

Andrews University



Physical Therapy 2008 Program Review

PREFACE

The Physical Therapy Department offers two major degrees which will be discussed in this document; the Doctor of Physical Therapy (DPT) and the Doctor of Science in Physical Therapy (DScPT). The DPT degree is offered to students wishing to begin practice as Physical Therapists and the DScPT is attractive to licensed Physical Therapists who wish to become orthopedic manual therapy master clinicians.

The department also offers two minor degrees; the Bachelor of Health Science: Pre-Physical Therapy (BHS) and the transitional DPT (t-DPT) program which will not be the focus of this document. Students entering the DPT program without a bachelor's degree are awarded the BHS after completion of the second semester in the DPT program. These students must have completed certain general education courses from their transferring institution before receiving this degree. A second purpose of the BHS degree is to give concerned administrative bodies a division line between the undergraduate and graduate phase of the student's DPT education. It is only a minimal step in the DPT program so will not be referred to in this document. The Department also accepts students into a t-DPT degree which is a small part of the DScPT program. The t-DPT is a degree offered to Physical Therapists holding a bachelors or masters degree wishing to upgrade their knowledge to the DPT level. Content taught in the t-DPT program is new information not usually taught in bachelor's or master's level programs however is currently being taught in DPT programs. As more students graduate from entry-level DPT programs, the t-DPT degree will be phased out as it will not be necessary.

Criterion I: History, Impact, and Demand for the Program

- 1. Mission. Write the program (or department) mission statement. Briefly explain how the program fulfills the stated mission. How does this program contribute to the mission of Andrews University? How does this program help contribute to the distinctive mission of the Seventh-day Adventist Church?**

Response: The Physical Therapy Department Vision is to unite Christianity with Healthcare Education. The Physical Therapy Department Mission is to provide a quality Physical Therapist education within a cooperative learning environment that promotes Christian values. The physical therapy department provides resources and encourages faculty to continue their educational, professional, and spiritual growth. The physical therapy faculty delivers, within a Christ-centered environment, the knowledge base and clinical skills that will prepare students for contemporary physical therapy practice. Physical therapy graduates will serve Christ as evidenced by their ministering to the needs of others through the delivery of effective professional healthcare. The physical therapy department faculty, and graduates comprise a Christian network that is balanced in the development of the spiritual, mental, physical, and social life of its members.”

From the inception of the Seventh-day Adventist (SDA) Church in the 19th century, health and healthcare have been an integral part of the Adventist belief system and its world-wide mission. The SDA Church has an extensive network of medical facilities nationally and internationally. Many SDA colleges and Universities support the healthcare mission of the church and offer a variety of allied health programs. By offering degrees in clinical laboratory science, dietetics, nursing, physical therapy, social work and speech-language pathology and audiology, Andrews contributes to the SDA mission by educating and preparing individuals for healthcare service.

The core of AU's mission is to prepare students to serve the church and society while maintaining a faithful witness to Christ. Students are challenged to be inquisitive and to communicate effectively, to explore the evidence of science and to develop competencies in preparation for meaningful careers and jobs. The Physical Therapy Department's Vision Statement and Mission are congruent with those of the SDA Church and with the university. Andrews University's physical therapist education programs contribute to the university's ability to meet its overall mission of preparing students for Christian service. As physical therapists, program graduates will have the necessary skills to serve their communities by facilitating a better quality of life for their clients.

The physical therapy department mission, with its corresponding program goals and student outcomes, is congruent with contemporary norms in that the curriculum reflects contemporary patient/client-centered service and the degree being obtained is at the doctoral level. Graduates are able to provide "primary care" to clients within the scope of physical therapy practice and possess critical inquiry skills necessary to evaluate professional knowledge in order to provide evidence-based practice. Graduates are also taught how to integrate the five elements of patient/client management (examination, evaluation, diagnosis, prognosis and intervention) in order to maximize patient outcomes. Graduates are not only expected to pass the National Physical Therapy Examination, but also to be prepared for autonomous practice by providing contemporary evidence-based service throughout the continuum of patient care.

2. History. When and how was the program established? Describe the motivations that led to the establishment of the program. What major changes in the program's curriculum, focus, and/or constituency have occurred since its establishment?

Response: In the early 1980's Andrews University was looking for additional health programs to increase its student enrollment. Bill Bradford, Chair of the Allied Health Department was asked by the current president to develop new health professional programs as the Medical Technology program was well under way. Some basic criteria were established to accomplish this:

1. Need for graduates, job market both in and outside the church.
2. Does it fit in with philosophy of the church?
3. Can medical programs be accomplished on this campus with no major medical facility on campus?

At least 2 surveys were completed:

1. Loma Linda University Student Survey: LLU graduates stay in the west.
2. Cedar Lake Academy Senior Student Survey (juniors and seniors) showed strong interest in a PT program east of the Rockies.

In February, 1982, Bill called Chief Physical Therapists in Seventh-day Adventist hospitals East of the Rockies. Interested facilities were invited to come to Andrews at their own expense. Responding were Clinton Bond; Florida Hospital, Wayne Burns; Kettering Med. Ctr., Grace Lull; Porter Memorial Hospital, Harry Royal; Hinsdale Hospital, Howard Sulzle; Shawnee Mission Med. Ctr., Tom White; previous professor at Washington University in St. Louis and currently in private practice. In addition the President, Dean for CAS and Vice President for Academic Affairs attended. The following decisions were made:

1. The need for a PT program was confirmed.
2. LLU not satisfying market need for Physical Therapists nationwide.

3. Financial backing needed; University established \$400,000 from external funds which laid the groundwork to go to other hospitals for additional funds.

In the summer of 1982, fund raising was completed successfully. Five Adventist hospitals pledged \$400,000 in matching funds on a systematic pay schedule and consultants were retained to develop a plan to start the program.

All entities wishing to establish a Physical Therapist Education Program must first receive approval through the American Physical Therapy Association's (APTA) Commission on Accreditation of Physical Therapy Education (CAPTE). This is a rigorous process which can take years to accomplish. In the early 1980s, Andrews University sought and was granted permission from CAPTE to begin a physical therapist education program and in 1985 enrolled its first class. This program granted the degree Master's of Science in Physical Therapy (MSPT) following two years of college prerequisites and three years in the professional phase of the program. With the advancement of the profession, the physical therapy faculty voted to convert the MSPT program to a DPT program in 1999 which was approved by the Andrews University Board of Trustees in March, 2001, the North Central Association in August, 2001, and CAPTE in April, 2002. The Department has recently undergone an interim accreditation visit by CAPTE and at its meeting on April 20, 2007, CAPTE voted to reaffirm the department's accreditation through 2016. The last class of MSPT students graduated in May, 2004, and the first DPT students graduated in August, 2005. The primary vision of this program continues to focus on uniting Christianity with physical therapy education.

With the encouragement of the current AU President, the Physical Therapy Department faculty voted to create the Postprofessional PT programs (t-DPT & DScPT) designed to give licensed physical therapists with Bachelors or Masters degrees an opportunity to update their knowledge and skill in the profession by obtaining graduate study in the discipline without the need to terminate or significantly change their regular employment or lifestyle. The DScPT degree is an orthopedic specialization equivalent to an orthopedic residency in Medicine. This program was developed by the PT faculty and subsequently approved by the Andrews University Board of Trustees in March, 2001 and the North Central Association in August, 2001. The first group of Postprofessional students graduated in 2005.

4. **Benchmarking. What is the demand for this program globally, nationally, regionally, and/or within the Adventist community? What institutions do we compete with for students in this program? Compare this program with programs at competing institutions with respect to (a) institutional resources allocated, (b) program expenses, (c) student enrollment, and (d) student success.**

Response: External demands certainly suggest that there is a great need for Physical Therapists nationwide. According to the US Occupational Handbook and Bureau of Labor Statistics, employment of physical therapists is expected to grow much faster than average. Job opportunities will be good, especially in acute hospital, rehabilitation, and orthopedic settings.

“Employment of physical therapists is expected to grow 27% from 2006 to 2016, much faster than the average for all occupations. The impact of proposed Federal legislation imposing limits on reimbursement for therapy services may adversely affect the short-term job outlook for physical therapists. However, the long-run demand for physical therapists should continue to rise as new treatments and techniques expand the scope of physical therapy practices. Moreover, demand will be spurred by the increasing numbers of individuals with disabilities or limited function.

The increasing elderly population will drive growth in the demand for physical therapy services. The elderly population is particularly vulnerable to chronic and debilitating conditions that require therapeutic services. Also, the baby-boom generation is entering the prime age for heart attacks and strokes, increasing the demand for cardiac and physical rehabilitation. And increasing numbers of children will need physical therapy as technological advances save the lives of a larger proportion of newborns with severe birth defects.

Future medical developments also should permit a higher percentage of trauma victims to survive, creating additional demand for rehabilitative care. In addition, growth may result from advances in medical technology that could permit the treatment of an increasing number of disabling conditions that were untreatable in the past.

Widespread interest in health promotion also should increase demand for physical therapy services. A growing number of employers are using physical therapists to evaluate worksites, develop exercise programs, and teach safe work habits to employees.

Job opportunities will be good for licensed physical therapists in all settings. Job opportunities should be particularly good in acute hospital, rehabilitation, and orthopedic settings, where the elderly are most often treated. Physical therapists with specialized knowledge of particular types of treatment also will have excellent job prospects.”

Table 1: Projections Data from the National Employment Matrix

Occupational title	SOC Code	Employment, 2006	Projected employment, 2016	Change, 2006-16	
				Number	Percent
Physical therapists	29-1123	173,000	220,000	47,000	27

NOTE: Data in this table are rounded. See the discussion of the employment projections table in the *Handbook* introductory chapter on [Occupational Information Included in the Occupational Handbook](#).

Based on the above findings, there should be a strong market for Physical Therapists far into the future. These developments have also created a need for specialized healthcare providers which has increased the demand for the DScPT degree. Andrews University needs to continue to tap into that resource while continuing to be the leader in Christian-based Physical Therapy education for the nation.

From one of our CAPTE required statistics tables below (*Table 2: DPT Applicant/Enrollment Funnel*) you can see that there is considerable interest in the Andrews DPT program. Over the past few years the program has been enrolling more than its approved quota of 36 students. The applicant list is slowly growing and the student entrance GPA's are beginning to get back up where they should be in order to succeed in the program. In line with our mission, our target market for recruitment is “Christians” who are interested in Physical Therapist education. We rely heavily on recruiting in our sister SDA colleges nationwide, however prospective students from Christian and non-Christian colleges in the Great Lakes area are attracted to the concept of physical therapist education in a Christian environment. Off campus recruitment is done by the Health Professionals Marketing Coordinator, Admissions Director, and faculty. Recruitment also happens on the Andrews campus as many prospective students take the first three years of prerequisites at Andrews University and are encouraged to complete their professional DPT education at Andrews University through careful advising of each pre-PT student at the beginning of each semester.

Physical Therapy programs in general recruit from colleges and universities that do not have their own Physical Therapy programs. It is also common for PT school recruiters to attend career days (health or general) in sponsoring schools, offer graduate assistantships or fellowships and do personal interviews. Most programs require many hours of observation in a PT practice and a written reference from a Physical Therapist who has observed the applicant in the PT practice setting. PT programs affiliated with major medical centers usually find it easiest to recruit students. Having no major medical center in the surrounding area is our greatest weakness; both from a student and faculty perspective. Therefore continued focused recruitment is necessary.

