was primarily focused in the areas of learning specifically as it relates to second-language learners.

Within the community, McGinty has been an active volunteer with many organizations in education and with the Northeast District of the California Physical Therapy Association. She has served in multiple areas including Quality Assurance and Nominating Committees. She has been involved with Legislative issues at the state and local level, and regularly participates in Legislative Day as well as serving as expert witness before several legislative hearings at the request of the CPTA Government Affairs Committee. She frequently visits with the legislative leaders at the behest of CPTA. In the community, additionally she volunteers as a Certified Outreach Educator for Covered California, the California state exchange under the Affordable Care and Patient Protection Act. In this role, she has delivered numerous presentations in classrooms, at churches and before community groups explaining the intricacies of the law and what individuals might have available to them because of the law. She is on the CSUS and the American River Community College campus weekly to provide information to students about their options under the law.

Her prior service to the University, College of Health and Human Services, and Department level is clearly outlined in her CV. Today she continues to serve on the College of Health and Human Services Strategic Planning Steering Committee and actively supports the University, College, and Department when requested. At the Department level, she serves on the Department of Physical Therapy Community Advisory Committee, reviews portions of the applications, serves on interview panels for incoming students, and as a guest lecturer/adjunct faculty member.

Although no longer practicing clinically as a physical therapist, she continues to be engaged in the profession maintaining her currency about contemporary practice issues, consults often, and cares deeply about the CSU Sacramento physical therapy program and the success of its graduates. She regularly attends district meetings and participates in continuing education opportunities both as an attendee and as a presenter.

Associated Faculty Information

Sex:	Female
Total Teaching Contact Hours Per Academic Year:	16
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Bachelors
Highest Earned Degree (Not E-L PT):	Professional Doctorate (EdD, DRPH, DSc, etc.)
Discipline of Highest Earned Degree:	Physical Therapy
Total Years As Faculty:	20
Total Years As Faculty in Program:	20
Primary Area of Expertise Taught in Curriculum:	Geriatrics
Secondary Area of Expertise Taught in Curriculum:	Education
Enrolled in Degree Program:	No
Certified Clinical Specialist:	No

Core Faculty Details - McKeough , Michael

Qualifications Narrative

Michael McKeough is the lead instructor in the adult neurorehabilitation content in the curriculum, which involves planning, coordinating, and teaching five courses: PT 604 Principles of Human Movement, PT 624 Adult Neuromuscular Patient Management I, PT 634 Neuroscience for Physical Therapists, PT 644 Adult Neuromuscular Patient Management II, and PT 660F Graduate PT Seminar I Adult Neuro Management Lab. McKeough holds doctorate and a master's degrees in neuroscience from Columbia University and is licensed to practice physical therapy in California (#PT34711). Currency in his discipline is demonstrated through his multiple refereed publications, book chapters, and a neuroanatomy text, as well as local, national, and international invited presentations in the area of neuroscience and adult neurorehabilitation. Currency is also maintained through regular attendance at continuing professional education offerings, including the Combined Sections Meeting of the APTA, California Physical Therapy Association Annual Conference, and local classes in ethics and rehabilitation.

McKeough has 37 years of experience as a university professor and 25 years experience as a physical therapist. Prior to joining CSUS in 2006, he held full-time tenure-track appointments at the University of New Hampshire (1976-1985), Medical College of Georgia (1985-1994), and Shenandoah University (1995-2006). Since receiving his physical therapy license in 1987, he has maintained a part-time clinical practice in acute care, inpatient, outpatient, and home care settings and has held PT licenses in California (#PT34711), Virginia (# 0105005162), Georgia (#2890), and South Carolina (#1772).

McKeough's scholarship is closely related to his academic and clinical training and is focused on the translation of neuroscience to the education of physical therapists and physical therapy students and improving treatment of individuals with movement functional deficits due to neurologic damage. He has authored nine peer-reviewed publications dealing with computer-aided instruction in neuroscience. Some of his neuroscience educational materials are currently in use in PT programs and medical schools (PT programs: Elon College, University of South Carolina University of the Pacific, Methodist University, Shenandoah University; Medical schools: American University of the Caribbean, University of Pennsylvania). He has been an invited speaker on neurorehabilitation topics in the US, Japan, Korea, Australia, India, and Hong Kong.

McKeough's teaching evaluations are consistently excellent. Over years and across courses, student evaluations of his teaching are consistently good to excellent. In 2012, he received the Outstanding Teaching Award from the College of Health and Human Services. He also holds teaching and faculty awards from the University of New Hampshire and Medical College of Georgia.

McKeough's service to the university and community is exemplary. He has served and taken leadership roles on most of committees in the Department and many in the College and University. His contributions to the Admissions Committee and DPT Planning Committee are particularly noteworthy. Leadership roles within the University are exemplified by his role on the Faculty Senate, Executive Committee of Faculty Senate, University Budgetary Committee, and President's Advisory Council. Since his arrival at CSUS, McKeough has directed the Neurologic Pro-Bono Clinic which has provided pro bono physical therapy services to approximately 275 patients.

Core Faculty Information	
Position:	Other Faculty
Months Appointed Per Academic Year:	10
FTE:	0.89
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Bachelors
Highest Earned Degree (Not E-L PT):	Professional Doctorate (EdD, DRPH, DSc, etc.)
Discipline of Highest Earned Degree:	Neuroscience; Neuroanatomy
Rank:	Professor
Total Years As Faculty in Program:	9
Primary Area of Expertise Taught in Program:	Neuromuscular
Secondary Area of Expertise Taught in Program:	Neuroscience
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No
Scholarship Productivity:	Actively engaged > 10 peer reviewed disseminated products in last 10 years

Teaching (%)			
Entry-Level Program:	60	**Other Programs:**	0
Service (%)			
Clinical Practice:	0	**Committee Work, General Advising, Etc:**	20
Other (%)			
Administrative:	0	**Scholarship:**	20
Enrolled in Degree Program:	0		

Associated Faculty Details - McNeil , Stefani

Qualifications Narrative

Stefani McNeil is a part-time faculty member at CSUS and her main reaching responsibility is as the instructor for the Neuropediatric Elective. McNeil received her Bachelor of Science degree from St. Mary's College in 1995 and a Master of Science in Physical Therapy from Regis University in 1997. In 2011, McNeil became an American Physical Therapy Association Certified Clinical Instructor. In 2009, she received her Board Certification as an APTA Pediatric Certified Specialist.

McNeil began her career in physical therapy with Sutter Medical Center in Sacramento, CA, in 1998. She began working with adults in inpatient acute care and later transitioned in 1999 to working in pediatrics. As part of the Pediatric Team at Sutter Medical Center, McNeil worked in the neonatal intensive care unit and provided inpatient acute care and outpatient services. In 2000, McNeil also began working for the non-profit Easter Seals Superior CA. She began by providing home based Early Intervention physical therapy services as part of an infant development program consisting of a multidisciplinary team approach. McNeil transitioned in 2004 to Supervising Physical Therapist where she supervised more than 15 physical therapists. As Supervising Therapist, McNeil continued to provide direct therapy services both in Early Intervention as well as school based physical therapy, outpatient insurance based and intensive therapy. She also served as the Center Coordinator for Clinical Education. She transitioned to Vice President of Pediatric Services in 2013 where she now is responsible for a department of more than 60 staff, multiple contracts for therapy services, directly supervises the department supervisors and administration, and continues to provide direction service to children of all ages in various settings.

McNeil is uniquely qualified to teach in the pediatric DPT curriculum. She has extensive experience teaching students as a Clinical Instructor. Her knowledge base is well-rounded both by clinical expertise and by engaging in evidence-based practice. McNeil has collaborated with the pediatric faculty at the University on multiple research projects and has as co-authored several publications in peer-reviewed journals. She frequently presents at national conferences, further indicating her desire to move current practice and science forward. Her position as Vice President of Pediatric Services at Easter Seals provides her with professional connections to multiple pediatric facilities in the Sacramento area. Through these, she is able to expose the DPT students to a multitude of pediatric practice settings in her teaching, where they receive experiential instructional opportunities.

Associated Faculty Information

Sex:	Female
Total Teaching Contact Hours Per Academic Year:	32
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Masters
Highest Earned Degree (Not E-L PT):	Not Applicable
Discipline of Highest Earned Degree:	Physical Therapy
Total Years As Faculty:	1
Total Years As Faculty in Program:	1
Primary Area of Expertise Taught in Curriculum:	Pediatrics
Secondary Area of Expertise Taught in Curriculum:	Pediatrics
Enrolled in Degree Program:	No
Certified Clinical Specialist:	Yes

Core Faculty Details - Stockert , Brad

Qualifications Narrative

Brad Stockert has been a full professor in the Department since joining the faculty in 2002. Prior to joining CSUS, he was an associate/assistant professor at the University of the Pacific for 15 years. Stockert teaches five courses in the program: PT 630 General Pathophysiology, PT 632 Pharmacology for Physical Therapists, PT 640 Physical Therapy Interventions II, PT 646 Acute Care & Cardiopulmonary Physical Therapy and PT 662 Differential Diagnosis for Physical Therapists. Stockert also offers a PT 660B Research Elective in the use of high-fidelity simulation to improve the recognition and response to adverse events in critical care settings. In addition, he supervises two students who serve as instructional assistants in BIO 663 Human Gross Anatomy, and he supervises six students serving as instructional assistants in PT 640 Physical Therapy Interventions II. Stockert received his entry-level PT degree from Stanford University in 1983 and his PhD in Physiology from the University of California, Davis in 1996. Stockert has been a member of the American Physical Therapy Association and California Physical Therapy Association since 1985. He is currently a member of the Acute Care and Cardiopulmonary sections of APTA. He attends and presents regularly at the APTA Combined Sections Meeting and the CPTA Annual Conference. Stockert has taken and presented many continuing education courses covering a variety of topics, including differential diagnosis, chronic inflammation, pharmacology and the use of high-fidelity

simulation to improve recognition and response to adverse events in critical care settings.

Stockert received the outstanding teacher award for the College of Health & Human Services in 2006 and he has been recognized by the Physical Therapy students as an exceptionally effective and enthusiastic instructor. His overall course evaluations have consistently been above the department average and he is noted to have broad support from all students. In most years, 100% of student evaluations have rated his mastery of the material and his enthusiasm as excellent or very good and no students have rated his performance as fair or poor in any of the evaluative criteria used. These positive responses have been found uniformly throughout all of his classes and with all students.

Stockert's scholarly activities are closely aligned with his areas of expertise and his teaching. He has presented research findings on the use of high-fidelity simulation to train physical therapy students numerous times at CSM and CPTA and has published in this area. Findings of his research on the use of high-fidelity simulation have informed and guided the manner in which he teaches in the areas of acute care and cardiopulmonary physical therapy. Stockert offers a research elective that seeks to determine whether the curriculum at entry-level physical therapy and other professional healthcare programs contain information on the pharmacology of medicinal marijuana. This is a new area of research for Stockert, but this research is an extension of his interests in the impact of various pharmacological agents on the delivery of physical therapy and other healthcare services. He presented on this topic at CSM in 2013 and it is now included in the PT 632 Pharmacology for Physical Therapists course. Stockert is currently conducting a national survey on this topic and hopes to present and publish the results in the coming years. He has applied for several grants to assist in the execution of this project, but has not received funding yet. Stockert has submitted abstracts for presentation based upon his research related to whether the pharmacology of medicinal marijuana is taught in California PT schools.

Stockert has provided service and leadership to the CSUS community. His main area of service is serving on the Committee for the Protection of Human Subjects since 2005 (he has served as Vice-chair since 2011, and was acting chair since 2014). In his role, Stockert has critically reviewed hundreds of research proposals, attended monthly meetings and provided leadership and guidance to numerous faculty, the Committee and CSUS administration. He has attended conferences and taken numerous training courses on topics related to the use of human subjects in research and the federal regulations that guide the review process. Additionally, for many years Stockert was a member and chair of the Faculty Professional Develop Committee. This committee was responsible for reviewing faculty portfolios in order to select outstanding awards for faculty in the areas of teaching, scholarship and community service.

Core Faculty Information

Position:	Other Faculty
Months Appointed Per Academic Year:	10
FTE:	0.89
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Masters
Highest Earned Degree (Not E-L PT):	Doctor of Philosophy
Discipline of Highest Earned Degree:	Physiology
Rank:	Professor
Total Years As Faculty in Program:	12
Primary Area of Expertise Taught in Program:	Cardiopulmonary
Secondary Area of Expertise Taught in Program:	Physiology
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No
Scholarship Productivity:	Actively engaged > 10 peer reviewed disseminated products in last 10 years

Teaching (%)

Entry-Level Program:	40	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	20

Other (%)

Administrative:	20	**Scholarship:**	20
Enrolled in Degree Program:	0		

Outcome Data

General Information

	2010_1	2011_1	2012_1
Graduation Rate	100	100	92.3
Admission Month/Year	08/2008	08/2009	08/2010
Students Admitted	32	34	26
Expected Graduation Month/Year	12/2010	12/2011	12/2012
150% Expected Graduation Month/Year	February 2012	February 2013	February 2014

Number of Students Who Did Not Complete the Program Due to:

	2010_1	2011_1	2012_1
Academic Standards	0	0	0
Clinical Standards	0	0	0
Disabled/Deceased	0	0	0
Other	0	0	1

Students Graduated

	2010_1	2011_1	2012_1
On Time	30	34	22
Required 101% to 150%	2	0	2
Required > 150%	0	0	0
> 150% Still Matriculated	0	0	1

Graduation Rate

Class Year	Graduation Rate (%)
2010	100.0
2011	100.0

2012	92.3

Class Year - 2010

G1.1. Cohort Graduating	Yes
G1.1a. If Yes, how many cohorts graduated in the year being reported?	1

2010 - Cohort 1

G1.2. MM/YYYY of Matriculation	08/2008
G1.3. MM/YYYY of Expected Graduation	12/2010
G1.4. MM/YYYY that represents 150% of program length	February 2012
Number of Students Admitted:	
G1.5. Number of Students Admitted to original cohort	32
Number of Students In Original Cohort Who:	
G1.6. Graduated on Time	30
G1.7. Required 101%-150% of Time	2
G1.8. Required > 150% of Time	0
G1.9. Are Still Enrolled in Program	0
Number of Students In Original Cohort Who Did Not Complete the Program Due To:	
G1.10a. Academic Deficit	0
G1.10b. Clinical Deficit	0
G1.10c. Died/Severely Disabled/Active Military Duty	0
G1.10d. Health/Family Issues	0
G1.10e. Other Reasons	0
G1.11. Graduation Rate	100
G1.12. If students left for other reasons (G1.10e), identify the reasons, the number of students involved for each reason and briefly describe the assessment of changes needed/taken, if any:	

Class Year - 2011

G1.1. Cohort Graduating	Yes
G1.1a. If Yes, how many cohorts graduated in the year being reported?	1

2011 - Cohort 1

G1.2. MM/YYYY of Matriculation	08/2009
G1.3. MM/YYYY of Expected Graduation	12/2011
G1.4. MM/YYYY that represents 150% of program length	February 2013
Number of Students Admitted:	
G1.5. Number of Students Admitted to original cohort	34
Number of Students In Original Cohort Who:	
G1.6. Graduated on Time	34

G1.7. Required 101%-150% of Time	0
G1.8. Required > 150% of Time	0
G1.9. Are Still Enrolled in Program	0
Number of Students In Original Cohort Who Did Not Complete the Program Due To:	
G1.10a. Academic Deficit	0
G1.10b. Clinical Deficit	0
G1.10c. Died/Severely Disabled/Active Military Duty	0
G1.10d. Health/Family Issues	0
G1.10e. Other Reasons	0
G1.11. Graduation Rate	100

G1.12. If students left for other reasons (G1.10e), identify the reasons, the number of students involved for each reason and briefly describe the assessment of changes needed/taken, if any:

Class Year - 2012

G1.1. Cohort Graduating	Yes
G1.1a. If Yes, how many cohorts graduated in the year being reported?	1

2012 - Cohort 1

G1.2. MM/YYYY of Matriculation	08/2010
G1.3. MM/YYYY of Expected Graduation	12/2012
G1.4. MM/YYYY that represents 150% of program length	February 2014
Number of Students Admitted:	
G1.5. Number of Students Admitted to original cohort	26
Number of Students In Original Cohort Who:	
G1.6. Graduated on Time	22
G1.7. Required 101%-150% of Time	2
G1.8. Required > 150% of Time	0
G1.9. Are Still Enrolled in Program	1
Number of Students In Original Cohort Who Did Not Complete the Program Due To:	
G1.10a. Academic Deficit	0
G1.10b. Clinical Deficit	0
G1.10c. Died/Severely Disabled/Active Military Duty	0
G1.10d. Health/Family Issues	0
G1.10e. Other Reasons	1
G1.11. Graduation Rate	92.3

G1.12. If students left for other reasons (G1.10e), identify the reasons, the number of students involved for each reason and briefly describe the assessment of changes needed/taken, if any:

Other: 1 student did not complete the program due to professional behavior issues.

Preface

Evaluative Criteria

Institutional Integrity and Capacity

I-1.
The sponsoring institutions authorized under applicable law or other acceptable authority to provide a program of post-secondary education and has been approved by appropriate authorities to provide the professional physical therapist education program. In addition, the sponsoring institution is accredited by a regional accrediting agency recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA). For programs accredited by CAPTE as of January 2006 in institutions that do not hold US regional accreditation, the institution is accredited by an agency recognized by USDE or by CHEA. For programs in institutions in other countries, the institution is recognized by the appropriate governmental agency.

The Western Association of Schools and Colleges (WASC) Accrediting Commission for Senior Colleges and Universities provides authorization for California State University, Sacramento (CSUS) to provide post-secondary education and the Doctor of Physical Therapy (DPT) degree program.

Accreditation for CSUS was reaffirmed by WASC on June 24, 2009. In the Summary of Action, WASC indicated that by reaffirming accreditation, CSUS satisfactorily addressed the Core Commitments to Institutional Capacity and Educational Effectiveness, and successfully completed the three-stage review conducted under the Standards of Accreditation. Approval to provide the DPT degree program was awarded to CSUS on September 2, 2011.

Additionally, the Commission on Accreditation in Physical Therapy Education (CAPTE) continued accreditation of the physical therapist education program at CSUS on November 9, 2011.

Institutional Integrity and Capacity

I-2.
Institutional policies related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes the physical therapist education program as both a professional and an academic discipline.

Name
Academic Honesty Policy and Procedures.pdf
Collective Bargaining Agreement-Faculty.pdf
Faculty Workload Policies & Procedures.pdf
Lecturer Faculty Orientation Workshops.pdf
New Faculty Mentoring Schedule.pdf
Policies Regarding Roles Workload.pdf
Student Grade Appeal Process.pdf

CSUS supports the professional judgment of core faculty regarding academic regulations and professional behavior expectations of students. University-wide and unit-wide faculty roles and workload expectations are applied to the program so that they take into consideration the following:

Administrative Responsibilities of Core Faculty

Academic Honesty: CSUS policy regarding academic honesty is in effect in all courses. Any alleged violations are handled in accordance with the policies described in the CSUS Catalog. When faculty encounter a situation of potential academic dishonesty, s/he contacts the Academic Dishonesty Officer for consultation to ensure appropriate procedures are followed.

Grade Appeals: CSUS policy regarding grade appeals is in effect for all courses. Any student can appeal a grade in any course. A University-wide committee reviews the appeal and provides the

student with a decision.

Generic Abilities/Essential Functions: Students are required to read these criteria prior to orientation and provide a signed statement that they have read all the items within the Student Handbook.

Accommodations: Students are instructed that if they require accommodations to meet the Generic Abilities/Essential Functions, they should contact the Office of Students with Disabilities.

Requirements of scholarship, service, and maintenance of expertise in contemporary practice in assigned teaching areas

Administrative responsibilities of the core faculty are identified in the Faculty Handbook and Collective Bargaining Agreement, and outline teaching effectiveness, committee work, office hours, student advising, and faculty contracts.

Complexity of course content, number of students per class or laboratory, and teaching methodology

Probationary and tenured track faculty teaching undergraduates are assigned 15 weighted teaching units (WTU) per semester. The typical WTU allocation includes 3 WTUs for scholarship and university and community service, and 12 WTUs for teaching. To promote the doctoral culture in the Department of Physical Therapy, the Department has developed two levels of faculty members within the Department: core and associate faculty members and expectations are outlined in the Faculty Handbook.

Core doctoral faculty are faculty who supervise students' culminating doctoral projects, teach, provide service to the university and community, and engage in creative and scholarly activities. These faculty are assigned 3 WTUs for university and community service, 3 WTUs for scholarship, and 9 WTUs for teaching. Associate doctoral faculty are faculty who have distinct clinical expertise and teaching skills that qualify them to teach in a clinical discipline. They may not possess the doctoral preparation expected of core faculty or the skill set needed to adequately supervise doctoral culminating projects. These faculty members have an assignment that includes 3 WTUs for scholarship and university and community service, and 12 WTUs for teaching. As outlined in the Collective Bargaining Agreement, new faculty receive 3 WTUs of assigned time for their first four semesters to develop courses and a record of scholarship. In the Department, 9 of 10 full time faculty are core faculty.

Unique needs of physical therapy education where core faculty ensure integration and coordination of the curricular content, mentor associated faculty, conduct clinical education, manage admissions, etc.

Core faculty ensure integration and coordination of curricular content through participation in the Curriculum Committee. Work on this committee is considered service to the University.

A University-wide orientation is provided to all new faculty members. The College also provides new faculty with a yearlong program orienting the faculty member to the processes of the college and university. New faculty are assigned a faculty mentor within the Department. The chair and other faculty also provide mentoring on an as-needed basis.

The DCE position assignment is based on the number of students supervised. Each year approximately 96 clinical internships are supervised requiring the assignment of 31 WTUs. This level of support dictates that 1.5 full-time core faculty are assigned to performing DCE activities.

Admissions are managed by administrative support positions. Faculty involvement includes policy development by members of the Admissions Committee and assistance with interviews. These activities are considered service to the University.

Program Mission, Goals, and Expected Outcomes

P-1.
The mission of the program is written, congruent with those of the sponsoring institution and the unit(s) in which the program resides, and consistent with contemporary preparation of physical therapy professionals.

University: California State University, Sacramento is dedicated to the life-altering potential of learning that balances a liberal arts education with depth of knowledge in a discipline. We are committed to providing an excellent education to all eligible applicants who aspire to expand their knowledge and prepare themselves for meaningful lives, careers, and service to their community.

College of Health and Human Services: The mission of the College of Health and Human Services is to provide high quality education and well-prepared graduates who demonstrate proficiency, critical thought, leadership ability, creativity, and commitment, in current and future professional practice. Located in the Capital Region, the College prepares students for roles in society as productive citizens, fully committed to enriching the lives of others, promoting mutual respect for diverse populations, and lifelong learning.

Department of Physical Therapy: The primary mission of the Sacramento State Doctor of Physical Therapy program is to graduate knowledgeable, highly skilled, adaptable and reflective physical therapist generalist practitioners and health care leaders. Graduates demonstrate ethical, responsible, professional behavior; are sensitive to cultural and psychosocial differences; and use evidence derived from the scientific and professional literature to inform independent judgments to meet patient needs and to advance the profession. They utilize critical and integrative thinking and problem solving, practice lifelong learning, and provide services that contribute to the optimal health and function of community residents.

Congruency with Institution's Mission
The Department's mission is in harmony with the University's mission, as the DPT program aims to graduate knowledgeable and highly skilled practitioners who will contribute to their careers as well as to their community. The DPT program prioritizes graduating practitioners who will provide services that contribute to the optimal health and function of the residents of the communities they serve, which is in line with the University's mission of accepting applicants who aspire to "prepare themselves for meaningful lives, careers, and service to their community."

Congruency with School's Mission
The Department's mission is also in line with the College of Health and Human Services, as both highlight and prioritize educating competent graduates who will be able to demonstrate ethical, responsible, professional behavior; be sensitive to cultural and psychosocial differences; use evidence derived from research as a base for practice; utilize critical thinking and problem-solving; practice lifelong learning; and provide services that contribute to the optimal health and function of the residents of the communities they serve.

Consistency of Mission with Contemporary Professional Norms
The Department's mission was developed using a range of publications that outline the contemporary professional norms in physical therapy, including the PT Normative Model, Guide to PT Practice, and the APTA Vision 2020. The mission is consistent with the Normative Model of PT Professional Education as both emphasize an evidence-based approach to education and practice. Additionally, the Guide to PT Practice and the Department's mission both emphasize the importance of graduating "knowledgeable, self-assured, adaptable, reflective practitioners" who value critical thinking, lifelong learning, and promote the health of the patient (APTA, A Normative Model of Physical Therapist Professional Education, Fifth Revision, 2000). As stated in the ATPA Vision 2020, the Department's mission includes the training of doctoral level, independent, evidence-based, generalist practitioners prepared to serve consumers across the health care continuum.

The Department's mission is consistent with the University, College, and contemporary professional norms, and emphasizes the faculty's beliefs regarding education and the practice of physical therapy. This mission is congruent with the professional norms for physical therapy.

Program Mission, Goals, and Expected Outcomes

P-2.
The program has goals that are based on its stated mission.

Student Goals

Upon completion of the Doctor of Physical Therapy program, the student/graduate will be a competent professional who:

- Student Goal 1: Demonstrates professional physical therapist effectiveness by creating, managing and documenting a comprehensive physical therapy patient management process.
- Student Goal 2: Demonstrates the ability to perform physical therapy practice management.
- Student Goal 3: Demonstrates professional behaviors.
- Student Goal 4: Practices in an ethical and legal manner.
- Student Goal 5: Performs evidence based practice.

Faculty Goals

Faculty of the Doctor of Physical Therapy program will:

- Faculty Goal 1: Demonstrate teaching excellence that is current in their area of expertise.
- Faculty Goal 2: Establish a record of scholarship and/or creative activities in their area of expertise.
- Faculty Goal 3: Contribute to the University, College and Department through service and leadership activities and to the public through professional and/or civic activities. (RTP documents)
- Faculty Goal 4: Model professional behaviors for students. (RTP documents)

Program Goals

The Doctor of Physical Therapy program will:

- Program Goal 1: Prepare high functioning generalist practitioners who utilize evidence based practice methods.
- Program Goal 2: Provide pro bono services and promote engagement in scholarly and creative activity.
- Program Goal 3: Models best practices in patient care in culturally and socially diverse settings to serve the needs of the community and profession.
- Program Goal 4: Promote life-long learning by utilizing critically analyzed evidence for problem solving to optimize the health and function of patients.

The goals for students are consistent with the Department's mission by calling for students to be trained as independent, competent physical therapy generalist practitioners who demonstrate

ethical, responsible, professional behavior, who are sensitive to cultural and psychosocial differences, who use evidence derived from research as a base for practice, who utilize critical thinking and problem-solving, who practice lifelong learning, and who provide services that contribute to the optimal health and function of the residents of the communities they serve. In order to fulfill the Department's mission, faculty must excel in teaching, scholarship, and service, and model professional behaviors for students. Each of these qualities is expanded in the Faculty goals, and aligns with the Department's mission. The goals of the Program guide the direction and future of the Department, and are interrelated to the Student and Faculty Goals. The Program Goals allow the Department to fulfill its mission by calling for students and faculty to serve the community through the provision of pro bono services, and providing opportunities for faculty and students to perform evidence based physical therapy to a culturally and socially diverse patient population.

Program Mission, Goals, and Expected Outcomes

P-3.
The program has expected program outcomes that are based on its goals and reflect the activities of the program, core faculty, and students.

Students/Graduates

Upon completion of the Doctor of Physical Therapy program, the student/graduate will be a competent professional who:

Student Goal (SG) 1: Demonstrates professional physical therapist effectiveness by creating, managing and documenting a comprehensive physical therapy patient management process.

- Student Outcome (SO) 1.1 Determines the physical therapy needs of patients.
- SO 1.2 Designs a plan of care that synthesizes best available evidence and patient preferences.
- SO 1.3 Implements safe and effective psychomotor interventions.
- SO 1.4 Determines the efficacy of patient outcomes.

SG 2: Demonstrates the ability to perform physical therapy practice management.

- SO 2.1 Plans, organizes, administers, directs, and supervises human and fiscal resources.
- SO 2.2 Communicates effectively with patients, families, other health care professionals and the public.

SG 3: Demonstrates professional behaviors.

- SO 3.1 Reflects on personal and professional development.
- SO 3.2 Integrates cultural, ethnic, age, economic, and psychosocial considerations in the communication and delivery of clinical services.

SG 4: Practices in an ethical and legal manner.

- SO 4.1 Demonstrates consistent integration of sound decision-making with respect to established ethical, legal and professional standards.

SG 5: Performs evidence based practice.

- SO 5.1 Demonstrates the ability to critically evaluate physical therapy literature.
- SO 5.2 Interprets and applies scientific and professional literature to inform independent judgments and clinical decision-making, research and education.

Faculty Goals

Faculty of the Doctor of Physical Therapy program will:

Faculty Goal (FG) 1: Demonstrate teaching excellence that is current in their area of expertise.

- Faculty Outcome (FO) 1.1 Maintain high student course evaluation scores.
- FO 1.2 Demonstrate currency in course materials.

FG 2: Establish a record of scholarship and/or creative activities in their area of expertise.

- FO 2.1 Generate scholarship and/or creative products consistent with the expectations of the University.

FG 3: Contribute to the University, College and Department through service and leadership activities and to the public through professional and/or civic activities.

- FO 3.1 Participate in activities and serve on committees of the University, College and Department with an emphasis on leadership roles.
- FO 3.2 Participate in activities of the profession and community with an emphasis on leadership roles.

FG 4: Model professional behaviors for students.

- FO 4.1 Participate in advising and mentoring potential applicants, students, alumni, and other faculty.
- FO 4.2 Demonstrate leadership in the physical therapy profession.

Program Goals

The Doctor of Physical Therapy program will:

Program Goal (PG) 1: Prepare high functioning generalist practitioners who utilize evidence based practice methods.

- Program Outcome (PO) 1.1 Maintain high licensure first time and ultimate pass rates.
- PO 1.2 Maintain high student graduation rates.
- PO 1.3 Train competent generalist physical therapists as evidence-based practitioners.
- PO 1.4 Provide experiences in advanced clinical physical therapy practice.
- PO 1.5 Graduate individuals who will perform effectively as primary practitioners.

PG 2: Provide pro bono services and promote engagement in scholarly and creative activity.

- PG 2.1 Facilitate student professional development by providing pro bono physical therapy services to the Sacramento area community.
- PG 2.2 Encourage the scholarly and creative activity of faculty and students.
- PG 2.3 Participate in community and professional activities and events.

PG 3: Models best practices in patient care in culturally and socially diverse settings to serve the needs of the community and profession.

- PO 3.1 Model professional behaviors.
- PO 3.2 Recruit a diverse, highly qualified student body.
- PO 3.3 Practice in a legal and ethical manner.
- PO 3.4 Participate in community and professional activities.

PG 4: Promote life-long learning by utilizing critically analyzed evidence for problem solving to optimize the health and function of patients.

- PO 4.1 Apply evidence based methodology in a clear and appropriate fashion to patient care.

Program Assessment and Planning

P-4.
There is an ongoing, formal program assessment process that determines the extent to which the program meets its stated mission. The assessment process: (1) uses information from professional standards and guidelines and institutional mission and policies; (2) uses data related to program mission, goals, and expected program outcomes, program policies and procedures, individual core faculty, collective core faculty, clinical education faculty, associated faculty, communication, resources, admissions criteria and prerequisites, curriculum plan, clinical education program, and expected student outcomes; (3) identifies program strengths and weaknesses; (4) includes considered judgments regarding need for change; and (5) includes steps to achieve the changes, with anticipated dates of completion.

Name
Program Assessment Matrix.pdf

Professional standards and guidelines inform the types of assessments used to evaluate the program. The intention and guidelines for each CAPTE criteria are embedded in both the assessment areas and the tools employed by the program. The PT Normative Model and Guide to Physical Therapy Practice guide the content included in the program, and the core faculty's participation in clinical practice inform the program and ensure assessments are contemporary and relevant to the needs of the Program.

The University's mission and policies guide the expectations of the program. CSUS requires the program to undergo an assessment process every year, and to address how the program fits within the larger University's mission and goals. The program also continually reviews its policies as University policies are changed and implemented.

The cumulative data collected for the assessment process indicate the program is meeting its stated mission and goals. In assessing the cumulative data, the faculty believe the program's overall strengths and weaknesses include:

- A diverse student population.
- A high student retention rate.
- A high level of student academic performance in the Program.
- A high FSBPT ultimate pass rate.
- A high employment rate in diverse settings.
- Lower aggregate scores in the musculoskeletal section of the FSBPT.
- Consistent critical feedback of orthopedic courses.

In reviewing the cumulative assessment of data, the faculty also believe it the program is meeting its stated mission. Findings that support this conclusion include:

- More than 90% of students achieving CPI passing level on indicated criteria.
- More than 90% of graduates are employed within 6 months of passing the licensure examination.
- Graduates are practicing in diverse settings 6 months after passing the licensure examination.
- Graduates are practicing in diverse locations within the State of California 6 months after passing the licensure examination.
- Graduates are practicing lifelong learning.
- Graduates are assuming leadership positions within the workplace and profession.

Changes that have resulted from the assessment process within the last 3-5 years include:

- The Program transitioned from conferring the MPT to the DPT degree. This change was made based on a change in legislation for the California State University systems wherein the CSU campuses can now offer practice-based doctoral degrees. Additionally, the program's assessment process revealed that in order to remain contemporary with APTA and CAPTE guidelines, the program needed to transition to a doctoral degree.
- Teaching personnel changes have been made in the orthopedics portion of the curriculum by hiring an additional instructor with residency education in orthopedic physical therapy. Additional clinicians with orthopedic physical therapy experience have also been incorporated into lab sessions. These changes were made based on feedback from students, graduates and employers regarding the strength of the orthopedic curricular track.
- Recent graduate surveys revealed that two areas of weakness in the curriculum include women's health and integumentary physical therapy. The Curriculum Committee is currently discussing methods in which instruction concerning these areas of practice can be improved.

Program Assessment and Planning

P-5.
The program has a formal, iterative, long-term planning process that occurs on a regular basis to improve the effectiveness of the program.

Long-term Planning Process
The long-term planning process for the next three to five years will focused on improvements and enhancements to the program in the following areas: administrative processes, facilities, curricular improvements, and program development. Once a year at a Department Council meeting the faculty discuss improvements in these areas and prioritize the activities for the upcoming academic year. These sessions include all core faculty, who are encouraged to bring proposals to the meeting and to engage in a dialogue on the benefits for each proposal. After discussion and prioritization of the strategic activities for the year, the Chair and interested faculty determine the best approach for advancing each proposal. Monitoring the advancement of each proposal is the responsibility of the Chair, who may delegate this responsibility to interested faculty members as appropriate. Progress on each proposal is reported at subsequent Department Council meetings by the Chair or other involved faculty members. The core faculty are intimately involved in the long term planning process, as they bring forward the proposals for improvements/developments in each of the key areas outlined above. Core faculty are expected to contribute to the implementation of these priorities and to engage in discussion at Department Council meetings on the future direction of the program.

Changes Planned for the Next 3-5 Years
With the transition from the MPT to the DPT program and the move to a new facility, a number of strategic priorities have been identified by the program. The faculty have recognized the need for facility improvements, which will facilitate ease of use for patients who visit the clinic (including improved signage, ramp construction for ease of access, and handicapped parking placement).

The number of applications to the program has also increased, which has created a need for additional administrative support to administer the program. The Department is currently writing a

justification to increase the administrative support for the Department for submission to the College administration.

Recognizing the high cost of the program, the faculty plans to explore the possibility of altering the curriculum to reduce the number of semesters in the program from nine to eight. The advantages and disadvantages of this change will be discussed, and a decision will be made after the first cohort of DPT students has graduated from the program.

Finally, a number of faculty have expressed interest in expanding the current student-run clinics to increase the amount and variety of experiences students receive, and to possibly form a community partnership to offer a clinical residency for community physical therapists. This type of community clinic is in line with the Dean of the College of Health of Human Services' priority to develop a community clinic involving nursing, speech pathology and audiology, and cardiac rehabilitation. This project will be investigated further over the next three to five years.

