

**BOARD OF GOVERNORS
STATE UNIVERSITY SYSTEM OF FLORIDA
NEW DOCTORAL DEGREE PROPOSAL STAFF ANALYSIS**

Program: Doctor of Physical Therapy
Institution: Florida A&M University
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CIP Code: 51.2308 **Degree Level:** Doctoral
Proposed Implementation Date: Fall 2008
Initial Review Date: 9-20-07 **Last Update:** 9-26-07

Estimated Costs:

	Total	% & \$ Current	% & \$ New	% & \$ C&G	Cost per FTE	SUS 2005-2006 Average Costs
Year 1	\$833,622	100% \$833,622	0% \$0	0% \$0	\$14,819	\$24,174.40 (04-05) for CIP 51 Doctoral Level
Year 5	\$1,056,122	79% \$833,622	21% \$222,500	0% \$0	\$10,058	

Projected FTE and headcount are:

	Projected Headcount	Student FTE
First Year	75	56.25
Second Year	90	67.5
Third Year	105	78.75
Fourth Year	125	93.75
Fifth Year	140	105

On April 30, 2003, the Florida Board of Governors approved eight criteria, divided into the two categories of Readiness and Accountability, by which implementation authorization of new doctorates was to be assessed, and further revised those policies on March 29, 2007. When SUS Physical therapy programs began to make the transition to Doctor of Physical Therapy (DPT) programs in 2004, it was decided that universities should use a slightly abbreviated version of the new degree proposal format, because they were expanding existing programs rather than implementing new ones. This proposal was developed using the abbreviated format.

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INSTITUTIONAL READINESS					ACCOUNTABILITY		
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READINESS

*1. **Mission and Strength** - The goals of the program are aligned with the university's mission and relate to specific institutional strengths. The program is aligned with goals identified within the State University Strategic Plan.*

Evidence that the proposed program is responsive to the goals of the current State University System Strategic Plan and the goals of the proposed program relate to the institutional mission statement as contained in the Strategic Plan

The proposed Doctor of Physical Therapy (DPT) program is consistent with the 2005-2013 SUS Strategic Plan initiative of meeting statewide professional and workforce needs. The Commission on the Accreditation of Physical Therapist Education (CAPTE) supports and promotes the transition of existing Master of Physical Therapy (MPT) programs to DPTs. The American Physical Therapy Association (APTA) supports doctorally prepared practitioners, as well. CAPTE's Web site states that it will not consider requiring the DPT until consensus is reached within the profession that the DPT is the preferred degree. However, as of September 2007, there were 176 DPT programs and 27 MS/MPT programs within the United States listed on the CAPTE Web site, indicating that more than 80 percent of the physical therapy programs nationwide have made the conversion to the DPT. Only graduates from accredited physical therapy programs may sit for the licensing exam in Florida.

The proposal states that, in implementing this program, Florida A&M University intends to affirm its commitment to the educational needs of African-Americans and other ethnic minorities and to help eliminate health disparities among underserved segments of the population. The transition to a DPT would allow the University to produce graduate-level practitioners, who in turn bring cultural diversity to health care delivery.

With the exception of FGCU and FAMU, all existing Master of Physical Therapy (MPT) programs within the State University System have converted to the DPT. All of the independent institutions in Florida who offer physical therapy programs have transitioned to the DPT.

Evidence of a relationship to specific institutional strengths

This criterion was not included in the abbreviated DPT proposal format, because it is not a new academic degree program—just a new degree level for an existing program. The program is however associated with both the FAMU nursing program and the College of Pharmacy.

*2. **Program Quality** – Planning activities have been sufficient, and responses to any*

recommendations to program reviews or accreditation activities in the discipline pertinent to the proposed program have been addressed.

Evidence that planning for the proposed program has been a collaborative process involving academic units and offices of planning and budgeting at the institutional level, as well as external consultants, representatives of the community, etc.

The proposal states that planning for the DPT began three years ago, beginning with a retreat with consultants to review the physical therapy program curriculum and to develop a plan for its restructure. This action was initiated in order to ensure that the program was in alignment with the latest CAPTE evaluative criteria for accreditation, and also to meet the changing needs of the profession.

Evidence of an appropriate timetable of events leading to the implementation of the proposed program

If approved for implementation, FAMU would enroll its first DPT class in Fall 2008, and the second class in Fall 2009. Students currently enrolled in the MPT program would be given the option of graduating with the MPT, or switching over to the DPT.

