School of Physical Therapy and Rehabilitation Science
2022 Assessment Report

All areas shaded in gray are to be completed by the department/program.
This document will be posted online and must be [accessible electronically](#) (including appendices).

MISSION STATEMENT

Vision

Driving excellence in physical therapy education, research, and movement centered clinical practice.

Mission

The School of Physical Therapy prepares graduates to be physical therapists who embrace life-long learning, professional and ethical behaviors, and cultural humility resulting in patient care that is outcome and evidence based, compassionate, and attends to the knowledge, skill and emotional needs of the public we serve. We are committed to advancing the science of physical therapy that positions physical therapists as vital members of healthcare teams that serve people from all backgrounds across the lifespan.

DEPARTMENT ALIGNMENT WITH PRIORITIES FOR ACTION

After listing each departmental objective, indicate which of the five [Priorities for Action](#) the objective supports. In this section, you may also briefly describe any innovative or noteworthy programs/initiatives that support the Priorities for Action.

1. To admit a full class (n= 36) of highly qualified applicants who are well equipped to become entry-level physical therapists. (Priority 1: Place student success at the center of all we do).
2. To maintain a faculty of physical therapy educators, researchers and clinicians who are effective in their designated roles and committed to the mission of the school.
3. 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.
4. To sustain a clinical practice that provides physical therapy and wellness services to our local community, an educational experience for our students, an environment for clinical research and a resource for local clinicians.
5. To deliver a curriculum that produces entry-level clinicians who engage as autonomous practitioners with the knowledge, skill and affective behaviors necessary to participate effectively in healthcare teams within a dynamic healthcare environment.
6. To prepare entry level PTs who can demonstrate knowledge in the foundational and clinical sciences.
7. To prepare entry level PTs who will effectively, efficiently, and examine, evaluate, determine diagnosis and prognosis, implement a plan of care, and direct and deliver physical therapy interventions for patients/clients with movement dysfunction across the lifespan.
8. To prepare entry level PTs who will interact with all individuals consistent with the APTA's Core Values (accountability, altruism, caring/compassion, excellence, integrity, professional duty, social responsibility).

9. To prepare entry level PTs who will demonstrate effective clinical decision-making skills including clinical reasoning, clinical judgment, and reflective practice incorporating the principles of evidence-based practice.
10. To prepare entry-level PTs to provide effective practice management skills (administration, supervision/delegation, instruction, referral when appropriate, provide consultation).
11. To develop active learners who are prepared to engage in lifelong learning.
12. To graduate entry-level PTs who promote principles of health, wellness, and prevention.
13. To develop service minded individuals who engage altruistically for the better of our communities locally, regionally, nationally, and abroad.
14. To graduate leaders who can promote excellence in our profession and around the world.

STUDENT LEARNING OUTCOMES and MEASUREMENT TOOLS

Student Learning Outcomes	<Measurement Tool>	<Measurement Tool>	<Measurement Tool>	<Measurement Tool>	<Measurement Tool>
1. Demonstrate knowledge in the foundational and clinical sciences to include anatomy, physiology, kinesiology, neuroscience, clinical medicine, pharmacology, therapeutic interventions, psychology, management, and administration.	Licensing Board Pass Rates	Employer and Graduate Surveys	Performance Assessment tool (student self-assessment and Clinical Instructor assessment)	Curricular thread performance (grades)	Course eval forms and "Chat with the Chair" forums
2. Effectively, efficiently, and independently examine, evaluate, determine diagnosis and prognosis, create a plan of care, and assess outcomes for patients/clients with movement system dysfunction.	Licensing Board Pass Rates	Employer and Graduate Surveys	Performance Assessment tool (student self-assessment and Clinical Instructor assessment)	Curricular thread performance (grades)	Course eval forms and "Chat with the Chair" forums
3. Demonstrate effective clinical decision-making skills including clinical reasoning, clinical judgment, and reflective practice incorporating the principles of evidence-based practice.	Licensing Board Pass Rates	Employer and Graduate Surveys	Performance Assessment tool (student self-assessment and Clinical Instructor assessment)	Curricular thread performance (grades)	Course eval forms and "Chat with the Chair" forums
4. Select and direct safe and effective physical therapy interventions for patients/clients with movement system dysfunction and effectively manage changes in their physical function and health status.	Licensing Board Pass Rates	Employer and Graduate Surveys	Performance Assessment tool (student self-assessment and Clinical Instructor assessment)	Curricular thread performance (grades)	Course eval forms and "Chat with the Chair" forums