Table 2: 1999-2008 DPT Applicant/Enrollment Funnel

Admissions Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Applicants (<i>as of Dec 1, prior yr</i>)	*	*	*	*	*	*	57	56	64	99
Applicants (<i>as of Jan 30</i>)	*	*	*	*	*	*	66	75	96	109
Applicants (<i>as of Jun 1</i>)	138	70	44	45	42	78	71	82	99	
Applicants (<i>as of Aug 28</i>)	*	*	*	*	*	*	*	86	100	
Applicants Accepted	77	48	28	31	29	52	53	55	67	
Class Size:Enrolled	40:44	40:18	40:14	36:14	36:20	36:36	36:32	36:40	36:40	
Students left on Alternate List	*	0	0	0	0	1	0	8	3	
Enrolled % of Accepted Applicants	57%	38%	50%	45%	69%	70%	61%	73%	60%	
Enrolled Average Science GPA	3.52	3.41	3.41	3.28	3.29	3.38	3.42	3.52	3.48	
Enrolled Average Overall GPA	*	*	*	*	*	3.37	3.52	3.57	3.49	
Enrolled Students from Outside MI	84%	76%	79%	79%	81%	76%	68%	77%	75%	
Enrolled SDA Students	77%	82%	86%	50%	70%	56%	75%	73%	55%	
Enrolled Gender Mix (% male)	25%	18%	23%	21%	25%	38%	32%	32%	37.5%	
Enrolled Non-white Students	40%	30%	50%	43%	45%	35%	40%	27%	47.5%	
Enrolled Students from Adventist Colleges other than Andrews	*	*	*	*	*	(6) 16%	(13) 40%	(12) 30%	(10) 25%	
Enrolled students from Andrews (<i>Prerequisites were taken at AU</i>)	36%	22%	57%	7%	40%	35%	40%	32%	32.5%	
Other colleges or universities	*	*	*	*	*	49%	20%	36%	42.5%	

*= Did not track

Since the APTA published their 2020 vision for all schools to issue a DPT degree by this date, there has been a demand from clinicians who graduated with a BSc or MS in Physical Therapy to receive an advanced doctorate degree. The DScPT program has been attractive to those clinicians with prior clinical experience in orthopedics as they are able to receive competency credit for specialist certifications and continuing education that they have previously completed. Furthermore, CAPTE, the accrediting agency of the APTA, has mandated that all faculty in entry-level PT programs must possess a degree higher than the degree that is being issued. Many people have been attracted to the DScPT degree for this reason.

The DScPT program is somewhat unique from the standpoint that we require certification in manual therapy prior to graduation. This combination of an academic degree with a nationally recognized clinical specialization has created a unique niche for our program. Some of our students/graduates are finding jobs with hospitals and clinics that are looking for someone with both the academic preparation and the clinical expertise to develop continuing education programs or direct the research efforts of the facility. The Andrews University DScPT program attracts students from Canada which has a very rigorous manual therapy certification program, however does not have doctoral PT programs available. The DScPT degree gives them academic recognition for the hours of coursework and written and oral/practical examinations that they are required to go through. One further benefit of this program is that it offers the SDA physical therapist the opportunity to gain their manual therapy certification while maintaining Sabbath observance. Most of the national programs are offered on Friday, Saturday and Sundays.

The major competitor for DPT students is our sister institution in Loma Linda. As was eluded in Response #2 above, Loma Linda University and Andrews University have the only two Seventh-day Adventist Physical Therapist Programs in the nation. There are five Physical Therapy school in Michigan however only this PT program is housed on a Christian campus.

The DScPT program competes with several institutions; the main ones are Rocky Mountain University; University of St. Augustine; and University of Indianapolis. These programs are much larger than ours and have many more FTEs than our program at Andrews (1.5 FTE). Each year the department benchmarks the DScPT tuition against these programs and we have found that their tuition has always been less than ours.

With regard to comparing Andrews with other Universities in terms of institutional resources allocated toward the program and program expenses, the APTA tracks the following expenses which are broken down here to include only PT programs in private institutions. The most recent figures are from the 2006-2007 APTA Fact Sheet and are given in mean averages:

PT programs in private institutions:

Total Operating Expenses for all PT programs (excluding salary & benefits): \$373,136
Total Salary expenses (excluding benefits): \$883,201
Operating and salary expense per enrolled student: \$17,566

Andrews University comparisons for this same time period:

Total Operating Expenses for all PT programs (excluding salary & benefits): \$275,287
Total Salary expenses (excluding benefits): \$643,643
Operating and salary expense per enrolled student: \$9,098

From these numbers you can see that Andrews spends approximately 74% of what other private institutions do on operating expenses (excluding salary & benefits) and 73% of total salary expenses (excluding benefits). *Operating and salary expense per enrolled student at Andrews is ~52% of what other PT programs in private institutions spend.*

According to the same fact sheet, the planned class size for the average DPT program in private institutions is 39.7. In Table 2 (page 5) above you can see that Andrews has enrolled 40 students per year for the past two years. From this table you can also see that applicant numbers are increasing thereby improving the quality of the program.

Table 3 below lists the DPT graduates' pass rates on their National Physical Therapist

Licensure Exam. Over the past 3 years you can see that scores are steadily improving. This past year 100% of our graduates passed their licensing exam. Their average NPTE scores on their first time attempt were higher than average scores for both Michigan and the United States.

Table 3: NPTE EXAM SCORES

DPT Students Graduation Year	Andrews University Physical Therapist Exam scores			State of Michigan Candidates	All US Accredited Candidates
	First Time Score (%)	Mean Percentile Score	% Passing NPTE	First Time Score (%)	First Time Score (%)
2005	75.00	640.17	83.33	83.01	82.61
2006	85.71	645.86	92.86	90.29	86.25
2007	93.10	647.79	100.00	88.27	88.46

5. Internal Impact. How does this program contribute to the success of Andrews University? How does this program contribute to the success of programs in other departments? How does this program contribute to the success of other programs in the same department/school?

Response: The Physical Therapy Department almost exclusively only offers courses for its PT majors. There are no service courses offered by the PT Department that are required by other AU programs however the department annually offers a Human Anatomy course (PHTH417/427 Human Anatomy/Lab) which is taken by pre-med students. This course has averaged 25 students per year over the past 5 years and 35 students over the past two years. Not offering this course would probably have very little impact on majors in other programs however it is seen as very valuable to those going into medicine. The department also annually offers a pre-physical therapy course (PHTH120 Intro to PT) which all pre-physical therapy students at Andrews take. This course gives students a view into what becoming a Physical Therapist is all about. Enrollments in this course over the past two years have averaged 15 students per year.

To better recruit prospective students and to help lagging enrollments in certain AU general education and other prerequisite courses for PT, the PT faculty developed the following three tracks for admissions into the DPT program:

- Guaranteed Acceptance Track: a prospective student accepted into this track has completed at least 90% of their prerequisites at Andrews University and maintains at least a 3.3 overall and science GPA.
- Preferred Acceptance Track: this prospective student will enroll in at least one semester as an Andrews pre-PT student, have at least a 3.3 overall and science GPA, and a positive personal interview.
- General Acceptance Track: this prospective student will have completed prerequisites from an accredited school with at least a 3.0 GPA and a positive personal interview. These tracks are explained in more detail in the Physical Therapy Policies and Procedures Manual, the AUPT webpage (under the admissions link) and in the DPT High School brochure.

Adding the Guaranteed and preferred track above has dramatically increased the number of undergraduate pre-PT students enrolling on the Andrews Campus.

Criterion II: Program Quality

How well do you do what you do? Who thinks so? What difference are you making with what you are doing? And how do you know that? Provide documentation for program inputs and outputs.

Document the quality of program inputs and processes:

- 1. Human resources. How many faculty, staff, and student workers are assigned to the program? What are the degrees/qualifications of the faculty to teach in the discipline (how many have discipline appropriate terminal degrees)? Percentage of instruction offered by full-time faculty?**

Response: There are currently 10 full-time Core Faculty teaching three semesters per year in the DPT and the Postprofessional programs. There are also 32 Supporting Faculty ranging from MD's to Physical Therapists, and other specialized health care professionals who teach all (9 supporting faculty) or part (23 supporting faculty) of a course and 154 Clinical Faculty. In the DPT program, full-time faculty teach ~ 82% of the DPT classes and ~ 32% of the Postprofessional classes. Currently the DPT program has the capacity for 36 students per class or 108 students over 3 years and the Postprofessional program has the capacity for 30 students per class or 90 students over 3 years. At the time of this writing, the DPT program has 97 students and there are 75 students in the Postprofessional program. There are 4 administrative, secretarial, and technical support staff to handle the needs of our complex programs Core, Supporting and Clinical Faculty needs and program CAPTE assessment requirements. The department has ~30 hours a week budgeted for student workers.

The DScPT program currently has 1.75 FTEs assigned to it. Kathy Berglund is the director of the program and is currently a .75 FTE. John Carlos, Jr is the capstone coordinator at .5 FTE. Amy Maydole is the administrative assistant at .5 FTE. Their qualifications are discussed below. The majority of instruction in the Postprofessional program is taught by supporting faculty who have been chosen because of their expertise in a given area. All of these are recognized as specialists or experts in the profession.

Each core faculty member developed their area of teaching expertise through a combination of clinical practice experiences, attendance at continuing education courses, professional conferences, advanced education, professional presentations and research. The physical therapy faculty is collectively and individually experienced with understanding entry-level practices. Each core faculty member has a personal copy of the Normative Model of Physical Therapist Education and The Guide to Physical Therapy Practice and are expected to be familiar with them. At the department's recent reaccreditation, CAPTE found the entire core faculty well-qualified to teach and provide leadership to the curricular areas for which they are responsible.

All but one of the core faculty have recently attended continued education courses and/or professional meetings related to their areas of teaching expertise. Seven of the ten have completed their doctorate degrees, two within the last two years. Two are currently working on their doctorate and the newest faculty member who was hired in May, 2008 is scheduled to

begin his doctorate in 2009. All but one of the faculty are physical therapists, licensed to practice in the state of Michigan or Indiana. Seven have recently been or are involved in clinical practice to varying degrees. All faculty who are physical therapists are active members of the American Physical Therapy Association (APTA).

Greg Almeter, PT MS, OCS, Orthopedic Coordinator joined our team on a half time basis in May, 2008. Greg's current teaching assignments in the DPT program include PTH601/611 Orthopedics and PTH457 Orthopedic Medicine and PTH711/721 Clinical Reasoning I. Greg holds a Master's degree in physical therapy, has been in orthopedic practice for 10 years, and is currently the Senior Physical Therapist and Clinical Instructor at Lakeland Rehabilitation. He has attended, organized and conducted many continuing education courses in orthopedic treatment techniques, and obtained the APTA Orthopedic Clinical Specialist (OCS) Certification.

John Banks, Jr., MA, PhD, Professor, Foundational Sciences Coordinator, received his BA in secondary education in 1972, his MA in biology in 1981 and his PhD in biology with an emphasis in human anatomy in 1984. That same year he joined the PT faculty at Andrews University as an associate professor. His teaching assignments in the DPT program include PTH400/410 Anatomy, PTH445/455 Neuroscience, and PTH440/540 Pathophysiology I & II. In 1999, Dr. Banks attended a medical pathology course as part of the preparation to teach the pathophysiology sequence. He has also attended national conferences in his area of teaching responsibility. After seven years of work, this past year (2005) Dr. Banks' textbook, "Atlas of Clinical Gross Anatomy" was published by Elsevier Publishing. This book has subsequently gone on to win the prestigious 2005 R.R. Hawkins Award for the Most Outstanding Publication in the Professional and Scholarly Publishing Division of the Association of American Publishers. It is currently being used by the University of California dental program, the University of Western Ontario's medical, dental, physical therapy and kinesiology programs, the Harvard anatomy department as their primary anatomy text and many other health-related programs. Approximately every third year Dr. Banks has been invited to teach human anatomy, neurology, and/or comparative vertebrae anatomy for Walla Walla College in Washington State and he teaches a human anatomy course for the pre-med students annually at Andrews University. In relation to content, Dr. Banks' course evaluations and Graduate Exit Interview evaluations have always been strong. It is apparent that he is well-organized and a master in his teaching area.