Evidence that progress has been made in implementing the recommendations from program reviews or accreditation activities in the discipline pertinent to the proposed program

The proposal states that the MPT has undergone considerable review since 2003. These reviews include a Self-Study provided to CAPTE in December 2003; a site visit by CAPTE reviewers in August 2004; and a follow-up response to the report from that visit. The program was granted reaffirmation of its accreditation for a 10-year period in October 2005. The program is in good standing with all accreditation entities.

3. Curriculum - The proposal describes an appropriate and sequenced course of study, admissions and graduation criteria are clearly specified and appropriate, and the appropriateness of specialized accreditation is addressed.

Evidence of an appropriate, sequenced, and fully described course of study; evidence of specific learning outcomes and industry-driven competencies are discussed for any science and technology programs

The proposal states that the DPT curriculum is based on the patient/client model recommended in the APTA's Guide to Physical Therapy Practice, which integrates three central concepts in Physical Therapy.

- The Disablement Model – Looks at the impact or consequences of pathology/disease/trauma on a person, on hierarchal levels of dysfunction: Pathology/Disease > Impairment > Functional Limitation > Disability.
- The 5 Elements of Patient Client Management – Examination, evaluation, diagnosis, prognosis, and intervention.

- The Scope of Physical Therapy Practice – Involving disorders of four primary physiological systems: Orthopedic, Neuromuscular, Cardiopulmonary, and Integumentary.

The proposed curriculum would be 103 credit hours, which would increase the program from a 2.5 year-long master's to a 3-year doctorate. Expected learning outcomes are provided, and as noted earlier, the curriculum has been designed to meet evaluation criteria for CAPTE accreditation. The proposed program length and curriculum compare favorably with programs previously implemented at Florida universities, as well as with programs implemented in other states. A dissertation would not be required because the program is designed for practitioners.

Evidence that, if appropriate, the bachelor's and master's degree programs associated with the program are accredited and that the institution anticipates seeking accreditation for the proposed program, if available

The proposed DPT would replace the MPT currently accredited by CAPTE. At the present time, accreditation standards for the two programs are the same. The change of degree level is driven by the need to remain competitive in student recruitment and also to be prepared when CAPTE begins to require doctoral level programs for accreditation.

Evidence that the institution has analyzed the feasibility of providing all or a portion of the proposed program through distance learning technologies via its own technological capabilities

The university plans to use a combination of traditional classroom, laboratory, and site-based clinical instruction.

4. Faculty – A critical mass of faculty will be available to initiate the program based on estimated enrollments, and faculty in the aggregate have the necessary experience and research activity to sustain a doctoral program.

Evidence that there is a critical mass of faculty available to initiate the program based on estimated enrollments

The proposal states that the University has seven core faculty lines to initiate the DPT program, but would need to add 2-3 core faculty to complete the transition from the MPT. This addition would bring the total number of core faculty lines to 10, which is aligned with the national average of 9 core faculty for a DPT program. It is anticipated that the new faculty would be utilized in the Cardiopulmonary and Neurology components of the curriculum. The Department is also searching for a permanent director for the program. A table is provided that identifies existing faculty, vacant lines, and anticipated new hires. In addition, the program utilizes adjunct and part-time instructors for various specialty courses.

Evidence that the faculty in aggregate have the necessary experience and research activity to sustain the program

The proposal states that the faculty members have the expertise and qualifications to meet programmatic and curricular needs. The existing core faculty, in aggregate, have 36 publications in peer review journals, 64 abstracts and presentations, four book chapters and reviews, and three active research grants, and have directed or served on nine thesis/dissertation committees for students in various programs throughout the University.

Evidence that, if appropriate, there is a commitment to hire additional faculty in later years, based on estimated enrollments

The University plans to hire 2-3 additional faculty to fully implement the DPT program.

5. Resources – The necessary library volumes and serials, classroom, teaching laboratory, research laboratory, office space, equipment, clinical and internship sites, fellowships, scholarships, and graduate assistantships will be sufficient to initiate the program.

Evidence that library volumes and serials are sufficient to initiate the program

The proposal provides evidence that library and learning resources are sufficient to initiate the proposed DPT, but does not provide a list of titles and periodicals directly related to the program. In addition, students would have access to the Instructional Media Center and the School of Allied Health Sciences' computer laboratory, where they can utilize technology for a variety of computer-based simulations or video presentations directly related to program requirements. The budget table includes \$5,000 to update and expand library resources in Year 5 of the program.

