Proposal

UCSF/CSUF Doctor of Physical Therapy (DPT)

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Section I: Introduction

Purpose and Brief Description of the Proposed Program

The faculty members from the California State University Fresno (CSUF) Graduate Program in Physical Therapy are requesting permission to develop a joint clinical Doctorate in Physical Therapy (DPT) with UCSF. This joint UCSF/CSUF program is consistent with the mission of both universities and maximizes the resources to support health science education. The purpose of this graduate program is to expand the knowledge, competency, and scientific basis of practice of physical therapy graduates, preparing them to assume increased responsibilities and leadership in the rehabilitation of patients with challenging impairments that interfere with independence and quality of life. The doctoral coursework expands the foundation of knowledge developed in the Masters of Physical Therapy Program. As core members of the health care team, the DPT graduates will be better prepared to carry out their unique roles in terms of consultation, assessment and rehabilitation of patients with movement dysfunction consequent to biomechanical, cardiopulmonary, neuromuscular, musculoskeletal anomalies, disease, age, overuse or trauma.

One additional academic year of study will be added to the MPT degree. After 2 years of study and completion of all course requirements (69 units completed with > 3.0 GPA, satisfactory completion of the culminating experience inclusive of a case presentation, comprehensive written examination or a graduate project with an oral defense; and satisfactory completion of 12 clinical semester units), the students will receive their MPT degree in Physical Therapy. The students will take the national licensing examination and then begin the DPT program (third year of academic studies). The MPT plus the additional DPT year of study (which will be referred as the M-DPT) will require comparable intensive coursework similar to the professional doctoral programs in pharmacy, dentistry, and medicine (125 semester units over 3 years of full time study post BS degree). This final year of learning will be dynamic and interactive with a strong evidence-based approach. Learning activities will center on active student involvement through seminars, case studies, clinical investigations, grand rounds, and patient care. The areas of content knowledge that will be developed in greater depth will include muscle and nerve biology, movement science, Physical Diagnosis, evidence based practice, primary care, case management, advanced professional issues, quality assurance, and scientific analysis of clinical research studies.

From 1990 to 2000, the House of Delegates, Board of Directors and Commission on Accreditation of Physical Therapy Education Programs of the American Physical Therapy Association discussed the need for more in-depth education of physical therapists to better prepare them for autonomous and independent practice in an environment where patients were frequently medically unstable yet being managed at home rather than in the hospital. In 2000 the House of Delegates of the American Physical Therapy Association adopted a vision statement that stated “Physical Therapy, by 2020, will be provided by physical therapists who are doctors of physical therapy…” The Commission on Accreditation will be revising the criteria for accreditation of Physical Therapy Education Programs. However, at this time, Academic Chairs of Physical Therapy Educational Programs have been informed that the Master’s degree will remain the required graduate degree, with the DPT the preferred degree. Until the Commission names the DPT as the required degree, there will be a window of opportunity for the CSUF Graduate Physical Therapy Program to add a post professional DPT to the entry level, accredited MPT program at CSUF. This allows the CSUF physical therapy graduate to obtain licensure and to practice part time as they pursue their doctoral studies. This also allows CSUF to maintain the accreditation of their MPT program and to pursue independent funding for the
DPT studies through self supported fee mechanisms. With a license to practice, the graduate student will be able to work two days a week and still take doctoral coursework. Within their final advanced clerkship, they will be assigned to a community facility to receive further mentoring in health care delivery. While in the clerkship, they will be able to help meet consumer demands for physical therapy (e.g. providing billable patient care services). At the same time, the experienced clinicians will mentor the doctoral student and develop their competencies as primary care providers, specialty practitioners, or collaborative clinical researchers. The graduate student, the community site, and the experienced clinician create a partnership for learning.

1.1 Aims and Objectives of the Post Professional Doctorate in Physical Therapy (DPT)

With the changes in health care delivery, physical therapists must be better prepared to practice independently. They must be able to progress patient activities despite a complex medical history, make timely decisions when medical care is emergent, urgent or requires a planned medical evaluation, and manage patients with the advice but not necessarily the direct supervision of a physician. In particular, the physical therapist must be able to apply the sciences of anatomy, physiology, pathology, aging, movement, exercise, therapeutic modalities and biomechanics to progress patients towards independence and self-care despite serious states of illness. The physical therapist must be able to teach patients and their families how to help care for themselves or loved ones at home, recognizing the red flags that physician attention or more sophisticated, life saving medical intervention is needed. The aim of the DPT program is to create a preeminent center of learning and discovery in physical therapy at the clinical doctoral level to prepare physical therapists to meet these new demands. The educational objectives of this program are to supplement the current MPT degree program in Physical Therapy with an additional academic year of study, culminating in a DPT degree that:

- Develops scholarly clinicians who are capable of integrating theoretical and practical information from the health sciences, basic sciences, clinical sciences, mathematical sciences, applied sciences, and social sciences into sensitive, ethical, and independent clinical practice.

- Creates an in-depth program of learning for qualified physical therapists in the State of California who are prepared to provide quality of care to patients with complex, challenging impairments.

- Facilitates the ability of physical therapists to critically review existing research and elaborate their clinical research skills in order to build the evidence of practice and innovate new physical therapy interventions based on solid theoretical constructs.

- Prepares a practitioner who is committed and qualified to provide high quality, problem specific exercise programs for patients who self-refer to a physical therapist.

- Maximizes the investment of educational resources of both the University of California, San Francisco and California State University, Fresno to prepare physical therapists for positions of clinical leadership and excellence in the State of California.

- Provides an innovative educational program where prepared, competent students and practitioners pursue advanced levels of physical therapy education.

Following completion of the master’s degree, the post graduate clinical practice requirements and the DPT program (including academic and clinical coursework), the graduate will be able to:
• Apply the foundation of science, general clinical observations and scholastic inquiry to the delivery of high quality, primary patient care services within an autonomous practice environment in: 1) outpatient centers; 2) physical therapy clinics in fitness centers; 3) exercise programs in Senior Citizen Centers (etc); 4) long term care facilities; and 5) the home.

• Integrate current technology, research findings, principles of learning, and progressive treatment methods for patients with complex neurological, cardiopulmonary, and musculoskeletal or wound healing problems who also represent broad cultural and age diversity.

• Analyze, critique and apply findings from the research literature to predict recovery and select the most appropriate rehabilitation strategies to maximize the independence and quality of life for patients with complex medical and traumatic impairments who may be medically unstable.

• Contribute to the evidence base of practice by participating in clinical studies designed to determine treatment efficacy.

• Integrate effective and efficient movement strategies into instructional programs designed to promote health, wellness and recovery of function.

• Apply the principles of interviewing and physical examination and review information from laboratory and radiological tests to determine if a patient can be most appropriately managed by a physical therapist.