Policies and Procedures

P-6.
Policies, procedures, and practices exist for handling complaints that fall outside the realm of due process, such as complaints from clinical education sites, employers of graduates, and the public. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint are maintained by the program.

Name
Policies and Procedures on Unsolicited and Solicited Complaints.pdf

Policy: "Policies and Procedures on Unsolicited and Solicited Complaints.pdf"

If employers of graduates, patients, visitors, alumni or other stakeholders or the general public wish to file a complaint against the program, the complainant is directed to the Administrative Support Coordinator II (ASCII) who will initiate the complaint procedure process. Directions on how to contact the ASCII to make a complaint is on the Department's home webpage (www.csus.edu/hhs/pt) in the Important Links menu box. Should an individual's complaint not be easily resolved, the individual will be provided with a copy of the Department's Policies and Procedures on Unsolicited and Solicited Complaints by Parties Outside the Department.

Policies and Procedures

P-7.
Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff are written, disseminated, and applied equitably.

Name
Collective Bargaining Agreement-Faculty.pdf
Collective Bargaining Agreement-Staff.pdf
University Appointment, Retention, Tenure and Promotion Policy.pdf
University Policy Manual Topics.pdf

Staff and Faculty Policies:

- Faculty Handbook, p. 23-40
- University Policy Manual
- University Appointment, Retention, Tenure and Promotion Policy, University Policy Manual
- Faculty Collective Bargaining Agreement, p. 12-30
- Staff Collective Bargaining Agreement, p. 15-24

Policies affecting the rights, responsibility, safety, privacy, and dignity of faculty are disseminated to faculty through the Faculty Handbook, Faculty Collective Bargaining Agreement, and University Policy Manual, which are provided during the initial orientation to the University. New faculty are required to certify that they have been provided a copy of the Handbook.

Staff are provided a copy of the Staff Collective Bargaining Agreement and the University Policy Manual for their respective unit during the orientation process. Policies are communicated to faculty and staff through the above referenced publications and are available for download from the web and on the Department's shared network drives.

Example of How Policies Are Applied Equitably
The ARTP process is a very formal process at the University. In the Department, each probationary faculty member is evaluated annually. The process includes a "Primary Committee", composed of tenured faculty members from the Department, evaluating each probationary faculty member's Personnel Action File (PAF) and making a written recommendation to the College Dean as appropriate. The Department Chair, after reviewing the faculty's PAF, also makes a written recommendation to the Dean. Then a "Secondary Committee" evaluates the probationary faculty member's PAF and makes a recommendation to the Dean, who evaluates the file and then makes a recommendation to the Provost who decides the appropriate action to be taken. Tenured faculty are evaluated every two to five years. This process is conducted consistently and equitably across all probationary faculty, regardless of their title or role.

Policies and Procedures

P-8.
Prospective and enrolled students are provided with relevant information about the institution and program that may affect them, including, but not limited to, catalogs, academic calendars, grading policies, financial aid, the program's accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.

Name
Academic Calendars.pdf
Cost of the Program.pdf
Curriculum & Accreditation.pdf
Essential Functions & Technical Standards.pdf
Financial Aid Website.pdf
Program Accreditation.pdf
Prospective Students Recruitment Admission Info.pdf
Student Financial Services Website.pdf
Student Health and Counseling Services Website.pdf
Student Outcomes.pdf
University Accreditation.pdf
University Catalog.pdf

The location of relevant information provided to students is listed below. Students are provided the information to access the information as described below on the "Where to find…" section on the last page of their Student Handbook, p. 40. This list of information, along with the rest of the Student Handbook, is reviewed with incoming students at the student orientation held on the Friday before classes begin every fall.

Information for Prospective and Enrolled Students

Catalogs: The link to the academic catalog can be viewed on the Department website using the Quick Links pull down ("University Catalog.pdf").

Recruitment and Admission Information: Students are provided information concerning recruitment and the admissions process under the Prospective Students link on the Department's website ("Prospective Students Recruitment Admission Info.pdf").

Academic Calendars: Students are provided with the link to the University Academic Calendars on the Department's home page ("Academic Calendars.pdf").

Grading Policies: Grading policies are provided to students in the Student Handbook, p. 18, "Academic Performance Standards and Regulations".

Program's Accreditation Status: The program's accreditation status can be viewed by clicking the CAPTE icon in the Accreditation section on the Department's home page ("Program

Accreditation.pdf").

University's Accreditation Status: The University is fully accredited by the Western Association of Schools and Colleges. Information concerning the University's accreditation status can be found on the website of Academic Affairs ("University Accreditation.pdf").

Technical Standards: Essential functions for being a physical therapist are posted on the Department's web page in the Important Links box. These functions are also explained and listed in the Student Handbook on p. 21 and p. 35-38 ("Essential Functions & Technical Standards.pdf").

Acceptance and Matriculation Rates: Information concerning acceptance rates is posted on the Department's home page in the Prospective Students section ("Prospective Students Recruitment Admission Info.pdf").

Student Outcomes: The program's outcome information is posted on the Department's home page in the Student Outcomes box ("Student Outcomes.pdf").

Cost of the Program: The costs of the program are described for prospective students on the frequently asked questions (FAQs) page under the Prospect Students link from our Department's main home page ("Cost of the Program.pdf").

Financial Aid: Students are provided with the link to the Office of Financial Aid on the Department's home page ("Financial Aid Website.pdf").

Financial Services: Students are provided with the link to Student Financial Services on the Department's home page for information on how and when to pay their tuition and fees ("Student Financial Services Website.pdf").

Information for Enrolled Students

Process to Register Complaint with CAPTE: Students are provided with the link on the Department's home page regarding how to file a complaint.

Job/Career Opportunities: The Department Chair forwards California job opportunities to the graduating class and the most recent graduates.

Access to Health Services: Information concerning access to health services and counseling can be found on the University's Student Health Center webpage ("Student Health and Counseling Services Website.pdf").

Health and Professional Liability Insurance Requirements: Current students are informed of the health and professional liability insurance requirements in the Student Handbook, p. 30-31.

Information about the Curriculum: Information about the curriculum is posted on the Department's web page in the Important Links box ("Curriculum & Accreditation.pdf").

Information about the Clinical Education Program: Information about the Clinical Education Program is available to current students in the Student Handbook, p. 25.

Required Health Information: Required health information is described in the Student Handbook, p. 31.

Potential for Other Clinical Education Requirements: Other information pertaining to Clinical Education Requirements will be found in the Student Handbook, p. 25, in the Clinical Education policies sections.

Access to and Responsibility For Cost of Emergency Services: Information concerning access and responsibility for cost of emergency services during clinical internships is described in the Student Handbook under Section J: Insurance, p. 30.

Policies and Procedures

P-9.
Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law and ensure nondiscrimination and equal opportunity. This criterion does not preclude a program's right to act affirmatively for certain groups of people.

Name
Admissions Info Provided to Students.pdf

Recruitment of applicants is a year-round activity, and admissions information is included on the APTA, PTCAS and Department webpages. These websites are maintained and kept up-to-date. Orientation programs are held 8-10 times per year in which potential applicants attend a session delivered by a faculty member on the profession and the program, and are available answer

questions.

All application policies are guided by the Admissions Committee, which meets at least twice per year.

Application materials are made available online. Applications include the Physical Therapist Centralized Application Service (PTCAS) application, the CSU Office of Graduate Studies Graduate Application and the Department of Physical Therapy Supplemental Application.

Administrative support staff process applications using the PT AdMIT software. Weighted points are assigned for prerequisite coursework GPA (45%), letters of recommendation (18%), GRE writing scores (10%) and background characteristics (12%), including second language competency, advanced coursework, and disadvantaged economic, educational and/or environmental backgrounds.

Using this weighted ranking, the top 80 applicants are invited for an on-campus panel interview. Each panel includes one faculty member (full time and adjunct) and two practicing physical therapists. All panels ask the same questions and use the same grading rubric to assess applicants. The interview score is weighted (15%) into the total points for each applicant. After all interviews are completed, the final scores are tallied, and applicants are ranked. Within two weeks of the final interviews, the top 32 applicants are notified of their acceptance and students must inform the Office of Graduate Studies of their intention to enroll within a prescribed timeline. Applicants ranked in positions 33 through 48 are informed of their wait list status. All applicants who are not admitted are invited to schedule an individual advising appointment with a faculty member to discuss how they may strengthen their application for the future.

Admissions criteria for the DPT program include:

- A baccalaureate degree from an accredited college or university, with a minimum 2.5 GPA for the last 60 semester units.
- Completion of prerequisite coursework. A minimum of 3.0 GPA in the prerequisite coursework with grades of C or better in each course is required. Prerequisite courses include: Human Anatomy; Human Physiology; Intro Psychology; Additional Psychology; Statistics; Chemistry A & B; Physics A & B; Kinesiology/Biomechanics; and Exercise Physiology.
- Minimum 100 hours of observation/work/volunteer experience in at least one Inpatient and one outpatient clinical setting.
- GRE General Test scores within the 5 years prior to the application date.

Special considerations and additional admission points may be given for:

- Bilingual Proficiency: Demonstrated proficiency in a language other than English.
- Bilingual Fluency. Proven fluency in a language other than English.
- Economic Background. A background of low income.
- Educational Background. A background of educational disadvantage.
- Environmental Background. A higher education adverse environmental background.
- Advance Academic Coursework. Courses in Advanced Human Anatomy, Neuroanatomy or Neurophysiology, with a grade of C or higher.

Equitable Application of Process
Applicant rankings are based strictly on a points system, and no staff or faculty can override rankings. All course substitution requests are considered individually and must have a consensus of three Admissions Committee members. Additionally, all faculty and physical therapists who participate in the interview process receive extensive training on the standardized questions and grading rubric. At these trainings, interviewers are encouraged to ask questions to clarify the scoring rubric, and sample scenarios are presented for discussion with the full group.

Transfer of Credit
No courses from other DPT programs will transfer credit into courses in the DPT curriculum.

Applicants Rights & Due Process
The program has an Admissions Appeal Policy, which states that an applicant who wishes to appeal the decision of his/her admission to the program may appeal to the Admissions Committee in writing within two weeks of receiving a decision letter. The full policy is available to applicants to reference throughout the review process and can be found on the Department website.

Policies and Procedures

P-10.
Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written, disseminated, and applied equitably.

Name
Emergency Response and Procedures Manual.pdf

Infection Control Presentation.pdf
Risk Management Acknowledgement & Release Form.pdf
Sharp Debridement Lab Overview.pdf

The following policies affect the rights, responsibilities, safety, privacy, and dignity of program students. Many of these policies are disseminated to students and faculty through the Student Handbook. Any other policies related to students are available online on the CSUS websites.

Confidentiality of Records

- "Academic Policies", Student Handbook, p. 14
- "Confidentiality", Student Handbook, p. 29

Student Information Shared with Clinical Facility

- "Confidentiality", Student Handbook, p. 29
- "Risk Management Acknowledgement & Release Form"

Accommodations

- "Observation of Classroom and Laboratory Rules, #N", Student Handbook, p. 15
- "Reasonable Accommodation", Student Handbook, p. 21
- "Essential Functions and Technical Standards of the Physical Therapist Student", Student Handbook, p. 35

Potential Health Risks

- "Observation of Classroom and Laboratory Rules, #O", Student Handbook, p. 15
- "Observation of Classroom and Laboratory Rules, #P", Student Handbook, p. 15
- PT 606 Therapeutic Measurements and Techniques Course Syllabus

Standard Precautions, Hazardous Materials, Safety Regulations & Emergency Procedures

- "Emergency Response and Procedures Manual"
- "Infection Control Presentation"
- "Sharp Debridement Lab Overview"
- "Observation of Classroom and Laboratory Rules, #J", Student Handbook, p. 15
- "Observation of Classroom and Laboratory Rules, #O", Student Handbook, p. 15
- "Observation of Classroom and Laboratory Rules, #P", Student Handbook, p. 15
- "Observation of Classroom and Laboratory Rules, #R", Student Handbook, p. 15
- Department webpage, in the Important Links Box, Essential Functions (Physical & Mental Requirements of Program)

Use & Maintenance of Equipment, Laboratory Access

- "Observation of Classroom and Laboratory Rules, #B, C, D, E, F, G, J, K", Student Handbook, p. 15
- "Observation of Classroom and Laboratory Rules, #Q", Student Handbook, p. 15

Due Process

- "Observation of Classroom and Laboratory Rules, #M", Student Handbook, p. 15
- "Academic Performance Standards and Regulations, #E", Student Handbook, p. 21

Prior to starting the Program, students are provided a copy of the Student Handbook, which they are asked to review prior to new student orientation. At the orientation event, the Department Chair reviews the Student Handbook and highlights important policies and procedures for students.

Examples of application of policies include:

On multiple occasions students started the program without seeking accommodation but, after suffering an injury or realizing a chronic condition made accommodation necessary, sought and received reasonable accommodations to successfully participate in courses. All students are considered for accommodations by the University's Student Disability Services team and those who require additional services are provided necessary support by the University and Department.

Additionally, all students are provided access to the Department's laboratory space and equipment after hours.

Finally, one student pursued the grade appeal process, and the student presented his/her case to the University Grade Appeals Committee. In another instance a student appealed a decision to keep him/her from initiating his/her clinical internships due to failure to attain an appropriate grade during coursework. In this instance, the student appealed to the instructor of record for the course, the Department Chair, the Associate Dean of the College and the Dean of Graduate Studies.

Policies and Procedures

P-11.
Policies, procedures, and practices related to student retention and progression through the program are based on appropriate and equitable criteria and applicable law and ensure nondiscrimination and equal opportunity.

Name
Financial Aid Withdrawal Policy.pdf
University Withdrawal Policy.pdf

Policies in the Student Handbook:

- Academic Advising, p. 17
- Professional Behavior/Academic Honesty, p. 18
- Academic Performance Standards and Regulations, p. 18
- Requirements for Advancement to Candidacy, p. 23
- Clinical Education Program: Remediation, p. 29

Other Policies:

- Financial Aid Withdrawal Policy
- University Withdrawal Policy

Reports of Academic Performance
Faculty conduct academic advising sessions with their assigned advisees every spring and fall semester. At the Department Council meeting following midterm exams, and again prior to final exams, student performance is reviewed and struggling students are required to meet with their advisors to discuss their performance. These students are counseled by their advisors, referred to program tutors, and also encouraged to take advantage of faculty office hours to improve their academic performance.

Students are able to keep track of their academic performance through viewing official course grades and GPAs in the CSUS student portal system. Additionally, students are aware of the grading scheme for each course, as this information is included in the course syllabus. If a student is having academic difficulties in a course, the issue will be brought to a Department Council meeting. The student will then be advised by his/her advisor on how to address the academic difficulties.

Reports of Clinical Education Performance
During the, the student document the treatments provided. The supervising licensed physical therapists in the clinic review the student's documentation for appropriateness, provide the student feedback, revision is performed if necessary, and the final note is approved by the physical therapists. In this way immediate feedback is provided to students in course related clinics.

In clinical internships, each student and CI are expected to meet at least once a week to review the student's performance to date. Each student also completes a Clinical Performance Instrument (CPI) at the midterm point, and at the end of the internship. The CPI is reviewed by the student and CI as well as the Director of Clinical Education (DCE) or his/her designate. If, at midterm, any problems are recorded, the student, CI, and DCE will meet to determine the plan for resolving these problems and the follow-up to assess if the problem has been resolved.

Remediation
Faculty hold office hours three hours a week to provide students with additional, one-on-one instruction for review of information covered in a course. Second and third year students are hired by the program to serve as tutors to assist first and second year students who desire extra assistance in their coursework. Additional remediation activities are provided as described above.

Policies and Procedures

P-12.
Policies, procedures, and practices protect the rights, safety, dignity, and privacy of patients and clients and other individuals involved with the program. Additionally, policies exist to protect the rights of clinical education sites. These policies are written, disseminated, and applied equitably, and conform to applicable law.

Name
Neurologic Clinic-Patient Release Form.docx
Neurologic Clinic-Photo Release Form.docx
Neurologic Clinic-Policies & Procedures.docx
Orthopedic Clinic-Patient Release Form.docx
Orthopedic Clinic-Photo Release Form.docx
Orthopedic Clinic-Policies & Procedures.docx
Sample Contract.pdf
STEPS-Minor Patient Physcian Approval Form.docx
STEPS-Patient Release Form.docx
STEPS-Photo Release Form.docx
STEPS-Policies & Procedures.docx
Use of Human Subjects in the Classroom.docx

Individuals other than students, faculty and staff who are involved in the program include patients seen by students in pro bono clinics, community programs, and at contracted clinical education site facilities as well as clinicians who serve on the community advisory board or in pro bono clinics, or who participate in applicant interviews. All students are trained on HIPAA laws and regulations prior to any patient contact, and must pass an exam demonstrating knowledge of the scope and definition of Protected Health Information. All clinical contract documents contain a clause that considers students to be members of the facility's "workforce", and therefore the Facility shall provide students with substantially the same training that it provides to its regular employees. In addition, all contracts specify that students must be informed that they are responsible for complying with the facility's clinical and administrative policies, procedures, rules and regulations, including HIPAA compliance (see "Sample Contract.pdf"). Clauses in the contract contain stipulations to ensure the rights, safety, dignity, and privacy of patients and clients that are seen by the program's students, staff or faculty.

Before commencing any of the activities in the pro bono clinics, all students must have passed HIPAA training and third year students must pass an additional HIPAA test for the pediatric pro bono clinic.

If photos or videotapes are taken during pro bono or community clinics, patients sign a release form to give their consent. Should a patient or volunteer be asked by the University or other press agency to be photographed or videotaped, the press agency in question will provide the patient/volunteer with a press release form in addition to the departmental consent form.

Any paperwork that is produced as a part of research activities on human subjects abides by the policies of the CSUS Institutional Review Board (IRB). Each research project involving human subjects undergoes review and cannot be conducted without IRB approval.

Patients, clients and other individuals who participate in activities associated with the Program are informed of their rights prior to participating. All patients who attend the Program's clinics are informed prior to their initial evaluation that they will be seen by a physical therapy student under the supervision of a physical therapist. Information is disseminated to students from faculty in charge of the clinics and courses in which human subject demonstrations occur.

Policies and procedures and release forms associated with each clinic are listed below.

Orthopedic Clinic

- Policies and Procedures ("Orthopedic Clinic-Policies & Procedures.pdf")
- Patient Release Form ("Orthopedic Clinic-Patient Release Form.pdf")
- Photo Release Form ("Orthopedic Clinic-Photo Release Form.pdf")

Neurologic Clinic

- Policies and Procedures ("Neurologic Clinic-Policies & Procedures.pdf")
- Patient Release Form ("Neurologic Clinic-Patient Release Form.pdf")
- Photo Release Form ("Neurologic Clinic-Photo Release Form.pdf")

STEPS Program

- Policies and Procedures ("STEPS-Policies & Procedures.pdf")
- Patient Release Form ("STEPS-Patient Release Form.pdf")
- Minor Patient Physician Approval Form ("STEPS-Minor Patient Physician Approval Form.pdf")
- Photo Release Form ("STEPS-Photo Release Form.pdf")

Other Policies & Forms

- Use of Human Subjects in Demonstrations and Practice for Educational Purposes ("Use of Human Subjects in the Classroom.pdf")
- Sample Contract ("Sample Contract.pdf")

Policies and Procedures

P-13.
Policies, procedures, and practices provide for compliance with accreditation policies and procedures, including: (1) timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates; (2) timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education; and (3) coming into compliance with accreditation criteria within 2 years of being determined to be out of compliance.

Location of Policy: Faculty Handbook, p. 21, under Section III: Accreditation responsibilities.

The program makes every effort to remain in compliance with CAPTE accreditation policies and procedures:

Submission of Fees and Documentation
The Department Chair directs the Administrative Support Coordinator to pay the accreditation fee as soon as the invoice from CAPTE is received. Additionally, the graduation rates, licensure exam rates, and employment rates are reported annually in the Annual Accreditation Report.

Notification of Expected or Unexpected Substantive Change(s)
It is the responsibility of the Department Chair to notify CAPTE in a timely fashion of any substantive changes in the program, changes in the Programs, College's, or Universities leadership, or of the institutions accreditation status.

Compliance with Accreditation Criteria
It is the responsibility of the Department Chair to ensure the Department performs the activities required to come into compliance with the accreditation criteria within two years.

Policies and Procedures

P-14.
The program conducts regular and formal assessment of its policies and procedures to determine the extent to which they meet program needs. This assessment includes review of the extent to which practices adhere to policies and procedures.

This Department continuously assesses the policies and procedures of the program. As part of the transition from the MPT to the DPT curriculum, a number of policies were revised to accommodate the new program, most notably the changes in: 1) faculty workload assignments, 2) Retention, Tenure, and Promotion (RTP), and 3) student academic and clinical performance.

It is the responsibility of the core faculty to maintain updated policies and procedures for the program. Revisions to policies are brought forward for discussion and consideration on a regular basis by faculty, and changes are then approved and updated in the relevant student and faculty handbooks.

The program consistently follows all program and University policies. For example, all faculty follow the University's RTP policies, the Admissions Committee and staff apply admissions policy to applicants, and all stakeholders are conscious of following the University's policies regarding the rights and due process of faculty and students.

In order to ensure even greater consistency in how the program reviews its policies and procedures, the program has developed an extensive program assessment process (see P-4), which will allow the program to continually review and update relevant policies and procedures.

Individual Core Faculty

F-1.
Each individual core faculty member, including the program administrator and ACCE/DCE, has contemporary expertise in assigned teaching areas.

Please see the Core Faculty Information page for each core faculty member's qualifications.

Individual Core Faculty

F-2.
Each core faculty member has effective teaching and student evaluation skills.

Please see the Core Faculty Information page for information on each core faculty member's teaching competency.

Individual Core Faculty

F-3.
Each core faculty member has a well-defined, ongoing scholarly agenda that reflects contributions to: is reflected by accomplishments that: (1) contribute to the development or creation of new knowledge, OR (2) contribute to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study, OR (3) apply the application of findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community, OR (4) contribute to the development of critically reflective knowledge about teaching and learning, OR (5) the identification and resolution of pressing social, civic, and ethical problems through the scholarship of engagement.

The core faculty's scholarly agenda fits well with the Department's mission of training students to become evidence-based generalist practitioners. A majority of the faculty's research agendas include physical therapy clinical research, with a wide variety of practice areas addressed, including: sports medicine, pediatric rehabilitation, amputee rehabilitation, low back pain outcomes, and neurologic rehabilitation. A number of faculty focus on teaching effectiveness in acute care, neurologic rehabilitation and orthopedic rehabilitation content areas. Additionally, two faculty are currently evaluating the program's admissions criteria to identify predictive relationships between admissions selection criteria and performance on the licensing exam.

The University's mission recognizes the connections between pedagogy and learning, research activities and classroom instruction, and co-curricular involvement and civic responsibilities. The core faculty's scholarly agendas fit within this University mission, as students assist in conducting many of the faculty's research projects, faculty combine classroom concepts with research activities, and many research agendas involve community entities.

Each core faculty member's scholarly activities are summarized in the qualification field on the Core Faculty Information page and in the Faculty Scholarship Forms.

Individual Core Faculty

F-4.
Each core faculty member has a record of service consistent with the expectations of the program and institution.

Name
University Appointment, Retention, Tenure and Promotion Policy.pdf

Faculty are expected to meet service expectations, which are outlined in the Faculty Handbook, p. 27-28, in Article 20 of the Faculty Bargaining Agreement, and in the University's Appointment,

Retention, Tenure and Promotion (ARTP) Policy. Faculty are expected to participate in service to the University, profession, and to the community and individual faculty workloads are developed with consideration for time spent in service on a University committee. Core faculty are expected to dedicate three weighted teaching units (20% of their assignment) to service. Each core faculty member's service activities are summarized in the qualification field on the Core Faculty Information page.

Core Faculty With Special Responsibilities: Program Administrator

F-5.
The program administrator is a physical therapist with an earned doctoral degree, senior faculty status, and an understanding of higher education and contemporary clinical practice appropriate for leadership in physical therapy education.

Edward Barakatt is the Chair of the Department of Physical Therapy at CSUS. Barakatt earned his physical therapy license in the State of California in 1982, and he earned a PhD in Epidemiology from the University of California, Davis in 2004, a MA in Physical Therapy from the University of Iowa in 1994, and a BS in Health Science and a Certificate in Physical Therapy from California State University, Northridge in 1981. Barakatt has been working in the Department of Physical Therapy at CSU Sacramento since 1997, and is currently tenured and holds the rank of Professor. He has served many roles within the Department over the past 17 years, including Director of Clinical Education, and chairing the Department's Research, Admissions, and Search Committees. He has also served on the Curriculum Committee, the Student Affairs Committee, the Department Council, and served as the Department's representative to the campus-wide Faculty Senate. Barakatt has also served on the Department's Primary Retention, Tenure and Promotion (RTP) Committee, the Primary RTP Committees of two other departments within the College, and as an external reviewer for the physical therapy department's RTP Committee at Saint Louis University. He has served on the CSUS College of Health and Human Services Secondary RTP Committee, the Academic Council, the Safety Committee, and the Administrative Council. He also has served on the CSUS Graduate Studies Policies Committee and on University appeals committees for RTP and merit-raise issues.

Barakatt participated in the accreditation process of the MPT program during its transition from the BS program, the reaccreditation of the MPT program, the WASC accreditation of the DPT program, and the transition from the MPT to the DPT program. Over the last five years (two of which he served as Chair), Barakatt has been actively involved in the development and establishment of a new facility for the Department, including equipping and developing teaching and research labs for the new facility. He has also taken a leadership role in threading evidence-based practice methodologies through the DPT curriculum. Barakatt designed and led four review workshops for the faculty on the evidence-based practice methodologies to ensure all faculty were knowledgeable and consistent in their understanding of these concepts.

Barakatt has maintained and broadened his understanding of physical therapy professional education by participating in the Educational Leadership Institute offered by the American Physical Therapy Association (APTA), which he completed in summer 2013. He continues to participate in clinical research with outpatient clinics in the Sacramento region to maintain currency in clinical practice. Barakatt is a long-standing member of the APTA and has served as the Chief Representative and Representative for the Northeast District of the California Physical Therapy Association (CPTA), and as Vice Chair and Nominating Committee member of the CPTA Research Special Interest Group. He is a member of the Orthopedic and Education Sections of the APTA, and typically attends the CPTA Annual Conference, Combined Sections Meeting, Educational Leadership Conference, and has attended the last three World Physical Therapy Conferences. These activities allow Barakatt to maintain an understanding of higher education and contemporary physical therapy practice.

Core Faculty With Special Responsibilities: Program Administrator

F-6.
The program administrator provides effective leadership for the program.

Name
Chair Review Letter.pdf

As a faculty member, the Chair is subject to the CSUS Retention, Tenure and Promotion (RTP) process. If tenured, the Chair is evaluated by RTP committees and University administrators every five years. The Chair is also evaluated by the Department's Core Faculty Committee every two years for "core status", as dictated by the Department's RTP guidelines. The Dean of the College writes informal letters of review of his/her Department Chairs' performance on occasion ("Chair Review Letter.pdf"), but the Dean is not obligated to do so by University policy.

Barakatt, originally hired as a generalist physical therapist, has a long history with the Department, which has allowed him to gain an in-depth understanding of the program. He has taught ten courses in the curriculum, and served as the Academic Coordinator of Clinical Education. As a clinician, Barakatt practiced in a variety of clinical settings, including general outpatient, sports medicine rehabilitation, home health, acute care, skilled nursing and cardiac rehabilitation. He also started his own physical therapy practice, which offers him an important perspective on the administration of physical therapy. Barakatt's doctoral studies in epidemiology also provided him with a strong background in the application of evidence-based practice methodologies to physical therapy practice and education. Having familiarity with a diversity of aspects of the program's curriculum, recognizing the importance of education of physical therapy practice across the spectrum of clinical settings, and understanding the commonalities of applying evidence-based methodologies across these practice areas has provided Barakatt with a framework to guide the curriculum changes in the transition from the MPT to DPT program.

With the transition to the DPT program, a new tuition structure was established to support the program. Barakatt was able to successfully secure sufficient funding to provide the students with a high quality professional program. Additionally, Barakatt has consistently advocated for the program with University administration to ensure that adequate professional development funds are available for both faculty and doctoral students, that workload activities are fully recognized and credit for those activities are provided, that the teaching and research labs are fully constructed and equipped, that access to a new facility is appropriate for individuals seeking health care, and that adequate core and associated faculty are available to the Department. He has also strongly advocated for students' financial interests in this process.

Barakatt is also a strong supporter of the Program's faculty in the areas of community service and scholarship. The Department has three community clinics that offer students initial exposure to patient management and provide pro bono services to the University and greater Sacramento community. Barakatt recognizes the importance of the pro bono work, the connection with the community, and the opportunities for scholarship in these clinics. Barakatt is working to ensure appropriate support for the clinics (including equipment and personnel) are provided.

Barakatt prioritizes his development of successful relationships with key stakeholders across the University, and ensures the Department's interests are represented in interactions with the College Dean, Associate Dean, Dean of Graduate Studies, and other department chairs. Barakatt also has contact with the Department's faculty senator to evaluate how the work of the Faculty Senate affects the Department and ensure the Department's interests are represented in the Senate.

Barakatt has been involved in strategic planning for the Department, and has contended with the environmental pressures in physical therapy education by transitioning from the BS to MPT and then to the DPT degree program. Considerable time and effort have been spent in these transitions, and Barakatt has skillfully interacted with professional organizations, the University, the California State University System, and the California State Legislature in these negotiations. With final approval for the DPT curriculum, the Department is now in a position to prioritizes initiatives to further develop the academic program. Barakatt plans to work closely with faculty and other key stakeholders on these new initiatives over the next few years.

Core Faculty With Special Responsibilities: Program Administrator

F-7.
The program administrator is responsible for ensuring that the regular evaluation of all core faculty occurs and that the evaluation results in an organized development plan that is linked to the assessment of the individual core faculty member and to program needs. Evaluation includes assessments of teaching, scholarly activity and service, and any additional responsibilities.

Name
DCE Evaluation Form.pdf
Faculty Evaluation Form.pdf
Peer Review Sample.pdf
Working Personnel Action File (WPAF) Contents.pdf

Location of policy: Faculty Handbook, p. 23-29

The Department's Chair is responsible for overseeing the evaluation of core faculty in the Retention, Tenure and Promotion (RTP) process. Parallel to the function of the Department's Primary RTP Committee, the Chair evaluates each the faculty member's Working Personnel Action File (WPAF) for evidence of teaching effectiveness, scholarly and creative activity, and service to the University and community as described in the Faculty Handbook (pg. 23-29). After reviewing the WPAF, the Chair writes a letter with his/her judgments as to whether the faculty member has met the criteria for each area of review. S/he also provides supporting evidence for these judgments and recommendations for the faculty member to improve his/her performance. This evaluation is performed independent of the Primary RTP Committee, which also writes a similar letter. Both of these letters are included in the faculty member's WPAF, which is then reviewed by the Secondary RTP Committee, the Dean, and Provost.

The Department Chair also meets individually with each faculty member annually to establish goals for the year and determine if the goals from the previous year have been achieved. These discussions often include conversation on how the goals of individual faculty coincide with the RTP process and the needs and strategic priorities of the Department. Mentoring, especially of probationary faculty, occurs during these sessions. The Chair will also meet with faculty members at the request of the faculty member, or if an issue arises such as receiving critical feedback on an RTP letter, receiving critical student evaluations, questions concerning workload assignments, or if questions and/or assistance is required in scholarly activities.

Example: How Faculty Assessments are used to Plan Individual Development Activities
A junior faculty member was not demonstrating sufficient progress toward meeting the requirements of his scholarly agenda, as identified during an individual meeting with the Department Chair and review of his WPAF. This resulted in the Chair requesting a more seasoned faculty member to assist the junior faculty member in developing a research project and helping the junior faculty member acquire a faculty development grant to support the project. The success of this junior faculty member's efforts in generating a scholarly product from these activities will be reassessed in

the next RTP cycle.

Example: How Faculty Assessment Data is used to Plan Collective Development Activities
During Chair meetings with individual faculty last year, faculty were asked to articulate their plan for threading evidence-based practice methodologies into their courses. Through these discussions, it was clear to the Chair that the majority of the faculty had varying views regarding the definition of evidence-based practice and the appropriate content to include in their courses. The Chair, then, arranged for all faculty to participate in a review of the common evidence-based methodologies that the program would like students to understand and be able to integrate into their culminating project (case report). This information was presented and reviewed with the entire faculty during four two-hour faculty development meetings.

The effectiveness of the RTP process in evaluating Department faculty has been effective, with a few exceptions. A key strength of the process is that it includes sufficient structure to inform faculty of the Department's expectations in the areas of teaching, scholarship and service. It also serves as an effective feedback mechanism for probationary faculty, by informing them of areas for improvement in order to fully meet the expectations of the RTP committee. However, in the past, when a faculty member has had difficulties meeting the RTP criteria and a negative decision was announced, the faculty member grieved the decision, which led to an overturn of the negative ruling. The overturning of decisions was done, in part, due to the vagueness of the historical Department RTP guidelines. With the transition to the DPT Program, the RTP guidelines have been revised, and they now include clearer criteria regarding acceptable performance. The expectation going forward is that faculty will be much more informed on the expectations of the RTP process, and that grievances will not lead to RTP decisions being overturned.

Core Faculty With Special Responsibilities: Program Administrator

F-8.
The program administrator is responsible for ensuring that regular evaluation of associated faculty occurs and is used to determine the relevance of course content, effectiveness of teaching, and, as appropriate, effectiveness of student evaluation.

Name
Faculty Evaluation Form.pdf

Location of policy: Faculty Handbook, p. 33, "Policies and Procedures for Appointment and Evaluation of Part-Time Faculty"

Program Administrator's Role in Evaluating Associated Faculty
The Department Chair's role in evaluating associated faculty with greater than 50% contact hours in a course is described in the Faculty Handbook, p. 35, section "2.0 Periodic Evaluation". According to the policy, the Chair performs evaluations during the second semester of an associate faculty member's employment and at least annually thereafter. When needed, the Chair will seek assistance and consultation from a full-time faculty member who is familiar with the content area of the new faculty member. The evaluation completed by the Chair may be submitted to the faculty member's personnel file. The materials that the Chair reviews include:

- Student evaluations of teaching performance.
- Review of previous periodic evaluations up to a 5-year period.
- Course materials, including handouts, syllabi, development of learning resources, and teaching methods.
- Review of a peer evaluation conducted by observing a class session. The observation is made by a colleague, internal or external to the Department of the faculty's choosing.

Additionally, the Department Chair ensures evaluations occur of Associated Faculty with less than 50% contact hours for a course. These evaluations may include student evaluations of guest lecturers, individual evaluations by core faculty members or the lead faculty teaching a course, and peer observation, when appropriate. Clinical Instructors are evaluated using the Student Evaluation of Clinical Experience form by students.

Effectiveness of the Process
The assessment process has been effective in identifying associated faculty's performance in the classroom through the review of student course evaluations, recognizing faculty's currency through the review of course materials, peer review reports as available, and reviewing updated CVs to assess activities to maintain currency in the field.

Core Faculty With Special Responsibilities: Program Administrator

F-9.
The program administrator has the responsibility and authority for planning and administrating the program's financial resources. The program administrator works with core faculty and administrative officials of the institution in long-range planning to ensure that there is financial support for current and anticipated program needs, including support for the unique demands of clinical education, the admissions process, core faculty development, and support for scholarly activities, as well as the basic teaching functions of the program.

Name
Policy-Role and Responsibilities of the Department Chair.pdf

The Department Chair and Administrative Support Coordinator (ASC) work in concert with the Dean and Associate Dean of the College of Health and Social Sciences to oversee the Department's financial resources. It is the responsibility of the College Dean to allocate the financial resources to the Department and the responsibility of the Chair and ASC to ensure that operational expenditures are appropriate, and that resources are managed responsibly. The Chair consults with faculty to determine future needs of the Department in the areas of faculty hiring, equipment needs, and facility improvements. The Chair then consults with the Dean to determine the resources required to meet the future Department's needs and the Dean consults with the Provost to secure the necessary funding.

