Physical Therapy Graduate Program Review
March 15 - 16, 2010
Parnassus Campus conference Room S-178
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The Review Committee was provided a copy of the 2002 final report from the program review. It is clear that the 2002 report was used by the physical therapy faculty to inform the planning that occurred. The Review Committee was provided with an extensive self-study document which should accompany this report for the reader. This final report will be brief and rely on the accompanying self-study to provide any necessary detail. This report will follow the Graduate Division Guidelines for Academic Program Review.

I. PROGRAM

A. What are the goals of the program? Is it meeting its own goals and the expectations of others?

Although the stated goals of the program are not different significantly from those used for the 2002 report, the program has changed significantly since the last Graduate Program Review.

Maintain program quality and currency of curriculum: The Program is regarded highly in the national physical therapy community and has established an excellent reputation among UCSF leadership. Instead of one degree which was offered in 2002, there are five degrees offered in collaboration with San Francisco State University (SFSU) or California State University, Fresno (CSU Fresno).

- A UCSF/SFSU entry-level MSPT (27 months) and post-professional DPT (9 months) program.
- These two programs will be replaced by an entry-level UCSF/SFSU DPT (36 months) beginning in the summer of 2010. There will be overlap between these programs so that faculty will be teaching all three of these programs to three different classes simultaneously.
- A UCSF/SFSU DPTSc.
- UCSF/CSU Fresno offer a post-professional DPT.

The partnership established between the UCSF and SFSU physical therapy programs is strong and collaborative and ensures that there is sufficient qualified faculty to prepare students in the various programs. The program includes two universities and three campuses, Parnassus, Mt Zion and SFSU. The multiple campuses require extensive time to travel between classes. To address this issue, the student schedule has been developed to ensure the most efficient course delivery in the two very different environments. The faculty actively evaluates and modifies the entry-level curriculum to ensure that the content prepares the students for the current practice environment and that the process is appropriate. Curricular modification includes feedback from the students. Evidence for continuous refinement was provided when current post-professional students who were interviewed by the Review Committee noted a
weakness and current first year students talked about changes that addressed the weakness.

As a department within the medical school, the UCSF program has developed strong inter-departmental relationships for teaching in the entry-level program and for faculty to conduct collaborative research. The reputation of the UCSF medical center and the ability to conduct research are appealing to the student applicants and serves to attract qualified faculty for the department. The opportunities for collaboration with faculty of other disciplines and the standards that are set for excellence all contribute to the high achievements of the PT department.

One of the challenges facing the faculty over the next few years is managing entry-level master’s degree students, post-professional DPT students, and entry-level DPT students. It appears that the Department has mapped out the three programs and is anticipating the overload to faculty and staff during this period of transition.

Entry-level program: The program developed the post-professional DPT in conjunction with SFSU degrees to meet the professional goal of preparing physical therapist students as entry-level doctoral clinicians. The American Physical Therapy Association (APTA) Vision Statement for Physical Therapy 2020 includes the following statement: “Physical therapy, by 2020, will be provided by physical therapists who are doctors of physical therapy and who may be board-certified specialists.” The current combined degree program fails to convert all masters-prepared physical therapist students to doctoral-prepared clinicians. The additional cost for the 9 month program and the fact that the masters-prepared can be hired are barriers that will be removed by the entry-level DPT program. Since the curriculum contained within the current MSPT and the post-professional DPT will be similar to the entry-level DPT, the assumption is that the new entry-level DPT program will prepare the students to a similar level of excellence.

MS: This entry-level program will be phased out when the current first year students graduate and will be replaced by the entry-level DPT program.

Post-professional DPT: This program was developed to offer an “upgrade” to DPT for students graduating with an entry-level master’s degree. Since the program is not on-line and the class size is small, there is no need to continue this program after the current 1st and 2nd year master’s students are provided an opportunity to complete this 9-month program. The Committee is recommending that both the UCSF/SFSU and the UCSF/CSU Fresno programs be discontinued. The collaboration between faculty at UCSF and SFSU will continue in the new entry-level DPT program. Currently, students graduating with a master’s degree from CSU Fresno are encouraged to complete the post-professional DPT program. The yield, however, has been small. Since the Committee is urging the Department to focus its activities on other goals, maintaining the post-professional DPT to serve the CSU students is not in the best interest of the Department.