Student Learning Outcomes	<Measurement Tool>	<Measurement Tool>	<Measurement Tool>	<Measurement Tool>	<Measurement Tool>
5. Practice physical therapy in a safe, ethical, and legal manner.	Licensing Board Pass Rates	Employer and Graduate Surveys	Performance Assessment tool (student self-assessment and Clinical Instructor assessment)	Curricular thread performance (grades)	Course eval forms and "Chat with the Chair" forums
6. Apply concepts and principles of management to effectively supervise support personnel to whom tasks have been delegated.	Licensing Board Pass Rates	Employer and Graduate Surveys	Performance Assessment tool (student self-assessment and Clinical Instructor assessment)	Curricular thread performance (grades)	Course eval forms and "Chat with the Chair" forums
7. Use appropriate educational principles to design methods to teach patients/clients, caregivers, colleagues, other consumers, and health care professionals.	Licensing Board Pass Rates	Employer and Graduate Surveys	Performance Assessment tool (student self-assessment and Clinical Instructor assessment)	Curricular thread performance (grades)	Course eval forms and "Chat with the Chair" forums
8. 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.	Licensing Board Pass Rates	Employer and Graduate Surveys	Performance Assessment tool (student self-assessment and Clinical Instructor assessment)	Curricular thread performance (grades)	Course eval forms and "Chat with the Chair" forums
9. Collaborate with other health care practitioners to achieve the optimum delivery of health care and determine the need for further examination or consultation by another physical therapist or for referral to another health care professional.	Licensing Board Pass Rates	Employer and Graduate Surveys	Performance Assessment tool (student self-assessment and Clinical Instructor assessment)	Curricular thread performance (grades)	Course eval forms and "Chat with the Chair" forums
10. Provide primary care within the scope of physical therapy practice, promoting principles of health, wellness, and prevention, making referrals when appropriate and effectively utilizing differential	Licensing Board Pass Rates	Employer and Graduate Surveys	Performance Assessment tool (student self-assessment and Clinical Instructor assessment)	Curricular thread performance (grades)	Course eval forms and "Chat with the Chair" forums

Student Learning Outcomes	<Measurement Tool>	<Measurement Tool>	<Measurement Tool>	<Measurement Tool>	<Measurement Tool>
diagnosis skills for patients across the lifespan.					
11. Effectively document patient information and physical therapy services to colleagues and payers in an organized, logical, and concise manner consistent with legal and ethical norms.	Licensing Board Pass Rates	Employer and Graduate Surveys	Performance Assessment tool (student self-assessment and Clinical Instructor assessment)	Curricular thread performance (grades)	Course eval forms and "Chat with the Chair" forums
12. Demonstrate an awareness of the influence of social, economic, legislative and demographic factors on the delivery of health care.	Licensing Board Pass Rates	Employer and Graduate Surveys	Performance Assessment tool (student self-assessment and Clinical Instructor assessment)	Curricular thread performance (grades)	Course eval forms and "Chat with the Chair" forums
13. Demonstrate an awareness life-long learning and as feasible, engage in collaborative research and the dissemination of new knowledge.	Licensing Board Pass Rates	Employer and Graduate Surveys	Performance Assessment tool (student self-assessment and Clinical Instructor assessment)	Curricular thread performance (grades)	Course eval forms and "Chat with the Chair" forums