• Communicate effectively and efficiently with physicians and other individuals on the health care professionals who are off site or not immediately available to see the patient.

• Use computer resources to review the literature, prognoses recovery of function and validate effective treatment strategies.

• Provide efficient and effective patient assessments to determine if a patient needs to be referred for emergency care, urgent care, or an appointment with an MD.

• Consult with patients, health care organizations, and other members of the health care team to determine which physical therapy strategies could be applied to rehabilitate patients with complex impairments.

1.2 Historical Development of Physical Therapy as a Profession

Changing Forces in Physical Therapy Education

There are many forces that are driving changes in the education for physical therapists:

• All Americans should be encouraged to participate in activities to maximize positive health and wellness.
• Advances in basic science, clinical science, medications, and applied engineering and technology are helping physicians save more patient lives.
• Patients who survive once fatal injuries and disease are frequently left with severe physical impairments.
• New biological discoveries like gene therapy, chemotherapy, pharmaceutics, surgery, radiation, tissue implants, organ transplants, joint replacements have helped increase longevity of life.
• The discoveries of neural adaptation made during the decade of the brain have provided new opportunities to guide recovery, learning and habilitation with aging, disease or injury.
• Children with neuromusculoskeletal and sensory impairments may achieve a greater potential if started on therapy shortly after birth and during the school years.
• Patient care has moved away from the inpatient setting to the outpatient, community, and home based settings; patients once managed in the hospital by physicians with 24 hour nursing care are now being discharged from the hospital to the family while still medically unstable.
• Allied health professionals and community agencies are expected to manage the acute needs of outpatients while facilitating function, independence and quality of life.
• The patient now expects the clinician to provide options for treatment and evidence in support of recommended treatment.
• The consumer and the family are expected to assume greater responsibility for coordinating their health care.
• Consumers are assuming more responsibility for understanding their health status and choosing who and when they want to be seen by a health care provider.
• The society is aging and individuals are challenged to maintain independence and quality of life despite chronic disease, sensory deficits and neuromusculoskeletal impairments.
• The patient and even the legislature are questioning the value of the additional costs associated with requiring a physician referral for the initial or continuing physical therapy visits; in 2002, legislation is being considered to change this requirement for Medicare patients.
• The public must be assured of access to high quality practitioners in physical therapy in outpatient clinics, home, fitness clubs, senior citizen centers, or community health centers.

Health and Wellness

There is increasing evidence that exercise is a critical element for recovery of function and the maintenance and restoration of positive health. In Healthy People 2000, the federal government promised to assure equal opportunity for positive health across the diverse population of our nation. Dr. Satcher, the former Surgeon General affirmed that exercise is the most important conservative treatment for patients with acute and chronic injuries or disease. “If people would exercise, they would need less medication and suffer less disability despite disease.” Medicine uses surgical techniques, pharmaceutical interventions, radiation, magnetic stimulation and new laboratory methods to cure disease. However, while people are more likely to survive from once fatal illnesses, more people live longer with significant physical impairments that challenge emotional and physical adaptation.

Neuroscience

Congress designated the last ten years as the decade of the brain. Over these ten years, research has demonstrated that the nervous system is adaptable with a greater potential far more than we have appreciated in the past, especially when the appropriate treatment is delivered immediately post insult and patients are given the opportunity to pursue the activities designed to improve myelination, synaptic connections, dendritic arborization and dopamine secretion. Goal oriented, repetitive activities can help reorganize the brain and improve function. Thus, successful intervention requires careful assessment followed by individualized programs to reduce the extent of the neural damage post-traumatic injury, cardiovascular compromise or disease. Programs of intervention must include specialized activities that can maximize the potential for change and recovery of function (e.g. attended, repetitive, rewarded, functional, normal behaviors progressed in difficulty within one’s tolerance). The potential for physical independence and quality of life post injury or illness must be guided by knowledgeable physical therapists that provide progressive therapeutic regimes based on specialized neuromuscular retraining. While the potential for adaptation of neurophysiological and biomechanical systems is not infinite, the potential for recovery is far
more extensive than originally thought. Maximum recovery and healing occur in the first 4-6 weeks of repair, but now we also know that the acute healing phase may only be the beginning of the potential for long-term recovery. Given the right treatment in the acute phase of injury, secondary damage can be controlled. Further, prevention of abnormal compensatory patterns of movement will minimize negative learning. While timely intervention with children is crucial for maximizing potential even after severe injuries or disease before, during or after birth, we also know that adults also have the potential for long term recovery and prevention of unnecessary disability associated with aging.

**Stem Cell Research**

Stem cells are launching a new era of medicine. This type of research offers promise to cure many diseases and degenerative conditions that disable a large percent of our population. Despite a significant political and legal battle, California stands as one of the potential leaders in stem cell research, with UCSF awarded start up funds for the development of a comprehensive stem cell research program. As physical therapists, this area of research is important since many patients with problems related to aging may benefit from the implantation of stem cells. While these cells have the capability to divide and replace diseased or aged cells, researchers need to learn how to coax them to become brain cells, liver cells, skin cells, pancreas cells or bone cells. Patients need to be trained to use the new cells to maximize their function. Physical therapists will need to work collaboratively with basic science researchers to apply basic science to maximize patient potential.

**Organ Transplants and Joint Replacements**

The last ten years have been associated with significant advances in organ transplants and joint replacements. Organ replacements have made it possible for patients to live productive lives despite chronic disease. However, these patients need balanced intervention by physical therapists to help teach them how to move safely, and increase strength despite the effects of chronic steroids on muscle fibers and peripheral nerves. This has been clearly demonstrated on the large population of patients who now live productive lives after a kidney transplant. Hip and knee replacements have become common surgical interventions for elderly patients over 60 years of age. These replacements have become increasingly stable using more durable materials. Patients who receive appropriate physical therapy after their joint replacement can return to an active, pain-free life of recreational sports independence.

**Cardiovascular Disease**

The strategies for surgical and non-surgical management of patients with cardiovascular disease are phenomenal. With early diagnosis of cardiovascular disease, it is possible to unblock arteries and transplant vessels and not only save lives but also improve function. Cardiac rehabilitation is a well-accepted approach to restore independence and quality of life in patients post myocardial insult. Despite what we have learned about prevention and wellness, strokes continue to be the most common disabling condition in our aging population. Although positive health practices have saved some lives, the potential for prevention has not been maximized.

**Patient Responsibility for Personal Health**

Given the growth of knowledge in health and medical care, consumers are becoming more knowledgeable about health maintenance, prevention of disease, and current treatment. They want to understand more about their health problems and the alternatives that are available to them for treatment. They want and welcome the responsibility for choosing their own provider and participating in the decision making about their care (e.g. traditional compared to nontraditional treatment). They are demanding easier access to all services. They want to receive services from providers who are accessible, sensitive and caring.
Sometimes these needs may simply be preventive or educational (e.g., what can they do to help themselves be better.) In other cases the services are diagnostic (i.e. MRI, ultrasound) or treatment (e.g. medications, injections, physical therapy, aggressive surgery or chemotherapy). Also, there are patients who survive disabling illnesses and injuries, and the patients want to know what to do to be mobile, maintain their independence, and quality of life.