Attract outstanding graduate students: This program goal will be addressed fully later in the document. It is clear, however, that the program is able to attract outstanding students.
Obtain and retain outstanding faculty and resources: This program goal will also be addressed fully later in the document. The program leadership is to be commended for attracting outstanding junior faculty who will advance the research and teaching missions of the Department.

Provide quality training in a faculty practice: The physical therapists who provide care in the faculty practice are master clinicians and many have clinical specialization. When the Committee interviewed some of these clinicians, their dedication to and passion for providing quality training experiences for the physical therapist students was evident. Substantial changes in funding by the Medical Center, contracts, etc. has demanded significant attention be paid regarding the viability of the faculty practice. Although the practice was not a profitable enterprise in 2002, the economic climate requires that the practice be at least revenue neutral. The new location near UCSF Mission Bay campus should provide the opportunity for additional referrals to the outpatient faculty practice from the Orthopedic Institute as well as physicians specializing in pediatrics, women’s health and cancer management at the new hospital.

A neuroscience building will also be constructed on the Mission Bay Campus which provides an opportunity to develop meaningful collaborations between the other aspect of the faculty practice, the PhysFit Health and Wellness Center. If PhysFit can provide an infrastructure to support clinical studies as well as offer health and wellness programs, collaborations with the Department of Neurology, for example, can lead to translational research endeavors.

The Committee was impressed with the opportunities available within the faculty practice and with the competence of the master clinicians. Since the entry-level physical therapist students are requesting additional “hands-on” training with manual skills and treatment progression, the faculty practice clinicians could address this deficit with some innovative curriculum scheduling.

Develop clinical researchers and expert clinical educators: The DPTSc was developed to prepare “clinical researchers and academic educators in physical therapy.” Interviews with the students and graduates validated the success to date of this program. The program identifies a unique subset of individuals who seek teaching and research expertise but are not interested in a PhD. Many of the students/graduates are teaching and/or engaged in a research activity prior to entering the program and each has considered carefully the rationale for seeking the DPTSc rather than the PhD degree. This path of study requires a highly motivated student to seek out the appropriate mentor within the USFS/SFSU environment. Although it is clear that the students who elect this path of study have been and are currently successful, the number of students in the program is small, the students have limited time to self-identify as a cohort, and it is unclear if the student research interests align with or enhance the research activities of the core physical therapy faculty. For these reasons and because there are so many other new activities within the Department, we
recommend that this program be re-examined with respect to program goals and future plans.

The Committee recommends that the Department investigate the development of a PhD program. This planning will require consideration of the benefits of an in-house Rehabilitation Science degree or a degree in partnership with the Biomedical Science (BMS) group. The advantage of the Rehabilitation Science may be more visible to the physical therapist student applicants and could be considered in a packaged DPT-PhD. On the other hand, it is unclear if there are a sufficient number of faculty within the Department, at this time, to make it viable. With the current number of faculty members, it seems difficult to plan for an in-house or collaborative PhD program while maintaining the effort associated with the DPTSc.

**Is it meeting the needs of the students?** Yes, the program has highly qualified committed students who are given a rigorous curriculum. The pass rate on the physical therapy licensure exam (99.4% for the first pass) indicates that students are prepared to sit for licensure. A comment by students that we interviewed, echoed by the graduates, and noted in the anonymous survey is that the students feel well-prepared for examination/evaluation but are less confident in their manual skills. The students expressed the need for additional time to practice manual skills and time to discuss treatment progression. The Committee recommends that the faculty members consider reducing some of the labor-intensive activities associated with research and professional writing to free up time for the students to achieve additional clinical competency.

**Is it meeting the needs of the discipline?** Yes, the Committee was impressed with the professionalism demonstrated by the graduates with whom we met. Graduates of 2007, 2008 and 2009 validated the effectiveness of their education by emphasizing the strength of their clinical reasoning and evidence-based practice skills compared to their professional colleagues. Each spoke about future plans which included advanced certification demonstrating that they were life-long learners. When asked to describe a five-year plan, each plan included the need for clinical specialization certification, volunteer teaching for UCSF, and/or serving as a clinical instructor. See below for additional detail.

**Is it meeting the needs of the university?** The efforts made since the last report have positioned the Department strategically so that faculty are well-respected and viewed as necessary in meeting the mission of the University, as well as contributing to the prestigious national rank of the Medical School through their NIH dollars.