RESULTS and MODIFICATIONS

Student Learning Outcomes results	Modifications made to enhance learning
Mean Graduation rate for the past 5-years: 99.5% (2018: 100%, 2019: 97.5%, 2020: 100%, 2021: 100%, 2022: 100%)	In the past 5-years, we have bolstered our student advisor relationship to continue to ensure our excellent student retention rates. In addition, the Chair of our program meets monthly with each class to collect regular, ongoing feedback on our program to make program modifications during the academic year. We find this process results in an enhanced student voice, ensuring that student concerns are addressed immediately. We regularly share graduation rates with our current students, prospective students, and graduates via presentations, our website, and our newsletter.
Mean National Physical Therapy Licensure Exam pass rate for the past 5-years: 100%.	We continually update our curriculum based on updated evidence-based Clinical Practice Guidelines for specific diagnoses to ensure our students receive instruction on contemporary best practices for patient care. Further, we are in full compliance with our accrediting body (CAPTE) accreditation standards and elements and we use these areas to drive continual development of our curricular foundations. We regularly share these results with our current students, prospective students, and graduates via presentations, our website, and our newsletter.
Mean job placement rate for the past 5-years: 100%	To continue to ensure the employability and financial

Student Learning Outcomes results	Modifications made to enhance learning
	health of our graduates, we have added instruction on interview skills, resume and cover letter writing, networking, and financial literacy. To meet this need, we host guest speakers, including those from UM Writing Center and Career Services, as well as physical therapy industry experts. We collect job placement data on our graduates as part of a CAPTE requirement. We share these data with our current students, prospective students, and graduates via presentations, our website, and our newsletter.
Program Exit Survey and Course Evaluations: preparation for exercise physiology and therapeutic exercise below students' expectations.	Significant revision of PT 530: Clinically Applied Exercise Physiology, PT 627: Prevention and Wellness and PT 563: Cardiopulmonary PT in order to improve preparation students for clinical practice. All students also participate in a newly created educational opportunity to create wellness and exercise programs for community members with chronic disabilities.

FUTURE PLANS FOR CONTINUED ASSESSMENT

We rely on three areas to continually assess our learning outcomes and faculty development: 1) faculty annual planning document; 2) student, graduate, and alumni surveys and the Performance Assessment tool; and 3) annual accreditation report.

The Faculty Annual planning document (appendix) is used to detail the annual plans and expectations for each faculty member as created by the individual faculty member and the Chair. These forms are used to stimulate dialogue around individual goals and their relation to School, College and University mission. The outcomes of the discussion will be captured on the forms and subsequently will help shape the individual faculty member's role in curricular change and/or growth as needed, as well as identifying needed resources to support faculty development. It is the departmental expectation that this form is included in the IPR for FEC review to help facilitate communication and add transparency to the process.

Student, graduate and alumni surveys (appendix) are used to assess teaching effectiveness, to determine if our curriculum is preparing new clinicians for the ever-changing workforce, while determining areas of strength and areas that require greater attention in our curriculum. Our curriculum committee meets monthly to review these surveys. Any individual skill that is identified by >25% of our graduates as being taught at less than "meets expectations" e.g., lacking sufficient rigor or quality, an immediate action plan is put in place. Specifically, responsible faculty are required to submit a full analysis of the identified item/skill, including an action plan to improve the quality of instruction.

The Performance Assessment tool is used during our clinical experience in order to assess students' professional and clinical skills. All students are required to achieve entry-level performance on the Performance Assessment in their final clinical experience in order to successfully complete our clinical experience.

Lastly, our accrediting body, CAPTE, requires an annual accreditation report. In formulating this report, we assess our research and grant productivity, teaching effectiveness, resource allocation by the university, student learning and graduation outcomes, and job placement rates. This report is due in December of each year and provides a comprehensive review of our program, with actionable data, such as prospective student application rates, minority enrollment, and readily identifies any negative changes in our general fund budget that may adversely affect student learning outcomes.