Kathy Berglund, PT, ATC, OCS, FAAOMT, Associate Director, Orthopedics Coordinator, began teaching in the AUPT department as an adjunct professor 1989. In 1994 she joined the DPT program core faculty on a half-time basis. Kathy is the Postprofessional Program Director and her teaching assignments include the NAIOMT Level 1 and 2 courses. Along with her physical therapy degree, Kathy holds an MA in athletic training/sports medicine. She is currently working toward her DScPT degree with emphasis in manual therapy. Kathy is a Certified Athletic Trainer, Orthopedic Clinical Specialist and a Fellow of the American Academy of Orthopedic Manual Therapists. Kathy's scholarly agenda is in her area of teaching and she has conducted or attended multiple continuing education courses in orthopedics and sports medicine. She is also an orthopedic consultant for local physical therapists practicing in her area. Kathy regularly receives outstanding course evaluations and Graduate Exit Interview evaluations from her students and is found to be very knowledgeable in all subjects she teaches.

Kimberly Coleman, PT, MS, Academic Coordinator of Clinical Education, joined our faculty in June of 2006. Kim's only teaching responsibility in the DPT program is directing the clinical

practicum and all affiliations. Kim holds a Masters of Science degree in Physical Therapy and is currently working towards her doctorate in Education. She has been in clinical practice for the past 8 years, and has most recently been the director of inpatient and outpatient therapy services at a local hospital. Other employment positions include being a clinical supervisor and a co-manager of outpatient therapy services. Kim has been a Center Coordinator of Clinical Education for three years as well as a former Clinical Instructor. She has attended continuing education course in both management strategies as well as clinical practice. Kim's 8 years of clinical practice, experience as a CI, CCCE and supervisory skills help her maintain a contemporary understanding of clinical practice, clinical education, the clinical community and the healthcare delivery system. With all of her organizational, supervisory and management skills, Kim makes a substantial contribution to our faculty.

John Carlos, Jr., PT, PhD, Professor, Behavioral Sciences Coordinator, joined the DPT program faculty on a half-time basis in 2004 as an Anatomy Lab instructor. His current DPT teaching responsibilities include PTH410 Anatomy Laboratory, PTH610/620 Therapeutic Exercise and PTH765 Ethical and Legal Issues in Healthcare and two courses in the Postprofessional program. As well as the entry-level degree, Dr. Carlos holds an advanced Masters Degree in Physical Therapy and a PhD in exercise physiology. He has over 20 years of experience teaching physical agents and close to 20 years experience teaching anatomy. Dr. Carlos has attended multiple physical therapy continuing education courses, conducted workshops, and has several peer-reviewed presentations and publications in his teaching area. His current research activity is in the area of exercise science. Dr. Carlos is a licensed physical therapist and a member of the Education and Orthopedic Sections of the APTA. Dr. Carlos has recently begun teaching in our program and therefore has limited course/peer evaluations. According to his past program administrator, Dr. Carlos is very knowledgeable and prepared for all of his classes.

Lynn Millar, PT, PhD, Professor, Research Coordinator, began teaching in the AUPT department as an adjunct professor in 1990. In 1994 she joined the core faculty on a full-time basis. Her teaching assignments in the DPT program include PTH625/635 Cardiopulmonary, PTH647 Differential Diagnosis, PTH621 Scholarly Inquiry and Dissemination, PTH622/632 Research Statistics, and PTH799 Research Topics. Along with her PT degree, Dr. Millar received an MS degree in Exercise Physiology in 1979 and a PhD degree in Secondary Education and Exercise Physiology in 1985. She has taken multiple continuing education courses and attended many professional conferences in areas related to her teaching responsibilities. Dr. Millar has given numerous research presentations and published articles in multiple journals. She also wrote a book, "Action Plan for Arthritis" in 2003. As part of her current research activity Dr. Millar is writing a chapter for a cardiac rehab text that will be published by Human Kinetics. Dr. Millar is the current research committee chair for the Michigan Physical Therapy Association, serves on the Andrews University Institutional Review Board, acts as a past/present reviewer for several research journals and is a consultant for local physical therapy clinics. She has proven to be a valuable resource to students and faculty on research related topics. According to her course evaluations and Graduate Exit Interview evaluations, Dr. Millar regularly receives excellent scores related to knowledge and expertise of subject content.

Betty Oakley, PT, DHSc, Associate Professor, Clinical Sciences Coordinator, began teaching in the AUPT physical therapy program in 1994. Her current teaching assignments in the DPT program are PTH415/425 PT Assessment Skills, PTH420/430 Therapeutic Interventions, PTH768 Professional Compendium and PTH880 PT Seminar. Dr. Oakley completed her Master's of Science in Physical Therapy in 1988 and her Doctorate in Health Science from the

University of St. Augustine in 2006. Her clinical experience has been in the area of orthopedics and general medicine. Dr. Oakley has also attended several continuing education courses related to her areas of teaching. A few years ago the department chair asked her to spearhead the implementation of the Guide to Physical Therapy Practice and the student portfolio into the curriculum so she attended continuing education courses, researched both these topics and successfully implemented them into the program. Between 2000-2004 she was the lead author of a grant funded research project to study the effects of cryotherapy, short-wave diathermy and aerobic exercise on delayed-onset muscle soreness. Dr. Oakley has also conducted several workshops and published or presented her personal research on topics in her teaching area such as ultrasound, electrical stimulation, DOMS and the Guide to Physical Therapy Practice. She is a licensed physical therapist and a member of the Education Section of the APTA. One of Dr. Oakley's strengths has been her overall knowledge of course content according to her Graduate Exit Interview evaluations and course evaluations.

Lee Olson, PT, DC, Associate Professor, Neurology Coordinator, began teaching in the DPT program in 2002. His teaching assignments are PTH450 Neurology of Motor Control, PTH651/652 and PTH661/661 Neurology I & II, and PTH710/720 Advanced Concepts in Neurology. Dr. Olson's physical therapy clinical experience is in the area of neuro rehab and orthopedics. Since joining the faculty in 2002 Dr. Olson has attended multiple continuing education courses in his teaching area on topics such as stroke management, Parkinson's disease, spinal cord injury, NDT, motor learning and vestibular rehabilitation. His current research agenda includes work with harness-based therapy techniques in the neurology setting. Dr. Olson is a licensed physical therapist and a member of the Neurology and Orthopedic Sections of the APTA. Dr. Olson's course evaluations and Graduate Exit Interview evaluations scores on "knowledge of course content" are always strong. Students commented one strength is his "ability to relay info to the student so they can understand it."

Wayne Perry, PT, MBA, PhD, Associate professor, Entry-level DPT Program Director and Chair of the Physical Therapy Department which houses both the entry-level DPT program and the two PT postprofessional programs. Dr. Perry has been a physical therapist for 21 years with his clinical practice area in acute care, neuro rehab, pain control rehab and home health care. Between 1977 and 1982, he was the staff supervisor at the Loma Linda University Medical Center (LLUMC) Radiology Department. Dr. Perry received his PT degree in 1985 graduating with honors and began contract teaching physical therapist courses in 1986. In 1988 he became the physical therapy supervisor for the Pain Control and Health Support Services of LLUMC. In 1990 he assumed responsibilities as the Director of the Physical Therapy Program at Loma Linda University and in 1992 received his Masters of Business Administration.

In 1994 Dr. Perry became the Program Director of the Andrews University MSPT program and in 1998 he chaired a transition team which was organized to convert the MSPT program to DPT status. In June of 2000, Dr. Perry received his PhD in Educational Administration with emphasis in Secondary Education. His dissertation focused on the roles, responsibilities and characteristics of a physical therapist program administrator which he presented at a national conference and published in the Journal of Physical Therapy Education in 2002. His most recent clinical practice was between the years of 2000 and 2005 where he worked home health as a per diem therapist. Dr. Perry's current scholarly agenda is in the area of physical therapy education and administration with peer reviewed presentations on topics such as the predictors of success on the NPTE, student-course evaluations, and cultural sensitivity. Dr. Perry has also organized and/or conducted several educational workshops for the PT and university faculty on teaching methods and program assessment.

Dave Village, PT, DHSc, Geriatric Clinical Specialist, Associate Professor, General Medicine Coordinator, began teaching in the AUPT program in 1995. His current teaching assignments are PTH416/426 Pathokinesiology, PTH418/428 General Medicine, PTH726 Geriatrics and PTH637 Orthotics and Prosthetics Laboratory. Dr. Village has been a physical therapist working mostly in acute care. He became a board certified Geriatric Clinical Specialist in 1996, was recertified in 2006, and completed his DHSc in 2005. Dr. Village has attended multiple continuing education courses and professional conferences related to his teaching area and has organized and supervised workshops in wound and burn care as well as other topics. Most of Dr. Village's past publications and professional presentations have been topics related to geriatrics and service learning. His current research agenda also includes topics related to geriatric physical therapy such as fall prevention, incontinence and home health. Dr. Village is a current member of the Geriatric and Education Section of the APTA and serves on the Community Campus Partnership for Health and does occasional clinical practices with the geriatric population. Dr. Village consistently receives scores higher than average on his course evaluations and Graduate Exit Interview evaluations for knowledge of subject content.

2 Physical resources and technology. What are the equipment, facilities, and other resources used by the program? How adaptable is the program to advancements in technology?

Response: Generally there is an adequate variety of equipment available for teaching purposes. Physical assessment and testing equipment, exercise equipment, wheelchairs and other ambulatory devices and models are stored within close proximity to the PT department. Electrical modalities, hydrotherapy and traction equipment are also stored in appropriate areas. Students have access to this equipment for practice purposes following proper instruction.

The human anatomy laboratory is adequately supplied and dedicated for full-time program use. Equipment and supplies include appropriate anatomical resources and a VCR with monitor. Responsibility is taken to insure that air handling in the lab is adequate on safety checks and calibration, and for monitoring the program to insure that OSHA standards are met. The orthopedics lab has 13 electric hi/low split treatment tables, a skeleton and a DVD/VCR player with monitor.

The gym has four large mat tables, plinths, and treatment stools to accommodate 25-30 students at a time. There is an overhead unweighting system over one end of the gym and over 20 portable treatment tables are available for student check-out. For treatment of the acute care/general medicine patient, the facility is equipped with a small therapeutic pool, two sets of parallel bars, four hospital beds with overhead trapeze and traction bars, several bedside tables, a CPM unit, two Hoyer lifts, IV poles and bags, catheters, bed pans, bench seats, portable toilet chairs, sliding boards, stump wrapping models, sphygmomanometers, stairs, and multiple wheelchairs, crutches, walkers, and canes.

The modalities lab has 10 split electric high/low tables, 4 with traction units attached. The program has sufficient modalities to teach all of the physical agents except six portable iontophoresis units, six portable ES/FES units and six TENS units which are on consignment to the program.

Therapeutic exercise equipment is divided between the research lab and the gym and includes a Biodex unit, treadmills, an overhead unweighting system, Balance Master, exercise bikes, Total Gym, therapeutic balls, wall mounted pulleys, free weights, cuff weights, foam rolls, Body

Blades, skin fold calipers, metronome, stop watches, step stools, bolsters, BAPS boards along with TheraBand and TheraTubing.

With some creative scheduling during the 10 week Spring Semester when all 3 groups of DPT students are on campus, there is has been marginally adequate space to meet the program's needs. There is adequate space in the anatomy lab, gymnasium, modalities and orthopedic lab. Currently therapeutic exercise equipment is divided between the research lab and the gym area. Therapeutic exercise labs move from one area to the other as the research lab is too small to accommodate more than 10-12 students at a time. Here again this has been marginally solved by the therapeutic exercise instructor through creative teaching. This issue is expected to be solved when the new lab is completed in June. Currently statistics labs are divided into three groups as the Bell Hall computer lab does not have enough computers with the appropriate SPSS software to handle 18 students; each at their own computer.

For the on campus courses, the DScPT program utilizes the orthopedic lab in Johnson Gym. There are 13 high low tables in the room along with a laptop and portable projector. The director of the program has a laptop and cell phone which are used to keep in contact with the students in the program. The capstone coordinator and the administrative assistant also use computers and in office phones for student communication and day to day business.