**Is it meeting the needs of society?** Yes, by producing highly qualified students, providing a clinical practice that includes service to University employees and contributing to the development of more scientific knowledge. There was some indication that the students are engaged in various *pro bono* activities but it does not appear that there is a curricular requirement for this type of service.
What is the program’s promise for future development and contributions?
The program is well on track with the new entry-level doctoral program. The plan to offer the Neurobehavioral Core activities as a fee-for-service program is brilliant. The addition of the new research faculty and their collaborations within the academic and medical environments and the goal of becoming more involved in the UCSF translational research activities are innovative and remarkably exciting. The success of these efforts, however, will be best realized if some of the Department focuses attention on the entry-level DPT and the development of a PhD.

B. Are curriculum offerings sufficient?
The curriculum offerings meet the need for accreditation by the Commission on Education in Physical Therapy Education (CAPTE). The continuous 36-month DPT program includes 32 weeks of clinical education and is designed to foster critical thinking graduates who embrace professional core values. The faculty members are committed to providing a strong basic science emphasis within the entry-level curriculum as well as preparing the students to practice using evidence-based principles. The core faculty, adjunct faculty, clinical faculty and volunteer faculty members who teach the curriculum comprise a remarkable team. The Committee was impressed with the breadth and depth of the curriculum. The faculty members who offer the basic science courses are outstanding and committed to integrating their content with the relevant clinical content and experiences. Materials provided in the self-study document were corroborated by the oral reports of the faculty and the students that the department is providing a dynamic and rigorous entry-level curriculum.

As stated in the 2002 report, the amount of time spent on basic sciences is probably more than average. Research courses and activities probably occupy about 25 - 30% of the curriculum. Emphasis on producing a critical consumer of literature and using evidence for clinical decision making with less emphasis on research design and statistics is more typical in other physical therapist curricula. The sequence of courses provides integration of basic science and clinical content in an innovative manner with year one focused on musculoskeletal and cardiovascular content and year two focused primarily on neuromuscular content with year three focused on clinical decision making and evidence-based practice. Year 3 provides the opportunity for students to review examination/evaluation in case scenarios of a wide variety of patients. This time could also provide the opportunity for the students to revisit their manual and treatment progression skills.

The program has established a reputation for including a research thread in its entry-level program and it is clear that applicants select the UCSF/SFSU program because of this research experience. It may be possible, however, to streamline this aspect of the curriculum. Courses required include Research Design (PT 251), Biostatistics 183, Mentored Clinical Research (PT 419, three quarters), and Evidence Based Practice (PT 209, PT 910). The research thread culminates in the student electing to conduct research with faculty members or participating in an innovative
journal club. One suggestion is to require biostatistics as a prerequisite to entry in the program and to integrate the research design content, as needed, within the other courses offered in the research thread. The other capstone experience is designed to promote professional writing and nurture evidence-based practice skills. Students are required to write a case report and an evidence-based practice assignment; one of these assignments must be revised until it is “ready” for journal submission. Students also present the final research product in a poster session. Very few of these papers are accepted for publication and the time spent by the faculty members in revising the manuscripts is labor intensive. Because the final product is not disseminated, the Committee recommends that the faculty consider the need to prepare the students for scientific writing to the extent currently offered. A suggestion would be to require one of the two writing assignments and to reduce the threshold for acceptance for the final writing product. This would provide additional time to focus on professional writing such as clinical documentation, letters of necessity, brochures for clinical programs, etc.

Additional suggestions to improve the efficiency of curriculum delivery without affecting quality include the following: 1) consider inter-professional courses for content that several professional programs require such as health policy; this type of opportunity will also serve to increase the visibility of physical therapy to other health care professional students; and 2) consider the development of distance learning, podcasts or on-line modules to package some of the standard content that can be viewed and reviewed, as needed, by the students. The use of this technology will prepare the student for current some of the current methods to obtain continuing education units required by many states to maintain licensure.

How do program requirements, for example, course examinations, etc compare with those of other graduate programs in the field? As noted above, there appear to be two large professional writing assignments. The Committee is asking faculty to revisit the need for both assignments in their current format. Currently there is also a final comprehensive examination.

C. What coursework, seminars, and other educational experiences are offered in the area of integrity in science and professional conduct of scientists? The offerings are satisfactory and it is clear that the students understand the principles of integrity and professional conduct.

How do faculty members communicate with students about ethical behavior in the conduct of research, in the analysis of data, and in the reporting of research findings? Ethical behavior is addressed in relation to clinical practice as well as the conduct of research throughout the curriculum.