APPENDICIES

1. 2022 Annual Report to our accrediting body, Commission on Accreditation in Physical Therapy Education (CAPTE).

2. Most Recent Clinical Education Program Evaluation

3. Annual Faculty planning and review document

4. Most recent UMPT Alumni survey results

5. Most recent UMPT Graduate Survey results

6. Performance Assessment Tool

7. Curricular Map 2022

CAPTE
Commission on Accreditation
in Physical Therapy Education

Confirmation of Contact and Other Information

	1.1. Verify that the following URL is correct and points directly to the program's accreditation statement. If not, replace or add correct URL before moving to question 1.1b.
1.1. Accreditation Status URL	https://www.umt.edu/physical-therapy/
	1.1b. Verify that the following URL is correct and points directly to the program's main web page. If not, replace or add correct URL.
1.1b. Website URL	https://www.umt.edu/physical-therapy/
	1.1c. Verify that the following URL is correct and points directly to the program's Student Financial Fact Sheet. If not, replace or add correct URL.
1.1c. Student Financial Fact Sheet URL	https://www.umt.edu/physical-therapy/dpt-admissions/tuition-fees.php
	1.1d. Verify that the following URL is correct and points directly to the program's web posting of graduation, licensure and employment rates. If not, replace or add correct URL. Candidacy programs, write www.n/a.com
1.1d. Program Outcome URL	https://www.umt.edu/physical-therapy/
	1.2. Is the information on the program's contact info page on the CAPTE Portal correct? If NO, e-mail correct information to accreditation@apta.org
1.2. Program Contact Info Up to Date	Yes

Degree To Be Awarded, Program Length and Curriculum Model

	1.3. Is a cohort of students scheduled to graduate in 2022?
1.3. Cohort Graduating	Yes
	1.4. When is the graduating Class of 2022 scheduled to graduate? Please select the first of the month for the graduating month. For programs with Candidacy Status enter the planned graduation date for your first cohort.
1.4. Graduating Date	5/14/2022
	1.4a. Has the graduation date for the first graduating class that you entered on your application for candidacy changed? Candidacy programs respond Yes or No. If yes, enter new graduation date of the first class. Non-candidacy programs write N/A.
1.4a. First Graduating Class Date Change	N/A
	1.5. Has the start date of the last term for the first graduating class that you entered on your application for candidacy changed? Candidacy programs respond Yes or No. Non-candidacy programs write N/A.
1.5. First Graduating Class Last Term Change	N/A

	2.1. Overall format (pre-professional years + professional years) of the program (e.g., 3 + 2.5/2.8, 3 + 3, 4 + 2, 4 + 3, etc.):
	2.1a. Enter the format experienced by all or the majority of students who enter the program:
2.1a. Overall Program Format	4 + 2.5/2.8
	2.1b. Does the program have an alternate format?
2.1b. Alternate Format Exists	No
	If Yes, what is the alternate format? If No, select N/A.
2.1c. Alternate Program Format	N/A
	2.1d. If Yes, what percent of students in the graduating Class of 2022 enrolled in the program through the alternate format? If No, put 0.
2.1d. Alternate Format Percentage	0.00
	2.2. The institutional academic calendar is based on:
2.2. Term Type	Semester
	2.3. Number of terms (semesters, quarters, trimesters) required for completion of the professional/technical phase of the program:
2.3. Terms to Complete Degree	8.00
	2.4. Total length of the professional/technical program in weeks:
2.4. Total Length of Program	112.00
	2.5. Number of CREDITS required for completion of the program:
2.5a. Pre-professional phase:	120.00
2.5b. Professional phase - Classroom/Laboratory Credits	91.00
2.5c. Professional phase - Clinical Education Credits	27.00
	2.6. Length of full-time clinical education:
	2.6a. Total number of weeks spent in FULL-TIME (35 or more hours per week) clinical education:
2.6a. Number of Full-Time Weeks	31.00
	2.6b. Length (in weeks) of the terminal clinical education experience(s):
2.6b. Terminal Clinical Education Length	15.00
	2.6c. Does this program have a requirement for all students to complete at least one clinical education experience for which the students would be required to seek alternative housing or travel accommodations to attend.