Audiovisual equipment is owned and maintained by the PT department. This includes laptops with PowerPoint systems available for use by faculty. Students may also use this equipment for research presentations. There are two portable video/computer projectors and multiple TV monitors in classrooms and on mobile carts with DVD/VCRs available for both faculty and student use. All faculty/staff offices and the student computer lab have computers which are networked together and access all AU resources such as the library or academic records office. The network also serves as a connection to three separate laser jet printers (2 black-and-white, 1 color). The PT department also has a poster printer and software to create professional-looking posters. This has been widely utilized for the production of research posters for scholarly presentations. The department workroom has a duplex copier which is adequate to meet the program's needs. DPT program students have their own dedicated computer lab adjacent to their classroom space with five computers, a scanner and a laser printer. As part of their professional fee, DPT program students are allowed to print up to 200 pages per semester without charge. Both the equipment and the equipment budget have been adequate to maintain the equipment needs to meet the curricular goals and expected student outcomes of the DPT program.

Each faculty member has a personal computer with SPSS. Currently the equipment available has been adequate to cover the needs of core faculty research. Faculty have the option to apply for both internal and external funds if more expensive equipment is needed. In the past some faculty have been involved with other departments such as Clinical Laboratory Sciences, and Physical Education. To date, all reasonable requests for research equipment, technology, and materials have been adequately funded.

Each PT staff member has their own computer which is linked to a university-wide network. Staff members can share files and print to multiple printers throughout the building. Staff have internet access and computer software includes Microsoft Office Pro Suite 2003, Outlook, Corel Office 2000, SPSS, QuarkXpress 6.5, SSCAMP, Adobe Illustrator CS, Gradekeeper, and three university student/academic programs: cashier, Redwood and Banner. The DPT program also has a part-time dedicated computer support person who works in the physical therapy building four mornings a week and is available on-call throughout the rest of the work day.

3 Curriculum. Curriculum description. What is the scope of the program (its breadth and depth)?

Response: Students complete 92 semester credits of prerequisite course work in order to be permitted admission into the DPT program. A grade point average of 3.00 on a 4.00 point scale is required in the science courses and in the overall prerequisite courses. All prerequisite course grades must be "C" (2.00) or better.

A full range of natural science, general, and elective courses provide breadth to their foundational education. Select courses are required in the following areas: biological sciences, physics, chemistry, medical terminology, computer applications, statistics, psychology, human development, and social sciences. Applicants who do not have a bachelor degree must also take basic courses in English language, communication, fine arts, humanities, and physical fitness. See the DPT Prerequisite Course List in the AU Bulletin for a complete list of prerequisite courses. About 25% of the total pre-professional credits are electives, which may include religion and service-related courses. Program faculty believe this diversity of prerequisite course work prepares the student for the scientific, technical, and behavioral aspects of professional program.

The DPT professional curriculum is organized into nine semesters beginning in the fall and ending at the completion of the third summer semester. Eligible students without a Bachelor's degree receive a Bachelor of Health Science at the completion of their second semester. The DPT curriculum begins with the foundational sciences progressing to the clinical and physical therapy sciences, and finally to the clinical education program. Students begin with anatomy and kinesiology their first term where normal structure and function is presented as a foundation for understanding abnormal function and pathophysiology. Students continue to explore the clinical and physical therapy sciences in systems courses such as General Medicine, Orthopedic Medicine, Orthopedics I & II, Neurology I & II, Pediatrics, Cardiopulmonary, Geriatrics, and Differential Diagnosis. Finally students complete 36 weeks of clinical affiliations giving them opportunity to solidify what they've learned.

The DPT curriculum also begins with basic skills in evaluation and treatment planning and progresses to more advanced evaluation and intervention strategies taught in the physical therapy science courses followed by the clinical education program and a physical therapy exam review course. During the first term of the program students take a physical therapy assessment skills course, where they learn basic examination, evaluation, diagnosis, prognosis and intervention strategies. This is followed by a therapeutic interventions and a therapeutic exercise course. In the physical therapy science courses students learn to apply the five elements of patient/client management strategies in a variety of patient/client settings. In the differential diagnosis course students learn to distinguish between a physical therapy diagnosis and a diagnosis that may need to be referred to another healthcare provider. Students refine their critical inquiry skills through literature searches in these courses and through their research sequence which leads to a completed capstone project. The students solidify what they've learned while on their four clinical affiliations and return to campus to take a physical therapy licensure exam course at the end of their final seminar. This sequence facilitates student achievement of the expected outcomes by giving the graduate the ability to provide physical therapy primary care in a variety of physical therapy settings. Students demonstrate in-depth knowledge of the basic and clinical sciences. Students also demonstrate competency in entry-level clinical skills and effective communication skills through both oral and written examinations as well as clinical affiliation assessments. Through this sequence graduates understand the capabilities of other healthcare providers including when to refer. Graduates

possess the critical inquiry skills necessary to evaluate professional knowledge and competencies in relation to evidence-based practice.

As an example of a curricular thread, the curriculum takes students from learning about different religions they may see as physical therapists and assessing a client's spiritual needs to being able to apply Christian principles to their practice and personal life. During the first year students take a comparative religions course where they learn about different religions they may come in contact with as therapists. The second year students learn how to apply spiritual concepts with their patients/clients. Finally, students learn ways they can better manage their resources in order to improve the world around them. This sequence gives the student skills to model behavior which reflects Christian values including the role of prayer and faith in the healing process.

The remaining courses round out the DPT curriculum by giving the graduate a working knowledge of PT administration and management skills, ethical and legal issues, psychosocial issues and educational techniques. These courses teach the graduate how to participate in practice management, demonstrate legal and ethical behavior consistent with professional standards and demonstrate sensitivity to individual and cultural differences.

In order to keep their curriculum content based on contemporary practice standards faculty are required to be involved in activities such as attending continuing education courses and professional meetings, clinical practice, specialty certification, membership in related associations, current literature searches, scholarship, professional publications/presentations and professional service. All core faculty are also members of their professional association.

In 2001, the APTA issued a document outlining the association's recommendation for Postprofessional PT degrees. For the Bachelor's trained PT, the APTA recommended that a minimum of 30 credits, or proven competency in the scope of the curriculum changes that occurred when the profession went from an entry-level Bachelor's degree program to an entry level Master's degree program. Realizing that there were many Bachelor's trained clinicians whose on the job experience had already elevated them to this status, the APTA created the Physical Therapy Evaluation Tool (PTET), which was proven to be both valid and reliable in studies conducted by the APTA prior to its release. Thus, clinicians applying to the DScPT program who are Bachelor's trained, are required to take the PTET to assess for competency toward an entry level Master's degree in physical therapy. Those with a sufficient score are awarded that competency; any student who does not attain a sufficient score would have their portfolio evaluated by the Postprofessional Faculty Council, and remedial coursework would be required in areas found to be deficient.

For the entry-level Master's trained clinician, or a Bachelor's trained clinician awarded entry-level Master's competency, the APTA recommended a minimum of 60 credits be required for the DScPT. The APTA-recommended goal of the DScPT degree is to provide a clinical doctorate which recognizes specialty training in a given practice area of the profession, so the coursework should reflect the area of clinical emphasis.

Following these recommendations, the curriculum for the DScPT degree program includes 7 credits related to research; 10 credits related to skills needed for direct access clinical care such as radiology, pharmacology and clinical screening and differential diagnosis; 5 credits related to education and leadership; 4-6 credits of Capstone Project and 5 credits of religion courses used to satisfy the cultural diversity recommendation and to emphasize the mission of the department.

The DScPT program's clinical emphasis is orthopedic manual therapy. To provide this curriculum, Andrews University has partnered with the North American Institute of Orthopedic Manual Therapy (NAIOMT), a nationally-recognized provider of manual therapy coursework and certification, and an APTA credentialed clinical fellowship provider in orthopedic manual therapy. Along with the previously mentioned 32 credits, DScPT students take 18 credits of manual therapy coursework taught by NAIOMT instructors and are also required to take 4 credits, or 60 hours, of clinical supervised practice with a Fellow of the American Academy of Orthopedic Manual Therapy or NAIOMT clinical instructor. DScPT students are also required to either pass the NAIOMT Level III Certification or its equivalent prior to graduation so that all graduates are also a nationally recognized certified manual therapist. The DScPT program has been so successful that it now is the leading site in the nation for putting students through the NAIOMT exam. Furthermore, Andrews-trained students are averaging scores on this exam well above the average of students trained elsewhere. To further round out the curriculum, DScPT students are required to take 10 credits of electives in approved subjects such as orthopedics, research, education, business or spirituality. This brings the total credits required for the DScPT degree to 64 for this category of clinicians.

Since many of the entry-level programs have already converted to the DPT, a tract was approved in 2005 for the entry level DPT graduate wishing to obtain the DScPT degree. A total of 38 credits are required: the 22 credits of manual therapy coursework and clinically supervised hours; 2 credits of research; 3 credits of leadership; 6 credits of Capstone experience and 5 credits of electives as mentioned above.

4 Enrollment trends. What have been the program enrollments for the past five years? What are the enrollments in courses required for other programs?

Response: See *Table 2: 1999-2008 DPT Applicant/Enrollment Funnel* on page 5. All DPT course enrollments have been well above University minimum standards and there are no courses required for other programs. The DScPT program has been accepting between 14-22 students a year with the exception of last year when only 12 were accepted due to insufficient staff to follow up with students interested in the program. This year a graduate student has assisted with this process and we are anticipating accepting and starting a class within the average range listed above. The program has consistently been able to demonstrate a profit over expenses for the program contributing to the overall profitability of the department. (See *Appendix 3*).

5 Productivity. What are the number of credit hours generated, degrees or certificates awarded, services rendered, research developed, creative efforts produced, attendance at performances?

Response: According to Jim Massena's records, in the past 12 months the PT department has generated 4,486 credit hours which is divided into 773 swing credits and 7,408 doctoral credits. The DPT program graduates between 30 to 36 students per year and the Postprofessional program graduates an additional 8-12 students per year. There have also been between 70 – 90 full time pre-Physical Therapy students on campus taking their general education and science prerequisite courses through other departments. Over this past year there have been 16 research projects developed and 5 faculty have presented or published their research in a professional forum. A list of services rendered by the faculty is included as part of Criterion II, # 7 below.

Document the quality of program outcomes:

- 1. List the Department goals.**

Response: See *Table 4: Physical Therapy Department Goals* below for a list of Department, Faculty and Student goals along with their criterion for success and analysis of outcomes.

Table 4: Physical Therapy Department Goals

Department Goals	Sources of Data Utilized	Criterion for Success	Analysis of Outcome
DPT Program Goals:			
P1. Attract Christian students who are committed to physical therapy as a profession.	Current marketing materials 5-year data from: Admissions Evaluation, #9, 25-31	Marketing materials attractive to students interested in PT education within a Christian environment At least a 3.00 on the 1-5 scale	Review of marketing materials shows emphasis on AUPT being a Christian program. All scores average higher than 3.00 over past 5 years.
P2. Provide entry-level physical therapist education at the professional doctoral level (DPT).	Current DPT Curriculum	All entry-level students graduating with the DPT degree	As of the Class of 2005, all students now graduate with a DPT degree.
P3. Prepare graduates who are primary healthcare providers ready for contemporary professional practice in a variety of settings.	5-year data from: Graduate Exit Interview (Part 1) #12-21 Alumni Survey #1, 7-16, 20 Survey of Supervisors #1-25	At least a 3.00 on the 1-5 scale.	All scores average higher than 3.00 over past 5 years.
P4. Provide an environment where students are able to critically evaluate professional literature to promote evidence-based practice.	5-year data from: Clinical Performance Instrument #9 Graduate Exit Interview (Part 1) #29 Alumni Survey #6 Survey of Supervisors #14, 29	At least a 3.00 on the 1-5 scale.	All scores average higher than 3.00 over past 5 years.
P5. Prepare graduates who demonstrate ethical behavior consistent with professional and legal standards.	5-year data from: Clinical Performance Instrument #2-5 Graduate Exit Interview #26 Alumni Survey #1, 5 Survey of Patients #5, 9 Survey of Supervisors #3 Senior Survey #5	At least a 3.00 on the 1-5 scale.	All scores average higher than 3.00 over past 5 years.
P6. Provide an atmosphere where students learn respect for individuals from a variety of ethnic or cultural backgrounds.	5-year data from: Clinical Performance Instrument #8 Graduate Exit Interview (Part 1) #26 Alumni Survey #5, 19 Survey of Patients #4 Survey of Supervisors #11 Senior Survey #5	At least a 3.00 on the 1-5 scale.	All scores average higher than 3.00 over past 5 years.
P7. Prepare graduates who have compassion for the patient/client as a whole person, taking into account their spiritual needs.	5-year data from: Clinical Performance Instrument #8 Graduate Exit Interview (Part 1) #6, 28 Alumni Survey #26 Survey of Patients #3, 10 Survey of Supervisors #33 Senior Survey #11, 76c	At least a 3.00 on the 1-5 scale.	All scores average higher than 3.00 over past 5 years.