Evidence that classroom, teaching laboratory, research laboratory, office, and any other type of space that is necessary for the proposed program is sufficient to initiate the program

The proposal lists the classrooms, laboratories, and practicum spaces available for the DPT program. Seminars and lectures are held in tiered "smart" classrooms (designed for technology-enhanced instruction), and laboratory sessions are held in labs dedicated for instruction in anatomy, musculoskeletal/modalities, and neuron-developmental/exercise. No additional facilities are needed to implement the DPT program.

Evidence that necessary and sufficient equipment to initiate the program is available

The proposal describes equipment available to implement the DPT, including electro-diagnostic equipment, Ultrasound, 10 plinths, bone sets for study, large floor mats, one set of parallel bars, and various other related equipment. In addition, the Lewis-Beck Allied Health Building includes a number of laboratories with testing and research

equipment that is available to faculty and students.

Evidence that, if appropriate, fellowships, scholarships, and graduate assistantships are sufficient to initiate the program

Students would be able to apply for financial assistance in the form of assistantships, in-state tuition waivers, out-of-state tuition waivers, and fellowships.

Evidence that, if appropriate, clinical and internship sites have been arranged

The proposal states that there are approximately 200 current clinical sites available to support the transition to the DPT. Assignments to particular sites are dependent upon student need and the variety of clinical experiences. Sites are visited periodically to ensure that they continue to meet the expectations and standards of the program.

ACCOUNTABILITY

6. Need - There is a need for more people to be educated in this program at this level and, if the program duplicates other professional and doctorate degrees in Florida, a convincing rationale for doing so is provided.

Evidence that there is a need for more people to be educated in this program at this level

The primary reason given for implementation of this program is the national movement to convert to the DPT, which has been endorsed by the American Physical Therapy Association (APTA) in their Vision 2010 statement. APTA accredits all physical therapy programs in the country and advocates that physical therapy practitioners be educated at the doctoral level. At such time as the preponderance of existing programs has converted to the DPT, there is an expectation that APTA accreditation standards will require doctoral preparation. Therefore, any program that does not convert its existing MPT to a DPT would risk losing accreditation, and students must graduate from an accredited physical therapy program to be able to sit for their licensing exam to practice in Florida.

According to the Bureau of Labor Statistics (BLS) *Occupational Outlook Handbook*, employment of physical therapists is expected to grow “much faster than the average” for all occupations through 2014. This level of growth is described as an increase of 27 percent or more. In 2004, physical therapists held about 155,000 jobs. The BLS states that there are currently more physical therapy positions than there are qualified, licensed physical therapists.

The proposal states that there are 76 students currently enrolled in the MPT program. It is inferred that, at the time of transition, many of these students would transfer into the DPT program. It should also be noted that the program has been consistently growing in enrollments since it was reorganized in 2000-2001.

SUS Physical Therapy Enrollments

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
FAMU	72	77	64	63	77	88	100	88	117	69	61	27	32	-	27	38	58
FAU	-	-	-	-	-	-	-	42	-	1	-	-	-	-	-	-	-
FGCU	-	-	-	-	-	-	-	-	-	12	27	24	37	41	39	37	40
FIU	120	194	255	287	381	416	347	236	186	151	22	98	119	114	128	133	137
UCF	-	-	16	41	43	46	53	54	54	-	55	59	40	49	54	60	64
UF	204	218	280	474	394	469	366	337	64	19	84	110	84	91	85	92	109
UNF	-	-	23	45	70	84	95	102	-	-	-	68	60	61	67	43	48
USF	-	-	-	-	-	-	-	-	-	16	34	45	50	53	58	53	54
Total	396	489	638	910	965	1,103	961	859	421	268	283	431	422	409	458	456	510

Evidence that the proposed program does not duplicate other SUS or independent college offerings or, otherwise, provides an adequate rationale for doing so

This program duplicates several others throughout the State of Florida. Existing Master of Physical Therapy (MPT) programs at the University of North Florida, Florida International University, and University of Central Florida converted to the DPT in March of 2007. Prior to that, DPTs were offered in the SUS at the University of Florida and the University of South Florida. The three independent institutions in Florida with physical therapy programs – the University of Miami, Nova Southeastern and the University of St. Augustine for Health Sciences – converted to the DPT before the SUS.