	Alternative housing or travel accommodations are those other than the student's housing during other parts of the professional program.
2.6c. Alternative housing or travel accommodations	Yes
	3.1. Indicate which one of the following most closely describes the curriculum model:
3.1. Curriculum Model	Hybrid

Cost to Student

	4.1. Indicate the ANNUAL TUITION for a full-time student enrolled in the professional phase of the program, utilizing September 1 through August 31 timeframe to calculate the annual tuition; enter "0" zero if not applicable:
4.1a. Public institution, in-state student:	18286.00
4.1b. Public institution, out-of state student:	46008.00
4.1c. Private institution:	0.00
4.2. Indicate the annual institutional fees for a full-time student enrolled in the program:	7086.00
4.3. Indicate the total cost of other program-related expenses:	474.00
	4.4. Indicate the total cost of the program for students scheduled to graduate in 2022.
4.4a. Public institution, in-state student:	50583.00
4.4b. Public institution, out-of state student:	120589.00
4.4c. Private institution:	0.00
4.5a. Does the institution offer financial assistance specific to DPT students?	No
4.5b. Does the program/institution offer scholarships specific to DPT students?	Yes
4.5c. Does the program offer graduate assistantships specific to DPT students?	No
	Answer to questions 4.6a, 4.6b and 4.6c apply to students who graduated between September 1, 2021 to August 31, 2022.
4.6a. Ten or less students graduated between September 1, 2021 – August 31, 2022.	No

	4.6b. Indicate the average student educational debt accumulated during the DPT program for students graduating between September 1, 2021 – August 31, 2022. This debt is from attendance in the DPT program. If answer to 4.6a. is YES, enter "0" zero.
4.6b. Average student debt from the DPT program.	42793.00
	4.6c. Indicate the average total student higher education debt upon DPT program graduation for students graduating between September 1, 2021 – August 31, 2022. If answer to 4.6a. is YES, enter "0" zero.
4.6c. Average total student educational debt upon DPT program graduation.	70362.00

Program Budget

	5.1. Is this an AAR for an Expansion program?
5.1. Expansion Program	No
	5.1a. Does the expansion program have a separate budget? If you said No for 5.1., answer No here as well.
5.1a. Expansion Program Separate Budget	No
	5.2a. Has there been a decrease of 10% or more in the past year or 25% or more in the past three year years in the total program budgeted salary expenses (excluding benefits)?
5.2a. Change in Salary Expenses	No
	5.2b. If Yes, indicate the impact of the change on the program. If No, select No Perceivable Impact.
5.2b. Change in Salary Impact	No Perceivable Impact
	5.2c. If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change. If No, write N/A.
5.2c. Change in Salary Expenses Description	N/A
	5.3a. Has there been a decrease of 10% or more in the past year or 25% or more in the past three year years in the total program budgeted operating expenses (excluding salary and benefits)?
5.3a. Change in Operating Expenses	No
	5.3b. If Yes, indicate the impact of the change on the program. If No, select No Perceivable Impact.
5.3b. Change in Operating Expenses Impact	No Perceivable Impact
	5.3c. If Yes, describe the change, the reason for the change and the effect of the change. If the impact is adverse, describe the program's response to the change. If No, write N/A.
5.3c. Change in Operating Expenses Description	N/A

	5.4. Total budgeted core faculty and staff salary expenses for the 2022-2023 academic year, excluding benefits. INCLUDE compensation for core faculty and staff. ONLY Candidacy programs should insert faculty and staff salary expenses. All other programs enter 0 "zero.
5.4. Total Budgeted Core Faculty and Staff Salary Expenses	0
	5.5. Total budgeted operating expenses for 2022-2023 academic year, excluding core faculty and staff salary and benefits. INCLUDE all budgeted expenses related to the program (overhead, equipment, travel, compensation for associated faculty, etc.), other than salary and benefits. ONLY Candidacy programs should insert faculty and staff salary expenses. All other programs enter 0 "zero"
5.5. Total Budgeted Operating Expenses	0