Department Goals	Sources of Data Utilized	Criterion for Success	Analysis of Outcome
P8. Prepare graduates who communicate effectively with patients/clients, colleagues and other constituents.	5-year data from: Clinical Performance Instrument #6 Graduate Exit Interview (Part 1) #19-21, 25 Alumni Survey #4 Survey of Patients #2, 6-8 Survey of Supervisors #13, 15, 16, 28, 33 Senior Survey #3	At least a 3.00 on the 1-5 scale.	All scores average higher than 3.00 over past 5 years.
P9. Promote and support faculty scholarly activities and facilitate faculty educational and professional development.	Core Faculty CVs DPT program professional meetings and development budget	All faculty have the opportunity to attend professional meetings which are sponsored by the DPT program.	Over the past few years all core faculty but one attended at least one professional meetings or con ed course that was fully sponsored by the DPT program budget.
P10. Maintain compliance with CAPTE standards.	CAPTE assessment criteria	CAPTE accreditation with no progress reports	Currently the DPT program is accredited by CAPTE with no progress reports due.
DPT and DScPT Faculty Goals:			
F1. Be connected to their profession through licensure and professional membership.	PT Core faculty PT licensure Core faculty APTA (or other) membership	Each PT core faculty hold current licensure. Each core faculty have current membership in their professional organization	All core faculty are members of their professional organization and all PT core faculty hold a current PT license.
F2. Hold a postprofessional degree at the doctoral level.	Core faculty CVs	Each core faculty hold a postprofessional doctoral degree	All but two core faculty members hold a postprofessional doctorate: Kathy Berglund has begun hers this year and Kim Coleman, our newest faculty, will start next year (2008).
F3. Maintain contemporary knowledge/practice expertise in assigned teaching area.	Core faculty CVs Core faculty evaluations 5-year data from: Graduate Exit Interview (Part 2)	Each core faculty show evidence during their annual evaluation that they maintain expertise in assigned teaching area.	All faculty have maintained contemporary expertise in their assigned teaching area through a combination of clinical practice experience, con ed, professional meetings, advanced education and/or research.
F4. Collectively develop, review, and revise the physical therapy curriculum plan.	Attendance and participation: Physical Therapy Professional Degree Council Annual Curriculum Review Committee Meetings Physical Therapy Faculty Council	Active involvement in each of these meetings.	All core faculty regularly attend and actively participate in each of these meetings.

Department Goals	Sources of Data Utilized	Criterion for Success	Analysis of Outcome
F5. Admit students into the DPT program who have an appropriate balance of prerequisite courses and the ability to successfully practice in the profession.	Report from Admissions Director of faculty involvement in student interview process. Attendance and participation in PTFC	Each core faculty is actively involved with applicant interview process. Each core faculty is actively involved in the PTFC meetings	All core faculty rotate through an interview schedule and regularly attend and participate in the PTFC.
F6. Maintain currency in instruction and teaching methods including course content, design and evaluation methods.	Core faculty evaluations <ul style="list-style-type: none"> Teacher/Course Evaluations Graduate Exit Interview (Part 2) Peer Evaluation Self Evaluation Chair Evaluation 	Each core faculty should average at least a 3.00 on the 1-5 scale.	All teaching core faculty average 3.00 or higher on all evaluations.
F7. Have an on-going scholarship agenda which culminates in the peer-reviewed dissemination of original contributions.	Core faculty evaluations <ul style="list-style-type: none"> Annual review of development goals Self Evaluation Faculty scholarship form 	Each core faculty member has an ongoing scholarship agenda which culminates in a peer-reviewed presentation or publication.	Currently all faculty meet this goal.
F8. Actively be involved with service to the department, university, profession and/or community.	Core faculty evaluations <ul style="list-style-type: none"> Annual review of development goals Self Evaluation Chair Evaluation 	Each core faculty member is involved in service to the PT department, the university, and outside the university.	Currently all core faculty are involved in service to the department and outside the university.
F9. Serve as role models for professional behavior.	5-year data from: Graduate Exit Interview (Part 1) #3 Core faculty evaluations Graduate Exit Interview (Part 2)	As a whole, PT faculty will be perceived as models of professional behavior (receive a 3.00 on the 5-point scale).	All scores average higher than 3.00 over the past 5 years.
F10. Incorporate a Christ-centered education into the physical therapy classroom.	Core faculty evaluations <ul style="list-style-type: none"> Course evaluations 	Each core faculty will receive at least a 3.00 on question 12 and 19 on the AU course survey.	Currently all core faculty average higher than 3.00 on these questions.
DPT Student Goals:			
S1. Demonstrate in-depth knowledge of the basic and clinical sciences relevant to physical therapy, both in their fundamental context and in its application within professional clinical practice.	<ol style="list-style-type: none"> All PTH courses Practical comprehensive exam Written comprehensive exam 3-year program graduation rates 	<ol style="list-style-type: none"> "C+" or better in all PTH courses. 3. 100% overall pass rate 3-year graduation rate of at least 80% 	<ol style="list-style-type: none"> 100% of graduates have successfully completed 3-year graduation rate is over 90%

Department Goals	Sources of Data Utilized	Criterion for Success	Analysis of Outcome
S2. Practice in a variety of physical therapy settings.	5-year data from: Clinical Instructor's Report #5 NPTE results Alumni Survey #28-30	1a. Annual employment rate of 90% b. Successful employment in: General Hospital Inpt General Hospital Outpt Rehabilitation Inpt Rehabilitation Outpt Outpt clinic c. Successful work experience with: Orthopedics, neurology, acute care/general medicine, pediatrics and cardiopulmonary 2. Multiple positive comments related to AU student success in a variety of settings. 3. 3-year NPTE pass rate of 80%	1a. 100% of those who pass the NPTE are employed within 6 months of achieving licensure. b. Graduates self-report one year after graduation show employment in a variety of settings. c. Graduates give themselves higher than average scores in each area. 2. Multiple comments related to students being well-prepared for a variety of clinical affiliations. 3. 3-year NPTE pass rate is over 90%
S3. Provide "primary care" to patients/clients within the scope of physical therapy practice.	5-year data from: Clinical Performance Instrument #10-20, 24 Graduate Exit Interview (Part 1) #13-21, 32 Alumni Survey #1, 2, 7-16, 20, 22 Survey of Supervisors #1-25	At least a 3.00 on the 1-5 scale	Except for a rare low score in one year of a 5-year trend, all scores are higher than 3.00 on all items.
S4. Possess the critical inquiry skills necessary to evaluate professional knowledge and competencies in relation to evidence-based physical therapy practice.	5-year data from: Clinical Performance Instrument #9 Alumni Survey #56 Survey of Supervisors #14, 29 Senior Survey #1	At least a 3.00 on the 1-5 scale	All scores are higher than average on all items.
S5. Demonstrate effective communication skills in professional practice during interactions with patients/clients, healthcare team members and other constituents.	5-year data from: Clinical Performance Instrument #3, 6-7, 15, 17-18 Graduate Exit Interview (Part 1) #20-22, 25, 27, 30-32 Alumni Survey #4, 12, 20, 22, 23, 25 Survey of Patients #2, 6-8 Survey of Supervisors #4, 8-10, 13, 16, 25, 30 Senior Survey #3	At least a 3.00 on the 1-5 scale	All scores are higher than average on all items.

Department Goals	Sources of Data Utilized	Criterion for Success	Analysis of Outcome
S6. Demonstrate competency in entry-level clinical skills necessary to: a. conduct a comprehensive physical therapy examination,	5-year data from: Clinical Performance Instrument #10-12 Graduate Exit Interview (Part 1) #13-14 Alumni Survey #5, 7, 8 Survey of Supervisors #18, 19	At least a 3.00 on the 1-5 scale	All scores are higher than average on all items.
b. perform a physical therapy evaluation,	5-year data from: Clinical Performance Instrument #11-12 Graduate Exit Interview (Part 1) #13 Alumni Survey #17-19 Survey of Supervisors #20	At least a 3.00 on the 1-5 scale	One score on Graduate Exit Interview related to marketing and public relations is below 3.00. All other scores for this goal are at or higher than average.
c. establish a differential diagnosis,	5-year data from: Clinical Performance Instrument #12 Graduate Exit Interview (Part 1) #15 Alumni Survey #10 Survey of Supervisors #21	At least a 3.00 on the 1-5 scale	All scores are higher than average on all items.
d. determine an appropriate prognosis	5-year data from: Clinical Performance Instrument #12 Graduate Exit Interview (Part 1) #16 Alumni Survey #11 Survey of Supervisors #22	At least a 3.00 on the 1-5 scale	All scores are higher than average on all items.
e. establish intervention and/or prevention activities.	5-year data from: Clinical Performance Instrument #13-14, 24 Graduate Exit Interview (Part 1) #17-20 Alumni Survey #12-15, 21 Survey of Supervisors #23, 24	At least a 3.00 on the 1-5 scale	All scores are higher than average on all items.
S7. Understand the capabilities of other health care providers and determine the need for referral to those individuals.	5-year data from: Clinical Performance Instrument #18 Graduate Exit Interview (Part 1) #14 Alumni Survey #7 Survey of Supervisors #17, 31	At least a 3.00 on the 1-5 scale	All scores are higher than average on all items.
S8. Participate in practice management including: a. delegation and supervision of support personnel and	5-year data from: Clinical Performance Instrument #21 Graduate Exit Interview (Part 1) #19 Alumni Survey #16 Survey of Supervisors #25	At least a 3.00 on the 1-5 scale	All scores are higher than average on all items.
b. financial management, business planning, marketing and public relations activities	5-year data from: Clinical Performance Instrument #17, 19-20, 24 Graduate Exit Interview (Part 1) #24, 25 Alumni Survey #17-19 Survey of Supervisors #26-28	At least a 3.00 on the 1-5 scale	One score on Graduate Exit Survey related to marketing and PR below 3.00. All other scores for this goal at or higher than 3.00.