**Explosion of Primary Care**

During these times of change, there has been an expansion of primary care givers. Physical therapists who were once viewed as tertiary care providers on the rehabilitation team are now integrated into the primary care team, screening, educating and treating patients with acute musculoskeletal complaints. Physical therapists must be able to educate the patient and the family about the health problem, know specifically what therapeutic exercises and procedures are necessary to correct a mechanical, postural or neurological imbalance, and recognize when a patient needs immediate attention or additional diagnostic workup. Utilization of physical therapists in close proximity to primary care practices can enable physicians to focus their attention on caring for patients who need diagnostic testing, medical management strategies, pharmaceutical, or surgery to address their health condition.

**Evidence Based Practice**

There has been an increasing demand for accountability in health care. Third party payors continue to place restrictions on coverage of health-related services. Patients want assurance that intervention is associated with minimal risks and positive measurable outcomes can be expected following intervention. Therapists must assume the responsibility to confirm that therapeutic interventions are efficacious. This not only requires continued clinical research on specific intervention strategies, but therapists must also be more knowledgeable and skilled as educators, not only of students but patients and other medical practitioners. Further, therapists practicing in the primary care setting must be more skilled in tests and measurement, problem analysis, identification, and clinical decision-making regarding treatment and/or referral. In addition to effectiveness of care, cost containment is another factor that must be addressed by all members of the health care team.

**Explosion of Health Care Practitioners**

The health care industry includes approximately 200 different health care occupations and professions besides medicine and nursing. Sixty percent of the providers in the health care delivery work force are referred to as allied health. Of these different allied health professions that have been identified, the majority are technicians. Only seven of these allied health professions represent professionals as defined by level of education and independence in decision-making (audiology, medical illustrator, dietitian, occupational therapist, physical therapist, speech and language pathologist, medical technologist). All of these health professionals have a unique body of knowledge to apply to the care of the patient. All of these professionals are also licensed to assure the public that they have graduated from accredited programs and are prepared to practice. Such licensure is designed to protect the public from harm. The DPT program is designed to maximize this assurance to the public.

**Demand for Physical Therapists**

There is currently a critical shortage in physical therapists. This shortage has arisen in the years 2003-4 due to the decrease in applicants to graduate programs in physical therapy in the years 2001-2003. Although the number of applicants is now increasing, the shortage exists because it takes 2-3 years to educate a physical therapist at the graduate level. According to the Occupational Outlook Handbook, the
need for physical therapists is expected to continue over the next ten years. Employment of physical therapists is expected to grow faster than the average for all occupations through 2010. This is due, in part, to the aging of America and the subsequent need of older individuals for the services of a physical therapist. Direct Access (the right of an individual to seek physical therapy care without a physician referral) is expected to further increase the number of individuals seeking physical therapy at all ages.

Scientific knowledge and technology also continue to advance. As more lives are saved, it is expected that more people will need assistance and education from a physical therapist to maximize their physical independence and quality of life despite chronic impairments. Directed learning and participation in novel activities that require learning can also diminish the negative neural effects of aging.

Research validates a strong positive relationship between rehabilitation and recovery from impairments, injury and chronic disease. Research also confirms the advantage of early education, prevention and promotion of health and wellness. Physical therapists are frequently asked to go to the work site and perform ergonomic evaluations to prevent injury. Physical therapists are involved in teaching people how to perform their jobs with reduced stress to prevent injury. Improving the design and the equipment at the workstation is only one aspect of preventing injury. Additionally, physical therapists are commonly hired at fitness centers to design specific intervention programs for individuals at community fitness centers to enable appropriate involvement in exercise without injury despite disease. Further, some industries hire physical therapists to oversee educational and fitness programs particularly to prepare workers to safely complete their jobs, reduce injury risks, instruct individuals in how to take care of their back, knees, shoulders and hands as well as tailor instructions in cardiopulmonary fitness.

**Physical Therapy in the Schools**

Physical rehabilitation activities are now integrated into the schools for children with chronic impairments. Physical therapists work with teachers and classroom aids to provide integrated physical therapy activities for children with congenital deformities, chronic disease, and serious musculoskeletal and neurological injuries. Based on neuroplasticity studies, we know that individuals experience negative learning when they use pathological movement strategies to try and maintain independence. This type of negative learning must be prevented, especially in children. This negative learning may even explain why youngsters with cerebral palsy suffer increasing disability with age despite stable impairments.

**History of Physical Therapy Education: CSUF, UCSF and the Nation**

The University of California, San Francisco and San Francisco State University have been authorized to offer the first joint doctoral program in Physical Therapy in a public institution in California. Faculty from all of the CSU campuses (Sacramento, Northridge, Long Beach, and San Francisco) were involved in the initial stages of planning and curriculum building for the UCSF/SFSU joint DPT program with the idea that the other CSU campuses would follow the same model with a joint appointment with UCSF to offer joint doctoral education. At this time, CSU cannot offer doctoral studies without partnership with a university approved to offer doctoral level education.

One advantage CSUF has, as opposed to the other CSU campuses with graduate entry level physical therapy programs, is that the UCSF Fresno Medical Education Program is located in Fresno offering outstanding educational opportunities and hands-on training to their medical residents in diverse settings ranging from rural health centers to state of the art managed care hospitals. Dr. Joan Voris, Associate Dean of the UCSF Fresno Medical Campus, has collaborated with faculty and administrators at CSUF and UCSF to plan this joint effort and is supportive of a joint UCSF/CSUF DPT program.
Six years ago there were 199 educational programs in the country offering a baccalaureate or a master’s degree in physical therapy. Only 8 offered a DPT degree. In the year 2000 there was a drastic decrease in MPT programs and an increase in DPT degree programs. To date, 65% (135) of the 209 accredited and developing entry-level academic programs in physical therapy modified their curriculum to become DPT entry-level programs. It is predicted by the Commission on Accreditation in Physical Therapy that within the next five years 100% of the current accredited and developing programs will offer the DPT degree. In California, all of the academic programs in physical therapy education in the private universities (8/8) have converted to a DPT entry level program. The budget to support academic programs is driven by tuition and enrollment. Students today are demanding a doctoral degree rather than a masters program even if it means going to a private university. Consequently, applications for doctoral programs are increasing and applications to master’s degree programs are decreasing. Nationally, 48% (53/111) of the academic programs in physical therapy at public institutions have converted to DPT entry-level programs, whereas the majority (82/97) of physical therapy programs at private institutions have converted to a DPT. In California, only one public program (UCSF-SFSU) has DPT education as a post-professional program following the entry-level masters in physical therapy. Thus, the majority of doctoral degree programs in physical therapy are private universities requiring higher tuitions for students.

