The Physical Therapy Educational Program at the University of Montana has the primary mission of educating students to become proficient entry-level physical therapists who practice as effective members of health care teams to serve people across the lifespan. To this end, students are prepared to become providers of patient care and to fulfill the entry-level roles of administration, supervision, instruction, scholarship/research, and consultation. Graduates will demonstrate analytical thinking, reflective reasoning, and a broad base of professional knowledge and skills consistent with autonomous practice. Graduates will use effective verbal and non-verbal communication skills and apply the results of scientific research, clinical expertise, and patient values in their professional practice. The academic and clinical faculty will foster humaneness and compassion, professional and ethical behaviors, life-long learning, and cultural sensitivity. The faculty will provide service and leadership to the physical therapy profession at the University, state, national, and international levels. The clinical and scientific base of physical therapy and medical knowledge will be enhanced through creative and scholarly activities.

DEPARTMENT OBJECTIVES and ALIGNMENT WITH STRATEGIC ISSUES

1. To provide contemporary information and accurate pre-physical therapy advisement to prospective applicants, advisors and pre-physical therapy programs at colleges and universities. (Partnering for Student Success)

**Outcome/Objective 1A:** We participate in college recruitment events at the local high schools. We regularly provide one-one-one advising sessions by appointment. We meet regularly with pre-physical therapy undergraduate student organizations to provide admissions information and to complete extensive Q&A sessions.

**Outcome/Objective 1B:** Program outcomes and our admissions processes and deadlines are continually updated on our website. We also maintain a Facebook site to communicate with our applicants and other interested constituents.
<table>
<thead>
<tr>
<th>DEPARTMENT OBJECTIVES and ALIGNMENT WITH STRATEGIC ISSUES</th>
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<tbody>
<tr>
<td>2. To provide a contemporary curriculum, learning and scholarly environment to facilitate the attainment of the knowledge and skills needed for graduation, to understand and engage in evidence-based practice and as appropriate, participate in clinical research. (Partnering for Student Success; Dynamic Learning Environment; &amp; Discovery and Creativity to Serve Montana and the World)</td>
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<tr>
<td><strong>Outcome/Objective 2A:</strong> All faculty utilize a variety of technology in the delivery of all the courses in our professional program. We regularly conduct and participate in workshops regarding ways to incorporate technology to improve efficiency of work and assessment as well to enhance our courses by improved delivery of course material (Moodle) and better student engagement (eg. iClickers for pre and real-time class assessments).</td>
</tr>
<tr>
<td><strong>Outcome/Objective 2B:</strong> Students will participate in scholarly activities under faculty mentorship and engage a series of research and evidence-based practice components within the curriculum. We have had students either present nationally or publish as co-author on publications each year that come from our research laboratories.</td>
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<tr>
<td>3. One of our goals is to maintain accreditation by the American Physical Therapy Association and the Northwest Commission on Colleges and Universities by meeting all evaluative criteria. Our accreditation standards require cultural competence as part of our didactic program and we have course information on these topics in our classes. (Education for the Global Century)</td>
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<tr>
<td><strong>Outcome/Objective 3A:</strong> We have a faculty member who is teaching a Global Health Elective course this fall that is founded in her experiences in international service to Africa and rural health in Alaska.</td>
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<tr>
<td><strong>Outcome/Objective 3B:</strong> We hosted a visiting professor in physical therapy for Thailand who engaged our faculty in their research interests, presented to our students and staff in a talk that was also open to the public on how physical therapy is practiced in Thailand, and gave a day long continuing education class to local health professionals on Thai massage. We regularly help fund students to travel to Thailand for service learning experiences with Thai physical therapy programs.</td>
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<tr>
<td><strong>Outcome/Objective 3C:</strong> We have Brazilian physical therapy students who are supported by their government to come to UM to interact with our students in the classroom of our professional courses.</td>
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<td><strong>Outcome/Objective 3D:</strong> Our faculty members regularly participate in development and training programs (e.g. sabbatical or professional meetings) in Europe.</td>
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<tr>
<td>4. To maintain a faculty of physical therapy educators and clinicians who are both qualified to instruct at the doctoral level and committed to the education of the physical therapist student, utilizing contemporary methods and evidence-based practice at the core of the program. (Dynamic Learning Environment)</td>
</tr>
<tr>
<td><strong>Outcome/Objective 4A:</strong> Faculty workloads are distributed for teaching, scholarship, service, and clinical work relative to each member's role in our program. All instructors are provided some effort in instruction, service, as well as research in order to engage in all parts of our School's mission.</td>
</tr>
<tr>
<td><strong>Outcome/Objective 4B:</strong> All faculty members utilize their yearly professional development funds to engage in professional development activities, including but not limited to continuing education courses in their area of study and professional conferences.</td>
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</table>
DEPARTMENT OBJECTIVES and ALIGNMENT WITH STRATEGIC ISSUES

5. To serve as a resource for physical therapy clients, local and regional physical therapists, and the public to enhance the practice of physical therapy, the promotion of health and wellness and understanding of rehabilitation science. (Dynamic Learning Environment; Discovery and Creativity to Serve Montana and the World; & The Planning-Assessment Continuum)

Outcome/Objective 5A: We provided over $400,000 worth of physical therapy services and educational programs annually to faculty, staff, students and selected residents of Missoula County through the UMPT’s Nora Staael Evert Physical Therapy Clinic and the New Directions Wellness Center.