Department Goals	Sources of Data Utilized	Criterion for Success	Analysis of Outcome
S9. Demonstrate legal and ethical behavior consistent with professional standards.	5-year data from: Clinical Performance Instrument #4-5 Graduate Exit Interview (Part 1) #26 Alumni Survey #1, 5, 15 Survey of Patients #3, 5 Survey of Supervisors #2, 3 Senior Survey #5	At least a 3.00 on the 1-5 scale	All scores are higher than average on all items.
S10. Demonstrate sensitivity to individual and cultural differences when engaged in physical therapy practice.	5-year data from: Clinical Performance Instrument #8 Graduate Exit Interview (Part 1) #27 Alumni Survey #4 Survey of Patients #4 Survey of Supervisors #11, 13 Senior Survey #5	At least a 3.00 on the 1-5 scale	All scores are higher than average on all items.
S11. Model behavior which reflects Christian values, including an understanding of the role of prayer and faith in the complete healing process.	5-year data from: Graduate Exit Interview (Part 1) #28 Alumni Survey #26 Survey of Patients #10 Survey of Supervisors #33 Senior Survey #4, 8-9, 11, 27-42	At least a 3.00 on the 1-5 scale	All scores are higher than average on all items.
DScPT Goals:			
The DScPT degree prepares the clinician to attain all of the skills needed to function as a direct access provider of physical therapy care.	Course syllabi and learning objectives for the following courses: PTH545 Advanced Clinical Physiology PTH615 Clinical Pharmacology PTH718 Clinical Screening and Differential diagnosis PTH730 Medical Diagnostics	A grade of "C+" or higher in above PTH courses. An average of 3 or higher on items #1,2 and 5 of the student course evaluations from these courses	100% of graduates have successfully completed these courses with a "C+" The following averages have been attained on items #1,2 and 5 of the student course evaluations: PTH545 Advanced Clinical Physiology- no data on this due to usage of an alternate form to collect course evaluations; new form in use for next offered class PTH615 Clinical Pharmacology- averages of 4.2; 3.8 and 4.0 attained. PTH718 Clinical Screening and Differential Diagnosis- no data on this due to using an alternate form to collect course evaluations; new form is use for next offered class PTH730 Medical Diagnostics- averages of 4.7; 4.7 and 4.6 attained. Goal #1 currently being met; will continue to monitor this goal and

Department Goals	Sources of Data Utilized	Criterion for Success	Analysis of Outcome
			implement new evaluation forms in next session offerings.
The DScPT degree prepares the clinician to become an orthopedic specialist.	NAIOMT Level III Oral Practical Exam or its equivalent.	Successful completion of the NAIOMT Level III Oral Practical Exam or its equivalent.	All graduates have successfully completed this exam prior to graduation. NAIOMT has said that the Andrews site has more successful candidates passing the Level III exam than any of its other sites in the country. Goal # 2 met. To date, 100% of graduates have successfully completed this exam; will continue to monitor this goal.
The DScPT degree prepares the clinician with the critical inquiry skills necessary to evaluate professional knowledge and competencies in relation to evidence-based physical therapy practice and to be an active contributor to the body of knowledge regarding evidenced based practice; clinical research and/or publishable quality case studies.	Course syllabi and learning objectives from the following courses: PTH740 Advanced Topics in Clinical Research or its equivalent PTH760 Applications of Clinical Research PTH 798 Capstone Project Items #1, 2 and 5 of the student course evaluation forms for PTH740 and PTH760.	A grade of "C+" or higher in above PTH courses and satisfactory completion of the Capstone Project. An average of 3 or higher on items #1,2,5 of the student course evaluation forms from these classes (excluding Capstone project)	100% of graduates have successfully completed PTH740 with a "C+" and all have successfully completed the Capstone Project. The following averages have been attained on items #1,2,5 on the student course evaluations for: PTH740 Advanced Topics in Clinical Research- data not obtained due to using an alternate form for course evaluations PTH760 Applications of Clinical Research- averages of 4.5; 4.8; 4.3 attained Goal #3 currently being met; will continue to monitor this goal and implement new evaluation forms in next session offerings.

2. Student retention. How well are students retained? Graduation rate?

Response: Table 5: Graduate & Employment Rates below from our recent accreditation document lists graduation rates with reasons for non-completion of the program and employment rates.

Table 5: Graduate & Employment Rates

Provide data for the last three graduating classes	2006	2005	2004
Mo/Year of admission (ex: 09/2003)	8/2003	8/2002	7/2001
Mo/Year of normally expected graduation (ex: 05/2005)	8/2006	8/2005	5/2004
Mo/Year representing 150% of normally expected time to complete program	2/2008	2/2007	2/2006
A. Number of students admitted to <i>original cohort</i>	20	14	14
B. Number of students who <i>graduated at the normally expected time</i> (i.e., "on time")	13	12	14
C. Number of students who <i>postponed</i> graduation because: <ul style="list-style-type: none"> the program implemented a DPT program that the students were eligible to attend they needed to address academic performance deficits they needed to address clinical performance deficits of personal reasons (health, family, etc.) 	0 1 0 0	0 0 0 1	0 0 0 0
D. Number of students who <ul style="list-style-type: none"> required <i>101-150%</i> of the normally expected time to complete the program 	1	1	0
E. Number of students who <ul style="list-style-type: none"> required <i>more than 150%</i> of the normally expected time to complete the program are still matriculated after 150% of the normally expected time 	0 0	0 0	0 0
F. Number of students who <i>did not complete</i> the program because: <ul style="list-style-type: none"> they did not meet academic standards they did not meet clinical standards of other reasons (health, family, changed mind, transfer to other PT program, etc.) 	3 0 2	0 1 0	0 0 0
G. Number of students who did not complete the program because they became <i>significantly disabled or died</i>	0	0	0

Provide data for the last three graduating classes	2006	2005	2004
Graduation Rate: (B+D)/(A-G)	70%	92.9%	100.0%
Three-year graduation rate	87.63%		
Total number of graduates	14	12	14
a. Number of graduates who sought employment within 6 months of achieving licensure	14	10	14
b. Number of graduates who were employed within 6 months of achieving licensure	14	10	14
Employment Rate: (b/a)	100%	100%	100%
Three-year employment rate	100%		

In the DScPT program, 25 students have graduated and we estimate a loss of 1-3 postprofessional students per year.

3. Program quality. What results demonstrate the quality of the program? Is there external validation of quality? What examples of exemplary performance does the program demonstrate?

Response: There is an extensive evaluation process utilized by the Physical Therapy Department. The department mission, goals (Program, Faculty, & Student), admissions process, curriculum plan and graduate profile are reviewed during the annual PT Curriculum Review Committee (CRC) meeting. External attendees to this meeting include representatives from the alumni of the program, employers of our graduates, clinical specialists and contract teachers. The department conducts an annual survey of its graduates, their supervisors and their patients/clients, to assess compliance with its goals (expected outcomes) for program graduates. Data is also collected from the Graduate Exit Interview, Clinical Performance Instruments from the final two clinical affiliations, the Clinical Instructor's Report, Student's Assessment of Academic Preparation and the National Physical Therapy Examination. All of these assessment documents are reviewed during the annual CRC meeting. In most instances, the program is judged to be operating satisfactorily. Weaknesses that do arise are discussed in the CRC meeting and a corrective action is determined. Summaries of assessment data related to program and student goals over the past year are available in the Curriculum Review Committee (CRC) minutes (*See Appendix 1: 2007 CRC Meeting Handout*) and outcome data related to each specific program, faculty and student goal is summarized in *Table 4: Department Goals* on pages 18-24 of this document. Unless otherwise stated, on all 5-point scales, a 3.00 is the minimum acceptable score to meet the expected outcome.

An analysis of the data presented in *Table 4: Department Goals* on pages 18-24 of this document demonstrates that the Physical Therapy Department has good success in meeting its target goals. The department will strive to not only meet these goals but exceed them through continued review of its pre-physical therapy and professional curriculums.

In reviewing *Table 3: NPTE Scores (page 7)* and *Table 5: Graduate & Employment Rates (pages 25-26)*, PT student National Physical Therapy Exam results are above the state and National Average and 100% of our graduates are employed within 6 months of achieving

licensure. Finally, a major accomplishment and external validation was that the Physical Therapy Department earned renewed accreditation for 10 years! CAPTE voted to reaffirm the department's accreditation through 2016 at its meeting on April 20, 2007. In a phone call to Dr. Wayne Perry, Dr. Ellen Price, Associate Director of CAPTE stated that Andrews University should be proud because its PT program is the first to successfully complete the accreditation process under the current requirements without having to write a single progress report! The last time any program accomplished this was in April, 2005 under the former CAPTE requirements.

As mentioned previously, Andrews partnered with NAIOMT to develop the Postprofessional DScPT curriculum. Currently the Andrews NAIOMT courses are putting more students through the NAIOMT Level III Oral/Practical Exam than any other site in the country. Furthermore, these students are passing the exam with the highest marks in the country on average. Other measures of the program quality are the types of jobs our graduates are getting hired to perform. Several of our graduates or students in process have been offered faculty positions in entry-level programs. One of our graduates now serving alongside orthopedic surgeons commented that the DScPT degree is the only reason they were interested in hiring her. Another graduate is in charge of all of the research projects that their company clinics are conducting and, again, received this job due to receiving our DScPT degree.

- 4. Student outcomes. What are test scores on nationally standardized instruments that measure attainment? How have the graduates fared on the GRE, the LSAT, the MCAT, and other standardized tests? How successful are program graduates in seeking graduate and professional admission? In the case of performance programs – music, drama, art – what evidence is there of achievement outcomes? What is the track record of the graduates on state professional licensure and certification examinations?**

Response: See Question 3 above.

- 5. Student satisfaction. What are the degrees of student satisfaction, alumni satisfaction, employer satisfaction? Do alumni records and placement data give insights into program success?**

Response: Annual surveys are given to students, alumni, supervisors of alumni and clients of recent alumni. These are tallied and presented in an annual curriculum Review Meeting where program strengths and weaknesses are discussed and, if necessary acted upon. Overall each stakeholder appears to be satisfied with the PT programs at Andrews (See *Appendix 1: 2007 CRC Meeting Handout, pages 85-109*).

- 6. Program philosophy. Does the program successfully provide for the intellectual and social development of the students?**

Response: The Physical Therapy Department affirms the mission and values of Andrews University and the College of Arts and Sciences in its desire to educate professionals for generous service to others with a faithful witness to Christ.

The student's comprehensive liberal arts and sciences background provide a base for the curriculum's foundational and clinical sciences. This background will further help students integrate their knowledge into the classroom, clinical environments, and their community.

The curriculum is designed to encourage collaborative attitudes while fostering independent

learning. It begins with the foundation sciences and basic assessment and intervention skills and progresses to the more complex systems approach with specialty practice areas and research interwoven where appropriate. The curriculum culminates with the clinical education component. The PT Programs are sensitive to the interests and changing needs of practitioners, patients, clients, families, caregivers, healthcare and educational systems, and to the society at large. This is especially essential within an uncertain healthcare environment, an increasingly accountable higher-education system, and an evolving body of physical therapy knowledge. Critical inquiry within the academic experience enhances the preparation for evidence-based practice as clinicians and contributes to the professional body of knowledge.

It is of utmost importance to instill within the learner the accessibility of the power of Christ. The accessibility of His power is important to utilize not only in their personal life but also within the delivery of care to the clients they serve. The program seeks to prepare the learner to discern the spiritual needs of their patients.

Graduates of the Physical Therapy Department should be knowledgeable, self-assured, adaptable, reflective, and service oriented. Through critical thinking, and evidence-based practice, graduates render independent judgments concerning patient/client needs; promote the health of the client; and enhance the professional, contextual, and collaborative foundations for practice.

The graduate must master the breadth and depth of knowledge in order to address patient/client needs throughout the life span. These may be manifested as acute or chronic dysfunction of movement due to disorders of the musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems. The graduate's focus should be to decrease the deleterious effects of health impairments, functional limitations, and disability.

The role of the physical therapist is expanding within a changing healthcare system. Graduates must be prepared for all responsibilities and privileges of autonomous practice and be the practitioner of choice for clients with a physical therapy diagnosis. Graduates will provide culturally sensitive care distinguished by trust, respect, and an appreciation for individual differences.

The graduate must also be adaptable and prepared to participate in a broad spectrum of activities from health promotion through comprehensive rehabilitation while being sensitive to market niches and needs that will arise in the healthcare community.

Compassion should be a driving force in the graduate's work. It is our desire that they follow the example of Christ. As He worked with those in need of physical healing, it states in Matthew 14:14: "He had compassion on them." Specifically, He felt their hurt.

In conclusion, the Andrews University department of physical therapy is committed to excellence in Christian healthcare education by training individuals to become physical therapists that provide evidenced-based service throughout the continuum of care.

7. Evidence of faculty growth and reputation. How well do program faculty achieve in measures of teaching effectiveness? What is the track record of the program faculty in producing research accepted in juried publications or peer-reviewed electronic scholarship? What recognition do faculty bring to the program in the areas of community, professional and denominational service?