50/50 Faculty Rule and Space Allocation

	6.1. What is the number of full-time or part-time CORE faculty who have academic doctoral degree?
6.1. Total Number of PhD Faculty	7
	6.2. What is the total number of full-time or part-time CORE faculty?
6.2. Total Number of Full-Time/Part-Time Core Faculty	10
	6.2a. Percentage of full-time or part-time CORE faculty that have academic doctoral degrees:
6.2a. Percentage of PhD Faculty	70.00
	6.2b. If percentage is below 50%, describe process(es) and timeline for coming into compliance. If percentage is greater than 50%, enter N/A.
6.2b. Description of Coming Into Compliance	na
	7.1a. Has there been a decrease in the square footage of laboratory space routinely used by the program of 25% or more?
7.1a. Change in Accessible Space	No
	7.1b. If Yes, indicate the impact of the change on the program. If No, select "No Perceivable Impact".
7.1b. Change in Accessible Space – Impact	No Perceivable Impact
	7.1c. If Yes, indicate the the current square footage and previous square footage. If No, write N/A.
7.1c. Change in Accessible Space – Description	NA

Clinical Education

	8.1. Number of clinical education sites with which the program had a clinical education agreement as of September 1, 2022:

8.1. Clinical Education Sites with Agreement	451
	8.2. Is the depth and breadth of clinical education sites used by the program sufficient to provide every student experiences necessary to achieve entry-level competence?
8.2. Clinical Education Sites Sufficient Experience	Yes
	8.2a. If No, indicate the impact on the program and explain how it is being addressed. If Yes, enter N/A.
8.2a. Clinical Education Sites Sufficient Explain	na
	8.3. Were students placed in clinical education experiences during the last academic year? If answer is No, enter 0 "zero" for question 8.4 and 8.5, select No for questions 8.6a. through 8.6e.
8.3. Clinical Education Experiences	Yes
	8.3a. If you answered No to 8.3 explain why students were not placed in clinical education experiences. If answered Yes, write N/A.
8.3a. Clinical Education Experiences Explain	na
	8.4. Of the clinical instructors who worked with your students during the 2021-2022 year, what percent (%) were Credentialed Clinical Instructors? If 8.3 was No, enter 0 "zero".
8.4. Clinical Education Instructors Credentialed	48
	8.5. Of the clinical instructors who worked with your students during the 2021-2022 year, what percent (%) held some type of certification of advanced clinical skill (e.g., ABPTS, FAAOMPT, other, but not first aid/CPR)? If 8.3 was No, enter 0 "zero".
8.5. Clinical Education Instructors Certified	63
	8.6a. Are you experiencing difficulty in maintaining access to sufficient clinical education sites for student placements? If 8.3 was No, enter No.
8.6a. Clinical Education Requirements Change	No
	8.6b. Have students been placed in clinical sites for which they have not had prior didactic instruction? If 8.3 was No, enter No.
8.6b. Clinical Education Prior Instruction	No
	8.6c. Have any students had a clinical instructor who has had less than one year of clinical experience? If 8.3 was No, enter No.
8.6c. Clinical Education Instructor Experience	No
	8.6d. Have any students been assigned a CI of record who is not a PT? If 8.3 was No, enter No.
8.6d. Clinical Education CI Not PT	No

	8.6e. Have you delayed student(s) graduation due to cancellation or difficulty in making clinical education placements? If 8.3 was No, enter No.
8.6e. Clinical Education Delayed Graduation	No
	8.6f. If Yes to any 8.6a - 8.6e question, identify the question # and provide specific information regarding the problem and the impact on the program. If all responses are No, enter N/A.
8.6f. Clinical Education Explanation	na