Outcome/Objective 5B: Our faculty and students regularly participate as part of inter-professional health screenings for the geriatrics community in conjunction with our pharmacy program (IPHARM program).

Outcome/Objective 5C: Our faculty members regularly provide or organize continuing education programs in the local Montana area. These courses address areas of interest identified by our clinical community and fit within the interests/expertise of our unit. In the past five years, we have provided instruction and/or hosted over 9 such events.

Outcome/Objective 5D: We have instituted a curricular change to deliver one of our student clinical internships through our on-site physical therapy clinic to deliver instruction in a more integrated manner between didactic classroom experience and hands-on applications of that material with patients while being supervised by our highly trained clinical faculty. This past fall at the national Education Leadership Conference for the APTA the American Council of Academic Physical Therapy (ACAPT) and other organizational stakeholders held the Clinical Education Summit. In preparation for the Summit, White Papers had been written (http://www.acapt.org/index.php/full-events-list/event/23-clinical-education-summit) and there has been much discussion on the need to make significant changes in the way Clinical Education is structured and approached. One of the concepts that was promoted in the white paper by Hakim et al, is for greater integration of clinical experiences within the 3 year curriculum. We believe our proposed changes to blend our didactic and clinical education using our physical therapy clinic is consistent with the best practices available to accomplish our mission objectives at UMPT.

6. To maintain an operating plan that is consistent with contemporary physical therapist education while ensuring adequate fiscal resources (Partnering for Student Success; Discovery and Creativity to Serve Montana and the World; & The Planning-Assessment Continuum)

Outcome/Objective 6A: The faculty will engage in an ongoing systematic program assessment process through our core faculty administrative groups and their associated 5 year operational plans. In addition, we will participate at least yearly in a faculty retreat for programmatic assessment and operational planning.

Outcome/Objective 6B: The Chair will coordinate the School’s participation in a university-wide annual operating plan as directed by the College.

Outcome/Objective 6C: We have worked to enhance the ways and means that we gather data to assess our program. For instance, we have instituted an electronic survey to determine if student perceptions of various portions of our curriculum were adequate or below their expectations. Additionally, one of our faculty member’s is deriving an industry leading software platform for managing our clinical educational portion of our curriculum. The program allows for electronic feedback to ensure success for key student learning objectives (e.g. clinical reasoning and classroom preparation for practice scenarios), but also to evaluate the effectiveness of the administration of this part of our program (e.g. timeliness and utility of directors’ feedback, preparation prior to starting their clinical internships, etc.)
## Example of Student Learning Goals and Measurement Tools

<table>
<thead>
<tr>
<th><strong>Examples of Student Learning Goals</strong></th>
<th><strong>Measurement Tools</strong></th>
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<tbody>
<tr>
<td>1. To graduate individuals who will effectively, efficiently, and independently examine, evaluate, determine diagnosis and prognosis, implement a plan of care, and direct physical therapy interventions for patients/clients with movement dysfunction.</td>
<td>Our students achieve passing grades and/or satisfactory completion of all of our didactic courses by 97% or greater of each of our last three incoming classes.</td>
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<td>Our students achieved at least &quot;entry-level&quot; performance on items 11-14 in the Clinical Performance Instrument (CPI) endorsed by the American Physical Therapy Association end of their final clinical internships.</td>
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<td>We have a 100% pass rate from our students in the last three years on the national physical therapy licensure examination.</td>
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<td>Over 85% of the students rated these content items outlined in programmatic goal as at least adequate on our exit survey at the time of graduation.</td>
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<tr>
<td></td>
<td>Students’ grades and performance during the clinical reasoning series of classes I, II, &amp; III numbered PT 560, PT 576, &amp; PT676 as they progress through our curriculum.</td>
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<tr>
<td>2. To provide clinical education experiences that provide the student with the appropriate environment for attainment of competence in the day-to-day physical therapy practice.</td>
<td>Completion of Clinical instructor credentialing courses for our partner clinical institutions used in our clinical education program.</td>
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<td>Tracking the percentage of instructors who are APTA credentialed instructors.</td>
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<td></td>
<td>Each student will rotate through a variety of clinical settings including at least three different practice settings. This variety of sites is required to graduated and confirmed in a graduation audit completed by the student, main PT office staff, and clinical education personnel.</td>
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<td></td>
<td>At least 95% of all graduates will rate their clinical experience as adequate as determined through information from exit interview and graduate surveys.</td>
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</table>
### STUDENT LEARNING GOALS AND MEASUREMENT TOOLS