D. Are sufficient resources allocated to the program to allow it to meet its goals?
The program appears to meet its goals. Resources are limited in the current economic climate. Drs. Topp and Wanek have optimized the limited resources available. But additional and deep budgetary changes are about to be implemented, which could jeopardize the program’s current and future goals. Therefore, a new financial strategy is needed and this will discussed further in Section IV of the report.

**Are the resources used in the most effective manner?** There is limited money available to develop effective marketing tools which would enhance the visibility of the program nationally (e.g. limited travel funds for faculty). Since faculty members are engaged in so many activities, the issue of using technology for teaching such as podcasts, webinars, or video modules would require up-front cost and effort but may reduce the continued overload of faculty members and prepare students for life-long learning using different modes of learning.

**Is the program as productive as possible given the resources available to it?** As mentioned previously, the faculty is extremely productive considering their limited resources of time, space, support personnel, and technological support. The major issue is that this program is in an environment that can enable it to be a major contributor to the profession of physical therapy, while at the same time advancing the reputation of the institution. To accomplish this goal, additional resources, primarily in faculty or resourceful use of other types of support personnel that can provide more research protected time for primary investigators, are necessary.

II. STUDENTS

A. Are students of high quality attracted to the program? What criteria are used when admitting students to the program? Does the program have an effective plan with sufficient resources for recruiting these students?

The program has a well defined process for student recruitment and admissions. This past year there was a large applicant pool (~400). Of this number, 199 met the standards to be considered as perspective physical therapy students. Students apply to the program using the PTCAS application and a graduate school supplemental application. The graduate school application is an additional $70.00 cost and is essential for admittance to the program. The total cost of application to UCSF is $210.

The admissions committee is chaired by Dr. Jane Galvan, a core faculty member. Minimal requirements for admission to the PT program include: 3.0 GPA, completed prerequisites, and 1000 composite GRE scores. Other strong criteria for admittance include: letters of recommendation, personal statements, ethnicity, and number of exposure hours in physical therapy. Applications are holistically scored and those reaching a level of 60% or greater are invited for an orientation program which includes an interview and a writing sample assignment. The interview process uses a standardized list of questions with a scoring rubric. Decisions on class size and waiting list are made at the end of the interview day. After the student is accepted at UCSF
there is an additional application to SFSU at a cost of $55.00. The admissions process has administrative support from both schools; however, financial support for these positions is waning. Recruitment events are often funded by student and or alumni groups.

**Strengths:**
- Outstanding student population, including recent graduates.

**Suggestions:**
- Consider streamlining the application process with the two graduate schools and discuss modifications with PTCAS to meet the specific needs of the PT program.
- Investigate the possibility of assimilating the PTCAS application into the graduate school portal for UCFS.

B. **Are students in this program diverse in the areas of gender ethnicity and socioeconomic background? What has the program done to promote and maintain such diversity? What is the history of the program’s outreach efforts?**

The program was encouraged in a 2002 review to expand the recruiting program to enhance the diversity in the physical therapy student body. The student body consistently includes Asian American students but lacks ample representation from African Americans, Latinos and Native American populations. The faculty believes that the entry level DPT program will be one of their best recruiting tools as the small number of students from underserved populations that have previously wanted to go to PT school chose a program with an entry level DPT program. The program leadership also believes that access to the one-third of the Professional Fees for financial aid will assist in recruiting a more diverse entry level DPT student.

The faculty and students are consistent about participation in outreach programs targeting schools with diverse student populations. Some of the outreach programs start in the high schools. It is obvious that both faculty and students are committed to increasing the diversity of their student population. There is a consensus that the smaller more individualized programs such as “UC Leads” may be a better resource for attracting individuals from the underserved populations to the physical therapy program. Reviewing the diversity of physical therapy students in the last three years reflects very limited success in this area.

**Suggestion:**
- Strengthen the recruitment efforts on the SFSU campus: PT Student involvement in the pre-physical therapy club, systematic tracking of undergraduate individuals with an interest in the field of Physical Therapy, and opportunities for work/study within the department (assisting with basic administrative duties or working as an aide in the faculty practice).
C. **Does the program have established procedures for regularly evaluating student performance? Does the program ensure that adequate information and good advice are provided to the students?**

During orientation and in the Program Handbook the students are made aware of the expectations for student performance for professional behaviors, academic courses, and clinical internships. The program places a strong value on adherence to Professional Behaviors and Generic Abilities for all students. It is well stated that unprofessional behaviors can be grounds for dismissal from the program, independent of grades. Through student interviews it is well understood that professional behaviors are essential for successful completion of the physical therapy program.