While the budget line items are based on the Department's expenses historically, the Chair has the discretion to adjust the line item amounts per the needs of the Department.

Department funding is derived from three sources. State-support funds are based on annualized full time student attendance and these funds are distributed to the Department from the Chancellor's Office with administration of the allotments occurring at the University and College levels. These funds can be utilized for academic affairs operating expenses. The Department also receives two-thirds of student tuition, after one-third of the funds are allocated for student financial aid in the form of State University Grants. These funds are administered through Academic Affairs and the College before they are dispersed to the Department. These funds can be utilized for academic affairs operating expenses. Development funds are the third source of revenue available to the Department. These funds are generated by fundraising activities performed by the Department or on the Department's behalf by the University's development department. These funds are not limited to academic affairs operating expenses, and can be used for a wider range of applications to benefit students and the Department.

The funding derived from state support and student tuition support twelve FTE faculty and two administrative support personnel.

The Chair and the Dean work together closely to ensure that the financial needs of the Department are understood and appropriately considered in budgetary decisions. Should a problem arise with Department funding, the Dean will consult with the University Provost to determine the best approach for addressing the problem.

When determining the priorities and areas to request additional funding each year, the Chair consults the annual strategic priorities and solicits input from the core faculty. S/he uses the strategic plan as a guide, while also taking into account requisite support for the clinical education program, the admissions process, core faculty development, scholarly activities, and teaching requirements.

Core faculty participate in determining program needs in a number of ways including providing a prioritized list of equipment needs for classrooms, research labs, and research activities, investigating uses and costs of pedagogical materials being considered for purchase, listing and prioritizing general facility needs (signage, accessible parking, bike parking, etc.) for the Department, and providing the Chair feedback on the overall spending priorities of the Department.

Policy pertaining to Chairs responsibility for financial resources can be found in:

- Faculty Handbook, page 20, Section 2, Item G
- University Policies Manual, "Role and Responsibility of the Department/Division Chair"

Core Faculty With Special Responsibilities: Program Administrator

F-10.
The program administrator facilitates effective communication with all program faculty and other people and departments directly involved with the program.

Mechanisms Utilized by the Program Administrator to Communicate with Others

The Department Chair utilizes a number of mechanisms to facilitate communication with and between Department faculty and other individuals. A majority of communication between faculty and the Chair occur during Department Council meetings. Agendas are generated and faculty or administrative support personnel may add items to the agenda. These meetings are scheduled every two weeks for two hours. Increased frequency of Department Council meetings may occur, as required. Extended Department Council meetings also occur at the beginning and end of each semester.

The Department Chair regularly contacts faculty and staff through email to communicate updates en masse. All Department faculty and staff have access to group email functions, which include listservs for the faculty and each student cohort.

The Chair also attends College Administrative Council meetings, which includes all of the College's Department chairs, the Dean, and the Associate Dean, where business of the College is discussed. The Chair also meets individually with the Dean and Associate Dean on an as needed basis. The Dean and Associate Dean attend one Departmental Council meeting per academic year to share updates from the College with all faculty.

The Chair also is in communication with the Dean of the Office of Graduate Studies and the Director of the Financial Aid Office to discuss the needs of the students and the Department. The Chair can attend Graduate Studies Policies Committee meetings (a Faculty Senate subcommittee) where communication with the Dean of the Office Graduate Studies can occur and proposed changes in University policies that may affect the Department are discussed.

Finally, in the past, the Chair has had frequent conversations with University Council seeking legal advice affecting the Department, Procurement and Contract Officers, University Architects, and Facilities Managers concerning facility improvement projects. The Chair communicates with local clinicians concerning job openings at their facilities, reimbursement and legal professional practice issues, professional organization meetings and activities, and other topics.

Effectiveness of Communication
The Chair has been effective in communicating the interests of the Department, students, faculty and staff to the necessary parties to ensure the program functions in a harmonious fashion. Over the last two years the Chair has effectively communicated with:

- contractors in building out a new 8,000 square foot facility.
- vendors to purchase $1.5M of furniture and equipment to ensure an operational new facility.
- the Dean's Office on development activities and providing tours of the new facility to potential donors (who have donated approximately $70,000 to the Department to date).
- the Dean's Office on the expectations of continued state support for the Department as called for in the legislation authorizing the offering of the DPT degree at California State University campuses.

Core Faculty With Special Responsibilities: ACCE/DCE

F-11.
The ACCE/DCE is a physical therapist and core faculty member with an understanding of contemporary physical therapist practice, quality clinical education, the clinical community, and the health care delivery system.

The program has two Co-Directors of Clinical Education (DCE): Bryan Coleman Salgado and Creed Larrucea. Both are full-time core faculty; Larrucea has a 10-month annual appointment and Coleman Salgado has a 12-month appointment. The DCEs plan, coordinate, and teach the three clinical education courses, as well as maintain clinical site contracts and student immunization and health requirements.

Prior to joining the Department in 2004, Coleman Salgado was a practicing physical therapist for twelve years, working primarily in acute and sub-acute inpatient rehabilitation settings. During this time, he was a Clinical Instructor to 18 students from multiple PT programs. Coleman Salgado has served as DCE for the program for the past eleven years. In this time, he has developed a robust clinical education program that includes a comprehensive database of clinical placements, tracking of clinical instructors, contracts, and clinical sites, and student and CI training in the CPI assessment tool. Coleman Salgado was certified as a Clinical Instructor in 2005, and is an APTA Certified Clinical Instructor Program (CCIP) trainer, teaching at least one CCIP weekend course annually. He has an MS in physical therapy, a post-professional DPT, and has been an American Board of Wound Management Certified Wound Specialist since 2002.

Coleman Salgado maintains an understanding of contemporary PT practice through feedback from participants in the CCIP courses, reading professional PT journals, and tracking state licensing laws and regulations in his role as expert consultant to the Physical Therapy Board of California. As President of the Northern California Clinical Education Consortium (NCCEC), he solicits quarterly updates from members on issues in their respective programs. He participates in extensive networking at state and national conferences, and corresponds with the Southern California clinical education consortium. Three times per year, Coleman-Salgado has two-hour discussions with the CCCEs of two major local health systems, getting updates on the clinical community and changes in the health care system. During the annual clinical site visits and phone consultations, he discusses with clinicians the current reimbursement, supervisory, and productivity challenges that facilities and therapists face when deciding to accept students. Coleman Salgado regularly attends the annual Educational Leadership Conference, and was the voting member at the national Clinical Education Summit in 2014.

Prior to joining the Department in 2012, Larrucea was a practicing physical therapist for twelve years, working in orthopedics and electrodiagnostics. During this time, he was a Clinical Instructor to four students from CSUS. Larrucea has served as the co-DCE for the program for the past two years. In this time, he has helped Coleman-Salgado improve the tracking of clinical instructors and clinical placements while increasing the number of clinic contracts and sites. Larrucea has a Bachelor's in physical therapy, a post-professional DPT, and has been board certified in clinical electrophysiology by the American Board of Physical Therapy Specialists since 2010.

As DCE, Larrucea maintains an understanding of PT practice in many ways. Larrucea still works as a clinician and has served as a clinical instructor in the past. He is very active in renewing contracts, initiating new contracts, and establishing clinical experiences with several hundred clinical locations. During this processs, Larrucea receives feedback from CCCEs of multiple clinics about clinical education. CCCEs also attend an annual community advisory meeting and a quarterly consortium meeting where clinical education needs and changes are discussed.

Core Faculty With Special Responsibilities: ACCE/DCE

F-12.
The ACCE/DCE is effective in developing, conducting, coordinating, and evaluating the clinical education program.

Process to Assess Effectiveness of the DCEs
The DCEs' effectiveness is assessed through multiple avenues. First, students complete evaluations at the end of each clinical internship, and the evaluation includes questions from the APTA performance assessment system. Additionally, the Retention, Tenure and Promotion (RTP) process for DCEs includes assessment of "teaching effectiveness" in the clinical education courses and includes an evaluation of the effectiveness in supporting the coordination and administration of the clinical education program. Intermittently, surveys regarding the DCEs' performance are posted online and CIs and CCCEs who have had hosted students in the previous year are invited to respond.

Effectiveness of the DCEs
The DCEs are very effective in planning, developing, coordinating, facilitating, and assessing the clinical education program. Their collective extensive background as PT clinicians, clinical instructors, and educators allow them to balance the needs and perspective of clinics with those of students when administering the clinical education program. Evaluations of the DCEs find that CIs and CCCEs feel the DCEs effectively plan, coordinate, administer and monitor all aspects of the program. Additionally, the DCEs are rated very highly by both students and CCCEs and CIs in their organization, communication and timeliness. Additionally, their participation in the NCCEC and other professional organizations and activities allows them to remain contemporary on changes in the needs of clinics and academic programs.

The DCEs are both extremely well organized and are able to leverage this skill to create databases and systems for tracking clinical sites, contracts, student placements, CI qualifications, and contact information using the PT Education Manager software program.

The DCEs are able to effectively build relationships with University and clinical site contracts departments, human resource departments, the campus student health center, and corporate vendors to effectively manage the clinical education program. The DCEs communicate with University counsel on FERPA issues relevant to clinical education and coordinate with the Office of Students with Disabilities to ensure ADA compliance for students in clinical experiences.

Both DCEs are available on a drop-in basis and during office hours for student advising, counseling and problem-solving pertinent to clinical education. The DCEs conduct extensive one-to-one advising in person and by email.

The DCEs exhibit an excellent ability to work with CIs and CCCEs in addressing the diverse needs of students prior to and during clinical experiences. In response to CI requests for assistance and critical incident reports, the DCEs respond quickly by phone and/or by a clinical site visit. Interpersonal conflicts are handled professionally and skillfully. CCCE contact is always sought during clinical site visits, where concerns regarding clinical education are discussed. When remediation of a clinical experience is needed, the DCEs develop a learning contract, and communicates all pertinent information to the CCCE and CI and the student.

Core Faculty With Special Responsibilities: ACCE/DCE

F-13.
The ACCE/DCE communicates necessary information about the clinical education program to core faculty, clinical education sites, clinical education faculty, and students and facilitates communication about clinical education between these groups, as needed.

Name
Clinical Education Information & Policies.pdf
Email to CCCE at New Clinical Site.pdf
Goals and Expectations of Clinical Education Sites.pdf
Letter to CIs.pdf
Student Responsibilities Clinical Education Contract.pdf
Weekly Feedback Form.pdf

Clinical education updates are shared by the DCEs at least twice annually with the core faculty at Department Council meetings. Additionally, at the end of each cycle of rotations, a summary of clinical instructor feedback is compiled and distributed to faculty for discussion at a Department Council meeting.

Annually each March, a letter updating clinical sites on the program is sent to all of the sites with current contracts. This letter includes a request for clinical placements for the following academic

year. Phone calls and/or emails are used to follow up and confirm availability of site offers. Within three months prior to the start date of an affiliation, a student biography, photo, cover letter, and a list of courses completed by the student are sent to the CCCE. Student contact information is also provided to the CCCE, and all risk management tasks are completed directly between the clinical facility and the student. New clinical instructors are sent instructions by email for completing the online CPI training.

During the midterm point of each clinical internship, the DCEs and/or core faculty designate contacts each clinical instructor to arrange a check-in visit/phone call. At this meeting, faculty complete the Midterm Check In Form, which is then given to the DCEs for their review and input into an online tracking system. Individual guidance and troubleshooting with CIs is usually conducted by phone on an as-needed basis.

Communication between the CI and student is ensured through a weekly feedback form, which must be completed at the end of the first week, signed by both the student and the CI, and faxed to the DCEs. Any deficiencies or inappropriate student goals or feedback to the CI are addressed in a follow-up email.

Individual cases of students requiring remediation or a learning contract are communicated by email and phone directly with the CCCE and/or CI. Verification of risk management requirements is communicated by use of a form made available to clinics, and is supplemented by a facility-specific form completed by the DCE when needed. These serve to ensure facilities of compliance with risk management (i.e. immunization, TB, background screening and CPR requirements) requirements.

For students, the bidding process is thoroughly explained in writing and verbally at a meeting with each cohort in which the DCEs explain the clinical selection process. Instructions regarding the process for applying for a hardship, contacting new sites, student options when site cancellations occur, and past history and availability of clinical sites is conducted verbally and through email. Periodic updates of the clinical assignments are emailed to all students during the months when confirmation of site offers occurs. Two months prior to the start date of a clinical rotation, students are provided a checklist of tasks that must be completed while away from campus and in the clinics. Students also sign a contract, which explains their responsibilities while in the clinic. The Student Handbook contains general clinical education policies (i.e. absences) and the course syllabus has detailed information about course grading, assignments, and remediation policies. Approximately nine months prior to the start of their first clinical experience, students receive a list of the risk management requirements. Students also have access to prior student feedback on the clinical sites, and second-year students are invited to a clinical debriefing meeting with returning third year students to hear feedback about the clinical sites, CIs and their clinical experiences.

The communication process used to update and share information on the clinical education program is effective. The DCEs are responsible for the majority of the communication regarding the program, and they are able to successfully split the workload. Core faculty, clinical education sites, CCCEs, CIs, and students are solicited for feedback on the quality of the communication provided by the DCEs, and updates are made when needed. An example of a recent concern from sites was that the DCEs did not have a process for notifying sites when the program was unable to use their offer for a student placement. To remedy this issue, the program is implementing a tracking system in which support staff will notify sites that have reserved spots when their offers are no longer needed.

Core Faculty With Special Responsibilities: ACCE/DCE

F-14.
The ACCE/DCE has the responsibility to ensure that there are effective written agreements between the institution and the clinical education sites that describe the rights and responsibilities of both, including those of their respective agents. Agreements address at a minimum: the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site; and the procedures to be followed in reviewing, revising, and terminating the agreement.

Name
Blank Contract Template.PDF
Sample Contract.pdf

To ensure written contracts exist between CSUS and clinical education sites, the program utilizes the PT Education Manager software program. The database includes basic information for each clinic, including the name, address, and contact information, as well as contract numbers and effective/end dates. In addition to the database, the program keeps an electronic copy of all current contracts from 2011 to present, and a paper copy of all contracts negotiated prior to that date. The CSU University Contracts Department provides the program with a report each month, which includes a list of all PT contracts. The program cross checks this report with internal records to ensure the contracts pending negotiation or approaching their end date are properly tracked and followed up on in a timely manner. The CSU University Contracts Department has a sample template for university contracts, which includes sections on: the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site; and the procedures to be followed in reviewing, revising, and terminating the agreement. A contract template can be found in the Appendix ("Sample Contract.pdf").

Core Faculty With Special Responsibilities: ACCE/DCE

F-15.

The ACCE/DCE uses a process to determine if the academic regulations, policies, and procedures related to clinical education are upheld by core faculty, students, and clinical education faculty (CCCEs and CIs) and takes appropriate corrective actions, when necessary.

All faculty are aware of the use of the CPI tool for clinical education courses and the performance expectations for each clinical experience. In addition, all faculty participate in midterm and final visits to check-in with students regarding their performance. Visits are evenly distributed among faculty, and all are expected to follow a standardized process for the check-ins. Faculty submit a check-in form, which indicates to the DCE that the check-in has been completed, and also includes data and feedback on the student's performance to date in their clinical rotation. The DCE then reviews the CPI scores (midterm or final) and calculates a grade.

Students adhere to the academic procedures of clinical education in multiple ways. Students contact their CIs prior to the beginning of a clinical experience to establish whether or not the CI is certified by the APTA and the CI is then added to the WebCPI program. Students also complete a mid and final self-evaluation using the CPI. These self-evaluations are shared with their CI and the DCEs, and adjustments are made to their clinical experience in order to meet threshold levels for each of the CPI criteria.

CIs adhere to academic procedures of clinical education by responding to students' inquiries, completing the CCIP course to become an APTA-certified CI, and completing the WebCPI training to be able to use the software for student evaluations. CIs evaluate the students at mid and final points, and are responsible for communicating any necessary changes in clinical education with the CCCE and DCEs.

The DCEs adhere to the academic procedures of clinical education by connecting CIs and students prior to the start date of their clinical experience. DCEs review the progress of all faculty during mid-term check-ins, students at mid-term and final check-ins, and speak with the CIs at mid-term and/or final. If problems arise, the CCCE and DCEs coordinate changes in the clinical experience for the CI and student.

Core Faculty With Special Responsibilities: ACCE/DCE

F-16.
The ACCE/DCE, using information provided by the clinical education faculty and other information as needed, is ultimately responsible for assessment of student learning in the clinical education experiences.

Name
PT CPI.pdf

One of the DCEs is listed as the Course Instructor for each clinical education course (PT 695A, 695B, 695C and 695R). This ensures that the DCE is responsible for assigning the grade in all clinical courses at the end of the semester.

The program uses the Physical Therapist Clinical Performance Instrument (CPI) to evaluate student performance. While the overwhelming majority of CIs complete the online version (WebCPI), clinicians are also permitted to complete the form in hardcopy. The CPI was adopted by the program due to its solid psychometric properties, as well as the fact that it can be used across a broad range of clinical settings, requires an online two-hour training for its use, is widely used across the country, and covers the major areas of clinical competency expected of a graduate of a physical therapy program.

The course grade is based primarily on the CPI, and both the student's and the CI's assessments are considered in the final grade evaluation. Grades are assigned as Credit/No Credit by the DCE based on successful completion of all course requirements. In general, the CPI must reflect competency commensurate with progress in the curriculum, show no "red flag" items marked, and demonstrate progress from midterm to final. Specifically, students must achieve at least threshold competency levels for all CPI performance criteria 1 (Safety), 2 (Professional Behavior), 3 (Accountability), 4 (Communication), and 7 (Clinical Reasoning), and for at least 15 of the 18 performance criteria overall. Marks on the CPI rating scale should be consistent with written documentation from both the student and the CI, and with the summary of strengths and weaknesses at the end of the CPI form. No areas of "Significant Concern" should be marked on the CPI.

The expected minimal threshold competency level for each criterion varies by rotation and achievement of the minimum threshold ratings is needed in order to pass the affiliation. For all clinical experiences, the threshold was initially set at "entry level". Based on feedback from clinical faculty and from the average ratings on the first DPT 12-week clinical rotation (PT 695A), the threshold for the first experience was lowered to "advanced intermediate". Failing to achieve the threshold marks on less than 83% of the performance criteria may result in a "No Credit" or incomplete grade, and may mandate a remediation or repeat of the clinical experience. A decision regarding whether or not remediation is warranted will take into consideration the clinical setting, experience in that setting, relative importance of sub-threshold performance criteria, progression of performance from midterm to final evaluations, whether or not a "significant concern" box was checked, and performance on relevant performance criteria in previous clinical courses. A deficit pattern demonstrated by persistent failure to meet threshold marks on the same three items across all three clinical experiences suggests a need for repeat or remediation of the final internship to achieve the needed competency.

In addition to the CPI requirements, students must satisfactorily complete all homework assignments, including, but not limited to: a) Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form; b) bi-weekly reflective journal; and c) at least two weekly feedback forms.

The DCE reads all midterm and final CPIs to evaluate if the tool is being used correctly. If, during the midterm review, it is noted that comments do not support marks, or if supporting comments do not reflect the five performance dimensions, the writer (either CI or student) is contacted by email or phone and reminded to review the criteria for using the CPI, and is asked to write more objective supporting documentation. Recently, the DCEs noted that no comments were written by some students at the midterm evaluation, and this misunderstanding was addressed directly with the students and will be emphasized more explicitly during the course orientation and in future course syllabi.

Core Faculty With Special Responsibilities: ACCE/DCE

F-17.
The ACCE/DCE determines if the clinical education faculty are meeting the needs of the program. This determination is based at a minimum on the assessment, in collaboration with the CCCE, of the clinical education provided by CIs who supervise the same student for at least 160 hours in a given academic year.

Name
Student Evaluation of Clinical Experience & Clinical Instruction.pdf

Determination If CIs Are Meeting the Needs of the Program
All CCCEs and CIs must complete a web CPI training course and use the CPI tool to evaluate student performance to become a CI for a student. The DCEs send CIs a link to the WebCPI training module that they must complete prior to being given access to the WebCPI. If this process is not completed, the CI will be unable to submit a CPI evaluation at mid-term or final. Requiring that all CIs paired with students complete the training course ensures that the CIs understand the tool and how to assess students properly. In addition, all CIs are provided with information on the expectations of performance for students. They are provided with a copy of the syllabus for the clinical rotation, which outlines the benchmark students are expected to achieve by the end of the clinical rotation.

The DCEs (or core faculty designate) also interviews students during the midterm visit to ensure the student is receiving proper supervision and feedback on his/her performance. If a CI is identified as lacking in his/her responsibilities, the DCEs will meet with the CI to review their responsibilities and identify areas for improvement.

CCCEs and CIs can further develop their skills as clinical instructors by completing the APTA Credentialed Clinical Instructor Program (CCIP). These courses are held nationwide and Coleman Salgado (co-DCE) hosts a course annually for local clinicians.

At the end of each internship, students are required to formally evaluate each CI using the "Student Evaluation of Clinical Experience & Instruction Form". The DCEs reads each of the completed evaluation forms and if they find negative feedback, the DCEs contact the CCCE to discuss developmental activities for the CI (e.g., enrollment in a course to develop specific teaching skills). If it is determined that the performance of a CI is unacceptable, the DCEs will not permit the CCCE to assign the CI to work with students in the future.

Collective Developmental Needs of CIs
The WebCPI tracks APTA CI certification of CIs; in the past, the percentage of CIs who were certified was well below 50%, but in the 2013-14 cycle, the percentage reached an all-time high of 67%.

Based on student evaluations of each CI, the CIs are ranked in many categories on a scale of 1 to 5. The percent of CIs that obtain scores of "5" (Strongly agree) is consistent around 80%. The average ratings for the question: "The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience" is 4.79. The most consistently problematic area is the rating for the question: "The clinical education site had written objectives for this learning experience". However, the average rating is still 4.12 for this question. An additional area with a larger number of outliers is the question: "The CI clearly explained your student responsibilities". Any CI that is consistently ranked below an average of a 4 on the evaluation form will be contacted by the DCEs and it may be determined that the CI can no longer supervise students.

Clinical Faculty Development Activities in the Past Academic Year
The program strives to use CIs with APTA credentials, and to support this developmental need. As a result, the DCE distributes information on APTA credentialing courses to CCCEs throughout the year, with the expectation that CCCEs share this information with their CIs and encourage their participation. The program's co-DCE, Coleman Salgado, also offers individual courses in CI credentialing (CCIP) in coordination with CCCEs on-site at their facilities. These courses ensure that local CIs have an opportunity to become credentialed CIs and continue their clinical instruction education.

Collective Core Faculty

F-18.
The core faculty includes a blend of individuals with doctoral preparation or clinical specialization sufficient to meet program goals and expected program outcomes.

The core faculty are diverse in their background preparation and academic preparation. Five of ten core faculty (50%) have academic doctoral degrees from accredited universities (Barakatt, Escamilla, MacLeod, McKeough, Stockert) in a range of specialty areas, including epidemiology, human physiology, higher education, and biomechanics. The other five core faculty (50%) hold clinical doctorates in physical therapy and psychology (Boulgarides, Coleman-Salgado, Larrucea, Lewis, Mattern-Baxter). Three faculty have completed fellowships, one with the APTA Educational Leadership Institute (Barakatt), one with the American College of Sports Medicine (Escamilla), and one with the American Academy of Cerebral Palsy and Developmental Medicine (Mattern-Baxter). Two faculty have completed long-term residency training, one in Proprioceptive Neuromuscular Facilitation (Mattern-Baxter) and another in Manual Orthopedic Physical Therapy (Boulgarides). Several faculty have additional certifications, including:

- Certified Strength and Conditioning Specialist
- Certified Manual Therapist
- Certified Wound Care Specialist
- Certified in Neurodevelopmental Treatment
- Electrophysiology Clinical Specialist
- Pediatric Clinical Specialist

Two core faculty (Mattern-Baxter, McKeough) participate in clinical practice by managing the Adult Neurology Student Physical Therapy Clinic and two others (Boulgarides, Lewis) manage the Orthopedic Student Physical Therapy Clinic. All of the core faculty teach in multiple courses in the program, and bring a range of experience and expertise to the curriculum. Additionally, all core faculty serve as advisors to students, and demonstrate excellence in their contemporary expertise, teaching and evaluation of students, and scholarship, as evidenced in criteria F-1, F-2, and F-3. All core faculty also participate on Department and College level committees and participate in the governance and decision-making activities of the DPT program. The blend of individuals in our core faculty is sufficient to meet the goals and outcomes of the program.

Collective Core Faculty

F-19.
The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional rules and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.

Name
Academic Regulations.pdf

Process By Which Academic Regulations Specific To The Program Are Developed, Evaluated, and Communicated
Academic regulations specific to the program are developed, evaluated, and communicated by the core faculty. These regulations are evaluated on an ongoing basis by the faculty, and needs are often identified when an issue arises and a current policy is unable to adequately address the issue. Any faculty member may recommend revision to a current policy, and these proposals are brought to a core faculty meeting for review. If sufficient evidence is provided that a policy should be revised, the core faculty will draft a revised policy, which is then incorporated into the appropriate handbook(s) and re-distributed to both students and faculty. All students and faculty are provided a copy of the Student Handbook, which outlines specific policies and regulations related to the program. These publications are also available on the program website.

Process Used to Verify Regulations are Upheld
Academic regulations are upheld and verified by the core faculty. Specifically:

Admissions requirements: The Admissions Committee organizes and implements the admissions process and select each class of students in accordance with University policy regarding graduate programs. The Committee reviews the admissions process annually to determine if improvements are required to the process (e.g., adopting PTCAS as an admissions administration system). The Committee also reviews the criteria for admission to determine if improvements are necessary in preparing students for the curriculum and identifying students most likely to be successful. Committee generated proposals to improve the admissions process are brought to the full faculty in the Department Council meetings for discussion and approval.

Clinical education program: To uphold clinical standards, the CPI is utilized by CIs and students to rate the performance of students in clinical internships. Each clinic is contacted at the midterm point of the internship by the DCEs or faculty designate to check on the student's progress. Student performance at the midterm is also tracked using the CPI online portal. Final grades are awarded by the DCEs and grades are shared with the full core faculty at Departmental Council meetings. The Clinical Education Subcommittee develops proposals for changes in clinical education policy that may arise due to changes in the clinic environment, accreditation requirements, or student performance issues. The Committee brings the proposed changes to the Curriculum Committee where they are refined before presentation to the Department Council.

Grading policy: The University and Department's minimum grade policy requires students to earn a "B" grade in every in every course and a "Credit" grade in each clinical internship course. While the Department Council can vote to make exceptions to this grading policy, the faculty believe this policy serves the educational needs of students, the program and profession. Remediation and

course repeat policies are developed and implemented by the faculty.

Minimum performance levels: To uphold the academic standards described in the Student Handbook, the Department Council reviews student performance at least twice a semester to identify students struggling academically. To uphold academic performance levels, students with difficulties are required to meet with their faculty adviser, are encouraged to attend faculty office hours for the courses in question, and are referred to tutors for assistance.

Student progression throughout the program: Student progression is discussed at Department Council meetings twice a semester so that faculty are kept appraised of students requiring remediation. Progression and remediation policies are developed and can be modified by the Department Council. The Chair upholds these policies in conjunction with the College's Associate Dean and the Dean of Graduate Studies.

Process for Corrective Action
If corrective action were necessary, the issue would be brought to the core faculty for discussion and determination of an appropriate plan of action. If a policy or regulation needed revision, the revision would be completed by the core faculty, as described above. If an individual was not upholding the appropriate academic regulations, the core faculty would communicate with the individual regarding how to properly uphold the regulations going forward. Any further correction action would fall under a disciplinary procedure.

Collective Core Faculty

F-20.
The collective core faculty have primary responsibility for the curriculum plan. The core faculty develop, review, and revise the curriculum plan with input from clinical education faculty, associated faculty, the clinical community, and students.

The Curriculum Committee is responsible for developing, implementing, assessing, and revising the curricular plan. The Curriculum Committee is composed of core faculty, and it ensures that the curriculum reflects the vision and direction of the program, and is consistent with APTA standards of practice, CAPTE conditions of accreditation, and the Department of Physical Therapy's mission, goals, and objectives. The Committee meets at least annually to review and assess whether the Department's educational goals and objectives are being met based on feedback from faculty, students, graduate surveys, portfolio review, results of graduate performance on the licensure examination, and clinicians. They also identify content areas within the curriculum that require greater clarification, that need to be addressed in a more cohesive manner, or that need more or less emphasis.

Other responsibilities of the Curriculum Committee include ensuring that all clinical competencies are met; making recommendations to faculty for changes to their courses to better meet student and curriculum needs; coordinating, monitoring and reviewing contributions of part-time faculty to the curriculum consistent with ARTP policies and procedures; making recommendations regarding new courses, course changes or deletions, and credit allocation for courses; and completing necessary paperwork, in consultation with the Chair, for requesting curricular changes through the Academic Council of the College of Health and Human Services.

Process Used to Obtain Input from Clinical Education Faculty, Associated Faculty, Clinical Community and Students
Information gathered for the Curriculum Committee's assessment includes input from clinical education faculty, associated faculty, the clinical community, students, alumni, and employers. The data includes student course evaluations, student surveys administered at graduation, surveys administered to alumni six-months following passing the licensure examination, employers of alumni conducted once every five years, reviews of quality of work in student portfolios, input from the Department's Community Advisory Committee, surveys from clinicians after they have served as a clinical instructor, student performance in the specific content areas on the licensure exam, and direct feedback from core and associate faculty concerning issues pertaining to the curriculum.

After carrying out the curricular assessments in conjunction with the Chair, the Curriculum Committee brings information to the full faculty at Department Council meetings where interpretation of assessments are discussed and recommended actions reviewed. The Curriculum Committee is responsible for determining if the approved actions are implemented and assessing the results of the changes made.

Collective Core Faculty

F-21.
The collective core faculty determine each student's readiness to engage in clinical education, including review of performance deficits and unsafe practices of the students.

In order for a student to be eligible to engage in clinical education activities, the student must meet the requirements for "Advancement to Candidacy" for his/her Doctor of Physical Therapy degree, as outlined in the Student Handbook, p. 23.

To achieve Advancement to Candidacy, students must demonstrate competency in three areas:

- Academic Requirements

- Professional Conduct Expectations
- Competency and Skills

To demonstrate competency in Academic Requirements, the students must:

- Remove any deficiencies in admission requirements and achieved classified status.
- Successfully complete all DPT courses with a grade of B or higher and a minimum cumulative GPA of 3.00 (B) or higher.
- Formulate an approved written plan for the required graduate project portfolio.
- Pass a GWI course with a grade ≥ B offered by the Department of Physical Therapy (PT608), the Department of English, or secure a GWAR waiver.

To demonstrate meeting appropriate Professional Conduct Expectations: the faculty review and record student performance twice each semester in the areas of: Commitment to Learning, Interpersonal Skills, Communication Skills, Effective Use of Time & Resources, Use of Constructive Feedback, Problem-Solving, Professionalism, Responsibility, Critical Thinking, and Stress Management.

To demonstrate Competency and Skills, the student must pass all DPT courses with a grade of B or higher, and write and orally defend a patient case-study proposal. The competency and skills that must be demonstrated include:

- Apply the physical therapy Patient Management Model with a patient or patient case.
- Analyze and articulate the Practice Patterns and Practice Guidelines of the Guide to Physical Therapy Practice with a patient or patient case.
- Demonstrate skill with the standardized examination process forming a diagnostic impression, plan of care, prognosis and measures of outcomes with a patient or patient case.
- Demonstrate professionalism in a doctoring profession: concepts of autonomous practice, consultation, administration and education consistent with clinical practice at the doctoral level.
- Generate patient-focused, searchable clinical questions with a patient or patient case.
- Conduct a search of the scientific literature to find the best available evidence to answer patient-focused clinical questions.
- Critically appraise evidence for validity, level of evidence or grade of recommendation, and relevance to an individual patient or patient case.
- Analyze the relevant literature to support the selection of best examination techniques to inform clinical decision making, patient interview, history and systems review.
- Analyze the relevant literature to support the selection of examination techniques pertaining to tests and measures with a patient or patient case.
- Analyze the relevant literature to support the selection of evaluation techniques pertaining to diagnosis, prognosis and plan of care with a patient or patient case.
- Analyze the relevant literature to support the selection of interventions, both direct and indirect, with a patient or patient case.
- Analyze the relevant literature to support the selection of evaluation techniques pertaining to outcome measures and assessment with a patient or patient case.
- Analyze the relevant literature to support the selection of methods for assessing patient satisfaction, functional status and quality of life with a patient or patient case.
- Incorporate the results of an individual patient's unique preferences, concerns, expectations and motivation level into the plan of care and in an assessment of effectiveness of physical therapy interventions.
- Reference and report using AMA format style writing and EndNote reference software in all written critical analyses, case reports and presentations.

Mechanisms Utilized to Determine Readiness
Faculty review student performance twice a semester to ensure no deficits are occurring in the areas of academic performance and Professional Conduct Expectations. Through this process, faculty are able to identify problem areas for students and develop remediation strategies to address any identified deficiencies. Prior to each clinical experience, students are required to meet the eligibility criteria described above, even after students achieve Advancement to Candidacy status. At the faculty meetings, the core faculty review student performance, as compared to the eligibility criteria, and make a determination of student readiness. The core faculty believe that if a student meets the eligibility criteria, s/he has demonstrated that s/he is prepared to interact safely with patients/clients during the clinical education experience.

Collective Core Faculty

F-22.
The collective core faculty is sufficient in number to allow each individual core faculty member to meet the teaching, scholarship, and service expectations (Criteria F1-F4) and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes.

The collective core faculty is sufficient in number to allow each individual core faculty member to meet the teaching, scholarship, and service expectations of the program, and to achieve the expected program outcomes through the following activities:

Student Advising and Mentorship
Each core faculty member is assigned nine students as advisees. Faculty meet with each of their advisees twice a year and more frequently when a student has academic or behavioral issues that

require more intensive mentoring. Student academic and behavioral issues are discussed during Department Council meetings.

Admissions
Four members of the core faculty serve on the Admissions Committee, which develops the policies and procedures governing the admissions process. Proposed changes are presented at Department Council meetings and the entire faculty discuss and vote on proposed changes. All faculty participate in the interview process each spring.

Educational Administration
Educational administration activities are carried out by all core faculty members in the form of committee participation at the Department, College, and University levels. Typically, each faculty member contributes to five or six committees at various levels, often chairing at least one of the committees.

Curriculum Development
Four members of the core faculty sit on the Curriculum Committee, which drives curriculum development and outcome assessments. Findings are presented to the entire faculty at Department Council meetings and the entire faculty vote and prioritize curricular revisions and development strategies. Faculty implement the approved changes in the curriculum through development and revision of their individual courses.

Instructional Design
Individual faculty determine the instructional design of their assigned course(s), within reason. If a faculty member would like to change a course delivery method from onsite to online, this change would require review by the Curriculum Committee and approval of the Department Council (additional College and University review processes would also apply in this situation). However, faculty are provided the freedom to determine the appropriate design for their course. If student evaluations and other assessment tools suggest an instructional design is ineffective, the Curriculum Committee and/or Chair will review the delivery format with the faculty member and suggest necessary changes.

Associated Faculty
The Department Chair identifies the need for part-time associated faculty and confers with the faculty teaching in similar content areas of the curriculum. The Chair, with the agreement of other faculty, determines if a part-time faculty member is an appropriate candidate for a course. Individual core faculty select professionals who serve as expert guest speakers or other limited role in their courses.

Clinical Education
Two core faculty serve as co-Directors of Clinical Education (DCEs). These two individuals manage the administration of all clinical education aspects of the program. The DCEs perform the assessments of students' clinical performance and provide their findings to the Chair and faculty at Department Council meetings.

Governance
All core faculty and part-time faculty with greater than 50% teaching loads are permitted to vote during Department Council meetings. Any faculty member can also add items to the meeting agenda. Individual faculty are encouraged to become involved in University-level governance activities, which are counted as service under the University's Retention, Tenure, and Promotion (RTP) guidelines.