<table>
<thead>
<tr>
<th>Learning Goal</th>
<th>Evaluation/evaluation method</th>
<th>Our students achieving satisfactory performance grade (≥73%) in the corresponding foundational sciences.</th>
<th>Informal assessment by instructors in advanced courses who use this material and then share for discussion in the curriculum committee discussions in faculty meetings.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. To graduate individuals who can demonstrate knowledge in the foundational and clinical sciences to include anatomy, physiology, kinesiology, neuroscience, clinical medicine, pharmacology, therapeutic interventions, psychology, management and administration.</td>
<td>Evaluation using our Exit Survey for graduating students as they return to campus after their final clinical internship. (see appendix)</td>
<td>Our students achieving passing grades (≥73%) in the corresponding courses associated with these foundational sciences.</td>
<td>Of returned graduate and peer surveys, 95% of the relevant survey items will be scored as “adequate” by at least 85% of respondents.</td>
</tr>
<tr>
<td>4. To graduate individuals who will expressively and receptively communicate effectively with all individuals when engaged in physical therapy practice, research, and education. The interactions can include patients, clients, families, care givers, practitioners, consumers, researchers, payers, and policy makers.</td>
<td>Passing grades or satisfactory completion of DPT courses.</td>
<td>Entry-level performance achieved on items 3 and 6 in the Clinical Performance Instrument (CPI) which focus on these areas following completion of all clinical internships.</td>
<td></td>
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</table>

### EXAMPLES OF ASSESSMENT RESULTS AND MODIFICATIONS

**Learning Goal:** To graduate individuals who will effectively, efficiently, and independently examine, evaluate, determine diagnosis and prognosis, implement a plan of care, and direct physical therapy interventions for patients/clients with movement dysfunction.

First, our director of clinical education championed a reorganization of the **clinical reasoning series** of our program. While this section of our classroom discussion was threaded throughout our curriculum, we felt it lacked an organization structure and purpose that would facilitate adequate development of these high level instructional tasks. Thus, we have a series of courses aligned with the clinical internships that require the students to engage in peer and self-reflections related to the analytical assessment of what they do as physical therapists. We use expert modeling of clinical reasoning to provide examples of higher order thinking and then student autonomy and responsibilities build throughout this course series. Our student performance in the final fall semester continues to improve after several years of this curricular change.
### EXAMPLES OF ASSESSMENT RESULTS AND MODIFICATIONS

<table>
<thead>
<tr>
<th>Learning Goal: To graduate individuals who will effectively, efficiently, and independently examine, evaluate, determine diagnosis and prognosis, implement a plan of care, and direct physical therapy interventions for patients/clients with movement dysfunction.</th>
<th>We have also implemented <strong>increased instructional contact hours</strong> within some of our systems courses. The musculoskeletal portion of the curriculum has considerably more time dedicated to instruction (often swapping lecture for laboratory time) and student practice as well as some increased hours within the neurorehabilitation course series. The reasons for this increased time is that the faculty who were teaching those courses felt that students needed more guided practice to improve their psychomotor skills for improved patient assessment and treatments. There was also limited instruction time left as the available instructional load was so short. These changes have been well-received by the students and the content in the classes has been enriched with more consistent performance exhibited in practice situations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Goal: To graduate individuals who can demonstrate knowledge in the foundational and clinical sciences to include anatomy, physiology, kinesiology, neuroscience, clinical medicine, pharmacology, therapeutic, interventions, psychology, management and administration.</td>
<td>Most recently, we have changed the scheduling to repackage the delivery of instructional content in our curriculum by <strong>moving to a blocked schedule</strong>. We have not changed the credit load, the instructional content, or the course objectives in this schedule change. For the blocked schedule, we teach half of the courses in the first 7.5 weeks of the semester and the remaining half of classes in the second 7.5 weeks of a 15 week semester. The rationale for splitting the classes into two smaller sub-semesters was to allow for students to focus on fewer courses at any given time in the didactic portion of the curriculum. There would be less distraction and better focused effort on each given class. We also hoped to reduce the students stress by limiting the volume of mid-terms and finals exams in this format. We just implemented this change this fall, but the students’ response has been strongly supportive of the change accomplishing our goals. The Interim Chair and the Curriculum Committee Chair have conducted monthly focus groups with the entire DPT student body regarding this curricular change (see appendix). We have an administrative associate take notes during the meeting and summary information from the focus groups is shared and discussed as a whole with our other faculty members during our regular faculty meetings.</td>
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</table>

### APPENDICES

1. **Curricular Map of Threaded Elements in our Curriculum:** We have 14 topics and themes are threaded throughout the classes offered in our professional program. We view these elements as key information that our students need to learn, but they do not substantive enough to merit their own individual course. Not all threaded themes lend themselves to every course, but

2. **Raw notes taken by our administrative associate from one of our “all-classes” focus group meeting related to changing to a block schedule and increasing clinical integration into our classes.** Approximately 65 of our 100 students attended. We had three monthly meetings during the semester and these notes were summarized and shared with the faculty during our monthly faculty meetings. The meeting notes have also been shared with faculty on our School’s shared hard drive so they are available to the faculty in their raw form. The Curriculum Committee will summarize the key themes from these discussions to lead a group discussion during our annual winter faculty retreat in January during the winter session.