The faculty and administrative leadership of the CSUF Graduate Program in Physical Therapy are wholly supportive of the development of a DPT program. This current proposal represents the joint effort of the core academic faculty of the UCSF/CSUF Graduate Program in Physical Therapy with consultative support and review from the CSUF Dean of the College of Health and Human Services (Dr. Benjamin Cuellar), CSUF Dean of Graduate Studies (Dr. Vivian Vidoli), Associate Dean of the Fresno Medical Campus, UCSF (Dr. Joan Voris), Deans of the UCSF Graduate Division (Dr. Patricia Calarco) and the UCSF School of Medicine (Dr. David Kessler), the UCSF Associate Chancellor of Academic Affairs (Dr. Gene Washington).

**Preparation Required to Develop the DPT**

It is both timely and critical for CSUF to develop a post professional clinical joint doctoral program in physical therapy (DPT). With an entry level MPT, CSUF is losing their competitive position to attract top scholastic applicants for physical therapy. Applicants today are choosing to attend entry-level doctoral programs even if the program is located in a private institution for those who can afford the higher tuition costs. At CSUF, 8/24 (33%) students who were offered positions in the Class of 2006 and 14/36 (39%) students who were offered positions in the Class of 2007 and 11/19 (58%) students who were offered positions in the Class of 2008 chose to attend other Physical Therapy programs in order to be granted the DPT. We are unable to account accurately for the number of students who chose not to apply to CSUF, but staff who answer telephone inquiries report that questions about the availability of the DPT are increasingly frequent. The number of potential applicants who dismiss Fresno State initially because the national listing of PT programs indicates that we do not offer a DPT is unknown. If the situation continues, graduates of the CSU who cannot afford the tuition of private institutions will be relegated to a second-class professional status or choose other careers and the CSU programs will not be able to attract top applicants.

CSUF has enjoyed an excellent reputation among the clinical community for over 30 years for producing well prepared graduates, with strong work ethics and excellent entry level clinical skills. The pass rate on the state licensing exam is 95%. This excellence may not continue if quality students do not choose CSUF because the DPT is not available. The current graduating class of students in the masters program this year is the Class of 2006. If the joint DPT proposal is approved this year, this class would be the first class admitted to the UCSF/CSUF DPT program in Fall 2006. Upon completion of the 2 year masters program in Spring 2006, students would have an option to stay an additional year to receive a DPT. The curriculum for the DPT is designed to accommodate the working student. Therefore students could graduate with an MPT (end of Year 2), complete their post-graduate clinical work the following summer, take and pass the licensing exam in the beginning of the Fall Semester of the next year (Year 3), work as a licensed physical
therapist by November of that same year and be enrolled in the DPT program (Year 3) which they would be able to complete after 2 semesters of work in May of that third year. Approval for the DPT would need to occur by Spring 2006, which also would impact decision making on the part of new prospective students applying to CSUF physical therapy program.

One of the challenges for the proposed joint doctoral program is to fund this new program since it cannot be implemented within current funding. The precedence has already been established for a self-supporting program in the fee structure developed for the UCSF/SFSU joint DPT program. Thus, the joint doctoral program between CSUF and UCSF will be modeled after this same budget and fee structure creating a self-supporting program. However, even with this additional cost the fees will still be well under the cost of a DPT program in a private institution in California ($75,000-$120,000).

CSUF has 30 years experience in academic education in physical therapy. The program transitioned from a BS degree (1973) program to a master’s degree program in 1993. Both UCSF and CSUF graduate physical therapy programs are well respected in their institutions and provide high quality programs. They both have full accreditation for their entry-level programs. It is the quality and commitment of the program faculty (see vitae in Appendix V), the capability of the students, the support of the community professionals and the rigor of the curriculum that stands out across both programs. In preparation of the doctoral programs, this same uniformity in standards will be applied across both universities.

The physical therapy faculty members at CSUF have a broad base of graduate education, vast years of experience, remain clinically competent, engage in scholarly activities and professional development and are prepared to develop and implement a DPT curriculum. At present there are 7 full time members of the faculty: 4 have PhD's in diverse areas (Anatomy, Neurophysiology, Pharmaceutical Science, and Gerontology/Adult Education). One other full time faculty has a post professional doctorate of physical therapy (DPT), and another has been accepted in a DPT expected to complete by Spring 2007. The seventh member is planning to enroll in a doctoral study program. In addition, two of the faculty members with PhD's also have certificates of clinical specialty. One faculty member is board certified as a clinical specialist in Geriatric Physical Therapy by the American Physical Therapy Association. Another faculty member has been certified as a clinical specialist by the APTA in Evaluation and Treatment of Patients with Neurological Diagnoses. This faculty member has taken additional coursework and is specialized in the Treatment of Patients with Vestibular Disorders.

Comparison of the Proposed UCSF/CSUF DPT Program with Other DPT Programs

Typically, entry-level DPT programs require three years of graduate study. The student enters the professional program after receiving the baccalaureate degree. Compared to the MPT program, the DPT includes additional clinical coursework in movement science, muscle and nerve biology, diagnosis, evidence based practice, advanced clinical studies, case based learning in areas of specialization, and additional clinical research skills. Similar to clinical doctoral programs in medicine, dentistry, pharmacy and nursing, most of the students in clinical doctoral programs in physical therapy do not carry out an independent research project. Instead they learn to become critical consumers of the literature, committed to evidence based practice and collaborative clinical research, capable of practicing autonomously. They also have the foundation to ultimately become a certified clinical specialist.

Graduate education in physical therapy is offered in both public and private universities throughout the United States. Almost half of these programs are housed in private universities. In the last 10 years, educational programs in physical therapy have increased by 50%, with the growth primarily at the masters and doctoral level. In the last 3 years, the greatest increase in programs has been at the entry level doctorate. The entry-level doctoral programs are based on a three year model designed to prepare physical therapists who are specifically prepared to practice autonomously and independently in both primary and
specialty care settings. Currently, the entry-level professional programs in physical therapy are all at a graduate level and are accredited by the Commission on Accreditation in Physical Therapy Education according to consistent criteria. The criteria are the same regardless of the graduate degree awarded. In September of 2001, three private universities in Southern California offered entry level doctoral programs in physical therapy: 1) University of Southern California; 2) Loma Linda University; 3) Chapman University. These doctoral programs had the largest applicant pool. By fall 2003, the other private universities had converted their master's level programs to the DPT: 1) Samuel Merritt; 2) University of the Pacific; 3) Asuza Pacific University; 4) Mount St. Mary's College; and 5) Western University. Thus, all of the private universities in California are offering an entry-level doctoral degree while all of the public universities are offering a master’s degree. As a consequence, qualified entry-level applicants are accepting positions in doctoral level programs and turning down admissions to the public university master's degree-level graduate programs.