Clinical Practice
Faculty are encouraged to participate in clinical practice, which is counted as service to the community under the University's RTP guidelines.

Student Goals & Outcomes
The Chair is responsible for reviewing assessments of student goals and outcomes, and shares assessment findings with the appropriate faculty committee(s). After the Chair and committee interpret and formulate policy and/or curriculum recommendations, assessment findings are brought to the entire faculty at Department Council meetings for their review and approval.

The adequacy of the number of core faculty is sufficient to achieve the expected program goals and outcomes. The typical core faculty assignment for the fall and spring semester includes 20% time for scholarship, 20% time for service, and 60% time for teaching. New faculty also generally receive 20% release time from the College Dean to apply toward developing a scholarship agenda and course materials. Core faculty are assigned over 87% of the teaching assignments of the program, and the other 13% are covered by part-time faculty.

Clinical Education Faculty (CCCEs and CIs)

F-23.
The clinical education faculty (CCCEs and CIs) have a minimum of 1 year of clinical experience and demonstrate clinical competence in the area of practice in which they are providing clinical instruction.

Clinical competence of CCCEs/CIs is monitored using the PT Manager software and WebCPI software. CIs are identified as credentialed CIs within the WebCPI software and a percentage of credentialed CIs can be calculated for any course or cycle of clinical education. All CIs must have at least one year of experience as a physical therapist prior to gaining access to WebCPI as a CI.

Specific data, such as years of clinical experience, highest degree obtained, and specialty certification are collected from CIs annually. This data is entered into the PT Education Manager software and reports are run annually as part of the Clinical Education evaluation process to ensure the qualifications of CIs meets the standards of the program.

A summary of the qualifications of CIs who provided clinical instruction for at least 160 hours to the same student in 2013-2014 are as follows (n=155 unless otherwise noted):

Percent of CIs Entry-level Degree (n= 250; includes 2012 data)

- DPT: 22.8%
- MS/MPT: 47.6%
- BS: 29.6%

Years of Experience as a CI

- Average: 12.5 years
- Range: 3-39 years

Years of Experience as a PT

- Average: 17.1 years
- Range: 3-46 years

Clinical Specialty Certification(s)

- Yes: 18 (12%)
- No: 137 (88%)

APTA CI Certification

- Yes: 91 (59%)
- No: 64 (41%)

APTA Advanced CI Certification

- Yes: 6 (4%)
- No: 149 (96%)

Clinical Education Faculty (CCCEs and CIs)

F-24.
The clinical education faculty (CCCEs and CIs) demonstrate the ability to be effective clinical teachers, including the ability to assess and document student performance, including deficits and unsafe practices.

Name
CI Effectiveness Summary.pdf
Email to CCCE at New Clinical Site.pdf
Student Evaluation of Clinical Experience & Clinical Instruction.pdf

Teaching responsibilities of clinical education faculty are outlined in the letter sent to CIs prior to each student clinical experience. General expectations are also outlined in the Goals and Expectations of Clinical Education Sites document. These responsibilities form the basis of the standards of teaching effectiveness for clinical faculty. The program expects that all clinical education faculty should demonstrate the ability to be effective clinical teachers. The criteria used by the program to denote an "effective" clinical teacher are outlined in the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form, as published by the APTA. This form includes 21 performance indicators that the program believes sufficiently encompass the characteristics of an effective clinical instructor.

CCCEs and CIs demonstrate the ability to be effective teachers in the program in a number of ways. First, they must have at least one year of clinical experience prior to becoming a CI and gaining access to the WebCPI. Second, they must complete a midterm and final evaluation of students using the CPI tool and are expected to appropriately assess and document student performance. The DCEs review each evaluation at the midterm and final points and if any evaluations appear to be incorrectly completed, the DCEs will contact the CI to correct the evaluation and add appropriate comments to explain the errors. Third, students are provided two opportunities to rate their CI on their effectiveness as clinical teachers: by completing the PT Student Evaluation of Clinical Instructor Form and by nominating their CI as a "CI of Excellence". Nominations for the CI of Excellence Award are submitted to a national consortium of clinical educators where these CIs are recognized and rewarded for their contributions to student learning.

Aggregate data from the student evaluations in 2013-14 indicate that 80% of CIs scored at a "5" (Strongly Agree) for the 21 performance indicators on the form. The lowest rated indicator related to the clinical education site's provision of written instructions for the learning experience (average rating of 4.12). Outlier scores occurred inconsistently for "the CI clearly explained your student responsibilities" and for "active listening" and "clear communication". Narrative feedback was overwhelmingly positive, with many students noting excellent feedback and learning experiences. Common suggestions for improvement included "more practice time", "more feedback on performance", and "more consistency between CIs" for those arrangements in which more than one CI was used.

In analyzing the feedback, students rate the lack of written objectives lowest, but also rate CIs very high on the "clinical education site's objectives for this learning experience were clearly communicated." These data suggest that expectations and outcomes are communicated verbally more often than through written objectives. In the Certified Clinical Instructor Program (CCIP) course, feedback from local clinicians often includes a newfound appreciation for written goals. In order to promote the clinical teaching skills of CIs, the program has promoted the CCIP course and the percent of CIs who have completed the course has increased from 20-30% in previous years to 55% in 2013 and 67% in 2014. Additionally, the ability to accurately employ all five CPI performance dimensions when marking students on the CPI is an area of ongoing training. The DCEs address this issue at midterm visits or when there are problem incidents.

Clinical Education Faculty (CCCEs and CIs)

F-25.
The responsibilities of the clinical education faculty (CCCEs and CIs) are delineated and communicated to them and to other program faculty, as needed. The participation of clinical education faculty in program activities and curriculum review is consistent with institutional policy and with their level of participation in the program.

Name
Clinical Faculty Rights & Responsibilities.pdf
Reference Manual for CCCEs.pdf

Responsibilities of CCCEs and CIs are described in the Clinical Faculty Rights and Responsibilities document. Clinical faculty are informed of these responsibilities in the "Dear Clinical Instructor" letter that is provided to them by students on their first day. In addition, email correspondence before, during, and after the clinical experience directs CCCEs and CIs to the location of the Rights and Responsibilities document. Phone conversations between the DCEs and clinical faculty is the most frequent manner of informing them of their responsibilities. Additionally, contracts between the University and affiliating clinical facilities often delineate facility responsibilities, some of which are under the purview of clinical faculty, and typically include student orientation, student supervision requirements, records management, student dismissal policy, and provision of emergency health care/first aid.

Responsibilities and best practices are also available to clinical faculty in the Reference Manual for Center Coordinators of Clinical Education (2002), published by the APTA. Both documents are available to all CCCEs and CIs on the Department's webpage.

Clinical Education Faculty (CCCEs and CIs)

F-26.
The clinical education faculty (CCCEs and CIs) are afforded rights and privileges that are appropriate for their level of participation in the program and similar to the rights and privileges afforded to the clinical education faculty in other programs throughout the institution. The rights and privileges of the clinical education faculty are delineated and communicated to core and clinical education faculty.

Name
Clinical Faculty Rights & Responsibilities.pdf

Rights of CCCEs and CIs are described in the Clinical Faculty Rights and Responsibilities document. Clinical faculty are informed of these rights in the "Dear Clinical Instructor" letter that is provided to them by students on their first day. In addition, email correspondence before, during, and after the clinical experience directs CCCEs and CIs to the location of the Rights and

Responsibilities document. Phone conversations between the DCEs and clinical faculty is the most frequent manner of informing them of their rights.

Rights and best practices are also available to clinical faculty in the Reference Manual for Center Coordinators of Clinical Education (2002). Both documents are available to all CCCEs and CIs on the Department's webpage. Clinical faculty are invited to participate in applicant interviews and a few are invited to join the Community Advisory Committee. Clinical Instructors can also be nominated as "Clinical Instructors of Excellence" by program students and they are informed of their listing on the Department's webpage where they are publicly recognized. Offering free continuing education to our clinical faculty is a project that we hope to expand. Information about scholarships from the NCCEC and for attending the consortium sponsored Certified Clinical Instructor Program courses (which are offered at a reduced rate) are available upon request and at the Consortium webpage.

The privileges for clinical faculty are commensurate with those afforded to clinical education faculty in other programs in the College of Health and Human Services.

Associated Faculty

F-27.
Associated faculty have contemporary expertise in assigned content areas and in assigned teaching responsibilities, including effectiveness in teaching and student evaluation.

Name
Associated Faculty Qualifications.pdf

The name and credentials, content taught, contact hours, and sources of contemporary expertise in content taught for each Associated Faculty member who teaches less than 50% of the didactic contact hours of a course can be found in the "Associated Faculty Qualifications" document.

Associated Faculty

F-28.
The responsibilities of associated faculty and the relevant academic policies are delineated and communicated to them. The participation of associated faculty in program activities and curriculum review is consistent with institutional policy and with their level of participation in the program.

Name
Collective Bargaining Agreement-Faculty.pdf
Part-time Faculty Welcome Letter.pdf
University Policy Manual-Faculty Responsibilities.pdf
University Policy Manual-Office Hours.pdf

Typically, associated faculty assignments are made by the Department Chair and are limited to teaching courses. No expectation of scholarship or university/community service exists, and no workload time assignment is made for these purposes (though a history of these items are sought out in the hiring process). The primary responsibilities of faculty are available online in the University's Policies and Procedures Manual, Statement on Faculty Responsibilities and Professional Ethics. All aspects of this policy pertain to associated faculty, with the exceptions of Section 1C-F. This information can also be found in the Faculty Handbook, p. 10-12.

Associated faculty are required to have 45 minutes of office hours for every 3 weighted teaching units of courses assigned to them. This policy available online in the University's Policies and Procedures Manual, Faculty Office Hours.

Academic responsibilities for associated faculty with respect to providing materials for yearly evaluations can be found in the Faculty Handbook, p. 35, Section 2.0: Periodic Evaluation.

Instructional and workload responsibilities for all faculty are described in the Collective Bargaining Agreement, p. 72-74, under sections 20.1-20.3.

Associated faculty are invited to attend faculty meetings but they are not required to do so. Associated faculty with a 50% or more assignment are eligible to vote during faculty meetings, as outlined in the Faculty Handbook, p. 13.

Faculty are notified of their responsibilities in a letter from the Department Chair ("Part-time Faculty Welcome Letter.pdf").

Individuals who provide volunteer service to the Department through the supervision and training of students in classrooms, clinical facilities, agencies and/or service on Department committees can be designated adjunct faculty. Responsibilities of these associated faculty are outlined in the Faculty Handbook, p. 35, Section E: Policies and Procedures for Appointment of Adjunct Faculty.

Associated Faculty

F-29.
The associated faculty are afforded rights and privileges that are appropriate for their level of participation in the program and similar to the rights and privileges afforded to associated faculty in other programs throughout the institution. The rights and privileges of the associated faculty are delineated and communicated to the core and associated faculty.

Name
Collective Bargaining Agreement-Faculty.pdf
Part-time Faculty Welcome Letter.pdf

The following sections of the Collective Bargaining Agreement pertain to the rights and privileges of associated (temporary) faculty:

- ARTICLE 10: Grievances pertaining to the appointment, reappointment, work assignments or careful consideration per Article 12 of temporary faculty: permanent umpire, p. 25-27
- ARTICLE 12: Appointments of associated faculty, p. 34-39
- ARTICLE 15: Periodic evaluation of temporary faculty unit employees, p. 54-56
- ARTICLE 32: Retirement benefits for part-time and seasonal and temporary employees, p. 131
- ARTICLE 38: Temporary faculty unit employees: order of layoff, p. 142
- APPENDIX F: Eligibility criteria for 1 year and 3 year appointments, p. 166

Upon being offered a position, associated faculty are given a copy of the Collective Bargaining Agreement, and are informed that their rights are represented within this contract through a letter from the Chair ("Part-time Faculty Welcome Letter.pdf")

To determine if the communication of rights and privileges is effectively communicated, the Department Chair has a meeting with each associated faculty member during the semester to determine if they have any issues or questions to discuss concerning their courses or any terms of their employment.

Individuals who provide volunteer service to the Department through the supervision and training of students in classrooms, clinical facilities, agencies and/or service on Department committees can be designated adjunct faculty. In the Faculty Handbook, Section E (Policies and Procedures for Appointment of Adjunct Faculty), item 1.1 to 1.3 describe the rights and privileges of these associated faculty (p. 36).

Students

R-1.
The enrolled student body is consistent with the mission and goals of the program, the profession's need for qualified, competent practitioners, and the societal need for diversity , among physical therapists.

The class size each year is 32 students.

Admitted students are required to possess a bachelor degree to ensure they are grounded in the necessary liberal arts and general education requirements. Additionally, students are required to complete prerequisite coursework in the physical and biological sciences, human anatomy and physiology, human psychology, principles of kinesiology, and research methods prior to applying to the program, which provides a sound foundation for the courses in the DPT curriculum. This foundation prepares students for the rigorous coursework within the program. An additional prerequisite is that applicants must complete a minimum of 100 hours of observation or work experience under the supervision of a licensed physical therapist, with at least 25 hours of this experience in an inpatient setting and another 25 hours in an outpatient setting. This requirement allows students to understand physical therapy practice and to assess whether physical therapy is their chosen profession. The requirement also allows the supervising physical therapist to provide informed feedback on the suitability of the applicant to practice physical therapy in the applicant's letter of recommendation.

The combined characteristics of the three cohorts of students (96 students) admitted to the program are as follows:

Prerequisite GPA

- Average: 3.70
- Range: 3.18 - 4.0

Age

- Average: 26
- Range: 20 - 57

Gender

- Female: 61 (64%)
- Male: 35 (36%)

Race/Ethnicity

- American Indian/Alaskan Native: 2 (2%)
- African American/Black: 2 (2%)
- Asian/Pacific Islander: 13 (14%)
- Hispanic/Latino: 8 (8%)
- Other: 3 (3%)
- White (not of Hispanic origin): 58 (60%)
- Decline to state: 10 (10%)

% Receiving Financial Aid

- 93%

% Fluent Multilingual

- 26%

The information above suggests that students in the program are young, academically strong, diverse in both culture and gender, and represent the socioeconomic spectrum of society. The strength of students academically suggests they will be capable of functioning as evidence-based physical therapy practitioners. The diversity of the student body suggests they will be capable of serving diverse cultural and economic sectors of society for decades to come.

Student Services

R-2.
Counseling services, academic services, disability services, and financial aid services are available to students.

Student Health
All currently enrolled students pay student health fees, and are then eligible for services through CSUS Student Health & Counseling Services. Health services fees provides for basic medical services and basic mental health Services. Augmented services may be offered, which include those services that are considered elective or specialized in nature and not included as basic health services. Wellness services are also offered through the Student Health Center.

Academic Services
Academic advising is provided to students at least once a semester by their faculty advisor in formal meetings. Second and third year physical therapy students are also hired by the Department to serve as tutors to first and second year students. During each clinical internship, each student is contacted by the DCEs or a core faculty designate to determine if the student is having any difficulty in the internship. Additionally, academic support services are available through the University, in the University Reading and Writing Center, Faculty Student Mentor Program, and Student Academic Success and Educational Equity Programs.

Financial Aid Services
Students are contacted the summer prior to matriculation and provided with financial aid information. At new student orientation, incoming students receive information from the directors of the Student Financial Services Center and the Financial Aid Office. Information on how to contact these two entities is provided on the Department's webpage.

Professional Development Funds
This academic year, the Department offered each student $1,000 in professional development funds to cover their American Physical Therapy Association membership dues, professional equipment and services required for the program, and registration and travel expenses to attend professional conferences or courses approved for continuing education by the California Physical Therapy Association. The amount of professional development funding for students varies each year depending on funding availability.

Wellness & Fitness
Enrolled students have access to a fitness facility with state-of-the-art equipment and programs, providing students access to recreate, exercise, and reduce stress while enrolled in the program.

Transportation
Students are able to use their student identification cards as passes on the Sacramento Regional Transit System (bus and light rail), the Yolo Bus System, and the Hornet Shuttle for transportation around the Sacramento area.

Disability Services
Students who require reasonable accommodations to be successful in the didactic or clinical internship portions of their education can seek accommodations through the Office of Services to Students with Disabilities (SSWD). Students are evaluated by a health care professional who identifies their capabilities and limitations. SSWD then works with the student and Department to formulate reasonable accommodations that can be followed in both the classroom and clinic settings.

Support Staff

R-3.
The program has, or has access to, administrative, secretarial, and technical support staff to meet its professional education, scholarship, and service goals and expected program outcomes.

The administrative needs for the program are met by the Department Chair, who has a 1.0 FTE dedicated to program administration, and two Co-Directors of Clinical Education with 0.5 FTE appointments each. The program also has 2.0 FTE of administrative support positions, which are currently staffed with two fulltime University employees. The Administrative Support Coordinator II reports to the Chair and the workload expectations for this position is as follows: admissions 40%; budget 20%; reports 20%; personnel 15%; and other 5%. The Administrative Support Assistant II reports to the Administrative Support Coordinator II and the workload expectations for this position is as follows: support for the Chair, faculty, and students 35%; receptionist duties 30%; admissions support 15%; support for the DCEs 15%; and other 5%. The program also hires a work study student for 10 hours per week for copying, filing, and other administrative support activities as needed.

Additional administrative support is provided by one extramural and several intramural agencies. Applications for admissions are submitted to the Physical Therapist Centralized Application Service. Admission applications, transcripts and applications for graduation are processed and maintained by the CSUS School of Graduate Studies and the University Registrar. The university calendar is determined by CSUS Academic Affairs. Classrooms are assigned by Space Management and student course evaluations are processed by the Office of Information Resources and Technology. Student financial aid is administered by the Office of Financial Aid. The Library provides reference librarians to assist with student research and doctoral culminating projects are archived in the library.

In addition to Institutional Computing, which supports the telecommunication needs of the university, two full-time technology staff support the telecommunication needs of the seven departments in the College of Health and Human Services.

The support staff, including those at the Department, College and University levels are adequate to meet the professional education, scholarship, and service goals and expected outcomes for the program.

Financial Support

R-4.
Financial resources are adequate to achieve the program's stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.

Revenue Sources
Revenue sources for the program, including the adequacy of the funding and the expected stability of the sources include:

Student Tuition

Student tuition rates are set at the University level. Student tuition, in conjunction with the California State University funding described below, is adequate to fund operating expenses and personnel costs. Student tuition is expected to remain stable for the foreseeable future.

University Financial Support
The California State University (CSU) system provides funding to the program based on a calculation of full-time student equivalency. This funding, in conjunction with revenue from student tuition, is adequate to fund the operating expenses and personnel costs associated with the program. CSU funding based on FTE calculations has remained constant for the first two years of the DPT program (and is comparable to the funding received when the program was the MPT). During the third year of the program, the level of funding from this source will be reevaluated based on the financial needs of the program.

University Development
University Development funds can be used for items other than operating expenses and personnel costs. This money can be utilized to provide student benefits such as development of a physical therapy student library, and a preparation course for the national licensure examination. During the first two years of the DPT Program, the University Development department raised over $100,000 in conjunction with the opening of the Department's new facility. This level of fundraising is expected to decline somewhat in the future.

Student/Faculty Fundraising
The primary source of student and faculty fundraising is the annual McGinty Cup Golf Tournament and Reunion Lunch. This event raises approximately $3,500 per year and these funds are used for the same purposes as the University Development funds. This source of revenue will remain stable for the foreseeable future.

Pedagogy and Scholarship Awards
Funding to support costs associated with faculty advancements in pedagogy and scholarly activities are provided in the form of special awards, sponsored by the College and the University. This source of revenue will remain stable for the foreseeable future.

Adequacy of the Budget
The budget for the DPT program is adequate to meet the needs of the program in the following areas:

Program faculty and staff salaries: adequately funded from student tuition and CSU FTE funding.

Funds for professional activities and development: adequately funded from student tuition, CSU FTE funding, and pedagogy and scholarship awards.

Supplies: adequately funded from student tuition and CSU FTE funding.

Equipment acquisition: adequately funded from student tuition, CSU FTE funding, and University Development funds.

Repair and replacement costs: adequately funded from student tuition and CSU FTE funding.

Clinical education costs: adequately funded from student tuition and CSU FTE funding.

Process for Determining Short & Long Term Needs
For long-term budgetary needs and the annual budgetary planning process, the Chair confers with the core faculty to identify program needs and priorities consistent with the strategic plan of the Department. The Chair also confers with the Dean of the College to ensure that stable funding is provided to support these budgetary needs. Short-term budgetary needs are overseen by the Chair who confers with the Academic Support Coordinator to ensure budgetary administration is conducted appropriately.

In summary, the Department's current financial resources are adequate to achieve the program's stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.

Library

R-5.
The resources of the institutional library system and associated learning resources are adequate to support the educational and scholarship goals of the program, including both program faculty and student activities.

Name
Library Holdings.pdf

The CSUS Library houses informational and educational materials to meet students, faculty, and staff needs. The facility has 300,000 square feet of floor space and seats 4,000. It holds over one

million volumes, and thousands of maps, slides, pamphlets, a collection of 4,000 magazines, technical and scholarly journals, newspapers, and several million pieces of non-print media. Thousands of additional journals are available electronically. The Library is a depository for the State of California and select United States government materials and local and regional documents. The Library's primary responsibility is to develop collections and provide access to the body of recorded knowledge and information needed to support educational programs. The Library's acquisitions are determined by current levels of coverage and continual reevaluation of collections and funding.

The Library holdings in Physical Therapy are well represented in depth and scope. The field of Physical Therapy is interdisciplinary and other disciplines represented in the Library that support physical therapy include: nursing, medicine, allied health, physical education, sports medicine, biomedical engineering, gerontology, anatomy and physiology. The presence of these other campus departments has assured acquisition of closely related materials. Specific book titles number approximately 2,912 as of October 2014. Library material expenditures for the 2013-14 academic year included $443,974 for books and $1,071,019 for ongoing expenditures (periodicals, databases, standing orders, continuations and renewals). The total expenditures, including binding costs, was $1,525,934. In addition, the Chancellor's Office provides financial support for subscriptions to a number of databases with many journals in physical therapy and related sciences.

Students and faculty also have access to the UC Davis Blaisdell Medical Library, which is located two miles from the CSUS campus, the UC Davis Carlson Health Sciences Library (fifteen miles from Sacramento) and interlibrary loan service. Many discipline-specific research guides are available online from the Library homepage to assist users in performing literature searches.

Other resources provided by the CSUS Library include computer-assisted reference services (e.g., Ask-a-Librarian), which are accessible on and off campus. The Library Media Center provides support services in audio-visual materials, including DVDs, videos, films and micro-format.

The Department has a designated reference librarian who is available for faculty and students electronically and in person. The PT Librarian orients new faculty and students, assists with services, and coordinates acquisition requests. All reference librarians are knowledgeable and ready to assist, are adept at search strategies, and are excellent teachers.

Students and faculty have direct borrowing privileges from CSU campuses and reciprocal borrowing privileges with University of California facilities. Interlibrary loan and document delivery service is available from resources at the California State Library, regional Mountain Valley Library System, and other libraries regionally and nationally. Service is provided for free to students, faculty, and staff.

One Search (the online library catalog) and databases are searchable via the internet from remote locations. The Library offers tutorials and online and printed guides to assist students with developing search strategies and skills. Discipline specific classes are offered by librarians to students and faculty in order to introduce users to library databases and other library offerings.

The library resources are adequate to support the educational and scholarship goals of the program, including both program faculty and student activities.

Facilities

R-6.
The program has, or has ensured access to, classroom and laboratory space of sufficient quality and quantity to carry out program goals. The physical environment is supportive of effective teaching and learning processes.

In the fall of 2013, after a three million dollar renovation, the Department moved into Folsom Hall, a beautiful, spacious, and fully equipped, state-of-the-art facility on the CSUS campus. With the exception of Human Anatomy, all other lecture and laboratory facilities for the program are located in Folsom Hall. Facilities include five dedicated laboratories, two shared laboratories, seven shared classrooms and a common space for students and faculty.

The program has dedicated laboratory space and equipment that are adequate to accommodate the number of students in the program:

- The Orthopedics Teaching Laboratory (1631 sq ft) has 20 hi-lo tables, 4 private examination spaces, and a sufficient number of chairs, rolling stools, and mats to allow all students in a cohort to work simultaneously.
- The Procedures Teaching Laboratory (1592 sq ft) has 20 tables with removable padded tops to serve as desks and procedures tables, 4 private examination spaces, a mock bathroom, and a sufficient number of chairs to allow all students in each cohort to work simultaneously.
- The Neurology Teaching Laboratory (1515 sq ft) has 10 mat tables, 3 private examination spaces and a sufficient number of chairs and rolling stools to allow all students in each cohort to work simultaneously.
- The Physical Therapy Research Laboratory (1135 sq ft), the Biomechanics Laboratory (1092 sq ft), and all teaching laboratories are also equipped as smart classrooms with a podium and computer with internet access, ceiling mounted LCD projector, and 40 folding/stacking desk chairs and each contains a wet sink. All equipment is kept clean and in good working condition.

Other dedicated facilities include gender specific locker rooms (216 sq ft each) with showers for students to have private changing facilities. Also, adjoining the lab spaces are two storage facilities (560 sq ft) that house student mailboxes, two refrigerators, a microwave, cabinets, and the Department's laundry facilities for maintaining lab linens.

Shared laboratories include the Cadaver Laboratory and Simulation Laboratories. The Cadaver Laboratory (400 sq ft) is located in the Biology Department in Humboldt Hall and contains 12

cadavers and ample human and animal specimens so that half a cohort can work simultaneously. Storage space for embalmed specimens, dissection tools, and chemicals meet current safety standards and are secured behind a locked door. Students have access to the Cadaver Laboratory using the coded door lock system. The Simulation Laboratories, located in Folsom Hall, includes high fidelity and mid-fidelity simulators. Eight high-fidelity simulators are located in eight rooms equipped as intensive-care rooms with one-way viewing windows, video cameras and small meeting rooms for viewing and reviewing treatment sessions. High fidelity simulators are computerized and capable of simulating a wide range of normal and adverse physiological responses (HR, BP, PaO2, and ECG). The ten mid-fidelity simulators are capable of breath sounds and heart tones, and are located in a single room that has the appearance of a hospital ward.

Shared classrooms are located in Folsom Hall and Humboldt Hall. The Anatomy lecture section is taught in Humboldt Hall and all other Physical Therapy lecture and lab sections are taught in Folsom Hall. Space and equipment is adequate to accommodate the number of students in the program. Each classroom is equipped with a sufficient number of tables and chairs or desks and the facilities and equipment are kept clean and in good working condition. Classrooms are also equipped with a podium, computer with internet access, a ceiling mounted LCD projector, document camera, CD and DVD players, video and audio capability, telephones (emergency numbers are posted beside each phone), and individual temperature control. The College of Health and Human Services has dedicated staff for technological support.

The Department also has two dedicated small meeting/student study rooms (110 sq ft each) with tables, chairs, bookcases, white boards and the student physical therapy library. Folsom Hall also has approximately 2,625 square feet of common/study space with tables, chairs, white boards and large monitors for student use.

For study and practice purposes, students can access the Physical Therapy Teaching Laboratories and Folsom Hall common/study space outside of scheduled class hours from 7am to 10pm. During normal operating hours, the front desk of Folsom Hall is staffed by security officers, who also patrol the parking lot.

Classroom, laboratory, study, and practice facilities, locker rooms and common spaces are adequate to meet the needs of the Department.

Facilities

R-7.
The program has offices and other space of sufficient quantity and quality for core and associated faculty to carry out their teaching, advisement, and service activities efficiently and effectively.

Each core faculty member has an individual, private office located in the Physical Therapy Department. Each office is equipped with a desk, bookcase, file cabinet, phone, printer and computer with internet access. Associated faculty share two offices (110 sq ft each), equipped with a desk, bookcase, phone and computer with internet access. Additionally, all faculty have access to the McGinty conference room (288 sq ft), two small meeting rooms (90 sq ft), teaching labs (when not in use), and an open conference space (140 sq ft), if needed, to meet with groups that are too large to fit into individual offices.

Office and other meeting spaces are adequate for core and associate faculty to meet their teaching, advisement, and service activities.

Facilities

R-8.
The program has, or has ensured access to, space for core faculty to fulfill their role as scholars.

The Department has 2,227 square feet of dedicated research space for faculty and student research. The Biomechanics Laboratory has no regularly scheduled classes that meet in the space, and the Physical Therapy Research Laboratory is shared with two courses each semester.

See R-11 for a description of the research space requirements for each core faculty member.

Facilities

R-9.
The program has, or has ensured access to, adequate administrative and secretarial space, including storage.

The Department has two administrative staff. The Administrative Support Coordinator II is housed in a private office (150 sq ft) with a desk, telephone, conference table, bookcase, file cabinet, printer, and computer with internet access. The Administrative Support Assistant II is housed in the Department Office (225 sq ft) with a desk, telephone, file cabinet, printer, computer with internet access and the Department reception area. This space includes an open work area for a work-study student. Storage space includes a locked file room (100 sq ft) and a locked storage room (110 sq ft). The Department's workroom (320 sq ft) includes: a worktable, chairs, copier, color printer, fax machine, cabinets, counter space, refrigerator, microwave and sink. Faculty mailboxes are located in the Department's workroom.

The space allocated for administrative and secretarial services is adequate to meet the needs of the Department.

Equipment, Technology, and Materials

R-10.
The program has, or has ensured use of, equipment, technology, and materials necessary to meet the curricular goals and expected student outcomes. The program is responsible for ensuring that equipment and materials are typical of those used in contemporary physical therapist practice, are sufficient in number, and are available when needed.

The program has adequate equipment and technology to meet the curricular goals and expected student outcomes. The majority of the equipment is owned by the Department and is new (purchased within the last two years). Given this, the equipment is well suited to contemporary physical therapist practice across all clinical settings. Sufficient quantities of basic equipment such as high-low tables, mat tables, plinths, general exercise equipment, crutches, canes, walkers, Hoyer lifts, wheelchairs, balls and bolsters allow students to participate as a cohort in the laboratory setting for optimal learning. Supplies such as theraband and tape are ample and replenished on an as needed basis and laboratory linens are laundered in-house.

Equipment in the Biomechanics Laboratory:

- 10 Camera Qualisys Motion Analysis System
- 2 high speed color video cameras
- 64 channel A/D board for synchronization to other hardware
- Visual 3D (four licenses) for processing of motion capture data
- Noraxon 16 channel telemetered electromyography system for studying muscle activity, synchronized to Qualisys motion capture system
- Biodex dynamometer system, used for assessing strength, also synchronized to Qualisys motion capture system
- 2 AMTI 6-degree of freedom 600x900 mm force platforms, used for characterizing ground reaction forces, also synchronized to Qualisys motion capture system
- Active Therapeutic Measurement system, for treating the spine
- Parvo metabolic cart, with 1 Lode and 2 Monark bikes, used for examining cardiopulmonary fitness
- Ceiling-mounted Solostep body weight support system
- 1 Precor and 1 Star Trac treadmill

Equipment in the Physical Therapy Research Laboratory:

- Neurocom Balance Manager
- 1 adult and 1 pediatric LiteGait system
- NuStep
- 4 pediatric treadmills
- Gait Sense 2000 instrumented treadmill
- 2 treadmills

Equipment in the Neurology Teaching Laboratory:

- Ceiling-mounted Bioness body weight support system
- Two sets of parallel bars

Modalities Equipment:
The Department also owns the basic ultrasound and electrotherapeutic equipment necessary for teaching the modalities courses, while some of the most expensive devices (e.g., Electromyography/Nerve Conduction Equipment) are loaned to the program by local providers. Borrowed equipment is available during the time that the modalities course is in session. In the event that a vendor who has previously loaned equipment to the Department for teaching purposes is no longer willing or unable to do so, the Department will work with other vendors, associated faculty active in clinical practice, alumni, and clinical faculty to secure the equipment necessary to teach course content.

Educational Technology Equipment:
The Department owns and uses an extensive array of educational technology on a daily basis. Students have use of computers, printers and supplies in the three teaching laboratories as well as a 50-station university computer center in Folsom Hall. All dedicated teaching facilities are equipped with a podium, computer with internet access, a ceiling mounted LCD projector, document camera, CD and DVD players, video and audio capability and telephones. Additional educational technology, including an audience response system (clickers) and departmental and university audio video libraries are also available for faculty use. The Center for Teaching and Learning and Academic Technology and Creative Services are university services that support the teaching mission of the Department.

Equipment, Technology, and Materials

R-11
The program has, or has ensured use of, equipment, technology, and materials necessary for each core faculty to pursue scholarly activities.

The following outlines the space, equipment, technology and material needs for each core faculty member and the availability to support scholarship:

Barakatt:

- Equipment/Tech Needs: Computer; overhead weight support system for over-ground walking; filing cabinet in a locked room to store subject files
- Availability: Computer, available; overhead weight support system for over-ground walking, available; locked room with file cabinet, available
- Space Needs: Instrumented space for ambulation training
- Availability: Instrumented space for ambulation training, available

Boulgarides:

- Equipment/Tech Needs: Computer with SPSS and EndNote; University Media Services; Library databases and interlibrary loan
- Availability: Computer with SPSS, and EndNote available; University Media Services, available; Library databases and interlibrary loan, available
- Space Needs: Orthopedics lab; Conference room
- Availability: Orthopedics lab, available; Conference room, available

Coleman-Salgado:

- Equipment/Tech Needs: Computer with SPSS; Access to student admission records
- Availability: Computer with SPSS, available; Access to student admission records, available
- Space Needs: Office
- Availability: Office, available

Escamilla:

- Equipment/Tech Needs: Computer, motion analysis system, high-speed cameras, force plates, EMG system, metabolic cart, Biodex
- Availability: Computer, motion analysis system, high-speed cameras, force plates, EMG, all available
- Space Needs: Biomechanics lab
- Availability: Biomechanics lab, available

Larrucea:

- Equipment/Tech Needs: Computer with SPSS; Access to student admission records
- Availability: Computer with SPSS, available; Access to student admission records, available
- Space Needs: Office
- Availability: Office, available

Lewis:

- Equipment/Tech Needs: Computer; ATM2; Hi-Lo table; Statistics consultant
- Availability: Computer, available; ATM2, available; Hi-Lo table, available; Statistics consultant, available
- Space Needs: 10’ x 10’ in orthopedics lab
- Availability: 10’ x 10’ in orthopedics lab, available

MacLeod:

- Equipment/Tech Needs: Computer with SPSS and Endpoint, Computer, motion analysis system, high-speed cameras, force plates, EMG system, metabolic cart, Biodex, statistical and grant support
- Availability: Computer with SPSS and Endpoint, motion analysis system, high-speed cameras, force plates, EMG, statistical and grant support, all available

- Space Needs: Biomechanics lab
- Availability: Biomechanics lab, available

Mattern-Baxter:

- Equipment/Tech Needs: Computer; Lite gait system (adult and pediatric sizes); Portable pediatric treadmills; Motion analysis laboratory; Sensored treadmill; Gait Rite
- Availability: Computer, available; Lite gait systems, available; portable pediatric treadmills, available; motion analysis lab, available; sensored treadmill, available; Gait Rite, available
- Space Needs: 16' x 20' level floor space
- Availability: Adequate space available in the Physical Therapy Research Laboratory

McKeough:

- Equipment/Tech Needs: Computer; Computer programmer; Access to students in pro-bono clinic
- Availability: Computer, available; Computer programmer, available; Access to students in pro-bono clinic, available
- Space Needs: Office
- Availability: Office, available

Stockert:

- Equipment/Tech Needs: Computer; Computer programmer, Simulation labs and simulators; Video equipment; Research assistants
- Availability: Computer, available; Computer programmer available; Simulation labs and simulators, available; Video equipment, available; Student research assistants available
- Space Needs: Simulation and viewing/control rooms
- Availability: Simulation and viewing/ control rooms, available

The equipment, technology, and materials that the program has, or has ensured use of, is adequate for each core faculty to pursue scholarly activities. Each faculty member has access to space for scholarly activity, which is either exclusively dedicated to them, or is available during time periods in which the faculty member requires use of the space. Should a faculty member require additional space for scholarly activity, s/he would discuss this need with the Department Chair, who would work with the College Dean or other appropriate parties to secure additional space.