3. **Exit Survey used for students when they come back for graduation after their last internship.**
FUTURE PLANS FOR CONTINUED ASSESSMENT

We have used surveys sent to past graduates to assess some of our objectives in the past. We have not conducted these surveys in several years which occurred primarily because of change in leadership of our assessment committee.

Our response is a plan to complete these assessments again via electronic survey before the start of the next academic year. In addition, will will document these procedures in a task calendar to explicitly form deadlines and expectations of which committee in our School will complete and disseminate the results of these assessments.

We started having an all-class student meeting with faculty and the Chair of the School at the end of last year. We announced changes in the organization of the content that we used in our curriculum as well as enhanced integration of our on-site physical therapy clinical services as part of our instructional methods. At that end of year meeting with the students in the Spring of 2014, we scheduled monthly focus group meetings with all classes scheduled for this fall as we started to phase in the changes in curriculum. The meetings provided an opportunity for the Chair of the School and the Chair of the Curriculum Committee.

Our clinical education program is now using a web-based software program for managing each aspect of this process in our professional program. The software streamlines the data entry processes throughout our clinical education program. For instance, we use it to track clinical site internships requirements, to improve student placement, confirm site availability, provide key clinical site information to students, track internship history, obtain affiliation agreement forms, and generate other custom reporting features to complete our assessment. We are using this tool as part of our faculty evaluation and we will include it as part of our 5 year plan for advancing our clinical education program and the questions in the exam will be refined for usefulness by the clinical education personnel.

APPENDIX 1: Curricular Mapping

The following table is a curricular mapping of our 14 Curricular Themes that are spread throughout and incorporated as part of students learning experience. We have a physical therapy professional program that spans three academic years. Each year is listed as a Primary Row and each thematic element is a sub-row. Each individual class is listed by its catalog number in the columns. We have 34 courses in our curriculum. The last semester in our curricular is a semester long clinical internship that spans 10 credits of instruction.

The “x” indicates that the particularly theme is included as part of an individual course. It is not expected that every course would have an opportunity to include every theme.

This information is disseminated to the faculty members and it will be reviewed and discussed by our Curriculum Committee. It will be included in the faculty handbook which is presented to the faculty annually and will be revisited regularly at the discretion of the Curriculum Committee Chair.
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<thead>
<tr>
<th></th>
<th>FALL SEMESTER</th>
<th>SPRING SEMESTER</th>
<th>SUMMER</th>
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<tbody>
<tr>
<td><strong>FIRST YEAR DPT 1</strong></td>
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<tr>
<td>Radiology</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Guide to PT Practice</td>
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<tr>
<td>Disablement models</td>
<td>x</td>
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<tr>
<td>Documentation</td>
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<tr>
<td>Ethical Issues</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Evidence-base practice</td>
<td>X</td>
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<td>X</td>
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<tr>
<td><strong>SECOND YEAR DPT 2</strong></td>
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<tr>
<td>Radiology</td>
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<tr>
<td>Guide to PT Practice</td>
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<td>Evidence-base practice</td>
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<tr>
<td>HOAC prob. solving model</td>
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<td>Lifespan issues</td>
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<tr>
<td>Pharmacology</td>
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<td>Physical stress theory</td>
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<tr>
<td>Prevention</td>
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<tr>
<td>Reimbursement</td>
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<tr>
<td>Regulation and compliance</td>
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<tr>
<td>Supervision</td>
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<tr>
<td>Course</td>
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<td>Reimbursement</td>
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<td>Regulation and compliance</td>
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<td>THIRD YEAR DPT 3</td>
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<tr>
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APPENDIX 2

THE FOLLOWING IS THE RAW NOTES TAKEN BY AN ADMINISTRATIVE ASSOCIATE DURING OUR FIRST STUDENT FOCUS GROUP USED TO GARNER THEIR FEEDBACK ON OUR CURRICULAR CHANGES TO DELIVER OUR CONTENT IN A BLOCKED FORMAT AND TO START MORE INTEGRATION OF CLINICAL PRACTICE INTO THE DIDACTIC PHASE OF INSTRUCTION (MEETING SPET 16, 2014, SKAGGS 169, there were approximately 65 students of the 100 possible).

Started with Welcome and opening comments to students. The Chair of the School and Chair of the Curriculum Committee were present and an announcement was sent to all DPT students and faculty. The Chair of the School shared that written feedback is welcome. They repeated that the Intent for the meeting is for dialogue back and forth between faculty, students and staff.