There is a published, defined grading policy and a mechanism in place to advise students who fail to meet the academic standards. Failure to meet the academic standards can result in dismissal or being placed on academic probation which entails a student specific action plan. The policy and procedures for assignment and monitoring student progress on clinical internships are clearly defined and afford the student the opportunities for self assessment and reassignment if additional clinical work is warranted. Additionally, all MS-DPT students are assigned to a core faculty advisor for adequate access to a faculty member to have all questions answered and any pertinent topics discussed.

D. **Are there sufficient opportunities for faculty-student interchange for the supervision of research projects and teaching activities?**

The faculty of UCFS and SFSU provide an extraordinary amount of mentoring time to both the entry level and the DPTSc students. The bi-weekly Doctoral Colloquium and one-on-one mentoring experiences are available for the DPTSc students. Entry level students are mentored by their self-selected research project director. All students have the benefit of serving as a TA as a requirement of the curriculum and the feedback from both the faculty and students for this activity is very positive. The mentored research option and the TA requirement are exceptionally strong examples of good teaching practice; however, the curriculum committee must consistently evaluate whether the faculty hours involved in this mentoring process result in the best outcomes for the two most important entities in an academic program, the students and the faculty.

E. **Does the program provide sufficient financial support for its students?**

There is limited amount of financial support for the current MS-DPT program. There appears to be much better support for the DPTSc program where students may apply for partial funding through the Kean foundation fund and other funds from small endowments within the departmental program. With the advent of the entry level DPT program, there will be a larger corpus of funds available for financial aid. At UCSF, the graduate student funds are available to assist in student travel for professional presentations/meetings.

**Suggestion:**
• Ensure the funds available are spent judiciously by establishing criteria/guidelines within the department distribution of scholarships. When the guidelines are developed there should be an opportunity to use the funds to support various levels and purposes of need within the student application pool.

F. **Do the students complete the program within the normal time frames?** What is the quality and scope of research results or other scholarly work published by its graduate students?

There is an effort from all members of the PT program to graduate their students in the normal time frame. The MS-DPT Spring Symposium student presentations are impressive; however, it is the consistent peer-reviewed publications of the DPT Sc students/graduates that reflect the most positively on the individual student, the faculty, and the universities. Given the maximal faculty/student time commitment to prepare a publication ready document and the scarcity of published papers from the cohort of entry level students, this requirement should most likely be revisited and revised.

G. **Are the students successful in finding suitable positions upon graduation?**

100% of the graduates find suitable employment following graduation. The majority stay in California.

H. **What is the morale of the students in the program?**

Accolades to the faculty and administrative staff of the Physical Therapy program as your students and recent graduates remain passionate about the program, the curriculum, and even the multi-campus environment. Their comments confirmed all of the strengths of the program that were apparent by the written document.

III. **FACULTY**

We can’t emphasize enough how valuable an asset this program is to UCSF/SFSU and our profession. This is an exceptionally talented and dedicated core faculty. As in the 2002 report, the faculty expends efforts that are clearly above and beyond, standard expectations of a hard working, committed team. First, they make themselves readily available to students, who are stressed by the rigor and time demands of the curriculum that includes a research component that exceeds that of most educational physical therapy programs. Second, the faculty has major roles in guiding students through multiple research projects which are not always possible to organize in a way that is consistent with the timing and needs of the faculty member’s research, and few of the DPT projects reach publication. Third, some core faculty have fairly heavy teaching loads which are necessary to allow more core to faculty develop and maintain NIH level research programs. Dr. Topp and Dr. Wanek do a wonderful job maintaining an environment where both research-intensive and teaching-intensive faculty are valued. We commend them. Fourth, the core faculty’s total commitment to establishing a profile for research in physical therapy is reflected in the student’s
positive comments about their research experience, and that research drew them to
the program.

A. **What is the general scholarly quality of the faculty of the program? Is the faculty adequate in numbers and sufficiently broad in interests for the program offered?**

As in the 2002 report, the PT faculty members at UCSF/SFSU are representative of faculty in a many public institutions: committed earnest, capable, caring, juggling lots of commitments. However, Dr. Byl and now Dr. Topp (and Dr. Wanek) have started an aggressive program of increasing the number of faculty who can be or are R01 level researchers by recruiting Drs. Noble, Rossi and Souza at UCSF which bodes well for the future at a Research Intensive University. Dr. Wanek has recruited Dr. Allen for SFSU as researcher.