Equipment, Technology, and Materials

R-12.
The program has, or has ensured use of, equipment, technology, and materials for administrative, secretarial, and technical support of the program.

The Administrative Support Coordinator II is housed in a private office (150 sq ft) with a desk, telephone, conference table, bookcase, file cabinet, printer, computer with internet access, and dual monitors. Administrative Support Assistant II is housed in the Department Office (225 sq ft) with a desk, telephone, file cabinet, printer, computer with internet access and dual monitors. A separate workstation is provided for work-study students assisting in administrative tasks. Other office equipment is used collectively by staff and faculty and is located centrally in the work room. Shared devices include a color printer/scanner, black and white copier/fax machine, Scantron, cabinets, counters, office supplies, a desk and chairs, and mail boxes.

Technical support is provided by dedicated IT staff within the College. Overall, the equipment, materials, and technical support are adequate to support the program.

Curriculum Plan

CP-1.
The curriculum plan is based on: (1) information about the contemporary practice of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to physical therapy professional education, and to educational theory.

The current curriculum plan reflects contemporary practice. The curriculum plan was developed and is revised as needed based on information from the following documents:

- A Normative Model of Physical Therapist Professional Education
- APTA Guide to Physical Therapist Practice
- APTA Standards of Practice for Physical Therapy
- APTA Code of Ethics for the Physical Therapist
- Most recent Federation of State Boards of Physical Therapy Analysis of Practice

- Most recent National Physical Therapy Examination (NPTE) Test Content Outline
- Evaluative Criteria for Accreditation of Physical Therapist Programs

Regular, periodic evaluation by the Curriculum Committee, with changes as necessary, help to ensure that the curricular plan remains current as contemporary practice in physical therapy and educational theory evolve. Faculty members with expertise in particular practice areas suggest curriculum changes based on current evidence of best practice in their particular content area. Faculty members with expertise in education suggest curriculum changes based on contemporary evidence regarding professional education of physical therapists and educational theory.

Content and concepts are spiraled throughout the curriculum from basic science courses through patient care courses. When content is spiraled, it is threaded throughout the curriculum, but at each encounter it is reintroduced at a higher level of synthesis, integration, and application. Curricular content is designed to achieve learning objectives that are organized hierarchically according to Bloom's taxonomy.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.1.
A statement of the philosophy and the principles and values of the professional program.

Educational Principles
The educational philosophy of the program includes the following tenets:

The faculty of the California State University, Sacramento Doctor of Physical Therapy program believe that:

- The profession of physical therapy is an integral component of health care at all points along the health care continuum. Physical therapists practice within the continuum to prevent and alleviate acute and chronic movement dysfunctions arising from disorders of various body systems. The profession is vital to meeting the health care needs of a changing society.
- The profession of physical therapy is a caring discipline with a foundation in the sciences and humanities.
- The role of the physical therapist practitioner includes patient advocacy.
- Physical therapists must understand the importance of promoting patient/client self-efficacy.
- There is value in a liberal arts education as a foundation for a professional physical therapy education. The faculty are committed to cultivating the development of practitioners who apply basic scientific principles and clinical expertise guided by underlying ethical, humanistic, and professional values.
- The program must create a caring, supportive learning environment where students thrive in the collaborative, collegial pursuit of excellence across the cognitive, psychomotor, and affective domains.
- The program must be committed to meeting the needs of the diverse populations represented within California, and specifically the thirteen county region served by CSUS. The faculty believe this is best achieved by recruiting, enrolling, and educating a student body that reflects the diversity of these populations.
- The program must anticipate and respond to changes in the practice trends and health care delivery patterns and needs of society by the regular evaluation and refinement of curriculum content. In recognition of the changes and the needs in the delivery of health care, especially in the Northern California region, the curriculum emphasizes exposure of students to diverse and non-traditional areas for clinical education experiences including community, multi-cultural, and rural clinical experiences.
- Reflection is needed on the historical role of the physical therapist and the development of the profession, and that we must look to the emerging roles of future practitioners to refine our curriculum.
- University education at the graduate level prepares the individual for the challenge of constant change. Consistent with this belief, the CSUS Department of Physical Therapy offers a Doctoral degree program that prepares graduates to practice at entry level.

Curricular Philosophy
The CSUS Doctor of Physical Therapy curriculum is a careful combination of educational philosophical foundations, including developing students' cognitive processing skills and reasoning, emphasizing necessary technical competencies, preparing students for both current and future practice through the conceptual framework of social adaptation and social reconstruction, and personal relevance to meet students' desires for professional preparation. Faculty are primarily interested in how students learn. Developing analytical and cognitive processing skills prepare graduates to be lifelong learners. As a clinical discipline, however, we must be concerned with what students learn; specifically procedural competencies to ensure clinician and patient safety. Students must be prepared for contemporary practice, be prepared with the insightful creative skills to adapt and change practice for the future, and to contribute useful knowledge to advance the profession.

Case-method teaching is the unifying instructional strategy used across courses to accomplish student learning outcomes within an International Classification of Function (ICF) framework, presenting information within the context of real and theoretical patient cases to assist students with understanding and remembering the contextual nature and complexity of practice. Evidence-based practice (EBP) will be incorporated throughout the curriculum to emphasize the importance of sound foundations for clinical decision-making. Examinations administered to students (both

practical and written) align with teaching with the requirements for deriving evidence from the scientific and professional literature to inform independent clinical decision-making within the contexts of EBP cases.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.2.
Statements of expected student outcomes at the completion of the program.

Graduates of the Doctor of Physical Therapy program will be able to:

Student Learning Outcome 1.0: Demonstrate professional physical therapist effectiveness by creating and documenting a comprehensive physical therapy patient management process, including determination of the physical therapy needs of any individual, designing a plan of care that synthesizes best available evidence and patient preferences, implementing safe and effective psychomotor interventions, and determining the efficacy of patient outcomes.

Student Learning Outcome 2.0: Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, and to communicate effectively with patients, families, other health care professionals and the public.

Student Learning Outcome 3.0: Demonstrate professional behaviors by reflecting on personal and professional development, and by integrating cultural, ethnic, age, economic, and psychosocial considerations in the communication and delivery of clinical services.

Student Learning Outcome 4.0: Practice in an ethical and legal manner through the consistent integration of sound decision-making with respect to established ethical, legal and professional standards.

Student Learning Outcome 5.0: Demonstrate the critical evaluation, interpretation and application of the scientific and professional literature to inform independent judgments and clinical decision-making, research and education.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.3.
An expectation that students enter the professional program with a balance of course work in humanities, social sciences, and natural sciences that is appropriate in breadth and depth to develop the ability of students to think independently, demonstrate problem-solving techniques for solving simple and complex problems, weigh values and set priorities, understand fundamental theory, exhibit responsible social behavior, demonstrate professional collegiality and good citizenship, and effectively communicate both orally and in writing. Based on the complexity of this course work, the baccalaureate degree is the preferred standard for entry into the physical therapy program.

The CSUS DPT program requires completion of a baccalaureate degree prior to enrollment in the program.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.4.
A description of the specific prerequisite course work upon which the professional curriculum is built.

Eleven prerequisite courses are required for admission to the DPT program. The courses and the rationale for each are outlined below:

1. Human Anatomy, with Lab, 4 units; General or College level
2. Human Physiology, with Lab, 4 units; General or College level

Rationale: Both basic core classes in anatomy and physiology are integral to a solid foundation in human anatomy and physiology for almost all coursework in the DPT curriculum.

3. Introductory Psychology, 3 units; Introductory level or higher

Rationale: Courses in the DPT curriculum that require foundational knowledge of psychological issues include 618 Foundations of Patient Management, courses that offer pro-bono clinics, and Psychosocial issues in PT, and clinical education courses.

4. Additional Psychology, 3 units; General or College level

Rationale: Courses in the DPT curriculum that require a more in-depth applied knowledge of psychological issues in special populations include 618 Foundations of Patient Management, the courses that offer pro-bono clinics, Psychosocial issues in PT, and the clinical education courses.

5. Statistics, 3 units; Introductory level or higher

Rationale: The evidence-informed course series makes extensive use of basic inferential and descriptive statistics in assessing the research evidence. The Doctoral proposal and the culminating project require a strong foundation in statistics.

6., 7. Chemistry, with Lab, 2 semesters, 10 units total; General or College level

Rationale: A sound background in chemistry prepares students to be successful in the several courses, foremost in Pharmacology and Integumentary Patient Management.

8., 9. Physics, with Lab, 2 semesters, 8 units total; General or College level

Rationale: A foundational knowledge of physics is assumed and needed for much of the coursework, especially in Pathokinesiology.

10. Kinesiology/Biomechanics, preferably with Lab, 3 units; Upper Division level

Rationale: The foundational course in Pathokinesiology builds on foundational biomechanics for kinetics, kinematics, forces and torques as they relate to human movement.

11. Exercise Physiology, preferably with Lab, 3 units; Upper Division level

Rationale: Knowledge of exercise physiology is fundamental to the courses involved in developing PT interventions. In addition, the Therapeutic measurements and techniques class and the Pathokinesiology courses build upon a basic understanding of the physiology of exercise.

The prerequisite courses prepare students well for success in the program based on the rationale stated above. The first semester foundational courses in Pathokinesiology and Pathophysiology, in particular, benefit from the Kinesiology and Exercise Physiology prerequisites, so that students can be successful in proceeding to the second semester.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.5.
A description of the curriculum model and the educational principles on which the professional curriculum is built.

The program's curricular model is rooted in, and organized around, the program's mission and the objectives. The model is a hybrid, containing components of traditional didactic content in the foundational sciences, case-based learning, an emphasis on integration of evidence-informed practice, progressive clinical exposure, student-centered learning, and teaching excellence, while placing a high value on professional behavior and community service throughout the curriculum.

The curricular model incorporates educational philosophical foundations that include the development of students' cognitive processing skills and reasoning, emphasizing the necessary technical competencies, and preparing students for current and future practice. This is achieved by adhering to the programs' educational principles that:

- recognize students as adult learners.
- assist students to move toward knowledge and understanding and to inspire a desire for lifelong learning.
- respect caring as a key value between the faculty, students, and our patients.
- are rooted in a student-centered learning environment of mutual respect between students, faculty and clients/patients.
- create a learning environment that promotes critical thinking and problem-solving skills.
- promote skills in self-assessment and self-directed learning.

- encourage learning through creative, experiential activities.
- abide by culturally competent teaching methods for a diverse student body.
- encourage scholarship, reasoned thought, and critical inquiry as modeled by faculty.
- encourage collegiality and collaboration as modeled by faculty.

Early in the curriculum, an initial emphasis is placed on: 1) the basic sciences, such as anatomy, pathophysiology, kinesiology, neuroscience, motor learning and control; 2) the foundations of evidence-informed practice; and 3) technical and scientific writing. Advanced and applied clinical content is built upon this foundational knowledge in subsequent semesters by introducing concepts from clinical sciences, such as therapeutic measurements, pharmacology, diagnostic imaging, and patient management models. Physical therapy sciences are introduced in the second year of the curriculum and cover major practice areas, such as musculoskeletal, neuromuscular, cardiovascular, integumentary, differential diagnosis and psychomotor content. The third year contains advanced physical therapy sciences such as neuropediatrics and integumentary, orthotics, and prosthetics content. The curricular model contains pro bono clinics starting in the first year, followed by clinical internships in the summers of years two and three. In every clinical experience and internship, emphasis is placed on deepening and applying concepts of evidence-informed practice. The culminating doctoral project is a capstone project designed to demonstrate advanced integration of learned concepts on a patient case.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.6.
A series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes.

Name
Plan of Study.pdf

The curriculum plan involves a combination of lecture, laboratory, and clinical experiences that fully integrates evidence-based practice through the use of case-method teaching. Graduates are prepared for practice across the health care continuum and the lifespan.

The curriculum plan is built on a hierarchical and traditional framework that presumes learning occurs in a sequential, but not discrete, manner with cognitive, affective, and psychomotor skills developed through experience. The first year of the curriculum is focused on basic science didactic coursework and the introduction of professionalism concepts. The second year of the curriculum is focused on clinical sciences content and the third year is dedicated to advanced clinical courses, completion and defense of the doctoral project, and full-time clinical internships.

Within each semester, information is integrated between courses. For example, in the first semester of the program, content from the Human Gross Anatomy course is delivered so that concepts are introduced at the same time as the PT 600 Pathokinesiology course. During the same semester, students take PT 630 Pathophysiology. In this way, students are able to integrate their knowledge of the control of human movement with an understanding of the underlying mechanisms, including human anatomy and physiology under normal and pathological conditions.

A second example of integration of content can be found with the PT 602 Evidence Informed Practice and PT 608 PT/Patient/Professional Interactions courses. Within the same semester, students learn evidence-based practice within an ICF model (PT 602) and then apply that knowledge in the documentation segment of patient interactions (PT 608).

A third example can be found in the second and third semesters of basic sciences coursework (PT 614 Neuroscience for Physical Therapists and PT 604 Principles of Human Movement), which are integrated with the clinical sciences courses (PT 624 Adult Neuromuscular Patient Management I and PT 625 Musculoskeletal Patient Management I). In PT 614, students learn the structure and function of the motor system while in PT 604 students learn the theories of motor control and in PT 624 they learn how to evaluate and treat the movement effects of stroke.

Courses are also integrated sequentially, in that material presented in earlier courses is addressed and reinforced at a higher level of understanding on the Bloom's taxonomy in subsequent courses. For example, patient cases become more complex as students move from PT 625 Musculoskeletal Patient Management I to PT 645 Musculoskeletal Patient Management II to PT 665 Musculoskeletal Patient Management III.

Key concepts are spiraled throughout the curriculum. For example, evidence-informed practice and clinical science are integrated throughout the curriculum. In the first year, students learn the fundamentals of evidence-informed practice (PT 602 Evidence Informed Practice I and PT 622 Evidence Informed Practice II). In the clinical science courses, students apply this knowledge to evaluating tests and measures for patient populations with movement problems due to orthopedic, neurologic, cardiopulmonary, and integumentary deficits. In orthopedic, neurologic, and pediatric pro-bono clinics, students answer PICO questions to provide evidence-informed intervention for their patients. During the second and third years, students are then required to propose, conduct, and defend a doctoral comprehensive culminating case study in which they demonstrate the ability to develop and implement an evidence-informed plan of care.

The mission of the program is to graduate knowledgeable, effective, adaptable and reflective physical therapist generalist practitioners and health care leaders. The curriculum plan supports this mission by providing a solid scientific foundation upon which students can develop their hands-on and clinical reasoning skills. Multiple and progressively more complex patient care experiences provide students with real-world opportunities to develop and perfect those skills and reflect the meaning and responsibility of being a health care professional. The doctoral culminating project

provides students the opportunity to showcase their learning as they present their comprehensive patient case to their doctoral committee. The public is also invited to this doctoral defense.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.7.
Course syllabi with objectives stated in behavioral terms that are reflective of the breadth and depth of the course content and of the level of student performance expected.

Course objectives reflect the depth and breadth needed to meet expected student learning outcomes. An analysis of the course objectives was conducted as part of the accreditation review process. The objectives for each course in the program were extracted and compiled in one document to facilitate an analysis of the collective course objectives for the entire curriculum. These collective objectives were then compared to the goals and expected program outcomes for students (see P-2 and P-3). The results of this comparison revealed that each expected student outcome was robustly supported by multiple course objectives. The collective course objectives were further analyzed to assess the extent to which they are written in the appropriate behavioral terms using Bloom's Taxonomy. The results of this analysis revealed that course objectives are written in behavioral and measurable terms.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.8.
A variety of instructional methods selected to maximize learning. Instructional methods are chosen based on the curriculum philosophy, the content, the needs of the learners, and the defined expected student outcomes.

The program employs a wide variety of instructional methods in the curriculum, which are outlined below. Additionally, a rationale for the use of each type of instructional method in the curriculum to maximize the learning for students is provided.

Lecture and large group discussion: Lecture is an efficient way to deliver a large amount of information. Lecture and large group discussions allow students to draw connections between knowledge of theory, principles, pathology, and clinical problem solving. Discussion also allows faculty to provide immediate formative feedback on students' reasoning.

Lab: Lab sessions provide instruction, practice, and feedback in psychomotor, safety, and problem solving skills. Experiential and hands-on learning and practice are necessary to master the reasoning, skills, and clinical problem solving required for successful practice.

Modeling: Throughout classes, labs, and pro bono clinics, program faculty model clinical and interpersonal behaviors, demonstrating to students the appropriate behaviors of a skilled clinical professional.

Small Group Discussion/Problem Solving: Small groups allow students to apply concepts and benefit from the knowledge and experience of their peers. It also encourages the contribution of all students, and provides practice opportunities in cooperation and collaboration with others.

Role-playing: Utilized in labs, self-practice, and classroom exercises, role-playing allows the student to practice problem solving and psychomotor and interpersonal skills to an ever-greater level of complexity. Students are able to assume and appreciate the roles of others.

Pro Bono Clinics: Pro bono clinics afford students the opportunity to apply their knowledge and skills in a realistic clinical setting. Under supervision of experienced physical therapists, students learn the organization and skill required for a successful patient intervention, and they are able to refine their documentation skills. The mistakes and successes in the pro bono clinic make a lasting impression on students as they are honing their clinical reasoning skills. This opportunity for direct patient contact fosters confidence and recognition of the complexities of patients for students.

Clinical Examples and Case Studies: Case method teaching is the unifying instructional strategy to accomplish student learning outcomes within an International Classification of Function (ICF) framework. Patient cases, some theoretical and some actual, assist students with understanding and remembering the contextual nature and complexity of practice.

Group Work: Threaded throughout the curriculum, students work in teams to foster the collaboration necessary to best serve patients. Using a cohort model, the program encourages group work in a variety of instructional and evaluation methods.

Evidence-based Decision-Making: Threaded throughout the curriculum, various methodologies (student presentations, written cases, and the doctoral project) emphasize the importance of

sound foundations for clinical decision-making. The evidence-based emphasis encourages students to recognize how evidence affects patient care decisions on a fundamental level.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.9.
A variety of evaluation processes used by faculty to determine whether students have achieved the educational objectives. Evaluations of student performance in the cognitive, psychomotor, and affective domains occur regularly and, at a minimum, must occur at the end of each term of the curriculum.

Name
Doctoral Proposal Grading Rubric.pdf
Doctoral Proposal Template.pdf

The Program employs a wide variety of evaluation processes throughout the curriculum, including:

Written Examinations: Written examinations include multiple choice, short answer, essay and combined formats, and generally occur at the midterm and end of each semester, or more frequently as appropriate. Online exams are also employed within the program, and when online examinations are given, the integrity of the exam is assured by administering the exam in an onsite, proctored setting, requiring students to access the exam using their student ID, and requiring a password provided by the instructor at the time of the examination. In the PT 608 PT Professional Interaction course, one exam is offered off-site (a timed pass/fail medical terminology exam) and this may be changed to an on-site exam in the upcoming academic year. Exam grades are calculated along with other practical and written assignments to formulate the final course grades.

Nearly all courses in the curriculum have a final written exam. Final exams may cover material over the entire semester or may only cover material over a portion of the semester. Whether a final written exam is cumulative or not depends on the evaluative structure employed for each course.

Practical Examinations: Practical exams are included in all clinical classes and in the pathokinesiology coursework, and are given at the midterm and final point of these courses. Grading rubrics addressing psychomotor ability, problem solving, safety, and professionalism are used to score practical examinations.

Written Assignments: Written assignments include ethics, cultural competency, and reflection papers, case reports, evidence-based case reports, class projects and research reports.

Oral Classroom Presentations: Classroom presentations on topics such as evidence-based outcome measures, and literature reviews on clinical and medical topics are graded on the quality of the content and oral communication for organization, clarity, and professionalism.

Clinical Performance in Pro Bono Clinics: Students are graded on their patient interaction, problem-solving skills, organization, and professional/ethical issues such as adhering to HIPPA regulations. Students' clinic documentation is graded for punctuality of submission, organization, logic, thoroughness, and professional voice.

Faculty Consultation: Once a semester the faculty meets to discuss every student's generic abilities and professional qualities using a standardized rubric. If a student is not consistently meeting the expectations in the rubric, s/he will be referred to his/her faculty advisor for guidance and remediation.

Doctoral Comprehensive Case Analysis Project: Clear expectations are communicated to students regarding the doctoral project. Students must demonstrate achievement of the expectations for the written content and then give an oral presentation, which is followed by a question and answer session with the student's doctoral committee.Clinical Education: Students are evaluated with a midterm evaluation halfway through the experience and a final evaluation at the end of the clinical experience by the student's clinical instructor.

Curriculum Plan

CP-2.The curriculum plan includes the following components:

CP-2.10.
A description of the methods used by the program to assign students to clinical education experiences. These methods are designed to ensure that the type and amount of clinical supervision and feedback provided are appropriate for the students' experience, ability, and point of progression in the program.

Location of Policy: Student Handbook, p. 27

Methods Used to Assign Students
Once a list has been compiled of clinics offering clinical internship placements for students, the DCEs email a spreadsheet of the offers to the current cohort in September of the preceding year of their clinical internship. Students use this list to select their desired placement. The DCEs review the placement preferences for each student (seven options), taking into consideration the program requirement that students must complete rotations in one Acute, one Rehab and one Outpatient setting during their three 12-week clinical education experiences. Student preferences are input into the PT Education Manager system, which randomly assigns students to open slots. Two exceptions to this random bidding process are used at the discretion of the DCEs. The first exception is used when a student has a "hardship" or reason that they cannot travel out of the area. In this exception, the student is able to select fewer placements from a specific region, but are provided no preference over sites (only location). The second exception is used when a student prefers a clinic that did not reply to the program's request for placements (referred to as a "wildcard"). In this exception, the student bids on one location (the wildcard) and removes him/herself from the bidding process. In any given cycle, the program may have as few as four or as many as a dozen students using one of these two exceptions.

In the event of a cancellation, the student may choose a site from the list that was not selected through the bidding process. Cancellations occur for reasons beyond the control of the program and happen at a rate of approximately 10-15%. Cancelled rotations are quickly reassigned and students are able to maintain their progress in the program in time with the rest of their cohort.

Supervision and Feedback Provided to Students
Students are provided supervision by CIs and given feedback by both the CI and the DCEs. To begin, CIs are informed of the curriculum plan prior to starting a clinical experience. Students also craft a biography with their clinical experience goals and preferred learning and feedback methods. At a minimum, all students receive weekly feedback from their CIs, but often feedback is provided daily. All students receive mid-term and final feedback from both the CI and DCEs using the WebCPI software.

Altered Level of Clinical Supervision and Feedback
Students are required to fill out weekly feedback forms with their CIs. Changes in supervision can be made based on this form. In addition, the mid-term evaluation via WebCPI is an avenue for the CI to give the student feedback. This feedback is read by the DCEs and then discussed in person or via phone conference with the student and CI. The feedback received is the best way to modify the level of supervision and/or better support the growth and learning of the student in the clinical internship.

Curricular Evaluation

CP-3.
There is on-going and formal evaluation of the professional curriculum. The curriculum evaluation plan is written and addresses individual courses within the curriculum, as well as the curriculum plan as a whole. The plan incorporates consideration of the changing roles and responsibilities of the physical therapist practitioner and the dynamic nature of the profession and the health care delivery system. Data are collected from appropriate stakeholders, including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The evaluation plan is used to determine strengths and weaknesses of the curriculum and to determine if the practice expectations and specific mission, goals, and expected student outcomes of the curriculum are met.

Name
Data Collection Tools-Curriculum.pdf

Curriculum Evaluation Plan
The Curriculum Committee is charged with overseeing the systematic evaluation of the curriculum. Evaluation is conducted both formally and informally throughout the academic year. Informally, the Curriculum Committee proposes curricular changes to the faculty based on data collected throughout the year and feedback from individual faculty. This informal evaluation is conducted as issues arise.

Formally, the professional curriculum is evaluated annually by the Curriculum Committee and recommendations are presented to the full faculty at Departmental Council meetings in the fall. This structure for systematic evaluation of the professional curriculum arose as a result of the transition from the MS to DPT degree. In August 2014, the Curriculum Committee completed an evaluation of the curriculum and the next evaluation will occur in fall 2015 after the first DPT cohort has graduated. The evaluation will include a report with recommendations for any curricular changes based on the identified strengths and weaknesses of the program. The Curriculum Committee will gather a range of data from multiple sources to evaluate the professional curriculum.

The evaluation process considers the changing roles and responsibilities of the physical therapist practitioner and the dynamic nature of the profession and the health care delivery system by including data from clinicians, community members, faculty, students, graduates and employers. This combination of stakeholder data affords a well-rounded perspective.

Data Collected
At the end of each semester, faculty teaching in a term compile recommendations for improvement to their courses and/or the curriculum. These data are provided to the Curriculum Committee for their analysis at the annual evaluation meeting. Faculty also assess the adequacy of the preparation of students in courses from previous terms. These data are objectively measured in written and practical examinations and assignments, and feedback is shared with the Curriculum Committee.

Additionally, at the end of each semester, students complete evaluations of the course content and the teaching effectiveness of the instructor(s), and results are shared with the Curriculum Committee. Student evaluations provide data on a variety of factors of the curriculum.

The Curriculum Committee also reviews the report from the National Physical Therapy Licensing Examination, which provides first-time and overall pass rates. Student performance is compared to national performance, including aggregate scores by content area, and mean scores of first time test takers.

Additionally, the Community Advisory Committee is a group of stakeholders from the community that meets annually to conduct student portfolio review and provide feedback on curricular strengths and weaknesses. Minutes from these meetings are shared with the Curriculum Committee.

The curricular content is also evaluated as part of the RTP process for faculty. Feedback from the RTP process is provided to the Curriculum Committee for their review (see Appendix for list of curricular criteria reviewed as part of RTP Process).

The Clinical Education Subcommittee provides the Curriculum Committee with a Clinical Performance Instrument report at the end of clinical rotations with feedback from clinical faculty on the relative strengths and weaknesses of the clinical education program.

Additional data is gathered in a program exit survey and a graduate survey administered six months after completing the licensing examination. An employer survey is conducted every five years.

Summary of Most Recent Evaluation
Strengths and weaknesses identified through the most recent evaluation:

Strengths
• Improved NPTE scores in areas of previous concern (orthopedic curriculum and how to address the competencies in various courses).
• High satisfaction with program overall from graduates and employers.
• Good to excellent student evaluations across faculty.
• Successful faculty retention and review for core status.
• Successful hire of high-level faculty for biomechanics position.

Weaknesses
• Strengthen course content in areas that fall more than five mean scaled score points below national average (differential diagnosis, cardiopulmonary, other systems).
• Perceived preparation in endocrine, integumentary, psychosocial, genitourinary and gastrointestinal content.
• Increased time spent in lectures versus laboratory activities in clinical courses.
• Inconsistent use of new Learning Outcomes with use of Bloom's taxonomy.

Curriculum Changes in the Past Two Years
The PT 660G Graduate Physical Therapy Seminar Elective changed from 1 to 2 units (effective spring 2015); this change allows the content of the course to be adequately covered, increasing the number of chapters from the textbook from 8 to 16.

Curricular Evaluation

CP-4.
There is ongoing and formal evaluation of the clinical education program.

Name
Data Collection Tools-Clinical Education.pdf

Evaluation of Clinical Education Program
Evaluation of the clinical education program occurs through both formal and informal channels. Informally, evaluation occurs in discussions between the DCEs and Department Chair, and in Curriculum Committee meetings. In addition, the DCEs continually evaluate all aspects of the clinical education program based on informal discussions with faculty and students, new ideas and recommendations presented at meetings of the Northern California Clinical Education Consortium (NCCEC), and qualitative data collected during midterm check-ins with CIs. Formally, the Clinical Education Committee (a subcommittee of the Curriculum Committee) meets twice a year to: 1) review data collected on the clinical education program; 2) identify strengths and weaknesses; and 3) develop recommendations for improvement, which are reported to the Curriculum Committee and the Departmental Council for consideration. Membership on the Clinical Education Committee includes the two DCEs and the Department Chair.

At the meetings in which a formal evaluation of the clinical education program occurs, data is presented related to key areas of the program. These data include:

Placement of clinical education in the curriculum: Information about the inclusion of Integrated Clinical Experiences from faculty who run courses with pro-bono clinics is collected. Data on the placement of clinical education experiences in the curriculum of other PT programs is collected from their program websites. Additionally, data is collected on the timing of when other programs send students into clinical experiences.

Length of the clinical education experiences: Data is collected through surveys administered to CCCEs and CIs, who provide feedback on the appropriateness of the length of the full-time clinical experiences, and their ability to accommodate program requests.

Degree to which practice in sites meet's program's practice expectations: At midterm check-ins, faculty collect data regarding the types and variety of patients students are seeing in their internships. Data on the types of patients seen is also collected from facilities on the Clinical Site Information Form.

Adequacy of the number and variety of clinical sites: Availability of sites and offers for currently enrolled students is tracked on the PT Education Manager program, and reports allow the program to aggregate sites by practice type, location, and other key characteristics to determine the sufficiency of the depth and breadth in the clinical affiliations.

Practice areas in which the program needs to develop additional sites: Data on the types of clinical sites is compiled from PT Education Manager reports, and from the lists of clinical site offers received each year.

Adequacy of documents utilized in the clinical education program: Documents reviewed include the Student Handbook, the Clinical Performance Instrument, and the Clinical Experience and Clinical Instruction and Clinical Site Information forms.

Results of the Last Evaluation
In fall 2014, the Clinical Education Committee conducted a formal evaluation of the clinical education program. At this meeting, the Committee noted that most students successfully met the performance indicators required for each clerkship, and CIs shared consistently positive feedback regarding the level of preparedness of students for their clinical experiences. In the first clinical rotation, a number of Clinical Instructors noted students' excellent preparation in their knowledge and appropriate progression of therapeutic exercise, vestibular rehab, discharge planning, and the unusual manual muscle testing scale.

The primary area for improvement identified was to revise the performance expectations in the first clinical internship. Specifically, an analysis of the grading expectations for the first 12-week internship demonstrated that 13 out of 31 students failed to achieve entry-level on the CPI, but for these same students, almost all demonstrated Advanced Intermediate performance. Based on the data, and the feedback from several clinical instructors, the Committee decided to change the expected threshold to Advanced intermediate for this first full-time experience. This change was also made based on the feedback collected from clinicians and students that the expectation of "entry-level" performance was too rigorous for the first clinical experience.

Changes Made to the Clinical Education Program as a Result of the Evaluation Process

- As a result of the NCCEC meetings and discussion between the DCEs, in 2014 the program decided to purchase the WebCPI CSIF program rather than utilizing an outdated paper-based collection process.
- The performance expectations for the first clinical experience were revised to "Advanced Intermediate" for each criterion on the CPI (see above).

Curriculum Content

CC-1.
The physical therapist professional curriculum includes content and learning experiences in the biological and physical sciences necessary for initial practice of the profession (eg, anatomy/cellular biology, histology, physiology, exercise physiology, exercise, biomechanics, kinesiology, neuroscience, pathology, and pharmacology. Learning experiences in the biological and physical sciences include laboratory or other practical experiences involving quantitative and qualitative observations.

The basic sciences are taught primarily in the first year as a foundation for the clinical sciences portion of the curriculum that follows in the second and third years. However, some basic science content is threaded through the second year of the curriculum, notably the cardiac and pulmonary pathology content in the PT 640 PT Interventions II course.

Human anatomy is primarily taught in the BIO 633 Human Gross Anatomy for Physical Therapists course during the first semester of the curriculum. Anatomy content is then is reviewed, expanded, and integrated in several clinical sciences courses throughout the rest of the curriculum. The BIO 633 course examines the gross anatomy of the human body by region and major body systems. Emphasis is placed on musculoskeletal structures, somatic neural morphology, and the structure of joints. This course introduces students to cross-sectional anatomy and requires students to utilize current anatomical terminology, concentrating on the terminology of the musculoskeletal system.

Pathokinesiology is primarily taught in the PT 600 Pathokinesiology course during the first semester of the curriculum. This course involves an in-depth and systematic review of the spine, lower extremity, and upper extremity and examines functional anatomy (musculoskeletal structures and function), tissue, joint, and movement biomechanics, gait, arthrokinematics, osteokinematics, and pathology.

Basic neuroscience is taught in the course series PT 604/614 Principles of Human Movement and Neuroscience for Physical Therapists in the spring of the first year. Contemporary concepts of motor control, coordination, and learning and their application to physical therapy practice are discussed in the PT 604 Principles of Human Movement course. In addition, within PT 614 Neuroscience for Physical Therapists, neurological control of human behavior is discussed using a systems based approach. The major anatomical and physiological principles and mechanisms by which the nervous system controls behavior under normal and pathological conditions are covered using clinical correlates of each system.

Pathology is taught primarily in PT 630 General Pathology during the first semester of the curriculum. This course provides the foundation for a discussion of advanced pathology in individual courses that appear later in the curriculum. This course is designed to promote the understanding and application of fundamental disease processes in clinical settings. General pathology concepts include: cell injury, necrosis, inflammation, wound healing, and neoplasia. These concepts are applied in a systems-oriented approach to disease processes affecting musculoskeletal, cardiopulmonary, urogenital, nervous, gastrointestinal, immune, hematological and endocrine systems.

Pharmacology is primarily taught in PT 632 Pharmacology for Physical Therapists in the third semester of the curriculum. This course provides the foundation for the discussion of advanced pharmacology in individual courses that appear later in the curriculum and addresses pharmacological agents and their effects on the musculoskeletal, neuromuscular, cardiopulmonary, nervous and integumentary systems. Particular emphasis is placed on recognition of adverse reactions and side effects of various drugs as they affect patients receiving physical therapy.

Laboratory and other practical experiences included as part of the basic sciences content:

- The donor body lab is utilized for Human Gross Anatomy for Physical Therapists, and for gross neuroanatomy for the Neuroscience for Physical Therapists course.
- Large and small group discussions are designed to augment the lecture and donor body experience of the Human Gross Anatomy for Physical Therapists course.
- Laboratory experiences are also included in Pathokinesiology, in the form of biomechanics problem solving, palpation, posture, and gait analysis observations to enhance the clinical learning experience.

Curriculum Content

CC-2
The physical therapist professional curriculum includes content and learning experiences in the behavioral sciences necessary for initial practice of the profession (eg, applied psychology, applied sociology, communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidence-based practice, and applied statistics), including laboratory or other practical experiences.

Communication, ethics and clinical reasoning are key threads throughout all coursework, and are an important aspect of professional work. Coursework on these topics begins in the first year and continues through the second two years.

Applied psychology is primarily taught in the PT 669 Psychosocial Issues course, which addresses the psychosocial aspects of patient care throughout the lifespan, including the personal, social, cultural, and familial factors that impact rehabilitation and the interpersonal relationships between patients, families, health care providers, and the larger society. Teaching and learning is taught in the PT 627 Physical Therapy Educator course, which introduces teaching and learning theory, learning domains, the identification of learning styles, and teaching strategies to address different learner needs across the lifespan. Students are tasked with teaching peers in class to reinforce concepts, which are integrated into clinical practice in the clinical education courses.

Management, finance, and law, and ethics are addressed in the PT 648/668 Health Care Delivery in Physical Therapy course sequence. In these courses, students learn about the historical development of healthcare delivery and financing in the US and a variety of administrative topics are covered, including human resources, financial management, planning, marketing, patient's rights, and medical record management. Additionally, applied sociology is addressed through the development of cultural competence, which is covered throughout the curriculum and specifically in PT 608 PT/Patient/Professional Interactions course. Students are introduced to sociocultural, regulatory, economic, and political factors that impact the physical therapy profession and health service delivery.

Finally, evidence-based practice is introduced early and threaded throughout the curriculum. In the fall of the first year, students learn how to utilize their previous coursework in statistics for critical interpretation and appraisal of scientific literature in the PT 602 Evidence Informed Practice I course. Then, in the spring of the first year, students take PT 622 Evidence Informed Practice II, which focuses on evidence based methodologies currently used in the physical therapy literature for evaluating the effectiveness of interventions, and the validity of outcome, diagnostic, and prognostic measures. The students utilize this information in multiple assignments in their clinical courses. Then, in the fall of the third year, students complete a doctoral project in which they prepare and present a comprehensive case analysis on a patient.