What are we doing well with the changes in block curriculum schedule and clinical integration? STUDENTS COMMENTS BELOW:

- Afternoons free helps to study and find time for group work
- Clinical assignments like patient interactions, more clinical exp can get the better
- Having to concentrate on smaller number classes helps; doing reading and diving into materials rather than trying to balance 10 balls. Hugh majority agrees. More focus and depth on what studying
- 3 vs 7 midterms next week. This will be less stressful
- 2 schedules and 2 places to get
- Helpful to have clinical throughout year helps things stick.
- Nice that getting OP neuro experience; rarely used ortho skills in acute care. Get to use skills prior to final rotation
- Get closer to student/professor ratio. Being able to split up classes. Delivery to smaller groups. E.g. Toby’s class.
- Can only focus on 2 things and expectations are really well known. Easily understood.
- Nice to focus on 2 subjects more in depth.
- Class bonding together; easy to do in this paradigm? Still works
- Things more evenly spread out rather than long periods of nothing then slammed.
- Working okay for grades? Same number of exams; because lot of info in 3-1/2 weeks. More exams to spread out knowledge covered on test.
- Willing to take a test out of class time. Mixed reviews on this.
- Looking back, a lot happened very quickly. Use more quizzes?
- Getting everything twice as fast as normally.
- More time to take a test or stick around for lecture? Stick around. Tough to absorb new info after exam. Would rather have it early in the morning.
- More dense material; at end of 3 hours burnt out? Hardest absorption; starting upper extremity in one class rather than covering it simultaneously in other class. Hard to learn new material as mastering the old. Can pace out better as go through.
• Moved and swapped out material to give an extra day. Mixed results.
• Trying to give weekend to absorb new material.
• Finishing upper extremity, then trunk this week, then exam. Too much time between material and exam in biomechanics this week could tighten this.
• Anatomy lecture prior to biomechanics helpful; reminder/review of anatomy is nice.
• Anatomy and biomechanics; why not teach concurrently. Some times these classes feel like they may be off in timing.
• Good discussion to have after 1st years have had some MS. Hopes it is awesome for 1st years to have biomechanics and anatomy under their belt when get into ms eval.
• Get hammered by length of time in class, but no dead time. Use time to study without switching subjects.
• Always feel hammered with information; better feel hammered by 2 classes at once instead of rather than 5. Feels more cohesive this way in the block format and better timing of information. Hammered doesn’t go away. But Faculty present shared that they always balancing have to know/need to know.
• Not complaining about how hard it is. Lot of easier to read 4 hours in one subject rather than 1 hour on one then switching to the next.
• Timing of lab and lecture tests would be helpful if spaced consistently. Should be able to have that dialogue with your instructor. Sequencing key

What to do better? STUDENT COMMENTS BELOW

4 or 6 hours or 6 of same subject in a day may be hard to retain information and keep focused. 5 days/week 2 hours/ as a better means to deliver schedule. Spread out with a little each day is better than more hours in less days

• Especially hard to stay focused and enthusiastic when all lecture; no switching to lab is tough
• In Musculoskeletal class, 3 days/week. Trying to compartmentalize would be better 5 days/week learning to assess would work better spread across whole semester. It’s a lot of material to try and keep up with if all lectures
• I-clicker questions also works well to keep interest and to keep students and instructor aware of what they know of the material
• Would suggest that neuroscience class next semester would be spread across whole semester because it’s so dense of material
• Start anatomy earlier than beginning official start of semester (e.g. two weeks) or neuroscience might be a good way to spread the information out more? Try to less opposition in timing. What would you think? Like the idea; other PT schools start anatomy early. 6 week break is really long. Even a week of Christmas break to spread out neuro would be beneficial. Or in skills classes. 6 hours/day for week would really drain.
• Nice to have anatomy foundation prior to biomechanics; okay to have upper prior to lower if timing change allows faculty to teach in other classes.
• It would be helpful to have more time with biomechanics to understand the concept. Faculty asked “How many using time to practice or decompressing instead?” Maybe not 100% efficient with our time when we start out. Something blocking spending time in labs? Informal group Thurs afternoons. Access to faculty supervision during open labs would be helpful. Miss TA help 1:1. Dedicated lab times 5 – 8 folks at once. Would be great opportunity for 3rd years; assign 3rd years when not in clinic.
• Some 3rd years have IPS time using in afternoon. Can be flexible. Can be volunteer based and would be an opportunity for peer teaching and reinforcing/reminding those concepts to the upper classman in the program
• There are holes to do things. Normally would know clinical assignments semester ahead so can phase in things to fit in. The faculty commented that we can have more TA support in future classes for adequate instruction for scheduled lab practice time. Will improve practice out site of class in future.
• 3rd years will know challenges to learning and help lower classmen.
• Nervous about extracurricular things that getting pushed to wayside e.g. student run clinic. Running out of time because so packed and students feel like they don’t need to do student run clinic now that they have more in-clinic time to practice.
• Having clinic side tied to classes; having information given out at beginning of the class. Timeliness in getting grades back, materials, etc. is very important in the shortened class schedule. Not much time to correct deficiencies if you don’t know about them early.
• Helpful to be up to speed to theraoffice before beginning clinical. The faculty there responded that they have procured a license to this software and future student classes will do their learning on-line and in the computer lab with the electronic medical records software used in our clinic. So this time for training will be rolled into the documentation class time.
• Labeling Trends classes with name in Cyberbear. Look for instructor. Chair’s name on every class to check up and make sure this work is getting done.
• Try to be interactive in class even if doing lecture for 4 – 6 hours. There will be more responsibility for instructors to be more interactive and inventive to ensure learning
• Clinical medicine case studies more active; thinking and responding related to material. Good model and example to help keep class engaged and continually learning. Nice to not have to spend time reviewing so this saved time can now be used for other tasks.
• A few students have asked about changing requirements to get into program. Ex phys should be prereq as well as undergrad neuro class would help in stress level and ease up on trying to fit things in.
• Small liberal arts college barely had other than basic science classes available; would be more difficult to get prereqs.
• If prereqs more recent than 10 years wouldn’t struggle so much.
• Only getting ortho or neuro in clinic. Would be nice to get both. The faculty present agreed and said this is part of the curricular plan but not feasible for the third years students as we phase in the change. We had to pick for them this time but in the future students will switch between each type of experience between the two semesters they work in our clinic.
• Possible switch between sessions instead of semesters?
• Students shared that they appreciate the dialogue with the faculty leaders. The faculty shared that at the what we want at the end of the day for students to have a better learning environment and listening and responding to concerns as we are able will aid in that process.
• Several students said it helps with life satisfaction to feel heard by the faculty and people making decisions in the curriculum and PT program.
• The students enthusiastically gave the block scheduling of classwork a near unanimous thumbs up. The third year students shared that the clinic integration getting there but was worth it.
• Additional feedback.? Please Email toby and ryan again or place it in our mailboxes in the main office.
APPENDIX 3