Response: Number 6 of the DPT Faculty Goals (*Table 4: Department Goals*) above states that

the faculty are responsible to maintain currency in instruction and teaching methods including course content, design and evaluation skills. In order to meet this goal, faculty have generally taken college courses or attended continuing education courses, university workshops or department-sponsored seminars. Typical ways that these skills are evaluated include the annual CRC meeting, annual Teacher/Course Evaluations on every course, Graduate Exit Interview, Peer Evaluations, Self-Evaluation and Department Chair Evaluation which are all part of the annual faculty evaluation. These and other ways teaching methodologies are learned or evaluated are listed in *Table 6: CAPTE Teaching Expertise* below.

Each core faculty member has a scholarly agenda that 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 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. This is tracked by CAPTE which has created a table for documentation. See *Appendix 2: Faculty Scholarly Activity*.

Each core faculty member has a record of service consistent with the expectations of the program and institution. Some of their external activities over the past few years include:

Greg Almeter-

Niles Westside Seventh-day Adventist Church,

- Personal Ministries Leader
- Youth Leader
- Church Board Member, Elder
- Adult Sabbath School Teacher,

Adult Sabbath School Teacher, Batavia Seventh-day Adventist Church.

John Banks-

Leader Cradle Roll Division, Pioneer Memorial Church, past 20 years,
Organizer, Annual AUPT Michigan Adopt-a-Highway program,
Volunteer, Bridge-to-Skate program (Benton Harbor),
Deacon, Pioneer Memorial Church, 9 years,

Kathy Berglund-

North American Institute of Orthopedic Manual Therapy: Board of Directors Member
First United Methodist Church: Women's Service Group Member

Kim Coleman-

Social Committee Leader, Coloma Seventh-day Adventist Church, Coloma,
Church Board Member, Coloma Seventh-day Adventist Church, Coloma,
Cradle Roll/ Kindergarten Sabbath School Teacher, Coloma Seventh-day Adventist Church,
Participant in Career Day, Coloma Public Schools,
Cradle Roll/ Kindergarten Sabbath School Teacher, Coloma Seventh-day Adventist Church,
Participant in Career Day, Watervliet Public Schools, Watervliet, Michigan,
Assistant Pathfinder Leader, Coloma Seventh-day Adventist Church— 2001

Betty Oakley-

Andrews University Passion Play Volunteer,
Physical Fitness and Health presentation for Ruth Murdoch Elementary 7th grade students,
Social Committee Chair for Stevensville Seventh-day Adventist Church,

Andrews University College days (University Preview),
Pianist, Stevensville Seventh-day Adventist Church,
Career Day for Andrews Academy,
Recruiting for AUPT at Notre Dame Health Professions Fair,
Career Day for South Bend School's Minority Health Profession Program,
Kindergarten teacher/pianist, Stevensville Seventh-day Adventist Church,
Deaconess, Stevensville Seventh-day Adventist Church,
Pioneer Memorial Church Community Health Fair,
Andrews University Annual Student Wellness Fair,
Career Day for Ruth Murdoch Elementary 7th grade students,
Organized and performed vesper program for Stevensville Seventh-day Adventist Church,
Adventurer Club Counselor for Stevensville Seventh-day Adventist Church,
Vice President of Physical Therapy Alumni Association,
Natural Healing Remedies presentation for Ruth Murdoch Elementary 3rd grade students.

Lee Olson-

Greeter for "Something in Common" Sabbath School,
Deacon, Stevensville Seventh-day Adventist Church, Michigan,
Adult Sabbath School Assistant Superintendent, Stevensville Seventh-day Adventist Church
Adult Sabbath School Teacher, Stevensville Seventh-day Adventist Church,
Coached soccer for Berrien Lutheran School,
Outstanding Student Awards Committee for Michigan Physical Therapy Association,
Coached in Berrien Springs "Kid's Basketball" league.

Lynn Millar-

Notre Dame track meets and PT consultant; on Media referral network
Does at least 1 interview a month for magazines or newspapers (national)
Many professional committees at state and national level

Wayne Perry-

Coach of the Andrews University Junior Cardinals Basketball Team,
Chair of the Outstanding Student Award Selection Committee, Michigan Physical Therapy
Association,
Something in Common Sabbath School Coordinator, Pioneer Memorial Church.
Parents Positively Involved - Executive Committee Member. Andrews Academy,
Director of Video Ministries, Pioneer Memorial Church at Andrews University,
Baseball, Soccer, Basketball Coach, Greater Berrien Springs Recreational Department

Dave Village-

President, Indian Head Association,
Disciple Resource Connection, Stevensville Seventh-day Adventist Church,
Adult Sabbath School Program Leader,
Donation Processor, Stevensville Seventh-day Adventist Church,
Coordinator, Heads Up, Senior Expo at Mendel Center,
Sabbath School Superintendent, Stevensville Seventh-day Adventist Church,
Consultant/trainer, Berrien County Fall Prevention Task Force,
Councilman, Indianhead Association (Neighborhood),
Supervisor of Geriatric Community Service-learning projects,
Pioneer Memorial Church Health Fair AUPT Coordinator,
Adopt a Highway, Coordinator, Physical Therapy Department,
Deacon, Stevensville Seventh-day Adventist Church,
Back Care Instruction to local industry.

Table 6: CAPTE TEACHING EXPERTISE

Name / Degrees / Rank	DPT Program Teaching Responsibilities	Expertise & Qualifications Related to Teaching	Professional/Scholarly Activities Related to Teaching	Evidence of Effective Teaching & Student Assessment (See OSD-5)
John Banks, MA, PhD Full Time Professor	PTH400/410 Anatomy PTH440 Pathophysiology I PTH445/455 Neuroscience PTH540 Pathophysiology II	<ul style="list-style-type: none"> • BA in Secondary Education • PhD Biology • 33 yrs total teaching experience • 22 yrs teaching experience in AUPT department • Presented con ed courses related to teaching content • Attended con ed courses related to course content teaching skill 	<ul style="list-style-type: none"> • Coauthor: Atlas of Clinical Gross Anatomy • Chaired multiple theses related to teaching content • Scholarly agenda includes anatomy education • Member of Human Anatomy & Physiology Society and American Association of Anatomists 	<ul style="list-style-type: none"> • Course evaluations • Graduate Exit Interview • Peer Evaluation • Self-Evaluation • Earned Full Professor in 1997 • Department Chair Evaluation <p>The above all indicate effective teaching and student evaluation skills.</p>
Kathy Berglund, PT, ATC, OC, FAAOMT Half-Time Associate Professor	PTH601/611 Orthopedics I PTH457 Orthopedic Medicine	<ul style="list-style-type: none"> • BS in PT • MA in Athletic Training and Sports Medicine • Certified Athletic Trainer • OCS • FAAOMT • Currently pursuing DScPT • 16 years orthopedic PT practice • 17 years teaching orthopedics at AUPT • Conducted/attended multiple con ed in orthopedics 	<ul style="list-style-type: none"> • NAIOMT Board member • Received Augsburger Excellence in Teaching Award 2004 • Consultant for local orthopedic clinics • 6 peer reviewed presentations in orthopedics • Multiple non peer reviewed presentations in orthopedics • Member Athletic Trainers Association • APTA Sports Med and Orthopedic Sections member 	<ul style="list-style-type: none"> • Course evaluations • Graduate Exit Interview • Peer Evaluation • Self-Evaluation • Department Chair Evaluation <p>The above all indicate effective teaching and student evaluation skills.</p>

Name / Degrees / Rank	DPT Program Teaching Responsibilities	Expertise & Qualifications Related to Teaching	Professional/Scholarly Activities Related to Teaching	Evidence of Effective Teaching & Student Assessment (See OSD-5)
John Carlos, Jr., PT, PhD Half-Time Professor	PTH410 Anatomy Lab PTH610/620 Therapeutic Exercise PTH765 Ethical & Legal Issues in Healthcare	<ul style="list-style-type: none"> • BS in PT • Advanced Masters in PT • PhD in Exercise Physiology • 33 years teaching in PT • 2 years teaching at AUPT • Taught Anatomy for 27 years • Presented 3 con ed workshops related to content • Attended several con ed courses related to course content • Attended 3 con ed courses related to teaching skill 	<ul style="list-style-type: none"> • 4 peer reviewed publications related to teaching content • 13 peer reviewed presentations related to teaching content • 8 non peer reviewed presentations related to teaching content • Scholarly agenda includes PT education, exercise science and health & wellness • Chaired multiple theses related to teaching content • Received McKnight Fellow Endowment for Higher Education Award • Received PT Alumni Association Achievement Award • APTA Education Section member 	<ul style="list-style-type: none"> • Self-Evaluation • Department Chair Evaluation • Full Professor granted upon hire <p>Previous employer evals and current preliminary indications show effective teaching, however not fully involved in evaluation process till next year.</p>
Kimberly Coleman, PT, MS Full Time Associate Professor (New faculty member June 2006)	PTH680 Clinical Practicum PTH881 Clinical Affiliation I PTH882 Clinical Affiliation II PTH883 Clinical Affiliation III PTH884 Clinical Affiliation IV	<ul style="list-style-type: none"> • MSPT • 9 years clinical practice • 3 years CCCE • 1 year CI • PT clinical supervisor • Director of Inpatient and Outpatient Services • Attended multiple con ed courses related to clinical practice • Attended 4 courses related to employee management 	<ul style="list-style-type: none"> • (Will begin this next academic year) 	<ul style="list-style-type: none"> • (Will begin this next academic year)

Name / Degrees / Rank	DPT Program Teaching Responsibilities	Expertise & Qualifications Related to Teaching	Professional/Scholarly Activities Related to Teaching	Evidence of Effective Teaching & Student Assessment (See OSD-5)
Lynn Millar, PT, PhD, FACSM Full Time Professor	PTH621 Scholarly Inquiry & Dissemination PTH622/632 Research Statistics PTH625/635 Cardiopulmonary PTH647 Differential Diagnosis PTH799 Research Projects	<ul style="list-style-type: none"> • MSPT • PhD in Secondary Education and Exercise Physiology • 19 years teaching in PT • 12 years teaching at AUPT • Attended multiple con ed courses related to course content and teaching skill 	<ul style="list-style-type: none"> • 16 peer reviewed publications related to teaching content • Author: Action Plan for Arthritis (book) • 20+ peer reviewed presentations related to teaching content • Current scholarly agenda includes musculoskeletal injury prevention and assessment, exercise and training in special populations • Chaired/member of university IRB • Reviewer for several peer reviewed journals • Consultant for several sports-related groups • ACSM: Midwest Chapters Founders Award recipient • MPTA Research Committee Chair • APTA Education & Sports Sections member 	<ul style="list-style-type: none"> • Course evaluations • Graduate Exit Interview • Peer Evaluation • Self-Evaluation • Department Chair Evaluation • Earned Full Professor in 1999 <p>The above all indicate effective teaching and student evaluation skills.</p>