The CSUF and the UCSF faculty are in consensus that the clinical professional doctorate in physical therapy (DPT) should begin as a post professional course of study supplementing the master's degree. This allows the graduate to obtain licensure after completing the master's degree. As a licensed practitioner, the doctoral student will be able to work part time while continued to study advanced areas of knowledge to earn the doctoral degree. This is the same as the UCSF/SFSU model. The ability to work while taking classes and developing increased knowledge and skills is in keeping with the goals of advanced self-supported graduate studies. The second advantage for this model is that CSUF will be able to offer the DPT program to both recent graduates and past graduates who would like to obtain the DPT degree. Based on the survey of CSUF graduate students, some would like to “wait a year” after graduating with a master’s degree to get some clinical experience before returning for the additional academic year of study for the DPT. The private schools only offer a continuous 3 year program. The students take the licensing examination at the end of the third post baccalaureate year.

**Student Demand for the DPT Program**

Based on a survey of 75 CSUF MPT graduate students (Class 2004 and 2005), 59 or 78.7% of the students surveyed indicated they would continue for a DPT after an MPT if given a choice. The majority of students in both classes indicated their preference for the DPT to be a “combination of distance learning and in-class sessions”, would prefer to wait a year before starting the one year DPT program and would prefer “less than 100 miles travel” but would do up to 200 miles travel to a distant university 8-10 times/semester. The majority of students indicated they would pay an additional cost of “up to $5,000” with some as much as $20,000. The most common answers are indicated in the table below.

The class of 2006 would be the first class impacted, if the program was approved to begin in the Fall of 2006. This class was surveyed in February 2005. Although 19/29 (65.6%) students stated they would “definitely” be interested in staying an additional year to complete a DPT, only 8/29 (27.6%) indicated they would do so with a self-supporting fee of $18,000 (17/29 were undecided). The Class 2007 was surveyed this semester. Currently, 26/38 surveys have been returned with 9/26 students indicating they ‘definitely’ plan to stay the additional year to complete a DPT (with a self-supporting fee of $18,000); 11/26 students were still undecided. We anticipate more students entering the MPT program would stay the additional year for the DPT degree and by 2008 we would have a class of 24 students. Additional students would be enrolled as long as space permitted for students pursuing a post-professional DPT degree. As public universities, we historically attract qualified students who usually are paying for their own education.

**Table 1**

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<td>If you had a choice between receiving</td>
<td>31/39 (79.5%)</td>
<td>28/36 (78.3%)</td>
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<td>MPT or continue for a DPT which would you choose?</td>
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<td>Interest in 1 more year after 2 year MPT?</td>
<td>22/39 (56.4%)</td>
<td>21/36 (58.3%)</td>
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<td>If 1 year DPT, would you prefer to enroll immediately following, 1 year after, 2 years after, or more than 2 years after MPT?</td>
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<td>10/39 (2 years after)</td>
<td>5/36 (2 years after)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8/39 (more than 2 years after)</td>
<td>7/36 (&gt; than 2 years after)</td>
<td></td>
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<tr>
<td>How long willing to engage in full-time continued study to complete a DPT? No more than 1 year</td>
<td></td>
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<tr>
<td></td>
<td>31/39 (no more than 1 year)</td>
<td>34/36 (no more than 1 year)</td>
<td>No more than 1 year</td>
</tr>
<tr>
<td></td>
<td>6/39 (1-2 years)</td>
<td>2/36 (1-2 years)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2/39 (up to 3 years)</td>
<td>0/36 (up to 3 years)</td>
<td></td>
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<tr>
<td>How long would you be willing to engage in continued study to complete a DPT assuming you could work as a licensed PT while pursuing your coursework?</td>
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<tr>
<td></td>
<td>14/39 (no more than 1 year)</td>
<td>14/36 (no more than 1 year)</td>
<td>1-2 years</td>
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<tr>
<td></td>
<td>22/39 (1-2 years)</td>
<td>20/36 (1-2 years)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3/39 (up to 3 years)</td>
<td>2/36 (up to 3 years)</td>
<td></td>
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<tr>
<td>If you were to pursue DPT, which schedule would you prefer?</td>
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<td></td>
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<tr>
<td></td>
<td>6/39 (classes 1-2 times/week; 15 wk semester; 9-5 PM)</td>
<td>4/36 (classes 1-2 times/week; 15 wk; 9-5 PM)</td>
<td>Combo distance/web and in-class sessions</td>
</tr>
<tr>
<td></td>
<td>9/39 (classes 1-2 times/week; 15wk semester; evenings only)</td>
<td>6/36 (classes 1-2 times/week; 15 wk; evenings only)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19/39 (combination distance/web and in-class sessions)</td>
<td>17/36 (combo distance/web and in –class)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4/39 (distance learning or web-based class only)</td>
<td>4/36 (distance learning or web only)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1/39 (weekend classes; 1-2 full weekends/mo)</td>
<td>5/36 (weekend classes; 1-2 full weekends/mo)</td>
<td></td>
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<tr>
<td>If CSUF had a joint doctoral program with another university, how far would you travel assuming the travel would be 8-10 times throughout the year for blocked weekend courses</td>
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<tr>
<td></td>
<td>18/39 (less than 100 miles)</td>
<td>22/36 (less than 100 miles)</td>
<td>Less than 100 miles</td>
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<tr>
<td></td>
<td>13/39 (less than 200 miles or less than 4 hrs driving time)</td>
<td>7/36 (less than 200 miles or less than 4 hrs driving time)</td>
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<tr>
<td></td>
<td>0/39 (less than 300 miles or less than 5 hrs driving)</td>
<td>1/36 (less than 300 miles or less than 5 hrs driving)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8/39 (would NOT be willing to drive outside of Fresno area for DPT coursework)</td>
<td>6/36 (would NOT be willing to drive outside of Fresno area for DPT coursework)</td>
<td></td>
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<tr>
<td>Cost of Professional Fee?</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>30/39 (up to $5,000)</td>
<td>26/36 (up to $5,000)</td>
<td>Up to $5,000</td>
</tr>
<tr>
<td></td>
<td>4/39 (up to $10,000)</td>
<td>4/36 (up to $10,000)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1/39 (up to $15,000)</td>
<td>1/36 (up to $15,000)</td>
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<td>1/39 (up to $20,000)</td>
<td>0/36 (up to $20,000)</td>
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<td></td>
<td>0/39 (up to $25,000)</td>
<td>0/36 (up to $25,000)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3/39 NO ANSWER</td>
<td>5/36 NO ANSWER</td>
<td></td>
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*The Missions of the University of California and California State University and History of Education in Physical Therapy*
The proposed DPT is consistent with the mission of both the University of California and the California State University. The mission of CSUF is to offer high-quality educational opportunities to qualified students at all levels, including the joint doctoral program level in selected professional areas including physical therapy. CSUF aspires to be the premier regional interactive university in California and one of the best in the nation. It is recognized for quality teaching, preparation of a diverse student population, superior scholarship, and intellectual and cultural leadership in the San Joaquin Valley. CSUF fosters lifelong learning, and an environment in which students learn to live in a culturally diverse and changing society. The university provides quality teaching with close interaction between faculty and students stimulating scholarly inquiry, critical thinking, creative technical development, while supporting research and its dissemination. A post professional clinical doctorate in physical therapy would be consistent with our Plan for Excellence, which specifically addresses how we will better serve our students in the 21st century. If approved, the joint DPT program with UCSF would be the third doctoral program of study at CSUF with Education and Criminology setting the precedents. The proposed DPT program is unique to the other doctoral programs offered at CSUF. All of the graduate students in the DPT program will be licensed to practice physical therapy. The DPT students have a unique opportunity to work and integrate learning within the patient care setting. This also allows the faculty to teach the DPT student advanced skills rather than basic skills. Further, it provides the opportunity for students to provide billable service while receiving advanced clinical training, which will be attractive to clinical training site partners. Also, the graduate student can work as a physical therapist to offset the costs of advanced education. CSUF is about to launch a 7 year comprehensive campaign of which one of the goals for the campaign is funding for doctoral education.