There is an extensive use of “volunteer” faculty to meet the teaching mission and free-up some core faculty time. It appears that, unlike many institutions, these faculty members are dependable and committed members of the UCSF-SFSU program. This says a lot about the quality and reputation of the program.

Since they presently offer not only a MS (phasing out), DPT, transitional DPT and DPTSc program, the faculty probably needs to take a hard look at their long term goals to best use the faculty resources in these challenging economic times. Is a PhD program or DPTSc program the best way to support the research needs of the Department? Having both would seem to be a burden on present and near future resources, including faculty time. It would appear that a PhD program would best support the needed future research trajectory of the UCSF Department faculty.

B. **Do the faculty members receive sufficient support for their teaching and counseling activities in the graduate program.**

As in 2002 report, the support of faculty by the program director (now Dr. Topp and Dr. Wanek) is strong and untiring. The fact that the faculty has worked together in curriculum issues so seamlessly has created an incredibly strong support system for the group as a whole. Clearly they work amazingly well in developing and carrying out the curriculum and meeting individual needs of students. They may need to make sure they take care of their own professional development as a high priority. When you travel on an airplane the flight attendants instruct to put the oxygen mask on yourself before your child. This might be good advice for the faculty.

C. **Are faculty members of quality being recruited and retained? Is the faculty diverse in terms of gender, ethnicity and background?**

The last three research hires by UCSF and the tenure track hire by SFSU are of high quality with great research capability. The faculty members in the program are all well trained and the clinical associated and volunteer faculty members are specialists in the field. Dr. Smoot, Dr. Balys Pawlowsky and Ms. Jaramillo are also solid hires. As in the 2002 report, recruitment has largely occurred from the California area and few faculty members have worked elsewhere. This seems unusual for an academic health center.
with a national reputation and we believe that it works against UCSF/SFSU physical therapy when national rankings are published as its faculty and their research is not widely known.

The core faculty still lacks diversity with no core faculty member from an under-represented minority and only one male faculty (Dr. Souza).

D. **What is the morale of the faculty?**
As stated in the 2002 report, the faculty morale appears universally high and it is contagious.

E. **Other points:**
- We are not sure that the faculty as a whole is fully capturing the potentially ominous financial future with loss of faculty and staff support monies. They may need to be more informed to be the best resources for ideas for the program leadership. That said, the faculty and leadership as a whole are incredibly forward thinking.
- The faculty should take an impassionate hard look at the potential downsides of the DPTSc program versus a PhD program for research faculty.

**Strengths**
- Dedicated faculty.
- Incredible leadership.
- Large cadre of volunteer faculty many of whom are well-recognized clinicians.
- Amazing faculty morale.
- Faculty clinical practice is potentially a way to support having clinical specialists teach students and be among the faculty.
- Faculty practice could be a way to help support having a strong clinical research program, but the Committee is not sure the future facility will be cost effective enough to accomplish that mission considering that most core research faculty are using and require space that is not part of the practice.

**Weaknesses**
- Not clear how present configuration of faculty practice will enhance faculty productivity for research and teaching, and thus could draw resources away from research growth. The wellness center site has potential for sustained clinical research, but funding is not there yet.
- Dr. Byl volunteers time to do the research and that can’t last forever. Other faculty members are trying also to use time at the Wellness Center.
- Lack of diversity in faculty.
- Many of the faculty members who are emphasizing research at UCSF are not in space -dedicated to the department. This can be a potential strength because they are in appropriate space near collaborators. However, the lack of departmental dedicated space might hamper future growth and may put them at the will of other entities that let them use space on campus. For example, a Department might change its priorities and want the space back. It may also dictate what faculty they hire. The space for Drs. Allen and Radka at SFSU is very good and is PT dedicated.
space. There is potential for research growth there, especially non-basic science research.

- Not clear that the DPTSc program will foster growth in the research capabilities of faculty versus what a PhD program might be able to do. For example, students accepted in the DPTSc program may take resources away from growing the research of faculty. In these economic times it would seem difficult to do both programs. If the currency of UCSF is NIH funded research, the PhD program is probably a better bet by having students in the lab 4-5 years generating papers. They would also be eligible for NRSA type of awards.
- Having only 2 tenure track lines may hurt future recruiting and retention of NIH funded PT faculty. They will certainly get tenure somewhere else.
- There is limited or no support for faculty travel which limits national visibility and potential collaborations.