It should be noted that FAMU is the only HBCU in Florida with a physical therapy program, and the only state university in Northwest Florida that offers the program. None of the existing programs appear to be having any difficulty recruiting students.

Evidence of reasonable estimates of student headcount and FTE who will major in the proposed program, and commitment to a diverse student body

The proposal indicates 75 students are projected to enroll in Year 1 and 140 in Year 5, with a corresponding estimated FTE of 79.73 and 150.93, respectively. In the cost benefit statement, student FTE has been rounded to 80 and 151, respectively.

The FAMU mission includes a commitment to meet the educational needs of African-Americans and other ethnic minorities and to help eliminate health disparities among underserved segments of the population. The proposal states that the program faculty would participate in recruitment activities directed towards the targeted population(s) stated in the University's mission statement. This involvement would include participation in health fairs; local, state and national conferences and associations; and recruiting from the University's undergraduate Health Sciences Program. The proposal is signed by the University's Equal Opportunity Officer, Ms. Carrie M. Gavin.

Fall 2006 SUS enrollment data for the FAMU physical therapy program indicate that 48 out of 58 students (83 %) enrolled were black, with seven white, two Hispanic, and one Asian. The data also reveal that the physical therapy program maintained an almost even split between black and white student enrollments up until the year 2000, with more than 50 students in each category. The program was reorganized in 2000-2001, during which time it did not accept any new students. It has managed to regain the level of black enrollments it had before, but not for other ethnic groups. Because FAMU offers the only physical therapy program in Northwest Florida, the University is in an excellent position to recruit a more diverse student body than existed in Fall 2006. It can also be argued that FAMU has a responsibility as a member of the State University System to provide regional access with regard to programs that are not offered by other universities in the region, and that this action should be a part of FAMU's diversity plan.

7. Budget - A complete and realistic budget for the program is provided, and any redirection of funding will not have an unjustified negative impact on other needed programs.

Evidence of a budget for the program that is complete and reasonable, and comparable to the budgets of similar programs at other SUS institutions, and reflective of the proposal's text

The projected cost per FTE is reasonable, at \$14,819 in Year One and \$10,058 in Year Five. This estimate is lower than the cost projections for recently approved DPTs, and lower than the average cost per FTE in this CIP.

The total direct cost projected for the program in Year One is \$833,622. The cost benefit analysis provided states that, "Assuming the total funding per FTE (state funding plus tuition) of \$28,900 per FTE for Graduate II (the amount designated for FAMU at this level), the total revenue generated by the program in the first year would amount to \$2,312,000 ($\$28,900 \times 80$ FTE) or \$1,478,378 more than the projected direct expenditures in the first year." A similar scenario would take place in Year Five of the program with an increase in expenditures to \$1,056,122 and an increase in the number of annualized FTE generated to 151. "Taking the 151 FTE and multiplying that number by the same \$28,900 per FTE for Graduate II would amount to \$4,363,900 being generated by the program. This would be \$3,307,778 more than the projected direct expenditures of \$1,056,122."

Although it is true that the physical therapy program would generate more fundable credit hours per student headcount than most other graduate-level programs, this situation would not necessarily result in the level of additional funding being projected. The Legislature has not fully funded the existing funding formula in recent years, and the percentage of the formula funded can vary each legislative session. In addition, FAMU enrollment is below its funded level for 2007-2008, and it is not likely that the

institution would see any additional funds generated by FTE in the physical therapy program. However, FAMU would receive the tuition and fees generated by the additional credit hours required each year, and the cohort method of instruction typically results in operational efficiencies and increased faculty productivity.

Evidence that, in the event that resources within the institution are redirected to support the new program, such a redirection will not have a negative impact on undergraduate education.

The University currently has faculty and equipment in place as a result of the existing MPT program. Resources would be redirected from the existing MPT program to the new DPT program. This change would not negatively impact undergraduate education.

8. Productivity - The academic unit(s) associated with this new degree have been productive in teaching, research, and service.

Evidence that the academic unit(s) associated with this new degree have been productive in teaching, research, and service.

The proposal states that the existing core faculty members have a record of ongoing scholarly activity and are involved in collaborative research with students. In aggregate, they have 36 publications in peer review journals, 64 abstracts and presentations, four book chapters and reviews, three active research grants; and have directed or served on nine thesis/ dissertation committees for students in various programs throughout the university. The MPT program has graduated 39 students since the year 2000.