The California State University is responsible for developing high quality, entry level programs in the health sciences that will produce graduates who can meet the service demands of the citizens of California. The university offers undergraduate degrees in the liberal arts and sciences as well as in a variety of professional disciplines. Building on the strength of these undergraduate programs, graduate programs provide opportunities for personal and career enhancement through advanced study, preparing students for positions of leadership. The proposed joint doctoral program will foster leadership and advancements in physical therapy practice, research, and education. Both the university and department foster an environment in which students learn to live in a culturally diverse and changing society. It seeks and encourages historically underrepresented students to embark upon and complete a university education. The number of underrepresented students enrolled in the graduate physical therapy program has increased from 26% in 1999 to 45% in 2002 with the current graduating class at 37%.

The physical therapy program was implemented at California State University, Fresno in the Fall, 1971-72 academic year. The degree granted was the Bachelor of Science in Physical Therapy. The program has been accredited since 1973. In 1994, the Commission on Accreditation in Physical Therapy Education granted accreditation for a Masters in Physical Therapy. The existing MPT program at CSUF was last reviewed by external reviewers in 2005. The program faculty, students, and community leaders were commended for the development of an outstanding professional educational program in physical therapy that offered a comprehensive academic curriculum. The reviewers identified the program as “one of the outstanding programs in the country with faculty that are professionally involved and respected, not only in California, but also at a national level.” The reviewers identified the curriculum design and faculty as some of the strengths of the program. We expect the summary of this review and continued accreditation in the Fall of 2005. Although, the joint DPT program would not be reviewed as the “entry-level” program, it would be supportive to the overall mission of the department in educating physical therapists. The additional one year for the DPT would allow qualified students to prepare as primary care physical therapists capable of practicing autonomously in a variety of environments, offering skilled physical therapy services to patients who are medically unstable but managed out of the hospital. Students that take an additional year of doctoral study following the MPT program would be more prepared to continue special areas of study to qualify for certification as clinical specialty practitioners. This is in support of our professional commitment as physical therapists providing quality services to the citizens of California.
Consistency of the Proposed Doctoral Program in Physical Therapy Science with Other University Institutions and Health Care Practices

The proposed DPT following the 2 year MPT program is comparable to the rigor of other entry level doctoral programs in the health sciences. For example, it is possible to enter medical school with 3 years of undergraduate work (however, almost all medical students have completed their baccalaureate degree before starting medical school). Professional medical education includes four years of professional studies (8-9 years total with 77 professional academic semester units (116 quarter) and 43 professional clinical semester units (64 quarter units). Residency training begins after medical school and varies from 1-5 years. Students can enter dental school or the School of Pharmacy after 2 years of undergraduate work. The dentistry curriculum requires four years (42 months) of professional study and 168 professional semester units (252 quarter units). The pharmacy program requires 3 years of study. Physical therapy education requires 4-5 years of undergraduate work (BS degree) plus two years of professional training at a masters level. At the CSUF Graduate Program the students complete 69 academic semester units and 12 clinical semester units (18 weeks clerkship) for the MPT program. The students will complete another 34 semester units in the DPT program in a 3rd academic year of study. Thus, to earn a DPT, the student will complete 7-8 years of education and 115 semester units (172.5 quarter units).

Over the last few years, the body of knowledge in movement science, exercise science, neuroscience, motor control, biomechanics, education, and kinesiology has expanded exponentially. Further, the emphasis on validation and efficacy of practice (outcomes) requires all professionals to be current in their knowledge. In addition, physical therapists are expected to work with individuals with severe impairments who are medically unstable. All physical therapists need to have a strong foundation of knowledge to practice. The graduates will be expected to bridge clinical research with clinical practice. Some will be expected to assume positions of clinical leadership. The Department of Physical Therapy at CSUF developed a Gait, Balance, and Mobility Research and and Training Center in 1997. This center is a model practice center providing new and innovative models to deliver health care service to seniors in the community through applied research, provision of community-based services, education and training of future health care professionals. Currently the graduate physical therapy students are involved in the center and trained using highly specialized evaluation and treatment services for persons with gait, balance, and mobility disorders. This center also provides resources for students and faculty to conduct clinical research projects.

Costs of a Doctoral Program in Physical Therapy

To meet the resources needed to implement this DPT program, the faculty, with the support of the Deans, is proposing this additional DPT academic year as a post-professional, self-supported clinical doctoral program. It would be funded similarly to the UCSF-SFSU joint DPT program implemented in fall 2004. Pending approval of the UC Office of the President, the university indirect costs and the direct costs to support this doctoral program would result in a total fee to the student of approximately $18,000. This would allow the UCSF/CSUF Graduate Program to add the additional faculty (3.0 FTE) needed to teach the projected 51 quarter units (34 semester units) of coursework as well as the staff (2.5 FTE) needed to support the students and program administration. The self supported fee would also cover expenses associated with marketing the program, curriculum development, administration, program evaluation, student follow up, clinical placements, academic and research space for faculty and students (UCSF), marketing, equipment maintenance contracts for research, faculty and recruitment travel, telephones, rent for space (UCSF) and computer support for associated clerical, academic and research activities.

This student expense would be counterbalanced by the ability of the student to work part time (e.g. 40% time). The program is designed to allow the students to generate an estimated $25-30,000/year during the
year of their DPT doctoral studies. Although budgeting for the student would need to be efficient, this income would help students pay for most of their educational and living costs. The current UCSF and CSUF physical therapy student pay approximately $4-5,000/year in university fees each year during the first two years of study in physical therapy. The total fees for a student to complete 3 years of professional graduate studies at UCSF/CSUF would be about $30,000. Currently, when students enroll three years in a private physical therapy educational program, they invest approximately $25,000/year in tuition expenses ($75,000). This is still more than twice what UCSF/CSUF students will pay for their physical therapy doctoral degree education.