IV. PHYSICAL FACILITIES AND OTHER RESOURCES

A. Is the physical plant, e.g., classrooms, office space, laboratories, study and lounge areas, satisfactory? Is the library adequate to support the instruction and research needs of the program? Are web-based resources sufficiently utilized by members of this graduate program?

Teaching occurs at three different campuses: Parnassus, Mt. Zion and SFSU. Because of the busy schedule, team members were only able to tour a few physical facilities but these were a fair representation of the Program’s future operations. The commute time between Parnassus and SFSU was about 15 minutes by car and students report about 20 minutes by bicycle. Students need to commute between campuses frequently but not every day. On days requiring a commute, the class schedule usually requires only one commute. Some students report this commute can at times be inconvenient but they also reported that it was a nice break in the day. Overall, students did not seem to consider the commute distance to be a barrier to their learning.

The SFSU campus was very attractive with tall luxurious trees, flowers, and grass that is inviting to visitors. The skills lab/lecture room is large and equipped with tables and chairs for approximately 35 students at one end and plinths for the same number of students at the other end. In between were two large elevated mat tables. The room was equipped with a ceiling-mounted projector and a wide screen. This amount of space appears to be quite adequate in meeting the current class size. Another teaching lab is on the Mt. Zion campus, which we did not see. The facilities on this campus are reported to be outdated and are scheduled to be razed.

A new facility (1500 Owens) is in the process of being constructed on the Mission Bay campus, with move-in date set for August of 2010. This campus, which will hold much of the UCSF medical teaching and research facilities, is under ambitious development and it will be very attractive. We did observe 1500 Owens. It is far along in the construction phase and appears that it will be ready for an August start-up. It will serve as a faculty practice site for clinical service and research. It will include five treatment rooms, a large gym, and faculty offices. It is adjacent to other medical
disciplines (e.g. Orthopedics, eventually Neuroscience, and others) that should serve as referral sources for patients to the faculty practice as well as collaboration sources in research. The gym is intended to be used as a second teaching lab for PT students during specially scheduled daytime hours and occasionally during evening hours, if needed.

We also observed an existing faculty practice site at the UCSF PhysFit Physical Therapy Health and Wellness Center at Mission Bay. This is a very impressive facility with state-of-the-art exercise equipment that can be used by patients with musculoskeletal and neurological impairments. Research also occurs at this facility.

We did not observe the library but we believe it is satisfactory based on student and alumni report. There is no changing room for students to change clothes for their skills lab but students manage this effectively on their own.

The Program is situated as a department in the Medical School at UCSF. Accordingly, numerous collegial partnerships have been developed between PT faculty and other Medical School faculty. It is clear from both students and faculty that these interactions have created an exceptional learning and research environment for students and faculty.

B. Is there adequate equipment to support graduate instruction and research? Is there adequate secretarial, technical, and other staff assistance for the graduate program?

We observed well-equipped motion analysis, gait, and balance testing labs at SFSU and the neurobehavioral core facilities for the mouse research model at Parnassus. We understand that there are other important research facilities that we did not have time to see. Overall, it is clear that the Program has made outstanding accomplishments in establishing productive research labs and equipping them with leading-edge research equipment.

We did not observe any teaching technology that would permit interactive distance education for seminars or other conducive courses that might be used advantageously by faculty and students in managing the geographic distance between the different campuses.

All other physical resources appear to be satisfactory, including secretarial and technical support.

Budget: Given the unprecedented bleak economic times nationally, the Committee considered it important to comment on another resource in the program – budget. It is well understood that the institution is not able to distribute any new dollars to the Program and, like virtually all academic units nationally, the institution has implemented cutbacks to the Program’s budget. Despite such austere economic times, neither the institution nor the Program is swerving from their shared laudable goal of continual scientific advancement. Indeed, the Program, as noted above, is strongly considering establishing a new PhD degree. In support of this vision, the Committee believes that it is crucial for the Program to capitalize on one of its greatest strengths – its strong students/applicant pool. Thus, the Committee recommends that the Program increase
its class size to 50 students. The qualified applicant pool far exceeds the matriculating class each year. Health care will continue to need increasingly more physical therapists in response to an ageing society. The resources needed to teach 50 students are only marginally increased from those currently being used to teach 35 students, yet the revenue stream would be expanded by more than $1 million annually in tuition and professional fees (assuming 3 classes of 50 students). Although such an expansion would seem to challenge the available teaching space, the Committee recognizes that other programs teach classes of 50 students in smaller spaces than observed here. However, because of tuition policies in the UC system, the Committee is concerned that the increased revenue might not end up in the Program’s budget. This would be only fair and reasonable as the Program, in a good faith effort, attempts to overcome the scheduled cutbacks while preserving the prestige that the PT faculty has contributed to the Program, Medical School and University through its graduates, NIH grants and publications. Importantly, high-ranking administrators would need to advocate for and champion this special arrangement to those that make the tuition redistribution decisions at the University level.