Graduate Student Exit Interview for the UM Doctor of Physical Therapy Program (27 page survey)

Default Question Block

Dear UM PT Graduate,

In our ongoing effort to improve our curriculum delivery we seek your feedback. We appreciate your complete and forthright feedback in completing this survey. This information will be used to help evaluate and make changes in the curriculum as needed.

Thank you,
UMPT Curriculum Committee (Toby, Beth, Dave and Sue)

Year of graduation from the University of Montana School of Physical Therapy & Rehabilitation Science

Gender (optional)
__ Female
__ Male

Ethnicity (optional)
__ African-American
__ Asian-American
__ Caucasian
__ Native American
__ Other

Are you a member of the APTA?
__ Yes*  
__ No  
*If so, how many sections? ______

Have you—or, do you plan on—entering an APTA credentialed post-graduate residency or fellowship? (*If “Yes,” please indicate specialty.)  
__ Yes * ______________________________  
__ No  
__ Uncertain

Year of baccalaureate degree:  
__________________

Undergraduate University:  
__________________________________

Please rate your degree of pre-physical therapy preparation as A for adequate, I for inadequate, or NS for not sure relative to each of the following domains:  
Anatomy: _____  
Neuroscience: _____  
Exercise Physiology: _____  
Patient Interaction: _____

For the remainder of this survey, rate your ENTIRE educational experience (classroom, didactic, field work, and clinical education as:

M: Met Expectations (meets your expectations relative to entry-level PT education)  
E: Exceeded Expectations (exceeds your expectations relative to entry-level PT education)  
B: Below Expectations (falls below your expectations of entry-level PT education)
Conduct systems review screening for:
- Cardiovascular System: ____
- Integumentary System: ____
- Nervous System: ____
- Musculoskeletal System: ____
- Pulmonary System: ____

Screen for physical, sexual, and psychological abuse: ____

Identify positive signs and symptoms that indicate the need for referral: ____

Conduct a review of pertinent medical records: ____

Conduct an interview for the following data:
- Demographics: ____
- General Health Status: ____
- Chief Complaint: ____
- Medications: ____
- Medical & Surgical History: ____
- Present and premorbid functional status/activity: ____
- Past and current patient/client history: ____
- Social/health habits: ____
- Living environment: ____
- Employment: ____
- Growth and development: ____
- Social history: ____

Perform a posture examination to assess postural alignment: ____

Perform gait and locomotion examinations, including step length, speed, characteristics of gait, and abnormal gait patterns: ____
Examine balance (dynamic and static) WITHOUT the use of assistive devices or equipment: ____

Examine the patient’s body mechanics during self-care, home management, work, school, play and community or leisure tasks and activities: ____

Examine ergonomic performance during job/school/recreation: ____

Identify environmental barriers in the home, at job/school/play, or in the community: ____

Examine patient/client’s ADLs and IADLs in the clinic or at home: ____

Measure and characterize pain: ____

Recognize and characterize signs and symptoms of inflammation: ____

**Cardiopulmonary Evaluation & Assessment, rate your education respective to each of the following tests and measures:**
- Measure heart rate: ____
- Measure respiratory rate, pattern and quality: ____
- Measure blood pressure: ____
- Assess aerobic capacity: ____
- Measure pulse oximetry: ____
- Assess breath sounds: ____
- Assess response to exercise: ____
- Recognize signs & symptoms of hypoxia: ____
- Assess peripheral circulation: ____