Laboratory and other practical experiences included as part of the behavioral sciences content include:

- Guest speakers from other professions discuss the communication required between the professions when treating patients as a team.

- Large and small group discussions, patient interactions, and reflective journaling.
- Cultural competence topics focus on: professionalism, communication, death and dying, ethics, and documentation.
- Labs, with the opportunity for self-reflection and peer feedback.
- Attendance at the California PT Student Legislative day.
- Full-time clinical rotations.

Curriculum Content

CC-3
The physical therapist professional curriculum includes content and learning experiences in the clinical sciences (eg, content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists), including laboratory or other practical experiences.

Clinical sciences are taught and emphasized in the second and third year of the curriculum, but the content begins in the second semester of the first year. Clinical science courses build upon the foundation of basic sciences provided in the first year of the curriculum. Students in the clinical science courses learn to perform evidence-based and comprehensive tests and measures, evaluate findings, as well as design and implement a plan of care based upon best available evidence.

Neuromuscular Patient Management is taught in a three-course sequence (PT 624, 644 & 664) beginning in the fall of the second year and continuing through the fall of the third year. PT 624 and PT 644 are part of the neurological rehabilitation sequence focused on acquiring and integrating the knowledge and skills needed to manage adult patients with movement dysfunction caused by neurological damage. PT 664 is the third course in the sequence and focuses on the acquisition and integration of knowledge and skills involved in developing and implementing a treatment plan for the pediatric patient with neurologic dysfunction based on sound evaluative findings. Focus is on development and implementation of plans of care based on sound evaluative findings and evidence of efficacy.

Musculoskeletal patient management is taught in a three-course sequence (PT 625, 645 & 665) beginning in the fall of the second year and continuing through the fall of the third year. PT 625, the first of the three courses, focuses on acquisition, integration and the knowledge and skills involved in developing and implementing a patient management plan for a patient with musculoskeletal dysfunction based on sound evaluative findings. The course addresses etiology, signs and symptoms, medical, surgical, and physical therapy management of musculoskeletal dysfunction, with a focus on the lower extremities. PT 645 takes the same perspective but addresses the management of upper extremity and spine dysfunction. PT 665 builds on the foundation established for management of the patient with musculoskeletal dysfunction and addresses additional manual therapy skills.

PT 626 Therapeutic Agents presents the theory of various modalities, and discusses their applications, including thermal agents, hydrotherapy, ultrasound, ultraviolet, diathermy and massage.

In PT 620 PT Interventions I, students learn, practice, and demonstrate the clinical application of basic level exercise regimens for the prevention of limitations, improvement of functional abilities, and the treatment of disorders associated with the neuromuscular, skeletal, and cardiopulmonary systems. Students also learn principles related to range of motion exercises, stretching, strengthening, plyometrics, aerobics, proprioceptive neuromuscular facilitation, and aquatics. The second course in the sequence, PT 640 PT Interventions II, focuses on selected topics in acute care, critical care and cardiopulmonary physical therapy. Students learn to perform evidence-based and comprehensive tests and measures, assess and interpret the findings and design and implement a plan of care based upon best available evidence.

The PT 634 Diagnostic Imaging for Physical Therapists course provides an overview of imaging techniques commonly used in radiology and their implications to the role of physical therapists in professional practice and the PT 663 Integumentary Patient Management course addresses wound care, burns, and amputee rehabilitation, all centered on the integumentary system.

PT 662 Differential Diagnosis for Physical Therapists provides students with advanced screening and assessment techniques to detect medical problems for which a referral is indicated. Students learn a patient evaluation system in addition to clinical signs and symptoms associated with dysfunction in the physiologic systems.

Laboratory and other practical experiences included as part of the clinical sciences content include:

- Learning tests and measures and assessment.
- Modalities and therapeutic agents covered in laboratory experience.
- Three pro bono clinics allow students to apply knowledge to patient management, including clients with musculoskeletal dysfunctions, and adult and pediatric neurological conditions.
- A high fidelity simulation lab allows students to apply knowledge to management of patients with cardiovascular and pulmonary dysfunction.

Curriculum Content

CC-4

The physical therapist professional curriculum includes clinical education experiences for each student that encompass: a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care; b) Practice in settings representative of those in which physical therapy is commonly practiced; c) Interaction with physical therapist role models whose practice is consistent with the program's philosophy of practice; d) Opportunities for involvement in interdisciplinary care; and e) Other experiences that lead to the achievement of expected student outcomes.

Name
Summary of Clinical Experiences for Most Recent Class.pdf

Required Clinical Education Experiences for Each Student

Students are required to participate in integrated clinical experiences ("pro bono clinics") in their second, fourth and fifth semesters. Students are required to complete three full-time, 12-week experiences in their sixth, eighth and ninth semesters. Of the three full-time experiences, one must be in an outpatient setting, one in an acute inpatient setting, and one in a rehabilitation setting. These settings afford students an opportunity to cover the three main practice areas in physical therapy. The expectation is that the outpatient setting will allow students to work primarily with musculoskeletal patients; the rehabilitation setting, which may include pediatrics, will allow students to work with patients with a neuromuscular presentation; and the acute inpatient setting will allow students to cover all practice patterns, including cardiopulmonary and integumentary. These three settings represent the common physical therapy practice areas.

Process for Monitoring Each Student's Required Experiences

The program ensures that each student has the required experiences described above through the use of the PT Education Manager data tracking system. Within this system, the program is able to track which types of clinical experiences each student has completed to date, and to determine which setting types the student has remaining to complete. During the bidding and clinical assignment process, the DCEs review each student assignment, and only place students in sites that provide them with exposure to one of the three practice settings they have not yet completed. This information is monitored through the use of reports that can be extracted from the PT Education Manager system at any time.

Additional Experiential Activities on Management of Patients/Clients Across the Lifespan

The clinical education experiences required for all students in the program provide sufficient opportunity to experience the management of patients/clients representative of those commonly seen in practice across the lifespan.

Clinical Education Experiences for Most Recent Graduating Class

Of the thirty-four students in the last graduating class (which was the Master's class of 2013, with four clinical rotations, 6 weeks + 8 weeks + 8 weeks + 8 weeks), 32 (94%) were placed in all three of the settings required in the program. The two students who did not were special cases in which they completed a 24-week internship at an Air Force Base and did not technically complete a "rehabilitation" setting, although some of their caseload in their rotations did reflect persons with neuromuscular conditions.

Curriculum Content

CC-5

The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of the profession of physical therapy. The curriculum is designed to prepare students to meet the practice expectations listed in CC-5.1 through CC-5.66.

[Use this field for a general comment, if any]

The faculty believe that students reach the expected outcome level for each of the following CC-5 criteria through their performance on written and practical exams (where applicable) and/or course assignments. Performance in clinical rotations is included as part of the Actual Student Achievement; however, at this point, the first DPT cohort has only completed PT 695A, which is the first of the three clinical rotations in the program. Performance data from PT 695B will be available at the on-site visit.

Professional Practice Expectation: Accountability

CC-5.1.

Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

Objectives

- PT 695A/B/C, PT 664, PT 668: 4.1. Practice physical therapy in a manner consistent with established legal and professional standards.
- PT 695A/B/C, PT 668: 4.1.1. Demonstrate awareness of and adherence to state licensure regulations.
- PT 695A/B/C, PT 668: 4.1.2. Practice within all applicable regulatory and legal requirements.

- PT 695A/B/C, PT 668: 4.1.3. Demonstrate accountability by adhering to laws and regulations governing physical therapy fiscal management.

Learning Experiences

- PT 664: Pediatric pro bono clinic under faculty supervision, completed in a community pediatric setting.
- PT 668: Class discussions on provisions of California Physical Therapy Practice Act and regulations related to student practice, licensure eligibility requirements, practice restrictions, supervision of PTAs.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 664: 100% of students passed both practical and written components of pediatric pro bono clinic.
- PT 668: 100% of students passed written examinations.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 3.

Professional Practice Expectation: Accountability

CC-5.2.
Have a fiduciary responsibility for all patient/clients.

Objectives

- PT 695A/B/C, PT 644, PT 665, PT 664, PT 648: 2.3. Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including: 2.3.1 Billing and reimbursement.

Learning Experiences

- PT 644: Pro bono clinic under faculty supervision, in which students complete examination, evaluation, diagnosis, prognosis, intervention, and outcomes.
- PT 648: Class discussion on billing and reimbursement in Medicare, Medicaid, SNF, WC, private and HMO settings.
- PT 664, PT 665: Pro-bono clinic under faculty supervision, in which students complete examination, evaluation, diagnosis, prognosis, intervention, and outcomes. Practical examination and written case report.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed written and practical examinations and written case report.
- PT 648: 100% of students passed written examinations.
- PT 664, PT 665: 100% of students passed practical examinations and written case report.
- PT 695A: 93% of students scored at Advanced Intermediate or higher on CPI 17.

Professional Practice Expectation: Accountability

CC-5.3.
Practice in a manner consistent with the professional Code of Ethics.

Objectives

- PT 695A/B/C, PT 644, PT 665, PT 608, PT 664: 4.2. Practice in a manner consistent with the professional code of ethics.
- PT 695A/B/C, PT 644, PT 665: 4.2.2. Treat patients/clients within scope of practice, expertise and experience.
- PT 695A/B/C, PT 644, PT 665: 4.2.3. Seek informed consent from patients/clients.

Learning Experiences

- PT 608: Written ethics case assignment.
- PT 644: Neurologic pro bono clinic with practical examination.

- PT 664: Pediatric pro bono clinic in a community pediatric setting.
- PT 665: Orthopedic pro bono clinic with practical examination.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 608: 100% of students passed the written assignment.
- PT 644: 100% of students passed neurologic pro bono clinic.
- PT 664: 100% of students passed pediatric pro bono clinic.
- PT 665: 100% of students passed orthopedic pro bono clinic.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 3.

Professional Practice Expectation: Accountability

CC-5.4.
Change behavior in response to understanding the consequences (positive and negative) of his or her actions.

Objectives

- PT 669: 3.4.1. Participate in self-assessment to improve clinical and professional performance.
- PT 695A/B/C: 3.4.3. Recognize the need for personal and professional development.

Learning Experiences

- PT 669: MBTI personality profile assessment and participation in active exercise and lecture/discussion; self-assessment pre/post class.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 669: 100% of students passed the assignment.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 2.

Professional Practice Expectation: Accountability

CC-5.5.
Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

Objectives

- PT 604, PT 680: 3.3. Participate in professional activities that serve the community and advance the profession of physical therapy.
- PT 604: 3.3.1. Participate in community service activities.

Learning Experiences

- PT 604: Participation in Balance Testing and Balance Training in community-dwelling elderly setting.
- PT 680: Membership in the American Physical Therapy Association.

Actual Student Achievement

- PT 604: 100% of students participated in a community balance lab for seniors from the community.
- PT 680: 100% of students are members of the APTA.

Professional Practice Expectation: Altruism

CC-5.6.
Place patient's/client's needs above the physical therapist's needs.

Objectives

- PT 695A/B/C, PT 664, PT 669: 4.2. Practice in a manner consistent with the professional code of ethics.
- PT 669: 3.4.4. Accept responsibility and demonstrate accountability for professional decisions.
- PT 669: 3.5.2. Recognition of one's own limitations.

Learning Experiences

- PT 664: Pediatric pro bono clinic.
- PT 669: Case studies on ethical decision-making and dealing with difficult patients; class discussions on ethical topics.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 664: 100% of students passed pro bono clinic.
- PT 669: 100% of students passed case study assignments.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 3.

Professional Practice Expectation: Altruism

CC-5.7.
Incorporate pro bono services into practice.

Objectives

- PT 644, PT 665, PT 668: 3.3. Participate in professional activities that serve the community and advance the profession of physical therapy.
- PT 644, PT 665, PT 668: 4.2. Practice in a manner consistent with the professional code of ethics.

Learning Experiences

- PT 644: Manage the patient care and physical therapy needs of a patient in neurologic pro bono clinic.
- PT 665: Manage the patient care and physical therapy needs of a patient in orthopedic pro bono clinic.
- PT 668: Class discussions on pro bono services.

Actual Student Achievement

- PT 644: 100% of students passed practical and written case report in neurologic pro bono clinic.
- PT 665: 100% of students passed examination, evaluation, and treatment of a patient from orthopedic pro bono clinic.
- PT 668: 100% of students passed written and practical examinations.

Professional Practice Expectation: Compassion/Caring

CC-5.8.
Exhibit caring, compassion, and empathy in providing services to patients/clients.

Objectives

- PT 695A/B/C: 3.5. Demonstrate entry level generic abilities.
- PT 695A/B/C: 3.5.5. Demonstrate integrity, compassion, and courage in all interactions.
- PT 644, 668: 3.1. Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery of a clinical service.

- PT 669: 3.2.1. Demonstrate effective interpersonal (verbal, nonverbal, electronic) communication skills considering the diversity of populations and environments.
- PT 669: 3.2.3. Discuss difficult issues with sensitivity and objectivity.

Learning Experiences

- PT 644: Examination and treatment of a patient in neurologic pro bono clinic.
- PT 668: Class discussion on delivering health care services to a diverse population and adjusting plan of care as necessary based on cultural, ethnic, age, economical, and psychosocial differences; discuss APTA Guide to Professional Conduct and Standard of Practice.
- PT 669: Discuss movies dealing with sensitivity to disability; disabled students visit class to discuss living with their disability.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed appropriate patient communication on clinic grading rubric.
- PT 668: 100% of students passed written and practical examinations.
- PT 669: 100% of students passed the assignments.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 2.

Professional Practice Expectation: Compassion/Caring

CC-5.9.
Promote active involvement of the patient/client in his or her care.

Objectives

- PT 695A/B/C: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 690: 1.4.3. Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain patient/client status, or to slow deterioration.
- PT 665: 1.3.9. Include in the plan of care indirect interventions, such as coordination of care, patient/family education, modifications to physical and social environments, and referral to other providers.
- PT 664, PT 665: 1.4.3. Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain patient/client status, or to slow deterioration.

Learning Experiences

- PT 664: Pediatric pro bono clinic in a community pediatric setting.
- PT 665: Case study assignments; orthopedic pro bono clinic.
- PT 690: Culminating project comprehensive case analysis.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 664: 100% of students passed pediatric pro bono clinic.
- PT 665: 100% of students passed orthopedic pro bono clinic.
- PT 690: 100% of students passed case analyses.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 12.

Professional Practice Expectation: Integrity

CC-5.10
Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

Objectives

- PT 695A/B/C: 3.0. Demonstrate professional behaviors by reflecting on personal and professional development, and by integrating cultural, ethnic, age, economic, and psychosocial considerations in the communication and delivery of clinical services.
- PT 644: 4.1. Practice physical therapy in a manner consistent with established legal and professional standards.
- PT 644: 4.2. Practice in a manner consistent with the professional code of ethics.
- PT 664: 3.1. Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery of a clinical service.

Learning Experiences

- PT 644: Examination and treatment of a patient in neurologic pro bono clinic.
- PT 664: Pediatric pro bono clinic in a community pediatric setting.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed neurologic pro bono clinic.
- PT 664: 100% of students passed pediatric pro bono clinic.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 2.

Professional Practice Expectation: Professional Duty

CC-5.11.
Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

Objectives

- PT 695A/B/C: 3.1.3. Respect personal space of patients/clients and others.
- PT 695A/B/C, PT 644, PT 665: 3.1. Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery of a clinical service.

Learning Experiences

- PT 644: Examination and treatment of a patient in neurologic pro bono clinic.
- PT 665: Examination and treatment of a patient in orthopedic pro bono clinic.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed neurologic pro bono clinic.
- PT 665: 100% of students passed orthopedic pro bono clinic.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 2.

Professional Practice Expectation: Professional Duty

CC-5.12.
Participate in self-assessment to improve the effectiveness of care.

Objectives

- PT 695A/B/C: 3.3. Participate in professional activities that serve the community and advance the profession of physical therapy.
- PT 695A/B/C: 3.3.3. Recognize one's role as a member and leader of the health care team.
- PT 644, PT 664: 3.4. Recognize the need for personal and professional development.
- PT 644: 3.4.1. Participate in self-assessment to improve clinical and professional performance.
- PT 644: 3.5.2. Recognition of one's own limitations.

Learning Experiences

- PT 644: Examination and treatment of a patient in neurologic pro bono clinic.
- PT 664: Pediatric pro bono clinic in a community pediatric setting; student presentations on pediatric topics.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed the lab section of the course and pro bono clinic.
- PT 664: 100% of students passed pro bono clinic and met expectations of peer presentations.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 6.

Professional Practice Expectation: Professional Duty

CC-5.13.
Participate in peer assessment activities.

Objectives

- PT 665: 3.5.1. Professional accountability and commitment to learning.
- PT 665: 3.5.2. Recognition of one's own limitations.
- PT 665, PT 640: 3.5.3. Effective use of constructive feedback.
- PT 640: 1.5.4. Communicate efficiently and effectively with other health care providers involved in the patient/client's management.
- PT 640: 3.4.5. Recognize own biases and suspend judgments based on biases.

Learning Experiences

- PT 627: Peer assessment of individual microteaching presentations.
- PT 640: Peer feedback regarding performance on practical examination of the pulmonary system.
- PT 665: Peer feedback on oral presentations, and manual and interview skills; peer feedback in pro bono clinics.

Actual Student Achievement

- PT 627: All students passed microteaching peer assessment assignment.
- PT 640: 100% of students passed required elements of the course.
- PT 665: 100% of students passed lecture and lab sections of the course and pro bono clinic.

Professional Practice Expectation: Professional Duty

CC-5.14.
Effectively deal with positive and negative outcomes resulting from assessment activities.

Objectives

- PT 695A/B/C, PT 668: 3.4. Recognize the need for personal and professional development.

Learning Experiences

- PT 668: Identify and discuss appropriate reasons and steps for taking disciplinary action.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 668: 100% of students passed written examinations.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 2.

Professional Practice Expectation: Professional Duty

CC-5.15.
Participate in clinical education of students.

Objectives

- PT 665, PT 668: 3.3.4. Promote participation in clinical education.

Learning Experiences

- PT 665: Third semester students mentor first semester students during pro bono orthopedic clinic.
- PT 668: Class discussions on the responsibility to continue the cycle of education from student to practitioner to student.

Actual Student Achievement

- PT 665: 100% of students passed orthopedic pro bono clinic.
- PT 668: 100% of students passed written and practical examinations.

Professional Practice Expectation: Professional Duty

CC-5.16.
Participate in professional organizations.

Objectives

- PT 668, PT 680: 3.3. Participate in professional activities that serve that community and advance the profession of physical therapy.
- PT 668, PT 680: 3.4. Recognize need for personal and professional development.

Learning Experiences

- PT 668: Class discussion of continued education requirements for licensure renewal in California; opportunities for post-doctoral education.
- PT 680: Professional development funds available for participation in professional activities.

Actual Student Achievement

- PT 668: 100% of students passed written and practical examinations.
- PT 680: 100% of students are members of the APTA.

Professional Practice Expectation: Communication

CC-5.17.
Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

Objectives

- PT 695A/B/C, PT 644, PT 664: 3.2. Communicate effectively for varied audiences and purposes.
- PT 695A/B/C, PT 669: 3.2.1. Demonstrate effective interpersonal (verbal, nonverbal, electronic) communication skills considering the diversity of populations and environments.

Learning Experiences

- PT 644: Labs and pro bono clinic.

- PT 664: Pediatric pro bono clinic in a community pediatric setting.
- PT 669: Case vignettes.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed labs and pro bono clinic.
- PT 664: 100% of students meet expectations of pediatric pro bono clinic.
- PT 669: 100% of students passed the assignments.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 4.

Professional Practice Expectation: Cultural Competence

CC-5.18.
Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.

Objectives

- PT 695A/B/C, PT 644, PT 608, PT 664, PT 669: 3.1. Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery of a clinical service.
- PT 695A/B/C, PT 644, PT 669: 3.1.1. Practice physical therapy demonstrating cultural competence with all individuals and groups.

Learning Experiences

- PT 608: Cultural competency reflection assignment.
- PT 644: Neurologic pro bono clinic.
- PT 664: Pediatric pro bono clinic in a community pediatric setting.
- PT 669: Class discussion covering stimulated topics; book report and reflection on living with disability.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 608, PT 669: 100% of students passed the assignments.
- PT 644: 100% of students passed pro bono clinic.
- PT 664: 100% of students passed pro bono clinic and toddler and well-baby lab.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 5.

Professional Practice Expectation: Clinical Reasoning

CC-5.19.
Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.

Objectives

- PT 644, PT 665: 1.0. Demonstrate professional physical therapist effectiveness by creating and documenting a comprehensive physical therapy patient management process, including determination of the physical therapy needs of any individual, designing a plan of care that synthesizes best available evidence and patient preferences, implementing safe and effective psychomotor interventions, and determining the efficacy of patient outcomes.
- PT 662: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 604: 1.4. Implement the physical therapy plan of care designed to restore and/or maintain optimal function applying selected procedural interventions that demonstrate safe and effective psychomotor and clinical reasoning skills.
- PT 664: 1.3. Develop a plan of care based on the best available evidence and that considers the patient's personal and environmental factors.
- PT 662: 3.1. Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery to a clinical service.

Learning Experiences

- PT 604: Balance testing and balance training lab for community-dwelling elderly.
- PT 644: Written case report from neurologic pro bono clinic.
- PT 662: Role-play interviews of patients; written exams.
- PT 664: Pediatric pro bono clinic in a community pediatric setting.
- PT 665: Patient case studies, evidence based case studies, practical exam patient cases, and orthopedic pro bono patients; written exams.

Actual Student Achievement

- PT 604: 100% of students passed the lab assignment.
- PT 644: 100% of students passed the written case report portion of neurologic pro bono clinic.
- PT 662: 100% of students passed written exams.
- PT 664: 100% of students passed pediatric pro bono clinic.
- PT 665: 100% of students passed written and practical examinations and pro bono clinic.

Professional Practice Expectation: Clinical Reasoning

CC-5.20.
Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

Objectives

- PT 644: 1.2.9. Cite the evidence (patient history, diagnostic test results, tests, measures, and scientific literature) to support clinical decisions.
- PT 690: 1.2.15. Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs.
- PT 690: 1.2.16. Apply current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
- PT 644: 1.2.16. Apply current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
- PT 695A/B/C: 1.4.1. Perform efficient and effective procedural interventions utilizing evidence-informed physical therapy procedures in a competent manner.

Learning Experiences

- PT 644: Lecture; lab patient cases; pro bono clinic.
- PT 664: Pediatric pro bono clinic in a community pediatric setting.
- PT 690: Culminating project comprehensive case analysis.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed written and practical examinations including pro bono clinics.
- PT 664: 100% of students passed pediatric pro bono clinic.
- PT 690: 100% of students passed case analyses.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 7.

Professional Practice Expectation: Evidence-based Practice

CC-5.21.
Consistently use information technology to access sources of information to support clinical decisions.

Objectives

- PT 625, 644: 1.2.14. Determine the need for additional information and utilize technological search mechanisms to find that information.
- PT 664: 4.1. Apply basic principles of statistics and research methodologies within the practice of physical therapy.
- PT 622: 5.0. Demonstrate the critical evaluation, interpretation and application of the scientific and professional literature to inform independent judgments and clinical decision-making, research and education.
- PT 625, 644: 5.1. Apply basic principles of statistics and research methodologies within the practice of physical therapy.

- PT 622, PT 632: 5.1.4. Utilize contemporary technology consistently to access evidence.

Learning Experiences

- PT 622: Lecture on university search engines, databases.
- PT 625: Small group presentations on evidence concerning outcome measure.
- PT 632: Small group projects and presentations.
- PT 644: Students write PICO questions for pro bono clinics.
- PT 664: Completion and presentation of a critical review of the literature on topic in pediatric neuromuscular rehabilitation.

Actual Student Achievement

- PT 622: 100% of students passed all portfolio assignments.
- PT 644: 100% of students passed neurologic pro bono clinic.
- PT 625: 100% of students defended their evidence based doctoral case proposals.
- PT 632: 100% of students passed this course requirement.
- PT 664: 100% of students give their presentation to the class with a passing grade; 100% of students use adaptive technology in their patient care in pediatric pro bono clinic.

Professional Practice Expectation: Evidence-based Practice

CC-5.22.
Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.

Objectives

- PT 622: 5.0. Demonstrate the critical evaluation, interpretation and application of the scientific and professional literature to inform independent judgments and clinical decision-making, research and education.
- PT 602, PT 644: 5.1. Apply basic principles of statistics and research methodologies within the practice of physical therapy.
- PT 602: 5.1.3. Critically evaluate and interpret professional literature as it pertains to practice, research, and education.
- PT 622: 5.1.3. Critically evaluate and interpret professional literature as it pertains to practice, research, and education.
- PT 632: 5.1.4. Utilize contemporary technology consistently to access evidence.

Learning Experiences

- PT 602: Lecture, assigned readings.
- PT 622: Portfolio assignments from each of four areas: Interventions, Diagnostics, Outcome Measures, and Prognosis.
- PT 632: Small group projects and presentations.
- PT 644: Students write a PICO question to support plan for neurologic pro bono clinic patient.
- PT 664: Lecture, small group activity.

Actual Student Achievement

- PT 602: 100% of students passed the quiz and exam.
- PT 622: 100% of students passed all portfolio assignments with a grade of B or higher.
- PT 632: 100% of students passed this required element of the course.
- PT 644: 100% of students passed neurologic pro bono clinic.
- PT 664: 100% of students presented their findings to class in oral presentations.

Professional Practice Expectation: Evidence-based Practice

CC-5.23.

Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.

Objectives

- PT 690: 1.2.9. Cite the evidence (patient history, diagnostic test results, tests, measures, and scientific literature) to support clinical decisions.
- PT 644, PT 645: 1.2.14. Determine the need for additional information and utilize technological search mechanisms to find that information.
- PT 690: 1.2.15. Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences and needs.
- PT 644, PT 645: 1.3. Develop a plan of care based on the best available evidence and that considers the patient's personal and environmental factors.
- PT 664: 5.1.2. Evaluate the efficacy and efficiency of physical therapy procedural interventions.

Learning Experiences

- PT 644: In adult neurologic pro bono clinic, students manage 1 LTG approved by their patient and write a PECO question that supports their plan of care.
- PT 645: In orthopedic pro bono clinic, students base their prognosis on clinical judgment supported by the literature.
- PT 664: In pediatric pro bono clinic, students use evidence-based treatment approaches.
- PT 690: Culminating Project comprehensive case analysis.

Actual Student Achievement

- PT 644: 100% of students passed adult neurologic pro bono clinic.
- PT 645: 100% of students passed case studies and pro bono clinic.
- PT 664: 100% of students passed pediatric pro bono clinic.
- PT 690: 100% of students integrate the best evidence for practice with clinical judgment and patient/client values in the comprehensive case analyses.

Professional Practice Expectation: Evidence-based Practice

CC-5.24.
Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.

Objectives

- PT 625, PT 644: 5.0. Demonstrate the critical evaluation, interpretation and application of the scientific and professional literature to inform independent judgments and clinical decision-making, research and education.
- PT 602: 5.1. Apply basic principles of statistics and research methodologies within the practice of physical therapy.
- PT 602: 5.1.1. Formulate and reevaluate positions based on the best available evidence.

Learning Experiences

- PT 602: Lecture on learning how to critically evaluate research information from scientific articles and other sources related to physical therapy.
- PT 625: Outcome measures group presentation: groups compile, review, and present best evidence for an outcome measure, and present to members of the class.
- PT 644: Individual students develop oral and written presentations of the evidence supporting EDGE Task Force recommended outcome measures for patients with neurologic damage. Groups of students develop oral and written reviews of the literature regarding contemporary issues in adult neurologic rehabilitation.

Actual Student Achievement

- PT 602: 100% of students passed quiz and exam.
- PT 625: 100% of students passed the assignment for the course.
- PT 644: 100% of students presented EDGE recommended outcome measures and literature review topics.

Professional Practice Expectation: Evidence-based Practice

CC-5.25.
Participate in the design and implementation of patterns of best clinical practice for various populations.

Objectives

- PT 644, PT 665: 1.2.14. Determine the need for additional information and utilize technological search mechanisms to find that information.
- PT 644, PT 665: 1.3. Develop a plan of care based on the best available evidence and that considers the patient's personal and environmental factors.
- PT 644, PT 665: 5.1. Apply basic principles of statistics and research methodologies within the practice of physical therapy.

Learning Experiences

- PT 644: In adult neurologic pro bono clinic students treat patients with stroke, TBI, PD, degenerative neurological conditions, and motor neuron disorders.
- PT 665: In orthopedic pro bono clinic students design and implement a plan of care based on best evidence including: LBP, anterior knee pain, radiculopathy, and post-surgical presentations.

Actual Student Achievement

- PT 644: 100% of students passed adult neurologic pro bono clinic.
- PT 665: 100% of students passed orthopedic pro bono clinic.

Professional Practice Expectation: Education

CC-5.26.
Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Objectives

- PT 644: 1.3.9. Include in the plan of care indirect interventions, such as coordination of care, patient/family education, modifications to physical and social environments, and referral to other providers.
- PT 695A/B/C: 1.4.3. Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain patient/client status, or to slow deterioration.
- PT 695A/B/C, PT 644, PT 645: 2.2. Engage in education activities consistent with imparting information and knowledge unique to the expertise of physical therapists to individuals or groups using relevant and effective teaching methods.
- PT 627: 3.2. Communicate effectively for varied audiences and purposes.

Learning Experiences

- PT 627: Home exercise program assessment; applied teaching activity: microtraining of an individual.
- PT 644: In classroom and lab, students practice teaching methods to prepare and deliver class presentations; in pro bono clinic, students are responsible for patient/family education.
- PT 645: Case study assignments; lab activities allow practice of education about condition, development of home exercises, patient instruction in posture and ergonomics/body mechanics.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 627: 100% students passed assignments for the course.
- PT 644: 100% of students passed required class presentations and neurologic pro bono clinic, including the practical examination.
- PT 645: 100% of students passed assignments for the course.
- PT 695A: 97% of students scored Advanced Intermediate or higher on CPI 14.

Professional Practice Expectation: Screening

CC-5.27.
Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Objectives

- PT 604, PT 644, PT 645, PT 664: 1.2.13. Make a referral to another physical therapist, other health care practitioner or agency when physical therapy is not indicated or the patient/client's

needs are beyond the skills, expertise and/or scope of practice of the physical therapist practitioner.
- PT 695A/B/C: 2.1. Provide consultative services applying the unique knowledge and skills of a physical therapist to identify problems, recommend solutions, or produce an outcome or product.

Learning Experiences

- PT 604: Balance testing and training in community-dwelling elderly; students share their findings and make referral recommendations.
- PT 644, 645: Lecture and labs; students perform and interpret appropriate diagnostic and outcome measures for their patients in pro bono clinic.
- PT 664: In pro bono clinic, students write a plan of care with a written home program for patient.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 604: 100% of students passed the assignment.
- PT 644: 100% of students passed written and practical examinations and neurologic pro bono clinic.
- PT 645: 100% of students passed written and practical exams, which covered screening and orthopedic pro bono clinic.
- PT 664: 100% of students submit a plan of care that meets course expectations.
- PT 695A: 93% of students scored at Advanced Intermediate or higher on CPI 8.

Patient/Client Management Expectation: Examination

CC-5.28.
Examine patients/clients by obtaining a history from them and from other sources.

Objectives

- PT 618, PT 644, PT 645, PT 664: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 690, PT 618, PT 644, PT 645, PT 664: 1.2.2. Review pertinent medical records and conduct a comprehensive patient interview.

Learning Experiences

- PT 618: Students submit written documentation of a patient interview to be included in their professional portfolio.
- PT 644: Lab on performing the neurologic portion of an examination and practice performing the STREAM; obtain and document a history in neurologic pro bono clinic.
- PT 645: Lecture; multiple subjective practice sessions; group subjective practice with de-brief by students and faculty using rubric; pro bono clinic.
- PT 664: Pediatric pro bono clinic requires a plan of care that includes a patient history.
- PT 690: Culminating Project comprehensive case analysis.

Actual Student Achievement

- PT 618: 100% of students passed the assignment.
- PT 644: 100% of students passed the written case report from neurologic pro bono clinic.
- PT 645: 100% of students passed written and practical examinations and pro bono clinic.
- PT 664: 100% of students submitted a plan of care that meets course expectations.
- PT 690: 100% of students report a history taken from the patient/client and/or other sources in their comprehensive case analyses.

Patient/Client Management Expectation: Examination

CC-5.29.
Examine patients/clients by performing systems reviews.

Objectives

- PT 618: 1.2. Determine the physical therapy needs of any individual seeking services.

- PT 618, PT 644, PT 645, PT 640, PT 664: 1.2.1. Perform an effective and efficient systems review screen.

Learning Experiences

- PT 618: Students submit written documentation of an initial assessment that includes a systems review to be included in their professional portfolio.
- PT 640: System reviews included in laboratory activities and practical exams for the pulmonary and cardiovascular systems.
- PT 644: In lecture, students learn to perform the neurologic screening examination; students practice performing screening examinations in lab; students obtain and document the results of a screening examination their patient in neurologic pro bono clinic.
- PT 645: Systems exam/review addressed in written case studies, lab cases, lab practice, and orthopedic pro bono patient experiences.
- PT 664: Students develop a plan of care for pediatric pro bono clinic.

Actual Student Achievement

- PT 618: 100% of students passed the assignment.
- PT 640: 100% of students passed the written case report from neurologic pro bono clinic.
- PT 644: 100% of students passed written and practical examinations and pro bono clinic.
- PT 645: 100% of students passed the practical exam.
- PT 664: 100% of students submitted a plan of care that meets course expectations.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
a. Aerobic Capacity/Endurance

Objectives

- PT 638: 1.1.1. Discuss the etiology and clinical features of major disorders.
- PT 636: 1.1.2. Describe how pathological processes affect normal function.
- PT 695A/B/C: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 695A/B/C, PT 644: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
- PT 620: 1.4.3. Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain patient/client status, or to slow deterioration.

Learning Experiences

- PT 620, PT 636, PT 638: Lectures on cardiorespiratory and resistance exercise testing and exercise prescription and age and sex related norms for cardiorespiratory and muscular fitness.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 620: 100% of students passed written and practical examinations.
- PT 636, PT 638: 100% of students passed quiz and written/practical exams.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
b. Anthropometric Characteristics

Objectives

- PT 638: 1.1.2. Describe how pathological processes affect normal function.
- PT 695A/B/C: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 695A/B/C, PT 646: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
- PT 646: 3.1 Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery to a clinical service.

Learning Experiences

- PT 638: Lecture on anthropometrics.
- PT 646: Lecture and lab include visual inspection, height, weight, comparisons of limb girth and symmetry, and measurements of edema.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 638: 100% of students passed quiz and exam that covered this material.
- PT 646: 100% of students passed written and practical exams.
- PT695A: 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
c. Arousal, Attention, and Cognition

Objectives

- PT 638: 1.1. Compare and contrast normal biological, physiological, and psychological mechanisms of the human body with pathophysiological factors that lead to impaired body functions and structure.
- PT 636, PT 638: 1.1.1. Discuss the etiology and clinical features of major disorders.
- PT 695A/B/C, PT 644, PT 646: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
- PT 644, PT 646: 3.1. Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery to a clinical service.

Learning Experiences

- PT 636: Lecture on cognition, memory and motivation and motivating older adults to initiate and maintain a physically active lifestyle.
- PT 638: Lecture on mental and cognitive health.
- PT 644: In lecture and labs students learn and practice tests of arousal, attention, and cognition; in neurologic pro bono clinic students are responsible for assessing and managing arousal issued during patient care.
- PT 646: Written exams and practical exams in the simulation laboratory contain items related to the examination of a patient with a disorder related to arousal, attention and cognition.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 636, PT 638: 100% of students passed quiz and exams.
- PT 644: 100% of students passed written and practical examinations as well as neurologic pro bono clinic.
- PT 646: 100% of students passed the written and practical exams.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Examination

CC-5.30.

Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
d. Assistive and Adaptive Devices

Objectives

- PT 695A/B/C: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 695A/B/C: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
- PT 606, PT 644, PT 664: 1.4.5. Coordinate patient/client care with other health care providers.

Learning Experiences

- PT 606: Lab on selection, adjustment and modification of adaptive equipment specific to mock patient specifications.
- PT 644: In lecture and lab, student learn the fit and function of the most common types of assistive and adaptive devices used by patients with neurologic disorders; in neurologic pro bono clinic students manage their patient's fall risk and need for assistive or adaptive devices.
- PT 664: Examination of child's current equipment and equipment needs during pediatric pro bono clinic; guest lecture by ATC and Orthotist.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 606: 100% of students passed practical exam on assistive and adaptive devices.
- PT 644: 100% of students passed written and practical examinations and neurologic pro bono clinic.
- PT 664: 100% of students submit plan of care that meets course expectations.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
e. Circulation (Arterial, Venous, Lymphatic)

Objectives

- PT 695A/B/C, PT 646: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
- PT 614: 1.1.2. Describe how pathological processes affect normal function.

Learning Experiences

- PT 614: Lecture on normal anatomy and physiology, pathological anatomy and physiology of the blood supply to the CNS.
- PT 646: Lecture/lab on tests and measures related to the circulation.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 606: Check off for competence pass/fail.
- PT 614: 100% of students passed the exam.
- PT 646: 100% of students passed the written and practical exams.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Examination

CC-5.30.

Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
f. Cranial and Peripheral Nerve Integrity

Objectives

- PT 614: 1.1.2. Describe how pathological processes affect normal function.
- PT 644: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.

Learning Experiences

- PT 614: Lecture on normal anatomy and physiology, pathological anatomy and physiology of cranial nerves.
- PT 644: Lecture on normal anatomy and physiology, pathological anatomy and physiology of cranial nerves; labs on clinical examination and treatment of cranial nerves.

Actual Student Achievement

- PT 614: 100% of students passed the written exam.
- PT 644: 100% of students passed the written and practical exams and neurologic pro bono clinic.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
g. Environmental, Home, and Work (Job/School/Play) Barriers

Objectives

- PT 695A/B/C: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 695A/B/C: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
- PT 644: 1.5.3. Demonstrate thorough, concise documentation consistent with current language from the Patient Management Model contained in the most recent edition of the Guide to Physical Therapist Practice.

Learning Experiences

- PT 644: Lecture on the components of a home evaluation; in lab students practice performing a home evaluation; students perform and document the results of a home evaluation for their patient in neurologic pro bono clinic.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed the written exam and home evaluation segment of the written case report.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
h. Ergonomics and Body Mechanics

Objectives

- PT 695A/B/C, PT 645: 1.2. Determine the physical therapy needs of any individual seeking services.

- PT 695A/B/C, PT 645: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.

Learning Experiences

- PT 645: Didactic, lab practice, and orthopedic pro bono clinics provide learning opportunities to observe, test, and analyze posture ergonomics and body mechanics.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 645: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
i. Gait, Locomotion, and Balance

Objectives

- PT 600: 1.1.2. Describe how pathological processes affect normal function.
- PT 644, PT 665: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 644, PT 665: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
- PT 604, PT 664: 1.2.5. Perform a physical therapy patient examination using evidenced-based tests and measures.

Learning Experiences

- PT 600: Lecture/lab on normal and abnormal gait.
- PT 604: Participation in balance testing and balance training for a community-dwelling elderly.
- PT 644: Lab on performing and interpreting the results of observational gait analysis, 10MWT, DGI, 6MWT, 4 square step test, functional reach test.
- PT 664: Examination of child's current gait and balance function during pediatric pro bono clinic; gait analysis via video tape case studies.
- PT 665: Lab on gait, balance, and functional tests; orthopedic pro bono clinic provides opportunities to apply these tests.

Actual Student Achievement

- PT 600: 100% of students passed quiz and exam that covered this material.
- PT 604: 100% of students participated in a community balance lab for seniors and used appropriate tests.
- PT 644: 100% of students passed the practical exam and written case report in neurologic pro bono clinic.
- PT 664: 100% of students submitted plan of care that meets course expectations.
- PT 665: 100% of students passed written and practical examinations and orthopedic pro bono clinic.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
j. Integumentary Integrity

Objectives

- PT 663: 1.1.1. Discuss the etiology and clinical features of major disorders.
- PT 663: 1.2.5. Perform a physical therapy patient examination using evidenced-based tests and measures.

- PT 663: 1.2.7. Evaluate data from the patient examination (history, systems review, tests and measures) to make clinical judgements.

Learning Experiences

- PT 663: Through lectures, labs, and readings, students learn basic assessment of skin integrity to help select appropriate bed mobility and transfer techniques as well as the dangers of prolonged patient immobility; lab and lecture address examination of wounds for culturally and age specific health related outcomes.

Actual Student Achievement

- PT 663: 100% of students passed written and practical examinations.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
k. Joint Integrity and Mobility

Objectives

- PT 695A/B/C, PT 645: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 695A/B/C, PT 645: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
- PT 606: 1.2.5. Perform a physical therapy patient examination using evidenced-based tests and measures.

Learning Experiences

- PT 606: Lecture and labs on assessment of passive joint range of motion and muscle length.
- PT 645: Lecture and lab experiences allow practice of concepts and skills for joint mobility, accessory joint mobility, and end-feel; orthopedic pro bono clinic allows further practice of these skills on patients with abnormalities.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 606: 100% of students passed written and practical examinations on this material.
- PT 645: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
l. Motor Function (Motor Control and Motor Learning)

Objectives

- PT 665: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 665: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
- PT 644: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
- PT 644: 1.2.3.3. Perform an evaluation of a patient/client with a disorder of the somatosensory system, motor system, peripheral nervous system, cranial nerves, cerebrum, blood supply to the CNS and the myoneural junction.
- PT 604, PT 606, PT 664: 1.2.5. Perform a physical therapy patient examination using evidenced-based tests and measures.

Learning Experiences

- PT 604: Students participate in a balance lab for seniors using appropriate tests and measures of motor control; present a patient case on tests and measures appropriate for their assigned patient case.
- PT 606: In lecture and lab students learn and practice manual muscle testing.
- PT 644: In lecture and lab students learn and practice tests and measures of motor function; in neurologic pro bono clinic students are responsible for selecting, administering, and documenting the results of tests and measures of motor function as needed by their patient.
- PT 664: Examination of child's motor function and motor control during pediatric pro bono clinic.
- PT 665: Lecture and lab experiences allow practice of concepts and skills necessary to recognize normal and abnormal motor function; orthopedic pro bono clinic allows further practice of these skills on patients with abnormalities.

Actual Student Achievement

- PT 604: 100% of students passed the lab and presentation assignments.
- PT 606: 100% of students passed the practical exam.
- PT 644: 100% of students passed the practical examination and written case report segments of neurologic pro bono clinic.
- PT 664: 100% of students submitted a plan of care that meets course expectations.
- PT 665: 100% of students passed lab practical exams and orthopedic pro bono clinic.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
m. Muscle Performance (including Strength, Power, and Endurance)

Objectives

- PT 636: 1.1.2. Describe how pathological processes affect normal function.
- PT 644: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
- PT 620: 1.4.3. Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain patient/client status, or to slow deterioration.

Learning Experiences

- PT 620: Lecture and lab on strength, power, and endurance testing and prescription.
- PT 636: Lecture on resistance testing and prescription in older adults and enhancing muscular strength, power, and endurance.
- PT 644: In lecture and lab students learn and practice tests of strength, power and endurance; in neurologic pro bono clinic students evaluate and treat muscle performance as appropriate and document treatment effectiveness.

Actual Student Achievement

- PT 620, PT 636: 100% of students passed quiz and exam that covered this material.
- PT 644: 100% of students passed the practical examination and written case report portions of neurologic pro bono clinic.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
n. Neuromotor Development and Sensory Integration

Objectives

- PT 695A/B/C, PT 614: 1.2. Determine the physical therapy needs of any individual seeking services.

- PT 695A/B/C, PT 614: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
- PT 604, PT 664: 1.2.5. Perform a physical therapy patient examination using evidenced-based tests and measures.

Learning Experiences

- PT 604: Presentation of a pediatric case involving neuromotor development and sensory integration.
- PT 614: Lecture on normal anatomy and physiology, pathological anatomy and physiology of neuromotor development and sensory integration.
- PT 664: Lecture/lab on examining a child's neuromotor development and sensory integration; labs on typical baby, toddler, and atypical development with live subjects as well as videos, paper case studies and homework assignments, and pro bono clinic.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 604: 100% of students passed oral presentations and written examinations.
- PT 614: 100% of students passed the written exam covering this material.
- PT 664: 100% of students submitted a plan of care that met course expectations and correctly interpreted findings from outcome measures.
  PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
o. Orthotic, Protective, and Supportive Devices

Objectives

- PT 695A/B/C, PT 645: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 695A/B/C, PT 644, PT 645: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.

Learning Experiences

- PT 644: In lecture and lab students learn and practice the examination and intervention skills needed to determine the need for fitting and patient/family education for the use of orthotic, protective, and supportive devices commonly used by patients with movement problems due to neurologic damage.
- PT 645: Lecture and lab experiences allow practice of concepts and skills necessary to determine the need for orthotics or other supports for all of the various body areas.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed written and practical examinations during neurologic pro bono clinic.
- PT 645: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
p. Pain

Objectives

- PT 614, PT 644, PT 665, PT 662: 1.2. Determine the physical therapy needs of any individual seeking services.

- PT 614, PT 644, PT 665: 1.2.2. Review pertinent medical records and conduct a comprehensive patient interview.
- PT 614, PT 644, PT 665: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
- PT 662: 3.1. Recognize cultural, ethnic, age, economic and psychosocial differences and apply a humanistic and holistic approach to the delivery of a clinical service.

Learning Experiences

- PT 614: Lecture on the normal anatomy and physiology as well as pathological anatomy and physiology and clinical examination of pain.
- PT 644: Lecture/lab on how to perform, interpret, and document subjective and objective tests of the anterolateral system.
- PT 662: Case discussions in lecture and labs.
- PT 665: Lecture and lab experiences allow practice of concepts and skills necessary to determine the patient's pain during subjective and objective exam and reassess throughout treatment.

Actual Student Achievement

- PT 614: 100% of students passed the written examination on this material.
- PT 644: 100% of students passed the practical exam and written case report in neurologic pro bono clinic.
- PT 662: 100% of students passed written and practical examinations.
- PT 665: 100% of students passed written and practical examinations and orthopedic pro bono clinic.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
q. Posture

Objectives

- PT 600: 1.1.2. Describe how pathological processes affect normal function.
- PT 644, PT 665: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 644, PT 665: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
- PT 604: 1.2.5. Perform a physical therapy patient examination using evidenced-based tests and measures.

Learning Experiences

- PT 600: Lecture/lab on normal and abnormal posture and alignment.
- PT 604: Balance testing and training labs with community-dwelling elderly; students present a patient case on tests and measures appropriate for their assigned case in a group presentation.
- PT 644: In lecture and lab students learn and practice the skills needed to examine posture particularly related to midline orientation, weight bearing, and weight acceptance static and transitional movements; in neurologic pro bono clinic students evaluate and treat postural abnormalities as needed.
- PT 665: Lecture and lab experiences allow practice of concepts and skills necessary to recognize normal and abnormal posture, understand the relevance of correction of deviations in the examination, and relate posture to other impairments; orthopedic pro bono clinic allows further practice of these skills on patients with abnormalities.

Actual Student Achievement

- PT 600: 100% of students passed quiz and exam that covered this material.
- PT 604: 100% of students passed balance testing and training labs and presentation assignment.
- PT 644: 100% of students passed neurologic pro bono clinic.
- PT 665: 100% of students passed written and practical examinations and orthopedic pro bono clinic.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
r. Prosthetic Requirements

Objectives

- PT 663: 1.1.3. Discuss common medical/surgical treatments for major disorders.
- PT 663: 1.3.7. Articulate a specific rationale for referrals made to other providers.
- PT 663: 1.4. Implement the physical therapy plan of care designed to restore and/or maintain optimal function applying selected procedural interventions that demonstrate safe and effective psychomotor and clinical reasoning skills.
- PT 663: 1.4.3. Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain patient/client status, or to slow deterioration.

Learning Experiences

- PT 663: Lecture/lab on principles of bench design, alignment, testing, Activity Specific Balance Scale (ABC) and Amputee Mobility Predictor; guest lecturers who have survived amputation guide students on culturally sensitive and age-related content.

Actual Student Achievement

- PT 663: 100% of students passed written and practical examinations.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
s. Range of Motion (including Muscle Length)

Objectives

- PT 695A/B/C, PT 644, PT 645: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 695A/B/C, PT 644, PT 645: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
- PT 606: 1.2.5. Perform a physical therapy patient examination using evidenced-based tests and measures.

Learning Experiences

- PT 606: In lecture and labs students learn and practice performance of joint ROM of all joints and muscle length tests of clinically applicable joints.
- PT 644: In lecture and labs students learn to perform, interpret, and document the results of assessing ROM, muscle length, as well as joint, muscle, and neural restrictions; in neurologic pro bono clinic students use this information on patients with abnormalities.
- PT 645: Lecture and lab experiences allow practice of concepts and skills for range of motion and muscle length and differentiation of joint, muscle, and neural restrictions; orthopedic pro bono clinic allows further practice of these skills on patients with abnormalities.
- PT 695A: 12-week full-time clinical experience.

Actual Student Achievement

- PT 606: 100% of students passed written and practical examinations.
- PT 644: 100% of students passed practical exam and written case reports in neurologic pro bono clinic.
- PT 645: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 695A/B/C: 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
t. Reflex Integrity

Objectives

- PT 695A/B/C, PT 644, PT 665: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 695A/B/C, PT 644, PT 665: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.

Learning Experiences

- PT 644: Lecture/lab on how to perform, interpret, and document the results of superficial and deep reflexes with emphasis on normal versus pathological responses; application of this knowledge in neurologic pro bono clinic.
- PT 665: Lecture and lab experiences allow practice of concepts and skills to test reflex integrity.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed practical exam and written case reports in neurologic pro bono clinic.
- PT 665: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
u. Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])

Objectives

- PT 695A/B/C, PT 644: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 695A/B/C, PT 644: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.

Learning Experiences

- PT 644: In neurologic pro bono clinic students are required to perform a home evaluation.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed practical exam and written case reports in neurologic pro bono clinic.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
v. Sensory Integrity

Objectives

- PT 695A/B/C, PT 644, PT 665: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 695A/B/C, PT 644, PT 665: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.

Learning Experiences

- PT 644: Lecture/lab on how to perform, interpret, and document the results of sensory testing with emphasis on normal versus pathological responses; application of this knowledge in neurologic pro bono clinic.
- PT 665: Lecture and lab experiences allow practice of concepts and skills to test sensory integrity, to determine extent and severity of the lesion, and to identify probable location/level of an injury.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed practical exam and written case reports in neurologic pro bono clinic.
- PT 665: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
w. Ventilation and Respiration/Gas Exchange

Objectives

- PT 695A/B/C: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 695A/B/C, PT 640: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.
- PT 606: 1.2.5. Perform a physical therapy patient examination using evidenced-based tests and measures.
- PT 640: 3.1. Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery to a clinical service.

Learning Experiences

- PT 606: In lecture and labs students learn and practice taking vital signs.
- PT 640: Lecture and lab on respiratory rate, palpation, auscultation, and percussion.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 606, PT 640: 100% of students passed written and practical examinations.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Examination

CC-5.30.
Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
x. Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)

Objectives

- PT 695A/B/C, PT 644: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 695A/B/C, PT 644: 1.2.3. Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.

Learning Experiences

- PT 644: In lecture and lab students learn and practice means to assess and intervene for problems with work, community, and/or leisure participation; application of this knowledge in neurologic pro bono clinic.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed written and practical examinations and neurologic pro bono clinic.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Evaluation

CC-5.31.
Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

Objectives

- PT 604, PT 664: 1.2.7. Evaluate data from the patient examination (history, systems review, tests and measures) to make clinical judgments.
- PT 695A/B/C, PT 644, PT 645: 1.2.8. Synthesize available data on a patient using the concepts and terminology of the most recent disability/enablement theoretical construct.
- PT 695A/B/C, PT 644, PT 645: 1.2.10. Evaluate and interpret the results of examination findings to classify the patient problem using the most recently adopted diagnostic taxonomy.
- PT 644, PT 645: 1.2.12. Identify and prioritize body function and structure impairments to determine specific activity limitations towards which interventions will be directed.

Learning Experiences

- PT 604: Lab on balance testing and training with community-dwelling elderly.
- PT 644: Lab on how to perform evaluations of all examination data; application of this knowledge in neurologic pro bono clinic.
- PT 645: Case studies presented with examination information, students complete an evaluation; orthopedic pro bono clinic; students complete an evaluation.
- PT 664: Students conduct a pediatric pro bono clinic carried out at community pediatric setting and submit a plan of pare that meets course expectations.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 604: 100% of students passed the balance testing and training lab.
- PT 644: 100% of students passed practical exam and written case report in neurologic pro bono clinic.
- PT 645: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 664: 100% of students passed pediatric pro bono clinic.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 10 and 11; 97% of students scored at Advanced Intermediate or higher on CPI 7.

Patient/Client Management Expectation: Diagnosis

CC-5.32.
Determine a diagnosis that guides future patient/client management.

Objectives

- PT 695A/B/C, PT 604, PT 644, PT 665, PT 664: 1.2.10. Evaluate and interpret the results of examination findings to classify the patient problem using the most recently adopted diagnostic taxonomy.

Learning Experiences

- PT 604: Students conduct balance testing and balance training labs with community-dwelling elderly.
- PT 644: In lecture and labs students learn and practice making PT diagnoses with patient cases; adult neurologic pro bono clinic to determine a PT diagnosis.
- PT 664: In pediatric pro bono clinic, students submit a plan of care that includes diagnostic outcome measures.

- PT 665: In orthopedic pro bono clinic students complete an evaluation, including inclusion of PT Guide practice patterns, involved structures, and stage of injury.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 604: 100% of students passed the balance testing and training labs.
- PT 644: 100% of students passed the written case report from adult neurologic pro bono clinic.
- PT 664: 100% of students passed pediatric pro bono clinic.
- PT 665: 100% of students successfully completed the PT diagnosis section of clinic notes, with guidance from the CI.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 11.

Patient/Client Management Expectation: Prognosis

CC-5.33.

Determine patient/client prognoses.

Objectives

- PT 695A/B/C: 1.2.11. Integrate and evaluate data that are obtained during the examination to describe the patient condition in terms that will guide the prognosis, the plan of care and intervention strategies.
- PT 644, PT 645, PT 664: 1.3.3. Determine a patient prognosis by predicting the level of optimal improvement in function and the amount of time required to achieve that level.

Learning Experiences

- PT 644: Lecture/lab on making prognoses; written case report from adult neurologic pro bono clinic must contain a prognosis.
- PT 645: Case studies presented with examination information, students complete an evaluation, including prognosis, and rationale for the prognosis based on examination findings and other patient conditions; students determine a prognosis for the patients in orthopedic pro bono clinic.
- PT 664: Pediatric pro bono clinic carried out at a community pediatric setting.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passes practical exam and written case reports in adult neurologic pro bono clinic.
- PT 645: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 664: 100% of students passed pediatric pro bono clinic.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 11, 12.

Patient/Client Management Expectation: Plan of Care

CC-5.34.
Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.

Objectives

- PT 695A/B/C, PT 644, PT 664: 1.3. Develop a plan of care based on the best available evidence and that considers the patient's personal and environmental factors.
- PT 695A/B/C, PT 644: 1.3.1. Prioritize patient/client problems taking into consideration the patient/client's needs and goals, health condition, physiological and biological mechanisms within the constraints of the environment and resources.

Learning Experiences

- PT 644: In lecture and labs students work with patient cases to learn and practice developing a plan of care based on evaluation of examination results and the patient's goals; in adult neurologic pro bono clinic students apply concepts.

- PT 664: Pediatric pro bono clinic carried out at a community pediatric setting.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed the practical examination and written case report of neurologic pro bono clinic.
- PT 664: 100% of students passed pediatric pro bono clinic.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 12.

Patient/Client Management Expectation: Plan of Care

CC-5.35.
Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.

Objectives

- PT 695A/B/C, PT 644, PT 665 PT 690: 1.3. Develop a plan of care based on the best available evidence and that considers the patient's personal and environmental factors.
- PT 695A/B/C, PT 644, PT 665: 1.3.1. Prioritize patient/client problems taking into consideration the patient/client's needs and goals, health condition, physiological and biological mechanisms within the constraints of the environment and resources.

Learning Experiences

- PT 644: In lecture and labs students work with patient cases to learn and practice developing a plan of care based on evaluation of examination results and the patient's goals; in adult neurologic pro bono clinic students apply concepts.
- PT 665: In orthopedic pro bono clinic students complete a plan of care that targets pathology, impairments, activity limitations, and participation restrictions.
- PT 690: Culminating Project comprehensive case analysis.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed the practical examination and written case report of adult neurologic pro bono clinic.
- PT 665: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 690: 100% of students passed their comprehensive case analyses.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 12.

Patient/Client Management Expectation: Plan of Care

CC-5.36.
Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.

Objectives

- PT 695A/B/C, PT 690, PT 644, PT 645, PT 664: 1.3.2. Write measurable, functional goals that are time referenced with expected outcomes.

Learning Experiences

- PT 644: In lecture and labs students work with case studies to learn and practice selecting S/LTGs that are functional, measurable, time-referenced with expected outcomes. During adult neurologic pro bono clinic each student is responsible for working with a patient to determine 1 LTG and appropriate STGs.
- PT 645: In orthopedic pro bono clinic students set short and long term goals.
- PT 664: Pediatric pro bono clinic carried out at a community pediatric setting.
- PT 690: Culminating Project comprehensive case analysis.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed the practical examination and written case report from adult neurologic pro bono clinic.
- PT 645: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 664: 100% of students submit a plan of care that meets course expectations.
- PT 690: 100% of students report goals and expected outcomes within an expected length of time in their comprehensive case analyses.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 12.

Patient/Client Management Expectation: Plan of Care

CC-5.37.
Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.

Objectives

- PT 695A/B/C, PT644, PT 690: 4.4. Practice physical therapy in a manner consistent with established legal and professional standards.
- PT 695A/B/C: 4.1.1. Demonstrate awareness of and adherence to state licensure regulations.
- PT 695A/B/C: 4.1.2. Practice within all applicable regulatory and legal requirements.
- PT 695A/B/C: 4.1.3. Demonstrate accountability by adhering to laws and regulations governing physical therapy fiscal management.

Learning Experiences

- PT 644: During neurologic pro bono clinic students ensure they are adhering to established legal and professional standards and the professional code of ethics.
- PT 690: Culminating Project comprehensive case analysis.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed neurologic pro bono clinic.
- PT 690: 100% of students describe a comprehensive case analysis that includes practice that meets legal, ethical, and professional standards.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 12; 97% of students scored at Advanced Intermediate or higher on CPI 7, 13, 14.

Patient/Client Management Expectation: Plan of Care

CC-5.38.
Monitor and adjust the plan of care in response to patient/client status.

Objectives

- PT 695A/B/C: 1.4.1. Perform efficient and effective procedural interventions utilizing evidence-informed physical therapy procedures in a competent manner.
- PT 644, PT 664, PT 690: 1.3.8. Progress the plan of care by making ongoing adjustments to interventions.
- PT 644, PT 645, PT 690: 1.4.2. Modify or redirect selected procedural interventions in light of reexaminations and/or patient/client's response to interventions.

Learning Experiences

- PT 644: In lecture and lab, students learn and practice the use of tests and measures to evaluate patient status; in adult neurologic pro bono clinic students monitor and adjust the plan of care based on changes in tests and measures.
- PT 645: Case studies; in orthopedic pro bono clinic students carry out the intervention plan developed in the patient evaluation.
- PT 664: In the pediatric pro bono clinic students develop a plan of care showing how treatment is adjusted based on the status of the child and the report given by parents, for medical and behavioral implications.
- PT 690: Culminating Project comprehensive case analysis.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed the practical examination and written case report in neurologic pro bono clinic.
- PT 645: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 664: 100% of students passed pediatric pro bono clinic.
- PT 690: 100% of students describe a comprehensive case analysis that includes adjustments to plan of care based on reexaminations of patient/client response to interventions.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 7, 13.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
a. Therapeutic Exercise

Objectives

- PT 620, PT 638: 1.1.1. Discuss the etiology and clinical features of major disorders.

Learning Experiences

- PT 620: Lecture/lab on the scientific and theoretical basis of therapeutic exercise, as well as interventions and outcomes.
- PT 638: Lecture on cardiorespiratory and resistance exercise testing and exercise prescription and age and sex related norms for cardiorespiratory and muscular fitness.

Actual Student Achievement

- PT 620: 100% of students passed quiz and exam that covered this material.
- PT 638: 100% of students passed written and practical exams that covered this material.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
b. Functional Training in Self-Care and Home Management

Objectives

- PT 695A/B/C: 1.4.3. Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain patient/client status, or to slow deterioration.
- PT 640: 1.3.2. Write measurable, functional goals that are time referenced with expected outcomes.
- PT 640: 1.3.5. Select and prioritize the essential interventions that are safe, meet the specified functional goals and outcomes and are patient-centered.
- PT 640: 1.4.1. Perform efficient and effective procedural interventions utilizing evidence-informed physical therapy procedures in a competent manner.
- PT 644: 1.4.3. Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain patient/client status, or to slow deterioration.

Learning Experiences

- PT 640: Lecture and labs on functional training concepts and outcomes, including writing measureable goals.
- PT 644: Lecture/lab on B/I ADLs; in adult neurologic pro bono clinic students set, measure, and document progress toward B/A ADL goals as appropriate for their patient.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 640, PT 644: 100% of students passed written and practical examinations.
- PT 644: 100% of students passed adult neurologic pro bono clinic.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 12; 97% of students scored at Advanced Intermediate or higher on CPI 7, 13.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
c. Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration

Objectives

- PT 695A/B/C, PT 644, PT 665: 1.4. Implement the physical therapy plan of care designed to restore and/or maintain optimal function applying selected procedural interventions that demonstrate safe and effective psychomotor and clinical reasoning skills.
- PT 644, PT 665: 1.3.5. Select and prioritize the essential interventions that are safe, meet the specified functional goals and outcomes and are patient-centered.

Learning Experiences

- PT 644: In lecture and labs students learn and practice task-specific training for the functional tasks commonly required to participate in work, school, or play; in adult neurologic pro bono clinic students identify barriers to participating in work/school/play and develop a plan of care to facilitate integration or reintegration.
- PT 665: Lecture, lab, patient cases, and orthopedic pro bono clinic experiences incorporate functional training and interventions appropriate for patient goals related to work/school/play.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed adult neurologic pro bono clinic.
- PT 665: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 12; 97% of students scored at Advanced Intermediate or higher on CPI 7, 13, 14.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
d. Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)

Objectives

- PT 695A/B/C, PT 665: 1.4. Implement the physical therapy plan of care designed to restore and/or maintain optimal function applying selected procedural interventions that demonstrate safe and effective psychomotor and clinical reasoning skills.
- PT 695A/B/C: 1.4.1. Perform efficient and effective procedural interventions utilizing evidence-informed physical therapy procedures in a competent manner.
- PT 665: 1.3.5. Select and prioritize the essential interventions that are safe, meet the specified functional goals and outcomes and are patient-centered.

Learning Experiences

- PT 665: Lecture, readings, and learning modules on rationale and biomechanics of manual therapy; lab includes practice in testing soft tissue and joint mobility, and joint and soft tissue mobilization; in the orthopedic pro bono clinic, students implement manual therapy techniques for their patients.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 665: 100% of students passed written and practical examinations and orthopedic pro bono clinics.
- PT 695A: 97% of students scored at Advanced Intermediate or higher on CPI 13.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:

e. Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment

Objectives

- PT 695A/B/C: 1.4. Implement the physical therapy plan of care designed to restore and/or maintain optimal function applying selected procedural interventions that demonstrate safe and effective psychomotor and clinical reasoning skills.
- PT 644, PT 664, PT 665: 1.4.1. Perform efficient and effective procedural interventions utilizing evidence-informed physical therapy procedures in a competent manner.

Learning Experiences

- PT 644, PT 664, PT 665: In lecture and labs students learn and practice prescribing/fabricating and education patients and family in the use of equipment and devices; in pro bono clinics, students manage the patient's needs for equipment and devices.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed written and practical examinations and neurologic pro bono clinic.
- PT 664: 100% of students passed written and practical examinations and pediatric pro bono clinic.
- PT 665: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 12; 97% of students scored at Advanced Intermediate or higher on CPI 13, 14.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
f. Airway Clearance Techniques

Objectives

- PT 640: 1.4.1. Perform efficient and effective procedural interventions utilizing evidence-informed physical therapy procedures in a competent manner.
- PT 640: 1.4.2. Modify or redirect selected procedural interventions in light of reexaminations and/or patient/client's response to interventions.

Learning Experiences

- PT 640: Lecture/lab on airway clearance techniques.

Actual Student Achievement

- PT 640: 100% of students passed written and practical examinations.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
g. Integumentary Repair and Protection Techniques

Objectives

- PT 663: 1.3.2. Write measurable, functional goals that are time referenced with expected outcomes.
- PT 663: 1.3.4. Recognize barriers that may impact the achievement of optimal improvement within a predicted time frame.
- PT 663: 1.3.5. Select and prioritize the essential interventions that are safe, meet the specified functional goals and outcomes and are patient-centered.
- PT 644: 1.4.1. Perform efficient and effective procedural interventions utilizing evidence-informed physical therapy procedures in a competent manner.

Learning Experiences

- PT 663: In lecture and labs students develop a plan of care for a patient with a wound including dressing choices and use of modalities.
- PT 644: In lecture and lab students learn and practice evaluation and treatment of the sensory system; in neurologic pro bono clinic students examine the patient's sensory system and provide protection/education intervention as needed.

Actual Student Achievement

- PT 663: 100% of students passed written and practical examinations.
- PT 644: 100% of students passed written and practical examinations and neurologic pro bono clinic.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
h. Electrotherapeutic Modalities

Objectives

- PT 626: 1.2.7. Evaluate data from the patient examination (history, systems review, tests and measures) to make clinical judgments.
- PT 626: 1.3.5. Select and prioritize the essential interventions that are safe, meet the specified functional goals and outcomes and are patient-centered.
- PT 626: 1.3.8. Progress the plan of care by making ongoing adjustments to interventions.
- PT 626: 1.4.1. Perform efficient and effective procedural interventions utilizing evidence-informed physical therapy procedures in a competent manner.
- PT 626: 1.4.2. Modify or redirect selected procedural interventions in light of reexaminations and/or patient/client's response to interventions.

Learning Experiences

- PT 626: Lecture/class discussion on the use of electrotherapeutic modalities for the modulation of pain, reduction in edema, wound management, and muscle conditioning/contraction.

Actual Student Achievement

- PT 626: 100% of students passed written and practical examinations.

Patient/Client Management Expectation: Intervention

CC-5.39.
Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
i. Physical Agents and Mechanical Modalities

Objectives

- PT 626: 1.2.7. Evaluate data from the patient examination (history, systems review, tests and measures) to make clinical judgments.
- PT 626: 1.3.5. Select and prioritize the essential interventions that are safe, meet the specified functional goals and outcomes and are patient-centered.
- PT 626: 1.3.8. Progress the plan of care by making ongoing adjustments to interventions.
- PT 626: 1.4.1. Perform efficient and effective procedural interventions utilizing evidence-informed physical therapy procedures in a competent manner.
- PT 626: 1.4.2. Modify or redirect selected procedural interventions in light of reexaminations and/or patient/client's response to interventions.

Learning Experiences

- PT 626: Lecture/class discussion on the indications, contraindications, physiological effects, and evidence based utilization of: cryotherapy, thermotherapy, hydrotherapy, ultrasound, ultraviolet, traction, compression, infrared, diathermy, laser, light, Iontophoresis, biofeedback, TENS, NMES, MENS, h-wave, and IFC.

Actual Student Achievement

- PT 626: 100% of students passed written and practical examinations.

Patient/Client Management Expectation: Intervention

CC-5.40.
Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA's ability, (3) jurisdictional law, (4) practice guidelines/policiesvcodes of ethics, and (5) facility policies.

Objectives

- PT 695A/B/C: 2.3.4. Direction and supervision of support personnel, including Physical Therapist Assistants (PTAs) and aides.
- PT 668: 1.3.6. Identify and collaborate with others needed in implementing the plan of care.
- PT 668: 1.3.9. Include in the plan of care indirect interventions, such as coordination of care, patient/family education, modifications to physical and social environments, and referral to other providers.
- PT 668: 1.4.5. Coordinate patient/client care with other health care providers.
- PT 668: 2.3.4. Direction and supervision of support personnel, including Physical Therapist Assistants (PTAs) and aides.

Learning Experiences

- PT 668: Discussion about the laws and regulations pertaining to the proper utilization of PT aides and PTAs in California.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 668: 100% of students passed written examinations.
- PT 695A: 93% of students scored at Advanced Intermediate or higher on CPI 18.

Patient/Client Management Expectation: Intervention

CC-5.41.
Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

Objectives

- PT 695A/B/C: 2.1.1. Practice physical therapy demonstrating cultural competence with all individuals and groups.
- PT 644, PT 664, PT 665: 3.1. Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery of a clinical service.
- PT 644, PT 664, PT 665: 3.2. Communicate effectively for varied audiences and purposes.

Learning Experiences

- PT 644: In lecture and lab students learn and practice culturally competent instructional strategies for teaching a diverse group of fellow students; in neurologic pro bono clinic students use culturally competent instruction.
- PT 664: Culturally competent interactions are required during all classroom, lab and pro bono clinical activities.
- PT 665: In orthopedic pro bono clinic students instruct, educate, and guide patients of various ages and backgrounds; in lab students practice instruction and education using student partners.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed the practical examination during adult neurologic pro bono clinic.
- PT 664: 100% of students of students exhibited culturally competent interaction during didactic, laboratory, and pro bono activities.
- PT 665: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 5.

Patient/Client Management Expectation: Intervention

CC-5.42.
Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.

Objectives

- PT 695A/B/C: 1.5.1. Determine appropriate documentation for the recording of patient/client information consistent with professional standards, the fiscal intermediary, and the treatment setting.
- PT 695A/B/C: 1.5.2. Produce quality documentation in a timely manner to support the delivery of physical therapy services.
- PT 695A/B/C, PT 644, PT 664, PT 665: 1.5.3. Demonstrate thorough, concise documentation consistent with current language from the Patient Management Model contained in the most recent edition of the Guide to Physical Therapist Practice.
- PT 668: 1.5.1. Determine appropriate documentation for the recording of patient/client information consistent with professional standards, the fiscal intermediary, and the treatment setting.
- PT 644, PT 664, PT 665, PT 668: 1.5.2. Produce quality documentation in a timely manner to support the delivery of physical therapy services.

Learning Experiences

- PT 644: Case studies utilize a standardized documentation format appropriate for neurologic PT practice for initial visit, progress and discharge notes.
- PT 664: As part of pediatric pro bono clinic students submit a plan of care that meets format requirements for a community clinic setting.
- PT 665: Case studies; orthopedic pro bono clinic.
- PT 668: Lecture on proper documentation via SOAP notes, EMR, evaluations, re-evaluations, and discharge summaries. Discuss APTA Guide to Professional Conduct and Standard of Practice.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed the written case report for adult neurologic pro bono clinic.
- PT 664: 100% of students passed pediatric pro bono clinic.
- PT 665: 100% of students passed documentation requirement for case studies and orthopedic pro bono clinic.
- PT 668: 100% of students passed written and practical examinations.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 15.

Patient/Client Management Expectation: Intervention

CC-5.43.
Practice using principles of risk management.