Relatedly, the Committee believes that University administration needs to consider reallocating indirect cost recovery dollars from research grants to the Program. The Program has made great strides in winning its current NIH grants. Through return of a greater portion of these dollars to the department/PI, finances could be strengthened and faculty could be incentivized to continue such efforts.

Finally, with ongoing changes in reimbursement contracts, it is difficult to know whether the Faculty Practice Plan will be a positive revenue generator. The Committee does recognize the high value to a faculty clinical practice that goes beyond finances (e.g. faculty development in teaching/research, reputation in community, service to humanity, etc). Nonetheless, the Committee recommends that a detailed cost analysis of the practice, including the rental fees for faculty office space who were not charged for space in their previous offices, be monitored to ensure how best to direct this activity.
**Strengths, Weaknesses, Recommendations**

The Review Committee is remarkably impressed with the dramatic changes that have occurred since 2002. Kim Topp (UCSF) and Linda Wanek (FCSU) have implemented some of the previous chair’s vision and have established their own exciting and innovative plan for the future of the program. Since 2002, the department went from one to 5 degree programs, successfully recruited faculty with the potential to obtain federal funding and/or maintain the program’s reputation for teaching excellence, increased interdepartmental academic and research collaborations, balanced the faculty practice budget, and acquired new space. The Neurobehavioral Core for Rehabilitation Research has been developed with foundation funding and the Dean of the Medical School’s office and plans to move to fee-for-service in 2010. Plans to move many faculty and the faculty practice to the Mission Bay campus positions the department for the next step in planning. Use of the PhysFit Health and Wellness Center as a clinical and research space is timely. If this site can serve as an infrastructure to support clinical studies, the opportunity to develop collaborative grant funding to support translational research with departments such as neurology will be enhanced. The program is well integrated into the Medical School and its environment and the relationship continues to be strengthened.

**Program Recommendations**

**Entry-level curriculum**

- Reduce the courses required in the research thread. Current required biostatistics course can become a prerequisite and research design course with other content.
- Decrease the requirement for two writing assignments. Decrease the quality of the final product and shift the emphasis in the curriculum to professional rather than scientific writing in the curriculum. Professional writing includes clinical documentation, writing letters of medical necessity, development of brochures, etc.
- Explore the development of inter-professional entry-level learning.
- Consider developing on-line content to prepare students for post-graduate modes of learning.
- Integrate the faculty practice within the entry-level curriculum.

**Other programs**
• Discontinue the post-professional DPT program when current class is graduated; eliminate the connection with California State University, Fresno.
• Consider eliminating the DPTSc program to begin to explore the development of a Rehabilitation Science PhD program within the department or in conjunction with other UCSF programs, e.g., BMS.

**Student Recommendations**
• Streamline Application process
• Keep working on diversity
• Department should develop criteria for financial aid in conjunction with student financial services that are judicious.

**Faculty Recommendations**
• Which is better to support research needs of the faculty? DPTSC or PhD
• Increase diversity of core faculty through a targeted hire
• Enhance the opportunity for faculty practice to engage in clinical research
• Enhance future department-dedicated research space
• Work towards increasing Tenure (ladder slots) for recruitment and retention of faculty.
• Consider use of professional fees or some other sources to cover for research leaves (sabbatical-like opportunities) for promoted in-residence faculty.
• Mentor junior faculty related to promotion
• Expand travel support for faculty.

**Facilities and Other Resources Recommendations**
• Leverage the strength of the applicant pool by increasing the number of entry-level students to 50 students to enhance the budget.
• Recapture more indirect cost recovery.
• Consider developing between campus shuttle service
• Identify a UCSF champion outside the department to assist with issues such as tuition recovery, indirect cost recovery and tenure-track positions.