The post-professional clinical doctoral program satisfies all the guidelines for a Coordinating Committee for Graduate Education (CCGA) self-supported program. It is intended for those individuals who are engaged in practice to develop their skill and knowledge further while they are working in a community collaboration to enhance their clinical skills. There is a definite need for this program in the public universities within the state of California, as no alternative exists at this level. The entire CSUF faculty are supportive and participated in the planning of the program. Additional funds will enable the program to hire additional faculty and staff to ensure that all programs retain their high quality of education.

1.3 Timetable for Developing the UCSF/CSUF DPT Program

This proposal outlines the development of a UCSF/CSUF joint doctoral degree in physical therapy. This DPT option would ideally be available to students by Fall of 2006 and no later than the Fall of 2007.

- Faculty members from UCSF and CSU have been working on the curriculum and the proposal for over 3 years.
- In 2001, the faculty voted unanimously to approve the concept of the post professional clinical doctoral program to supplement the masters.
- In 2001, the faculty started to develop the curriculum. Faculty from CSUF met with other CSU schools and UCSF several times in 2001 and 2002.
- Faculty agreed to support UCSF/SFSU as setting the precedent for other CSU schools to follow.
- June 2002, UCSF/SFSU received permission to negotiate a joint DPT program and final approval at all levels by May 2004.
- At CSUF, the program has the support of the President, Provost, Dean and Associate Dean of the College of Health and Human Services, Dean of the Division of Continuing and Global Education and the Dean of Graduate Studies. Formal permission to negotiate was granted August 2004. The proposal was developed according to the campus approval process on each campus beginning in the Fall 2005 including Graduate Curriculum Committee, Budget Committee, and Academic Senate. The process of approval at both institutions is different but the proposal presented is the same.
- The proposal reviewed and approved by the Academic Senate will be sent to the Coordinating Council for Graduate Education (CCGA) of the University of California. This committee selects a lead reviewer to oversee the programmatic content, demand, need, resources, student support, employment opportunities, support of campus administration, benefit to the campus, University, and citizens of California, conflicts of interest and relationship to system wide graduate studies.
- The proposal will also be sent to the UC-CSU Committee for joint collaborative educational programs.
- At the same time the proposal goes to the joint UC-CSU Committee, a summary is prepared according to stated guidelines and is sent to the California Postsecondary Education Commission and WASC for approval.
- The final decision is made by the Chancellor of CSU and the President of UC
The approval to become a self-supported program requires a separate approval process. This process will be pursued simultaneously with the academic approval process. The Division of Continuing and Global Education at CSUF and the Graduate Division and the Budget Office within the Chancellor’s Office at UCSF will help prepare this budget and oversee this process.

There are many reasons this proposal for a DPT by UCSF and CSUF is both unique and appropriate:

- The current and recent graduates of the UCSF/CSUF Graduate Program are prepared to continue their studies at a clinical doctoral level.
- UCSF/SFSU joint doctoral program was approved in May 2004.
- The College of Health and Human Services which the Department of Physical Therapy is a part of has an excellent reputation at CSUF offering graduate programs in physical therapy, nursing, communicative sciences and deaf studies, kinesiology, health sciences, and social work. This joint doctoral program with UCSF would be the first doctoral program in the College of Health and Human Services.
- CSUF physical therapy program is strongly supported by interested community practitioners, students, alumni, and campus faculty and administrators
- Both UCSF and CSUF physical therapy programs are strongly supported by the Deans of their individual campuses.
- CSUF physical therapy program has developed the Gait, Balance, and Mobility Research and Training Center which provides a strong clinical environment educating physical therapy students in clinical care and clinical research
- CSUF College of Health and Human Services (CHHS) has developed the Central California Center for Health and Human Services, providing the infrastructure for various health-related research institutes including the Disabilities Institute, The Central California Institute for Healthy Aging, and the Central California Children’s Institute supporting faculty research and student research traineeships.

Once approved, the doctoral program could be phased in by adding the additional faculty and staff as proposed to administer this new academic year of study. Information about the new program would not only be distributed to the enrolled classes, but also be distributed to the Newsletter of the California Chapter of the American Physical Therapy Association, the districts of the American Physical Therapy Association in California, the Commission on Accreditation of Physical Therapy Educational Programs, and the health advisors at the major universities. Information about the program would also be posted on the CSUF web site.

UCSF has a medical education campus in Fresno, which would facilitate DPT program delivery. CSUF students could not have to relocate to San Francisco to take classes and therefore could continue to practice locally as a licensed physical therapist to financially support their year of doctoral studies. Students from CSUF would still have to travel to San Francisco to take several weekend courses each semester but would not have to stay there for an extended period of time. For example, one of the courses we have proposed to be taught by UCSF is “Grand Rounds” which is also taught at the medical campus affiliated with UCSF in Fresno. Thus, our students would not have to go to San Francisco but could take the same course locally in Fresno.

Relation of the Proposed Program to Existing Programs on the UC and CSU Campuses

This proposal for a post-professional clinical Doctorate in Physical Therapy is a natural progression in the development of educational opportunities for students in the physical therapy profession. This program follows a natural history of progression from the baccalaureate to the masters and the doctoral level of
study. The MPT degree was developed at CSUF in the early 1990’s in response to advancing complexity, increased specialization and an expanding scope of practice in the physical therapy profession, requiring post-baccalaureate professional education. The Department of Physical Therapy first awarded the MPT degree to a cohort of students who graduated in 1994. Since that time, over 200 graduates have received the MPT degree from CSUF. The Department offered both a B.S. degree and an MPT degree during a transitional period through 1997, at which time the B.S. degree program was discontinued. Students who entered the program during the period of 1992-1997 had the option to leave after three semesters and receive a B.S. degree in Physical Therapy or to continue study for an additional three semesters and receive an MPT.

The Dean of Graduate Studies and Dean of the College of Health and Human Services are committed to the proposed joint doctoral program in physical therapy at CSUF. In order to remain competitive for the top applicant in physical therapy, it is a high priority to develop this proposed doctoral program. As an increasing number of schools move from masters level entry programs to doctoral level entry programs, the CSUF program will lose qualified applicants. This situation has become a critical issue since 2000. The proportion of admitted students accepting a position in the MPT program went from 91% in 1999 to 53.5% in 2000. Last year (2005), only 52% of the accepted applicants actually enrolled in the MPT program.