**Integumentary Evaluation & Assessment, rate your education respective to each of the following tests and measures:**
- Assess skin characteristics (e.g. blistering, color, mobility, texture): ____
- Assess nail bed characteristics: ____
- Identify signs of infection: ____
- Assess wound characteristics (e.g. bleeding, depth, drainage): ____
- Assess wound scar tissue characteristics: ____
Identify orthotic, protective or support devices that may relieve trauma to skin: ____
Identify activities, positions, and postures that may produce or relieve trauma to the skin: ____

Musculoskeletal Evaluation & Assessment, rate your education respective to teach of the following tests and measures:
Measure anthropometrics: ____
Assess joint accessory motion and/or mobility: ____
Assess ligamentous laxity: ____
Assess range-of-motion, including goniometric measurements: ____
Assess muscle strength, including manual muscle testing, one rep max and dynamometry: ____
Assess functional strength: ____
Palpate body structures: ____

Orthotic Tests & Measures, rate your education respective to each of the following tests and measures:
Evaluate the need for orthotic devices to be used during functional activities: ____
Assess the alignment and fit of orthotic devices: ____
Identify orthotic devices to help remediate impairments or structure, activity, or participation: ____

Prosthetic Tests & Measures, rate your education respective to each of the following tests and measures:
Assess the components, alignment, and fit of a prosthetic device: ____
Assess functional activities awhile patient uses a prosthetic device: ____
Assess impairments of a patient with an amputation: ____
Assess participation while patient uses a prosthetic device: ____
Assess patient’s safety while using a prosthetic device: ____

Assistive Devices Tests & Measures, rate your education respective to each of the following tests and measures:
Assess components, alignment, fit of an assistive device: ____
Assess activities and participation while the patient uses an assistive device: ____
Assess patient’s safety while using an assistive device: ____
Perform gait and locomotion examination during activities while the patient uses assistive devices or equipment: ____
Examine balance during activities with the use of assistive devices or equipment: ____

Perform Arousal, Attention and Cognition Tests & Measures, rate your education respective to each of the following tests and measures:
Arousal: ____
Orientation: ____
Retention and recall: ____
Communication/language: ____
Processing and registration: ____
Attention: ____

Rate your education respective to each of the following components of an examination of cranial and peripheral nerve integrity:
Assess motor and sensory integrity of the cranial nerves: ____
Assess motor and sensory integrity of the peripheral nerves: ____
Retention and recall: ____
Assess distribution of the peripheral nerves: ____
Assess patient response to neural provocation tests: ____
Assess patient response to stimuli, including auditory, gustatory, olfactory, pharyngeal, vestibular, and visual: ____

Perform tests and measures of dexterity, coordination, and agility: ____
Perform development tests to assess motor skills and age-appropriate development (e.g. Denver II, AIMS): ____
Assess postural responses (e.g. equilibrium and righting reactions) and protective extension: ____
Perform the following tests and measures for reflex integrity: ____

**Sensory Tests and Measures:**
Light touch: ____
Temperature: ____
Localization: ____
Deep sensation: ____
Graphesthesia: ____
Sharp/Dull: ____
Deep pressure: ____
Vibration: ____
Stereognosis: ____

**Assess Muscle Tone with the Following:**
Resistance to passive stretch: ____
Resistance to velocity dependent movement: ____

Synthesize available data from a patient/client examination and express as impairments in body structure, activity, and/or participation: ____

Identify and prioritize impairments to determine a specific dysfunction or diagnosis towards which the intervention will be directed: ____

Estimate the level of optimal improvement in function and the amount of time required to achieve that level: ____

Recognize barriers (e.g. age, medication, severity) that may impact the achievement of optimal improvement within a predicted time frame: ____

Write measurable, functional goals (short and long-term) that are time referenced with expected outcomes: ____

Collaborate with the patient/client to develop goals and implement a plan: ____

**Select and prioritize the essential interventions that are safe and meet the specified functional goals and outcomes in the plan of care:**
Identify precautions and contradictions: ____
Provide evidence for patient-centered interventions that are identified and selected: ____
Define the specificity of the intervention (time, intensity, duration, frequency, etc.): ____
Set realistic priorities that consider relative time commitment in conjunction with family, caregivers, and other health care professionals: ____

Establish criteria for discharge based on patient goals and functional status: ____

Make referral to resources needed by the patient/client and articulate a specific rationale for a referral: ____

Advocate for patient/client access to services: ____

**Effectively apply the following intervention of aerobic capacity/endurance conditioning or reconditioning:**
Movement efficiency and energy conservation training: ____
Walking and wheelchair propulsion programs: ____
Cardiovascular conditioning programs: ____

**Interventions, effectively apply the following interventions for impairment of balance, coordination, and agility:**
Developmental activities training: ____
Function (motor control and motor learning) training or re-training: ____
Neuromuscular education or reeducation: ____
Posture awareness training, central stabilization training: ____

**Interventions, effectively apply the interventions for the following:**
Improve body mechanics: ____
Gait training: ____
Wheelchair training: ____
Child Motor Development: ____
Relaxation: ____
Bed Mobility & Transfers: ____
Age appropriate ADLs and IADLs: ____
Use of assistive and adaptive devices for mobility & ADLs: ____
Accommodations or alterations for home or workplace barriers: ____