Objectives

- PT 695A/B/C: 4.1. Practice physical therapy in a manner consistent with established legal and professional standards.
- PT 648: 4.1.1. Demonstrate awareness of and adherence to state licensure regulations.
- PT 648: 4.1.3. Demonstrate the ability to search and find information about laws and regulations pertaining to physical therapy practice from state and federal electronic sources.
- PT 648: 4.1.4. Demonstrate accountability by adhering to laws and regulations governing physical therapy fiscal management.
- PT 618: 1.4. Implement the physical therapy plan of care designed to restore and/or maintain optimal function applying selected procedural interventions that demonstrate safe and effective psychomotor and clinical reasoning skills.

Learning Experiences

- PT 618: Lecture/lab on basic understanding of the elements of safe practices aimed at minimizing risk to patients and self during patient care.
- PT 648: Lecture on basic principles of liability, negligence, standard of care, and ways that physical therapists can avoid negligence actions.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 618, PT 648: 100% of students passed written and practical examinations.

- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 3.

Patient/Client Management Expectation: Intervention

CC-5.44.
Respond effectively to patient/client and environmental emergencies in one's practice setting.

Objectives

- PT 695A/B/C: 1.2.1. Perform an effective and efficient systems review screen.
- PT 644, PT 646: 1.4. Implement the physical therapy plan of care designed to restore and/or maintain optimal function applying selected procedural interventions that demonstrate safe and effective psychomotor and clinical reasoning skills.

Learning Experiences

- PT 644: In lecture and labs students learn and practice emergency response procedures for neurologic pro bono clinic.
- PT 646: In lecture and labs students learn and practice responding to patient emergencies; in the simulation laboratory students are required to coordinate actions with all members of the rapid-response team (PTs, nurses, and MDs as necessary) to a patient emergency in the acute care setting.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed neurologic pro bono clinic.
- PT 646: 100% of students passed practical exams in the simulation lab with high-fidelity simulators.
- PT 695A: 93% of students scored at Advanced Intermediate or higher on CPI 8; 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.45.
Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

Objectives

- PT 695A/B/C, PT 622, PT 644, PT 665: 1.6. Utilize data from selected outcome measures to document intervention effectiveness.
- PT 695A/B/C: 1.6.1. Select relevant outcome measures for levels of body functions and structural impairments, activities and participation with respect for their psychometric properties.
- PT 695A/B/C: 1.6.2. Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of function.

Learning Experiences

- PT 622: Portfolio assignment requires in-depth appraisal of validity and reliability of outcome measures as applied to an individual patient case.
- PT 644: Lecture/lab on outcome measures recommended by EDGE Task Forces; in adult neurologic pro bono clinic, treatment effectiveness is evaluated with the use of outcome measures.
- PT 665: Students choose the most appropriate outcome measure for their patient, with consideration for age, activity level and problem.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 622: All students successfully passed all Outcome Measure CAT portfolio assignments.
- PT 644: 100% of students passed practical examination and written case report components of neurologic pro bono clinic.
- PT 665: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 695A: 93% of students scored at Advanced Intermediate or higher on CPI 8; 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.46.
Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.

Objectives

- PT 695A/B/C, PT 690, PT 622: 1.6.2. Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of function.
- PT 695A/B/C, PT 622, PT 644, PT 664, PT 665: 1.6. Utilize data from selected outcome measures to document intervention effectiveness.

Learning Experiences

- PT 622: Portfolio assignment requires in-depth appraisal of outcomes evidence as applied to an individual patient case.
- PT 644: Written case report from neurologic pro bono clinic must contain pre-test and post-test data from the outcome measures used in the case.
- PT 664: Pediatric pro bono clinic requires a plan of care that includes outcome measures capable of assessing patient status.
- PT 665: In orthopedic pro bono clinic, students choose the most appropriate outcome measure for their patient, with consideration for age, activity level and problem.
- PT 690: Culminating Project comprehensive case analysis.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 622: All students successfully passed all Outcome Measure CAT portfolio assignments.
- PT 644: 100% of students passed the practical examination component of neurologic pro bono clinic.
- PT 664: 100% of students passed pediatric pro bono clinic.
- PT 665: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 690: 100% of students include in a comprehensive case analysis the collection of data from selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.
- PT 695A: 93% of students scored at Advanced Intermediate or higher on CPI 8; 97% of students scored at Advanced Intermediate or higher on CPI 9.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.47.
Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.

Objectives

- PT 690: 1.4.4. Assess patient/client progress towards goals/projected outcomes.
- PT 622, PT 644, PT 665: 1.6. Utilize data from selected outcome measures to document intervention effectiveness.
- PT 622: 1.6.3. Describe how aggregate data is analyzed to assess the effectiveness of clinical performance (interventions).
- PT 664: 1.2.7. Evaluate data from the patient examination (history, systems review, tests and measures) to make clinical judgments.

Learning Experiences

- PT 622: Portfolio assignment requires in-depth appraisal of the applicability to an individual patient case.
- PT 644: During lecture and lab students learn and practice using outcome measures; in neurologic pro bono clinic students interpret and document treatment effectiveness based on MDC and MDIC of the outcome measures used in the case, when available.
- PT 664: The plan of care in the pediatric pro bono clinic must include reassessment of outcome measures and correct interpretation.
- PT 665: In the orthopedic pro bono clinic and case studies, students report changes in outcome during treatment and at discharge with information allowing interpretation of results.
- PT 690: Culminating Project comprehensive case analysis.

Actual Student Achievement

- PT 622: All students successfully passed all Outcome Measure CAT portfolio assignments.
- PT 644: 100% of students passed the practical examination and written case report from neurologic pro bono clinic.
- PT 664: 100% of students passed pediatric pro bono clinic.

- PT 665: 100% of students passed orthopedic pro bono clinic.
- PT 690: 100% of students include in a comprehensive case analysis the interpretation of outcome data collected in a manner that supports accurate analysis of individual patient/client outcomes.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.48.
Use analysis from individual outcome measurements to modify the plan of care.

Objectives

- PT 695A/B/C, PT 690, PT 644: 1.4.2. Modify or redirect selected procedural interventions in light of reexaminations and/or patient/client's response to interventions.
- PT 665: 1.6. Utilize data from selected outcome measures to document intervention effectiveness.

Learning Experiences

- PT 644: In lecture and lab students learn and practice using outcome measures; in neurologic pro bono clinic students interpret and document treatment effectiveness based on MDC and MDIC of the outcome measures used in the case, when available.
- PT 665: In orthopedic pro bono clinic, students report changes in outcome during treatment and at discharge with information allowing interpretation of results.
- PT 690: Culminating Project comprehensive case analysis.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644: 100% of students passed the practical examination and written case report from neurologic pro bono clinic.
- PT 665: 100% of students passed written and practical examinations and orthopedic pro bono clinic.
- PT 690: 100% of students include in a comprehensive case analysis the interpretation of outcome data for consideration of modifying a patient's/client's plan of care.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 12.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.49.
Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.

Objectives

- PT 622: 5.1.3. Critically evaluate and interpret professional literature as it pertains to practice, research, and education.
- PT 620: 1.4.3. Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain patient/client status, or to slow deterioration.
- PT 644, PT 665: 1.6. Utilize data from selected outcome measures to document intervention effectiveness.
- PT 644, PT 664: 1.6.1. Select relevant outcome measures for levels of body functions and structural impairments, activities and participation with respect for their psychometric properties.
- PT 644: 1.6.2. Collect relevant evidenced-based outcome measures that relate to patient/client goals and/or prior level of function.

Learning Experiences

- PT 620: Lecture/lab on reliability and validity of tests used to assess fitness parameters, such as cardiorespiratory fitness.
- PT 622: Lecture and written critiques of physical therapy research articles related to reliability, validity, outcome measures, and generalizing to a clinical population.
- PT 644: Reading assignments include EDGE Task Force recommendations of outcome measures for patients with stroke, MS, SCI.
- PT 664: In pro bono clinic, plan of care must contain diagnosis-specific outcome measures for the patient being seen in pediatric pro bono clinic.
- PT 665: Students choose the most appropriate outcome measure for their patient, with consideration for age, activity level and problem.

Actual Student Achievement

- PT 620, PT 622: 100% of students passed quiz and exam that covered this material.

- PT 644: 100% of students passed the written case reports.
- PT 664: 100% of students passed pediatric pro bono clinic.
- PT 665: 100% of students passed written and practical examinations and orthopedic pro bono clinic.

Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.50.
Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.

Objectives

- PT 620: 1.4.3. Instruct the patient/client or caregiver in exercises, postures, handling techniques, home exercises consistent with patient/client diagnosis, prognosis, and expected outcomes, to facilitate patient/client progress, to maintain patient/client status, or to slow deterioration.
- PT 636: 1.1.2. Describe how pathological processes affect normal function.
- PT 638: 1.1.1. Discuss the etiology and clinical features of major disorders.

Learning Experiences

- PT 620, PT 636, PT 638: Lecture on prevention, health promotion, fitness, and wellness.

Actual Student Achievement

- PT 620, PT 636, PT 638: 100% of students passed quiz and exam on the material.

Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.51.
Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.

Objectives

- PT 636: 1.1.2. Describe how pathological processes affect normal function.
- PT 638: 1.1.1. Discuss the etiology and clinical features of major disorders.

Learning Experiences

- PT 636, PT 638: Lecture on prevention, health promotion, fitness, and wellness.

Actual Student Achievement

- PT 636, PT 638: 100% of students passed quiz and exam on this material.

Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.52.
Apply principles of prevention to defined population groups.

Objectives

- PT 636: 1.1.2. Describe how pathological processes affect normal function.
- PT 638: 1.1.1. Discuss the etiology and clinical features of major disorders.

Learning Experiences

- PT 636: Lab on developing a fit and fall proof class and a progressive balance and fall prevention program.
- PT 638: Lecture on preventative medicine for health, fitness, and wellbeing.

Actual Student Achievement

- PT 636, PT 638: 100% of students passed quiz and exam on this material.

Practice Management Expectation: Management of Care Delivery

CC-5.53.
Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.

Objectives

- PT 662, PT 665: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 662: 3.1. Recognize cultural, ethnic, age, economic and psychosocial differences and apply a humanistic and holistic approach to the delivery of a clinical service.

Learning Experiences

- PT 662: Lectures, case studies and labs include information regarding screening patients for referral to another healthcare provider. Written exams and laboratory activities are utilize to assess competence.
- PT 665: In lecture and lab, students learn, practice, and interpret a complete initial examination that screens for red flags, special questions and special tests that indicate the need for referral.

Actual Student Achievement

- PT 662: 100% of students passed written and practical examinations.
- PT 665: 100% of students passed written and practical examinations and orthopedic pro bono clinic.

Practice Management Expectation: Management of Care Delivery

CC-5.54.
Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.

Objectives

- PT 695A/B/C, PT 665, PT 662, PT 634: 1.4.5. Coordinate patient/client care with other health care providers.

Learning Experiences

- PT 634: In lecture/lab, students learn to read and interpret radiology reports so as to inform a plan of care.
- PT 662: Lectures, case studies and laboratories include information regarding screening patients for referral to another healthcare provider.
- PT 665: In orthopedic pro bono clinic, students treat patients who are referred from physicians, nurse practitioners, physical therapists, and other SPTs.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 634: 100% of students passed written examinations.
- PT 662, PT 665: 100% of students passed written and practical examinations.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 5.

Practice Management Expectation: Management of Care Delivery

CC-5.55.
Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.

Objectives

- PT 624, PT 646, PT 625: 1.4.1. Perform efficient and effective procedural interventions utilizing evidence-informed physical therapy procedures in a competent manner.
- PT 624: 1.4.5. Coordinate patient/client care with other health care providers.
- PT 640: 1.2. Determine the physical therapy needs of any individual seeking services.
- PT 640: 3.1. Recognize cultural, ethnic, age, economic and psychosocial differences and apply a humanistic and holistic approach to the delivery of a clinical service.

Learning Experiences

- PT 624: In lecture and lab students learn and practice methods of positioning and repositioning immobile and patients in the acute care setting.
- PT 625: In lecture and labs students learn common orthopedic surgical procedures and in labs students practice rehabilitation protocols for selected surgical procedures.
- PT 640: Lectures, case studies and laboratories include information regarding screening patients for referral to another healthcare provider.
- PT 646: Lecture/lab on how to identify, explain, and respond appropriately to abnormal ECG conduction patterns, explain potential changes in cardiac output with each abnormal pattern and adapt a plan of care appropriately.

Actual Student Achievement

- PT 624: 100% of students passed practical examinations.
- PT 625, PT 640, PT 646: 100% of students passed written and practical examinations.

Practice Management Expectation: Management of Care Delivery

CC-5.56.
Participate in the case management process.

Objectives

- PT 644, PT 695A/B/C, PT 665, PT 664: 1.5.4. Communicate efficiently and effectively with other health care providers involved in the patient/client's management.

Learning Experiences

- PT 644: In neurologic pro bono clinic students communicate with patients/caregivers and supervising faculty regarding goal selection and attainment.
- PT 664: In pediatric pro bono clinic students communicate case management details with patients, family, and supervising faculty.
- PT 665: In orthopedic pro bono clinic students communicate and coordinate care among patients, caregivers, preceptors, and supervising faculty.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 644, PT 664, PT 665: 100% of students passed practical examinations and written case reports for all pro bono clinics.
- PT 695A: 100% of students scored at Advanced Intermediate or higher on CPI 4.

Practice Management Expectation: Practice Management

CC-5.57.
Direct and supervise human resources to meet patient's/client's goals and expected outcomes.

Objectives

- PT 695A/B/C, PT 648: 2.3. Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management.

- PT 648: 2.3.2. Electronic medical records documentation.
- PT 648: 2.3.3. Contemporary electronic communication.
- PT 648: 2.3.4. Direction and supervision of support personnel, including Physical Therapist Assistants (PTAs) and aides.
- PT 648: 2.3.5. Patient rights, consent, confidentiality and the Health Information Portability and Privacy Act (HIPPA).

Learning Experiences

- PT 648: Lecture/class discussion on how different business plans can change the business plan and available resources to deliver physical therapy services; class discussion on outcomes based on PT directed care and PT delivered care.
- PT 695A/B/C: 12-week full-time clinical experience.

Actual Student Achievement

- PT 648: 100% of students passed written and practical examinations.
- PT 695A: 93% of students scored at Advanced Intermediate or higher on CPI 18.

Practice Management Expectation: Practice Management

CC-5.58.
Participate in financial management of the practice.

Objectives

- PT 648: 1.5.1. Determine appropriate documentation for the recording of patient/client information consistent with professional standards, the fiscal intermediary, and the treatment setting.
- PT 648: 2.3. Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including: 2.3.1. Billing and reimbursement.
- PT 648: 2.3. Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including: 2.3.2. Electronic medical records documentation.
- PT 648: 2.3. Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including: 2.3.3. Contemporary electronic communication.

Learning Experiences

- PT 648: Lecture/class discussion on multiple business plans, performing the planning of a business mission statement, vision statement, SWOT analysis, market analysis, and market penetration.

Actual Student Achievement

- PT 648: 100% of students passed written and practical examinations.

Practice Management Expectation: Practice Management

CC-5.59.
Establish a business plan on a programmatic level within a practice.

Objectives

- PT 648: 2.3. Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including: 2.3.1. Billing and reimbursement.
- PT 648: 2.3. Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including: 2.3.2. Electronic medical records documentation.
- PT 648: 2.3. Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including: 2.3.3. Contemporary electronic communication.
- PT 648: 2.3. Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management, including: 2.3.4. Direction

and supervision of support personnel, including Physical Therapist Assistants (PTAs) and aides.

Learning Experiences

- PT 648: Lecture/class discussion on multiple business plans, performing the planning of a business mission statement, vision statement, SWOT analysis, market analysis, and market penetration; class discussion on the financial ramifications of a cash pay business, private payers, public payors and pro bono service.

Actual Student Achievement

- PT 648: 100% of students passed written and practical examinations.

Practice Management Expectation: Practice Management

CC-5.60.
Participate in activities related to marketing and public relations.

Objectives

- PT 648: 1.5. Demonstrate effective verbal and written communication skills with patients, families, other health care professionals, and the public, to facilitate interventions and interdisciplinary interactions and cooperation.
- PT 648: 2.1. Provide consultative services applying the unique knowledge and skills of a physical therapist to identify problems, recommend solutions, or produce an outcome or product.
- PT 648: 2.2. Engage in education activities consistent with imparting information and knowledge unique to the expertise of physical therapists to individuals or groups using relevant and effective teaching methods.

Learning Experiences

- PT 648: Lecture/class discussion on marketing plan, target markets, niche markets, and penetrated markets; discussion on outreach programs to educate the public, and differences between direct access initiated PT services and referral based PT services.

Actual Student Achievement

- PT 648: 100% of students passed written and practical examinations.

Practice Management Expectation: Practice Management

CC-5.61.
Manage practice in accordance with regulatory and legal requirements.

Objectives

- PT 648, PT 668: 4.1. Practice physical therapy in a manner consistent with established legal and professional standards.
- PT 648, PT 668: 4.1.1. Demonstrate awareness of and adherence to state licensure regulations.
- PT 648, PT 668: 4.1.2. Practice within all applicable regulatory and legal requirements.
- PT 648, PT 668: 4.1.3. Demonstrate the ability to search and find information about laws and regulations pertaining to physical therapy practice from state and federal electronic sources.
- PT 648, PT 668: 4.1.4. Demonstrate accountability by adhering to laws and regulations governing physical therapy fiscal management.

Learning Experiences

- PT 648: Lecture/class discussion on the regulations for hospital based care, SNF based care and outpatient care; the scope of practice of PTs in each setting; the supervision of supporting staff in each setting; and laws and regulations of the Physical Therapy Board of California.

Actual Student Achievement

- PT 648: 100% of students passed written and practical examinations.

Practice Management Expectation: Consultation

CC-5.62.
Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

Objectives

- PT 668: 2.1. Provide consultative services applying the unique knowledge and skills of a physical therapist to identify problems, recommend solutions, or produce an outcome or product.
- PT 668: 2.2. Engage in education activities consistent with imparting information and knowledge unique to the expertise of physical therapists to individuals or groups using relevant and effective teaching methods.

Learning Experiences

- PT 668: Lecture/class discussion on participation in the clinical education of the public, volunteers applying to PT school, PT student undergoing clinical experiences.

Actual Student Achievement

- PT 668: 100% of students passed written and practical examinations.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.63.
Challenge the status quo of practice to raise it to the most effective level of care.

Objectives

- PT 668: 1.3.5. Select and prioritize the essential interventions that are safe, meet the specified functional goals and outcomes and are patient-centered.
- PT 668: 1.6. Utilize data from selected outcome measures to document intervention effectiveness.

Learning Experiences

- PT 668: Lecture/class discussion on the personal and professional responsibility to deliver high quality health care in a world of shrinking reimbursements; class discussion on optional pro bono service, gym membership, wellness, etc. after discharge.

Actual Student Achievement

- PT 668: 100% of students passed written and practical examinations.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.64.
Advocate for the health and wellness needs of society.

Objectives

- PT 638: 1.1.1. Discuss the etiology and clinical features of major disorders.
  Learning Experiences
  - PT 638: Lecture on health and wellness relative to societal needs.

  Actual Student Achievement

  - PT 638: 100% of students passed written examinations.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.65.
Participate and show leadership in community organizations and volunteer service.

Objectives

- PT 668: 3.3.3. Recognize one's role as a member and leader of the health care team.

Learning Experiences

- PT 668: Lecture/class dicsussion how PTs can contribute to research, wellness, and community education.

Actual Student Achievement

- PT 668: 100% of students passed written examinations.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.66.
Influence legislative and political processes.

Objectives

- PT 668: 2.2.3. Educate colleagues and other health care professionals about the roles, responsibilities and academic preparation of the physical therapist and scope of physical therapy practice.

Learning Experiences

- PT 668: Lecture/class discussion on involvement in legislation day, PT month, CPTA, APTA and other organizations that support physical therapy; annually, students attend "Legislation Day" at the state capital to meet with legislative analysts/aids to discuss legislation pertinent to PT.

Actual Student Achievement

- PT 668: 100% of students attend "Legislation Day" and passed written examinations.

Program Length and Degree Conferred

CC-6.
In order to adequately address the content and learning experiences necessary for students to achieve the expectations listed above, the professional curriculum is at least three academic years (or the equivalent) in length. Preferably, the series of courses included in the professional curriculum is awarded at least 90 semester credit hours (or the equivalent) and the clinical education component of the curriculum includes a minimum of 30 weeks of full-time clinical education experiences.

The DPT program is three years in length, with nine semesters of didactic and clinical coursework, and is comprised of 112 semester credit units. Students are required to complete 36 weeks of full-time clinical education experiences in order to graduate from the program.

Program Length and Degree Conferred

CC-7.
The first professional degree for physical therapists is awarded at the post-baccalaureate level. The institution is responsible for choosing and awarding a degree that is commensurate with the amount and complexity of the course work required to achieve the practice expectations and the expected student outcomes. Based on the amount and complexity of that course work, the Doctor of Physical Therapy is the preferred degree.

CSUS grants the Doctor of Physical Therapy degree for students who meet the minimum requirements for the degree. Graduates are expected to practice autonomously with expert knowledge,

clinical reasoning ability and skill. This level of practice is associated with education at a doctoral level.

Outcomes

CO-1.
Graduates of the program meet the expected student outcomes of the program, including those related to the program's unique mission.

Name
Alumni Survey.pdf
Employer Survey.pdf

Data informing the Department about the extent to which graduates meet the expected student learning outcomes have been collected through CPI aggregate data (Class of 2013), FSBPT examination results (Class of 2010, 2011, and 2012), End of Program Surveys (2013), Employer and Alumni Survey, and Community Advisory Committee portfolio review feedback.

What follows are the expected Student Learning Outcomes followed by the data used to evaluate the extent to which the outcomes were met.

Student Learning Outcome 1.0

- CPI aggregate data: 94.9% of students attained at or above Entry-level on final clinical internship on the relevant criteria (CPI 4, 7-16).
- FSBPT examination results: Our FSBPT Content Area results were at or above the national average in each content area.
- End of Program Surveys: Graduates' self-assessment of achieving program educational goals and objectives is evaluated on a five scale*. Acceptable performance is set at equal to or greater than 3. All respondents scored SLO 1 as equal to or greater than 3.
- Employers and Alumni Survey: Survey respondents (n=17) rated achieving program educational goals and objectives on 5 point scale*. Average response rating of relevant statements was 4.18/5 (Items #1, 2, 3, 5, 6).
- Community Advisory Committee portfolio review feedback: Annually, the committee randomly evaluates the written case report form one-third of the student portfolios. In the most recent review, the committee found that the case reports of patients with neurologic problems did not consistently contain documentation of the patient's participation restrictions. This feedback was shared with the faculty who teach neurologic rehabilitation and this segment of written case reports will be re-examined next year.

Student Learning Outcome 2.0

- CPI aggregate data: 96.8% of students attained at or above Entry-level on final clinical internship on the relevant criteria (CPI 3, 4, 8, 9, 14, 15, 17, 18).
- End of Program Surveys: All respondents scored SLO 2 as equal to or greater than 3.
- Employers and Alumni Survey: Average response rating of relevant statements was 4.14/5 (Items #4, 7, 8, 9, 11).

Student Learning Outcome 3.0

- CPI aggregate data: 98.5% of students attained at or above Entry-level on final clinical internship on the relevant criteria (CPI 2, 3, 4, 5, 6, 18).
- End of Program Surveys: All respondents scored SLO 3 as equal to or greater than 3.
- Employers and Alumni Survey: Average response rating of relevant statements was 4.46/5 (Items #10, 13, 14).

Student Learning Outcome 4.0

- CPI aggregate data: 100% of students attained at or above Entry-level on final clinical internship on the relevant criteria (CPI 3).
- End of Program Surveys: All respondents scored SLO 4 as equal to or greater than 3.
- Employers and Alumni Survey: Average response rating of relevant statements was 4.62/5 (Items #15, 16).

Student Learning Outcome 5.0

- CPI aggregate data: 93.7% of students attained at or above Entry-level on final clinical internship on the relevant criteria (CPI 7, 13, 16).
- End of Program Surveys: All respondents scored SLO 5 as equal to or greater than 3.
- Employers and Alumni Surveys: Average response rating of relevant statements was 4.25/5 (Items #17).

An additional datum used to evaluate the extent to which SLO and the program's mission are being achieved by graduates is the ultimate pass rate on the National Physical Therapy Examination. The average over the last three years is 97%, well above the required threshold of 80%.

*Scale: 5=Excellent; 4=Good; 3=Fair; 2=Poor; 1=Very Poor

Outcomes

CO-2.
Graduates of the program meet the health care needs of patients/clients and society through ethical behavior, continued competence, and advocacy for the profession.

Name
Alumni Survey.pdf
Employer Survey.pdf

See CO-1 for measures of the ways in which program graduates meet the health care needs of patients/clients and society through ethical behavior, continued competence, and advocacy for the profession.

Outcomes

CO-3.
When averaged over 3 years, 80% or more of all graduates pass the licensure exam.

Between 2011-2013, 100% of graduates took the FSBPT Licensure Examination.

Year: 2010

- First Time Pass Rate: 28/31 (90%)
- Ultimate Pass Rate: 30/31 (97%)

Year: 2011

- First Time Pass Rate: 31/34 (91%)
- Ultimate Pass Rate: 34/34 (100%)

Year: 2012

- First Time Pass Rate: 20/24 (83%)
- Ultimate Pass Rate: 23/24 (96%)

Three Year Average First Time Pass Rate: 79/89 (89%)

Three Year Average Ultimate Pass Rate: 87/89 (98%)

Outcomes

CO-4.
Graduation rates and employment rates are consistent with the program mission, goals, and expected student outcomes.

Graduation Rates

Year: 2011

- Number of Students: 34
- Number of Graduates: 34
- Graduation Rate: 100%

Year: 2012

- Number of Students: 26
- Number of Graduates: 24
- Graduation Rate: 92%

Year: 2013

- Number of Students: 34
- Number of Graduates: 34
- Graduation Rate: 100%

Three Year Graduation Rate: 92/94 (98%)

Employment Rates

Graduating Year: 2011

- Number of Graduates: 34
- Alumni Survey respondents (percentage of graduates): 21 (62%)
- Employment Rate of respondents: 21 (100%)

Graduating Year: 2012

- Number of Graduates: 24
- Alumni Survey respondents (percentage of graduates): 16 (67%)*
- Employment Rate of respondents: 10 (62%)

Graduating Year: 2013

- Number of Graduates: 34
- Alumni Survey respondents (percentage of graduates): 24 (71%)
- Employment Rate of respondents: 24 (100%)

*Survey was administered 6 months after graduation rather than 6 months after licensure examination.

Graduation rates for all three years are in line with program mission, goals, and expected student outcomes. Employment rates for 2011 and 2013 were also in line with program mission, goals, and expected student outcomes. Employment rates for 2012 appear lower because the alumni survey was administered 6 months following graduation rather than 6 months following licensure examination.

Appendices

Name
Academic Calendars.pdf
Academic Honesty Policy and Procedures.pdf
Academic Regulations.pdf
Admissions Info Provided to Students.pdf
Alumni Survey.pdf
Associated Faculty Qualifications.pdf

Blank Contract Template.PDF
Chair Review Letter.pdf
CI Effectiveness Summary.pdf
Clinical Education Information & Policies.pdf
Clinical Faculty Rights & Responsibilities.pdf
Collective Bargaining Agreement-Faculty.pdf
Collective Bargaining Agreement-Staff.pdf
Cost of the Program.pdf
Curriculum & Accreditation.pdf
Data Collection Tools-Clinical Education.pdf
Data Collection Tools-Curriculum.pdf
DCE Evaluation Form.pdf
Doctoral Proposal Grading Rubric.pdf
Doctoral Proposal Template.pdf
Email to CCCE at New Clinical Site.pdf
Emergency Response and Procedures Manual.pdf
Employer Survey.pdf
Essential Functions & Technical Standards.pdf
Faculty Evaluation Form.pdf
Faculty Handbook.pdf
Faculty Workload Policies & Procedures.pdf
Financial Aid Overview.pdf
Financial Aid Website.pdf
Financial Aid Withdrawal Policy.pdf
Goals and Expectations of Clinical Education Sites.pdf
Infection Control Presentation.pdf
Lecturer Faculty Orientation Workshops.pdf
Letter to CIs.pdf
Library Holdings.pdf
Neurologic Clinic-Patient Release Form.docx
Neurologic Clinic-Photo Release Form.docx

Neurologic Clinic-Policies & Procedures.docx
New Faculty Mentoring Schedule.pdf
Orthopedic Clinic-Patient Release Form.docx
Orthopedic Clinic-Photo Release Form.docx
Orthopedic Clinic-Policies & Procedures.docx
Part-time Faculty Welcome Letter.pdf
Peer Review Sample.pdf
Plan of Study.pdf
Policies and Procedures on Unsolicited and Solicited Complaints.pdf
Policies Regarding Roles Workload.pdf
Policy-Role and Responsibilities of the Department Chair.pdf
Program Accreditation.pdf
Program Assessment Matrix.pdf
Prospective Students Recruitment Admission Info.pdf
PT CPI.pdf
Reference Manual for CCCEs.pdf
Risk Management Acknowledgement & Release Form.pdf
Sample Contract.pdf
Sharp Debridement Lab Overview.pdf
STEPS-Minor Patient Physcian Approval Form.docx
STEPS-Patient Release Form.docx
STEPS-Photo Release Form.docx
STEPS-Policies & Procedures.docx
Student Evaluation of Clinical Experience & Clinical Instruction.pdf
Student Financial Services Website.pdf
Student Grade Appeal Process.pdf
Student Handbook.pdf
Student Health and Counseling Services Website.pdf
Student Outcomes.pdf
Student Responsibilities Clinical Education Contract.pdf
Summary of Clinical Experiences for Most Recent Class.pdf

University Accreditation.pdf
University Appointment, Retention, Tenure and Promotion Policy.pdf
University Catalog.pdf
University Catalog.pdf
University Policy Manual Topics.pdf
University Policy Manual.pdf
University Policy Manual-Faculty Responsibilities.pdf
University Policy Manual-Office Hours.pdf
University Withdrawal Policy.pdf
Use of Human Subjects in the Classroom.docx
Weekly Feedback Form.pdf
Working Personnel Action File (WPAF) Contents.pdf

California State University, Sacramento is submitting the required information in fulfillment of the Commission on Accreditation in Physical Therapy Education requirements for accreditation of a physical therapist education program.

The information submitted in this report is a true and accurate description of the institution and the physical therapist education program with respect to the information requested.

** Names and titles are drawn from the current data in the Department of Accreditation **
If there have been any changes in personnel, please contact the Department of Accreditation.

Academic Administrator of the Program:	**Administrative Official of Unit in which the Program Resides:**
Edward T Barakatt, PT, PhD	Fred Baldini, PhD
Name:	Name:
Director	Dean
Administrative Title:	Administrative Title:
Signature:	Signature:
Date:	Date:

Chief Academic Officer of the Institution:	**Chief Executive Officer of the Institution:**
Frederika Harmsen, PhD	Alexander Gonzalez, PhD
Name:	Name:
Provost and Vice President for Academic Affairs	President
Administrative Title:	Administrative Title:
Signature:	Signature:
Date:	Date:

Department of Accreditation
American Physical Therapy Association
1111 North Fairfax Street
Alexandria, Virginia 22314

		BIO 633	PT 600	PT 602	PT 604	PT 606	PT 608	PT614
STUDENT LEARNING OUTCOMES								
1.0 Demonstrate Professional Effectiveness								
Compare and contrast normal biological, physiological, and psychological mechanisms of the human body with pathophysiological factors that lead to impaired body functions and structure.	1	X	X		X		X	
Determine the physical therapy needs of any individual seeking services.	2				X	X	X	
Perform an effective and efficient systems review screen.	3					X		
Review pertinent medical records and conduct a comprehensive patient interview.	4				X	X		
Carry out appropriate and comprehensive patient examinations including tests and measures in a safe and client-centered manner.	5					X	X	
Develop a plan of care based on the best available evidence and that considers the patient's personal and environmental factors.	6					X		
Implement the physical therapy plan of care designed to restore and/or maintain optimal function applying selected procedural interventions that demonstrate safe and effective psychomotor and clinical reasoning skills.	7							
2.0 Demonstrate Management & Communication Behaviors								
Provide consultative services applying the unique knowledge and skills of a physical therapist to identify problems, recommend solutions, or produce an outcome or product.	1						X	

Engage in education activities consistent with imparting information and knowledge unique to the expertise of physical therapists to individuals or groups using relevant and effective teaching methods.	2		X				X	
Demonstrate the ability to plan, organize, administer, direct, and supervise human and fiscal resources for physical therapy practice management.	3						X	
3.0 Demonstrate Refletive and Sensitive Practice								
Recognize cultural, ethnic, age, economic, and psychosocial differences and apply a humanistic and holistic approach to the delivery of clinical service.	1							
Communicate effectively for varied audiences and purposes.	2							
Participate in professional activities that serve the community and advance the profession of physical therapy.	3							
Recognize the need for personal and professional development.	4							
Demonstrate entry level generic abilities.	5							
4.0 Practice in an Ethical & Legal Manner								
Practice physical therapy in a manner consistent with established legal and professional standards.	1		X				X	
Practice in a manner consistent with the professional code of ethics.	2		X				X	
5.0 Demonstrate Scholarship								
Apply basic principles of statistics and research methodologies within the practice of physical therapy.	1			X	X			

Contribute to the body of knowledge of physical therapy.	2							

PT 618	PT 620		PT 622	PT 624	PT 625	PT 626	PT 627	PT 630	PT 632	PT 634	PT 636
		Outcomes									
		1.0									
	X	1		X	X	X					
	X	2		X	X	X	X				
	X	3		X	X	X					
	X	4		X	X	X					
	X	5		X		X					
		6		X		X					
		7		X		X					
		2.0									
	X	1		X	X	X	X				

	X	2		X	X	X	X				
		3					X				
		3.0									
		1									
		2									
		3									
		4									
		5									
		4.0		X							
	X	1			X	X					
	X	2			X	X					
		5.0									
	X	1	X	X		X					

		2	X			X					

PT 638		PT 640	PT 644	PT 645	PT 646	PT 648	PT 660A	PT 660B	PT 660C	PT 660D	PT 660E
	Outcomes										
	1.0										
	1	X	X	X	X					X	
	2	X	X	X	X					X	
	3	X	X	X	X						
	4	X	X	X	X						
	5	X	X		X						
	6		X								
	7		X								
	2.0										
	1	X	X	X						X	

	2	X	X	X		X				X	
	3					X				X	
	3.0										
	1					X				X	
	2					X				X	
	3									X	
	4									X	
	5									X	
	4.0										
	1	X		X						X	
	2	X		X						X	
	5.0										
	1	X	X								

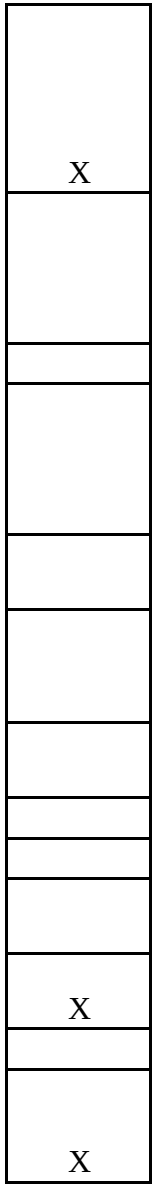
	2										

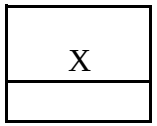
PT 660F	PT 660G		PT 662	PT 664	PT665	PT 668	PT 669	PT 680	PT690	PT 695A	PT 695B
		Outcomes									
		1.0									
		1	X	X			X			X	X
	X	2	X	X			X			X	X
	X	3		X			X			X	X
	X	4		X			X			X	X
		5		X			X			X	X
		6		X			X			X	X
		7		X			X			X	X
		2.0									
		1		X			X			X	X

		2		X			X	X		X	X
		3				X	X			X	X
		3.0									
		1									
		2									
		3									
		4									
		5									
		4.0									
		1		X		X	X			X	X
		2				X	X			X	X
		5.0									
	X	1		X			X			X	X

		2								X	X

PT 695C
X


X
X
X


X