Admission Information

	9.0. Is a baccalaureate degree required for admission to or matriculation in the PROFESSIONAL PHASE of the program?
9.0. BS Required	Yes
	9.0a. If Yes, is there a mechanism for early entry (e.g., pre-baccalaureate) into the program? If No, select No for this question as well.
9.0a. Early Entry Mechanism	No
	9.1. According to CAPTE data your program matriculates a new cohort of students in the PROFESSIONAL PHASE OF THE PROGRAM for the following number of times within a calendar year. If number is incorrect, please contact Accreditation Staff.
	9.1. Cohorts Matriculated Annually:
	9.3. Has the CAPTE set class size for any cohort of new students increased by more than 10% from the last academic year?
9.3. Planned Class Size Increase	No
	9.4. Freshman Admission Program. Is the program a FIRST YEAR UNDERGRADUATE ADMISSION or FIRST YEAR UNDERGRADUATE ADMISSION program?
9.4. Freshman Admission Program	No
	If Yes to 9.4 question, please answer 9.4a - 9.4c. If No, enter zero and No for 9.4c question.
9.4a. Number of freshman applicants	0
9.4b. Number of applicants who enrolled as freshmen this year	0
9.4c. Does the program have a process for admitting students other than those admitted as freshmen?	No

Matriculating Cohorts

Cohort 1 - 2022

Cohort Number	1	9.2. Month Admitted (Example: 01 for January)	08
Planned Class Size	36	10.1. Number of applicants:	542
	10.2. Number of applicants who met all admission requirements, including timely submission of required documentation:	10.2. Number of applicants who met all admission requirements	474
	10.3. Number of applicants offered a place in the class (include both initial offers and offers to applicants on an "alternate" or "waiting" list):	10.3. Number of applicants offered a place in the class	86
	10.4. Number of accepted students who enrolled in the professional phase of the program:	10.4. Applicants Accepted	36
	10.5. Was there an increase or decrease (10% annually or 25% or more over three years), whether temporary or permanent, in the size of the class (for this cohort) enrolled this year in the PROFESSIONAL PHASE of the program for this cohort?	10.5. Change in Class Size	No
	10.5a. If Yes, indicate the impact of the change on the program. If No, write N/A:	10.5a. Change Description	N/A
	10.5b. If yes, state the percentage of increase, the number enrolled over the set class size, identify if the change is temporary or permanent, and describe how the program is addressing the impact of increased enrollment on faculty workload, faculty numbers, classroom and laboratory resources (space, equipment, supplies) and clinical education sites. If No, write N/A:	10.5b. Percent of Increase Description	N/A
	10A.1a. - 10A.1d. For the class of students initially enrolled in the PROFESSIONAL PHASE of the program in 2022, indicate the following:		10A.1a. Number of minority students who enrolled in the professional phase of the program:
10A.1a. Minority Students	6		10A.1b. Average over-all GPA (on a 4.0 scale) of students who enrolled in the professional phase of the program:
10A.1b. Average Over-All GPA	3.62		10A.1c. Average prerequisite GPA (on a 4.0 scale) of students who enrolled in the professional phase of the program:
10A.1c. Average Prerequisite GPA	3.68		10A.1d. Average age of students who enrolled in the professional phase of the program:
10A.1d. Average Age	24		Cohort 1: Planned Class Size:
			Cohort 2: Planned Class Size:

			Cohort 3: Planned Class Size:
			Cohort 4: Planned Class Size:

Applicant Admission Information Statistics - Enrollment by Class/Gender

	Male	Female	I do not identify with an existing option/choose not to answer	Total
Freshman	0	0	0	0
Sophomore	0	0	0	0
Junior	0	0	0	0
Senior	0	0	0	0
Grad 1	5	31	0	36
Grad 2	8	29	0	37
Grad 3	10	27	0	37
Grad 4	0	0	0	0
Total	23	87	0	110