**Interventions, effectively apply exercise for the following:**
Improve body mechanics: ____
Passive ROM: ____
Active & Active Assisted ROM: ____
Muscle lengthening (stretch): ____
Muscle strengthening: ____
Endurance: ____
Functional retraining: ____

**Interventions, effectively perform the following functional training programs:**
Simulated environments and tasks: ____
Task adaptation: ____
Injury prevention education during work (job/school/play), community, and leisure integration or reintegration: ____
Safety awareness training during work (job/school/play), community, and leisure integration or reintegration: ____

**Interventions, effectively apply the following manual therapy techniques (please note: manipulation refers to all Maitland grades I-V):**
Soft tissue mobilization: ____
Cervical spine manipulation: ____
Thoracic spine manipulation: ____
Lumbar spine manipulation: ____
Lower extremity manipulation: ____
Upper extremity manipulation: ____
Peripheral HVLA manipulation: ____
Spinal HVLA manipulation: ____

**Interventions, prescribe and apply the following:**
Orthotic devices, such as prefabricated splints, braces and shoe inserts: ____
Wheelchairs and other prefabricated seating systems: ____

**Interventions, effectively debrides with the following techniques:**
Enzymatic debridement: ____
Autolytic debridement: ____
Wet-to-dry dressings: ____
Wet-to-moist dressings: ____

**Interventions, effectively applies the following electrotherapeutic modalities:**
Electrical stimulation for pain control: ____
Electrical stimulation for strengthening: ____
Electrical stimulation for wound healing: ____
Iontophoresis: ____
Biofeedback: ____

**Interventions, effectively applies the following physical agents:**
Cold packs: ____
Hot packs: ____
Whirlpool: ____
Ice massage: ____
Contrast bath: ____
Dry heat: ____
Ultrasound: ____
Phonophoresis: ____
Paraffin baths: ____

Interventions, effectively applies the mechanical modalities:
  Vasopneumatic compression: ____
  Compression bandaging: ____
  Standing frame: ____
  Continuous Passive Motion (CPM): ____
  Compression Garments: ____
  Taping: ____
  Tilt Table: ____
  Traction: ____

Determine patient/client variables that affect learning: ____

Provide patient/client and caregiver with clear and concise home/independent instruction at their level of learning and ensure the patient/client’s understanding of that program: ____

Present contemporary topics/issues using current evidence and sound teaching principles (e.g. case studies, in-services, journal article review, etc.): ____

Documentation & Communication:
  Document patient/client care, using appropriate terminology and institutionally approved abbreviations: ____
  Interpret communication from other health care professionals: ____
  Audit/review documentation components of patient/client management and facility procedures and regulatory requirements: ____
  Comply with HIPAA/FERPA regulations: ____
Effective use of care extenders by performing the following:
Appropriate supervision of the physical therapist assistant and/or other support personnel: ____
Appropriate selection of patient/clients for whom, and which procedures can be delegated to physical therapy assistants based on patient complexity and acuity, reimbursement PTA knowledge/skill and jurisdictional law: ____

Understanding the relevance and impact of institutional accreditation (e.g. JCAHO or CARF) on the delivery of physical therapy services: ____

Effectively provide consultation within the context of patient/client care with physicians, family and caregivers, insurers, and other health care providers: ____

Utilize current literature to answer clinical/practice questions: ____

Implement strategies to prevent and/or resolve conflict and seek resources to resolve conflict when necessary: ____

Recognize individual and cultural differences and adapt behavior accordingly in all aspects of care: ____

Effectively promote health, wellness and prevention:
Identify patient/client health risks during the history and physical via a systems review: ____
Determine readiness for behavioral change: ____
Identify available resources in the community to assist in the achievement of the plan of care: ____
Identify secondary and tertiary effects of disability: ____
Promote health/wellness in the community: ____

Please take a moment to self-rate your proficiency relative to entry-level status in each of the following categories:
Professional Practice: ____
Clinical Reasoning: ____
Cultural Competence: ____
Evidence-Based Practice: ____
Screening: ____
Examination; Neurological: ____
Examination; Musculoskeletal: ____
Examination; Cardiopulmonary: ____
Examination; Geriatrics: ____
Examination; Pediatrics: ____
Intervention; Neurological: ____
Intervention; Musculoskeletal: ____
Intervention; Cardiopulmonary: ____
Intervention; Geriatrics: ____
Intervention; Pediatrics: ____
Exercise Prescription: ____
Prevention & Wellness: ____
Patient Education: ____
Outcomes Assessment: ____
Practice Management: ____
Social Responsibility: ____

What aspects of UM PT Curriculum enhanced your learning?: __________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What aspects of UM PT Curriculum could we improve to enhance the learning of future UM PT students?: __________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please use the space provided to give us constructive feedback about the Physical Therapy Curriculum at UM: __________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Thank you for taking the time to complete this graduate survey! We truly appreciate it!

Lastly, thank you for choosing the University of Montana School of Physical Therapy & Rehabilitation Science for your entry-level Doctor of Physical Therapy degree.

Congratulations Alumni!