CSUF recently developed an undergraduate BS Interdisciplinary Health and Rehabilitation Sciences degree in the College of Health and Human Services. This pre-professional major was specifically developed for students with majors in Physical Therapy, Occupational Therapy, and Rehabilitation Counseling as preparation for graduate programs in the rehabilitation and health professions. CSUF students enrolled in this pre-physical therapy program receive training in collaborative processes and become able to form role concepts that incorporate interdisciplinary work. This is important as the needs of the health care market continue to change. This same collaborative teaching model will be implemented in the development of the proposed joint doctoral program. Faculty from UCSF San Francisco and Fresno medical campuses, as well as CSUF faculty will combine resources to develop a unique and competitive academic program in physical therapy at the doctoral level.

1.5 Interrelationship of the Program with the University of California (UC) and California State University (CSU)

This will be the first joint doctoral program between UCSF and CSUF. Other joint doctoral programs currently on the CSUF campus are the Educational Leadership Joint Doctoral Program since 1995 and more recently the Doctorate in Criminal Justice, which is currently being reviewed, both with University of California Davis. UCSF is a logical institution for the Department of Physical Therapy to join for a joint DPT degree. The UCSF physical therapy program has been accredited since 1943 and became a joint program with San Francisco State University (SFSU) in 1989. UCSF-SFSU is the first public graduate program in California to offer a master’s degree program in physical therapy and similarly, was the first to offer doctoral level education. Representative faculty from all CSU institutions (Fresno, San Francisco, Sacramento, Northridge, and Long Beach) offering graduate physical therapy programs were involved in the initial development of the joint DPT program sent forth by UCSF/SFSU in April 2003. CSUF is modeling that original proposal for UCSF/SFSU in the current proposal and hopes to be the second public university in California to offer a DPT.

1.6 Department or Group Which Will Administer the Program

On the California State University, Fresno campus, the doctoral program will be administered by the Graduate Program in Physical Therapy in the Department of Physical Therapy in the College of Health and Human Services. On the UCSF campus, the Department of Physical Therapy and Rehabilitation Science, in the School of Medicine and the Graduate Division will administer the doctoral program (DPT). The
budget will be overseen by the Chancellor’s Office at UCSF with funds transferred to CSUF. On the CSUF campus, the Division of Continuing and Global Education will administer the doctoral program.

1.7 Plans for Program Evaluation

The Department of Physical Therapy at CSUF and the UCSF Department of Physical Therapy and Rehabilitation Science have both established an internal and external curriculum review process to ensure timely and thorough outcomes assessment of the curriculum. The process includes regular meetings of the Curriculum Committee throughout the year, faculty annual curriculum reviews, peer faculty reviews, quarterly student feedback, survey of graduates, review of student performance outcome evaluations from clinical faculty, survey of employers of graduates, survey of patient satisfaction of services provided by graduates, and input from the Clinical Education Consortium. In addition to Department and University evaluations, the academic graduate programs are also reviewed every five years by a panel of internal and external reviewers through the School of Graduate Studies. In addition to reviews required by the University, all academic programs in physical therapy must meet accreditation requirements. Thus, the academic programs in physical therapy at CFSU and UCSF are reviewed for accreditation by CAPTE (Commission on Accreditation of Physical Therapy Programs). The last external review by CAPTE was conducted in 2005 for CSUF. In November of 2005, the CSUF program received full accreditation for 10 years. The UCSF/SFSU Graduate Program in Physical Therapy was also granted full accreditation for ten years, with the next scheduled accreditation planned for 2010. Accreditation will be retained for the masters program for both CSUF and UCSF until the DPT becomes an entry level program. Then, the DPT will become the accredited program. Initially, the DPT will not require accreditation by the Commission since it is a post professional year of study and not an entry level degree program.

In the reviews by the School of Graduate Studies at CSUF and the Graduate Division of UCSF, there are standard evaluation procedures for all academic programs. The Graduate reviews include internal and external reviewers and are extensive. In addition, there are regular performance reviews of deans, departmental chairs, and faculty for purposes of promotion and advancement. Students evaluate each course in terms of content as well as faculty teaching effectiveness. These evaluations occur each quarter/semester of study. The results of these evaluations are tallied and shared with the individual faculty member. These student evaluations are also used for promotion and tenure.

In 1999 the faculty at CSUF critically re-assessed all coursework taught in the masters program. In this process they developed a 2 year MPT program (as opposed to a 3 year MPT program) that was approved by the Graduate Curriculum Committee and initiated in Fall 2003. The Class of 2005 was the first graduating class of the 2 year MPT program. In particular, as preparation for a DPT, the faculty increased content areas in critical inquiry, case studies, differential diagnosis, technology, vestibular rehabilitation, pediatrics, wellness, health care issues, and documentation. In contrast, the faculty moved foundation courses such as anatomy, pathophysiology, research methods, aging and development, and neurophysiology to the pre-professional year. In addition to the 2 year MPT program, a 4 year Interdisciplinary Health Science bachelor's degree was created for students entering health care professions such as physical therapy, medical school, occupational therapy, and dentistry. This curriculum continues to be reviewed to reassess sequencing of coursework and general content areas including overlap and/or deficiencies.

In addition to program review, a peer evaluation system is in place at CSUF and UCSF. At CSUF, each tenured faculty member is evaluated annually and probationary faculty members are evaluated for every course they teach. At UCSF, all faculty are reviewed every two years for promotion. In addition, an annual curriculum meeting is held with all faculty to discuss the need for content modification, changes in lecturers, etc. Faculty on both campuses also set annual goals and objectives that address their teaching responsibilities. These goals and objectives are reviewed with the Chair.
Graduate students are evaluated by written tests, laboratory tests, demonstration of clinical skills, homework, oral and written presentations, grades, and completing a Culminating Experience which includes a Case Presentation and a Graduate Research Project and/or Comprehensive Exam at CSUF. At UCSF, all students must pass a Comprehensive Examination. The students are also asked to have their patients evaluate their performance. These evaluations are submitted as part of the full time clinical affiliations. Student clinical performance is evaluated using the Clinical Performance Instrument recommended by CAPTE. The students also perform a self-evaluation and are evaluated by the preceptor using the clinical performance inventory.

The programs are assessed through student feedback, employers, and test results on the national licensing examination. Students are asked to evaluate the overall program at the completion of their studies and then one year after graduation. After that, employers are contacted and asked to evaluate the strengths and weaknesses of the new graduate in their first job. A formal Departmental Outcomes Committee is in place at CSUF to implement these ongoing outcome assessments. At UCSF, the Academic Clinical Coordinator brings this information back to the Curriculum Committee for review.

On the national licensing examination, the pass rate for CSUF is approximately 95%. The pass rate for UCSF is 99% on the first attempt. The national average pass rate has been variable and some programs in the country may have less than 70% passing the examination. In addition, recent changes in the licensing examination now will allow academic programs to track and correlate student characteristics, accomplishments in the educational program, and clinical performance with scores on the licensing examination.