Name / Degrees / Rank	DPT Program Teaching Responsibilities	Expertise & Qualifications Related to Teaching	Professional/Scholarly Activities Related to Teaching	Evidence of Effective Teaching & Student Assessment (See OSD-5)
Betty Oakley PT, DHSc Full Time Associate Professor	PTH415/425 PT Assessment Skills PTH420/430 Therapeutic Interventions PTH768 Professional Compendium PTH880 Physical Therapy Seminar	<ul style="list-style-type: none"> • MSPT • DHSc • 11 years teaching at AUPT • 6 years clinical practice in acute care and orthopedics • Conducted 12 workshops related to teaching content • Attended multiple con ed/professional meetings related to course content and teaching skills 	<ul style="list-style-type: none"> • 1 peer reviewed publication related to teaching content • 11 peer reviewed presentations related to teaching content • 1 non peer reviewed presentation related to teaching content • 1 funded grant related to teaching content • Current scholarly agenda includes PT interventions, women's health, spirituality, and <i>Guide to Practice</i> • Chaired multiple thesis related to teaching content • APTA Education Section member 	<ul style="list-style-type: none"> • Course evaluations • Graduate Exit Interview • Peer Evaluation • Self-Evaluation • Department Chair Evaluation <p>The above all indicate effective teaching and student evaluation skills.</p>
Lee Olson PT, DC Full Time Associate Professor	PTH450 Neurology of Motor Control PTH651/661 Neurology I PTH652/662 Neurology II PTH710/720 Advanced Concepts in Neurology	<ul style="list-style-type: none"> • BS in Education • MPT • DC • 6 years teaching experience prior to PT training • 4 years teaching at AUPT • 3 years adjunct anatomy professor at Lake Michigan College • Attended 11 con ed courses related to course content • Attended 6 con ed courses related to teaching skill 	<ul style="list-style-type: none"> • 1 peer reviewed publication in PT practice • 1 peer reviewed presentation in PT practice • Current scholarly agenda includes therapy techniques for neuro patients • Currently chairing thesis related to teaching content • APTA Neurology Section member 	<ul style="list-style-type: none"> • Course evaluations • Graduate Exit Interview • Peer Evaluation • Self-Evaluation • Department Chair Evaluation <p>The above all indicate effective teaching and student evaluation skills.</p>

Name / Degrees / Rank	DPT Program Teaching Responsibilities	Expertise & Qualifications Related to Teaching	Professional/Scholarly Activities Related to Teaching	Evidence of Effective Teaching & Student Assessment (See OSD-5)
Dave Village PT, DHSc, GCS Full Time Associate Professor	PTH416/426 Pathokinesiology PTH418/428 General Medicine PTH637 Orthotics and Prosthetics Lab PTH726 Geriatrics	<ul style="list-style-type: none"> • MSPT • DHSc (2005) • GCS 1996 with recertification in 2006 • 11 years teaching at AUPT • 15 years clinical practice in home health and acute care • Conducted 10 workshops related to teaching content • Attended multiple workshops related to course content and teaching skill 	<ul style="list-style-type: none"> • 4 peer reviewed publications related to teaching content • 9 peer reviewed presentations related to teaching content • 1 non peer reviewed presentations related to teaching content • 2 funded grants related to teaching content • Current scholarly agenda includes topics relate to education, geriatrics, and service learning • Chaired multiple theses related to teaching content • Trainer for the "Heads Up Fall Prevention" program • APTA Acute Care, Oncology and Geriatric Sections member 	<ul style="list-style-type: none"> • Course evaluations • Graduate Exit Interview • Peer Evaluation • Self-Evaluation • Department Chair Evaluation <p>The above all indicate effective teaching and student evaluation skills.</p>

Criterion III: Finances

Provide a detailed analysis of the financial viability of the program including both revenue and expenses with documentation for at least the past three years. External factors that impact financial viability need to be clearly identified. In addition, capital and other major operating expenses, such as on-going laboratory and research costs, need to be highlighted.

The following types of questions need to be answered:

- 1. Does the revenue from tuition, fees, and other sources of income such as entrepreneurial activities associated with the department offering the degree, cover the direct costs of the program as well as an appropriate contribution to the institutional overhead?**

Response: Yes. PT programs in general typically operate at about a 1.4 – 1.6 productivity ratio. The current AU Physical Therapy Department budget shows the current DPT program productivity ratio to be 1.96 and the Postprofessional program to be 1.35 for a total department productivity of 1.85 See *Appendix 3: Three year Department Budget* for details.

- 2. What income has the program generated for itself from external grant activity, and what does it receive as a result of overhead or indirect cost recovery for the institution?**

Response: Outside of tuition, the DPT program collects between \$1,200–\$1,600 in application fees each year and each student is also charged a \$400 Professional Education Fee per semester netting approximately \$120,000 per year in additional income. These fees help offset some of the expenses directly related to the student. The Physical Therapy Alumni have set up a scholarship fund to help students who are in need. Alumni still regularly donate to this fund. Currently there are no other anticipated gifts, bequests, or endowments to the department that we are aware of.

- 3. What demonstrable efficiencies in the way the program is operated (or which could be inaugurated) are beneficial to the institution?**

Response: Both the DPT and the DScPT programs accept one cohort of students per year (Fall Semester). Each student in a cohort registers for the same classes at the same time. This necessitates each class being offered only once per year thereby reducing the need for duplicate classes throughout the year. The teacher of each course enjoys the idea that they know exactly what course the student in their class has taken prior to being there. The DPT program also charges a block tuition which remains the same throughout the year (three terms). Parents have told us they like this system as it allows them to budget educational costs easier.

Unlike the Seminary or School of Education's doctoral programs, Physical Therapy Department doctoral students tend to be non-sponsored students. Each dollar they pay for tuition and fees is considered "clean" money which comes from outside the Adventist system. It is not money being transferred from one Adventist pocket to another and is therefore not devaluated.

Criterion IV: A Strategic Analysis of Future Opportunities

Focus on the future opportunities for this program. Briefly summarize the strengths and

weaknesses already covered including:

1. Academic successes and difficulties

Response: The number one “success” of the Physical Therapy Department has been its ability to unite Christianity with healthcare education. Currently The AUPT Department has a reputation of providing a quality Christian Physical Therapy education, more so than Loma Linda University, the only other SDA PT Program. In our recent professional accreditation document we were commended for our successful integration of Christian values in our program and the quality of Christian commitment of our graduates.

The Physical Therapy Postprofessional Program is partnered with NAIOMT to provide a nationally-recognized and APTA credentialed postprofessional education in orthopedic manual therapy and has become the top NAIOMT site in producing successful graduates of manual therapy certification.

The overall number of applicants and the academic quality of the entry-level DPT applicant has been down for the past few years causing a higher number of students to leave the program for academic reasons. Currently, with the help of the Graduate Scholarship program and the current job market boom, the DPT program is again operating at almost full capacity at 36 students per class. With this increase in interest in the DPT program, there is now a slow rise in application numbers and academic quality. As academic quality increases, the number of students who leave the program for academic reasons should correspondingly decrease.

2. Financial strengths and weaknesses

Response: One strength of the program is having “Block” classes where students all register for the same courses at the same time each term. This has prevented the department from offering duplicate courses in a given year. This also insures that all students take classes in a sequence which decreases the potential for low enrollments.

Another strength of the DPT program is that Andrews has a higher financial productivity ratio than most PT programs in the nation. However this has come at a cost. One area Andrews suffers is recruiting faculty. Andrews Physical Therapy faculty pay is among the lowest in the nation making it very difficult to hire quality faculty. In addition, we have a smaller number of faculty as compared to similar programs of our size, which translates into higher faculty workloads. For years we held off equipment purchases because the institution was going through financial difficulties. We are required to provide a PT education that mirrors contemporary clinical practice while at the same time some of our clinical equipment is over 25 years old and desperately needs to be replaced.

3. Effectiveness in preparing graduates for meaningful service contributions and employment

Response: The physical therapy department mission, with its corresponding program goals and student outcomes, is congruent with contemporary norms in that the curriculum reflects contemporary patient/client-centered service and the degree being obtained is at the doctoral level. Graduates are able to provide "primary care" to clients within the scope of physical therapy practice and possess critical inquiry skills necessary to evaluate professional knowledge in order to provide evidence-based practice. Graduates are also taught how to integrate the five elements of patient/client management (examination, evaluation, diagnosis, prognosis and intervention) in order to maximize patient outcomes. Graduates are not only

expected to pass the National Physical Therapy Examination, but also to be prepared for autonomous practice by providing contemporary evidence-based service throughout the continuum of patient care. Since this department's inception, all graduates have been able to find employment as Physical Therapists within 6 weeks of passing their licensure exam.

4. Effectiveness in promoting Church growth.

Response: From the inception of the Seventh-day Adventist (SDA) Church in the 19th century, health and healthcare have been an integral part of the SDA belief system and its world-wide mission. The SDA Church has an extensive network of medical facilities nationally and internationally. Many SDA colleges and Universities support the healthcare mission of the church by offering a variety of health programs. By offering degrees in clinical laboratory science, dietetics, nursing, physical therapy, social work and speech-language pathology and audiology, Andrews contributes to the SDA mission by educating and preparing individuals for healthcare service. As with other AU health care programs, Christian principles of generous service to society are exemplified in the Physical Therapy Department by preparing graduates that can minister to the needs of others through the delivery of effective professional physical therapy healthcare.

The core of AU's mission, as stated in the Andrews University *Bulletin* is to prepare students to serve the church and society while maintaining a faithful witness to Christ. Students are challenged to be inquisitive and to communicate effectively, to explore the evidence of science and to develop competencies in preparation for meaningful careers and jobs. The Physical Therapy Department's Vision Statement and Mission are congruent with those of the SDA Church and with the university. Andrews University's physical therapist education programs contribute to the university's ability to meet its overall mission of preparing students for Christian physical therapy service. As physical therapists, program graduates will have the necessary skills to serve their communities by facilitating a better quality of life for their clients.

A program's past or current strengths and weaknesses often determine how a program may be positioned to deal with future threats or opportunities. Evaluate future threats to this program in the light of past weaknesses, including past inefficiencies, failures to innovate and less than effective service to the students involved. Considering the strengths of the program, frankly evaluate opportunities for growth in effectiveness, new directions in service, likely financial performance, new impact on the students involved, resources necessary to achieve new levels of effectiveness, etc.

Finally, reflect on strategic questions like the following:

- 1. What external environment factors affect the institution in such ways that opportunities or threats are created? Which factors among these might this program seize or avoid?**

Response: This program has demonstrated the ability to adapt to changes in the market for physical therapists and changes in education. When faced with a downturn in applications, the faculty took the opportunity to alter the program to address the future needs in physical therapy by transitioning from a Master's program to a clinical doctorate. At the same time the program moved from a quarter/modular system to a semester system to better integrate with the university.

Another change in the profession is the desire for advanced specialization education for practicing clinicians. This presented an opportunity for the department several years ago and

as a result, the Postprofessional Program was developed. Additionally, when the market is lower for entry-level clinicians, there appears to be a corresponding increase in those desiring advanced training as a way to keep their jobs secure.

A major external threat is government regulations pertaining to healthcare. Faculty and students are kept aware of national and state legislature that might impact the practice of physical therapy and encouraged to advocate for the profession by writing to legislators at both the state and national level. It is not uncommon for legislatures to respond to faculty/students expressing appreciation for their input.

2. Can structuring and/or technological innovations be implemented that will more effectively utilize educational best practice and the newest information technology while containing costs? What is the relationship of the program to emerging trends in distance and asynchronous learning?

Response: Many faculty have incorporated technology into courses in order to improve effectiveness, utilizing on-line education when feasible. The DScPT program has very successfully implemented a mixture of traditional continuing education and distance learning to attract clinicians to the program. During the first year of the program courses combine short term on-site learning with distance education, while most of the courses that do not require hands-on practice are completely distance education in the subsequent terms. This is a major attraction to practicing clinicians, as evidenced by the large program size, as compared to other postprofessional programs, and diversity of students that have enrolled in this program.

3. How might cooperative or collaborative relationship with other programs/institutions contribute to future opportunities, service and effectiveness?

Response: At this point in time the health departments within this university each work separately. They are in different buildings and do not have the ability to share equipment or space. Many universities with such diversity of healthcare programs have a unified School or College of Health Professions. Rather than working independently or within the context of unrelated academic programs, this allows for a rich collaboration between such healthcare programs. When programs are physically in the same building it is easier to share facilities and equipment, and often results in cooperative faculty research.

4. Is this program poised to transform itself in new and different ways in order to meet the needs of twenty-first century learners?

Response: This program has already made a crucial transition to meet the changes in the physical therapy profession. The goals of the APTA are for all programs to be at the doctoral level by 2020. We were among the first to make this transition. All faculty attend regular continuing education within their specialty to ensure that we are teaching evidence based practice that is consistent with contemporary physical therapy practice and are familiar with the emerging trends within the field of physical therapy.