Applicant Admission Information Statistics - Enrollment by Ethnicity

	Ethnicity
Hispanic/Latino of any race	1
American Indian/Alaskan Native	0
Asian	2
Black or African-American	0
Native Hawaiian or other Pacific Islander	0
White	96

Two or more races	
	8
Unknown	
	3
Total	
	110

Applicant Admission and Program Graduates

	11.3. Indicate the total number of students enrolled in the professional program (as of October 1, 2021) who, upon entering the professional program, held the following highest earned degree:
11.3a. Enrolled with Baccalaureate	106
11.3b. Enrolled with Master's	3
11.3c. Enrolled with Doctoral	0
	11.4. Indicate the total number of students enrolled in the professional program (as of October 1, 2021) who are Physical Therapist Assistants (PTAs):
11.4. PTAs Enrolled	1
	12.1 Number of students who graduated or are expected:
12.1 Number of students who graduated or are expected to graduate in 2022	37
	12.2. Based on current enrollments and average attrition rates to date, and in consideration of changes in applicant pools, please estimate the number of graduates expected over the next five years. If No graduates in a given year, enter "0" (zero):
12.2a. Estimated Graduates - 2023	37
12.2b. Estimated Graduates - 2024	37
12.2c. Estimated Graduates - 2025	36
12.2d. Estimated Graduates - 2026	36
12.2e. Estimated Graduates - 2027	36

Program Graduates Statistics - by Ethnicity

	Ethnicity
Hispanic/Latino of any race	
	0
American Indian/Alaskan Native	
	0

Asian	
	1
Black or African-American	
	0
Native Hawaiian or other Pacific Islander	
	0
White	
	29
Two or more races	
	2
Unknown	
	1
Total	
	33

Graduating Cohorts

The University of Montana - Missoula - PT - 2018 - Cohort 1

Year	2018	Cohort Number	1
		G1.2. Number of Students Admitted to Original Cohort	34
G1.3. Graduated at Normally Expected Time	34	G1.4. Graduated Within 150% of Program Length	0
G1.5a. Did Not Complete Due to Academic or Clinical Deficit	0	G1.5b. Did Not Complete Due to Other Reason	0

The University of Montana - Missoula - PT - 2019 - Cohort 1

Year	2019	Cohort Number	1
		G1.2. Number of Students Admitted to Original Cohort	36
G1.3. Graduated at Normally Expected Time	35	G1.4. Graduated Within 150% of Program Length	0
G1.5a. Did Not Complete Due to Academic or Clinical Deficit	1	G1.5b. Did Not Complete Due to Other Reason	0

The University of Montana - Missoula - PT - 2020 - Cohort 1

Year	2020	Cohort Number	1
		G1.2. Number of Students Admitted to Original Cohort	36
G1.3. Graduated at Normally Expected Time	36	G1.4. Graduated Within 150% of Program Length	0

| G1.5a. Did Not Complete Due to Academic or Clinical Deficit | 0 | G1.5b. Did Not Complete Due to Other Reason | 0 |

The University of Montana - Missoula - PT - 2021 - Cohort 1

Year	2021	Cohort Number	1
		G1.2. Number of Students Admitted to Original Cohort	36
G1.3. Graduated at Normally Expected Time	33	G1.4. Graduated Within 150% of Program Length	0
G1.5a. Did Not Complete Due to Academic or Clinical Deficit	0	G1.5b. Did Not Complete Due to Other Reason	3

The University of Montana - Missoula - PT - 2022 - Cohort 1

Year	2022	Cohort Number	1
		G1.2. Number of Students Admitted to Original Cohort	36
G1.3. Graduated at Normally Expected Time	33	G1.4. Graduated Within 150% of Program Length	0
G1.5a. Did Not Complete Due to Academic or Clinical Deficit	1	G1.5b. Did Not Complete Due to Other Reason	2

Employment Information

	14.1. Did the program have graduates last year? Candidacy programs, select "No".
14.1. Graduates Last Year	Yes
	14.2. If yes, what percentage of those who graduated last year and who sought employment in physical therapy (full-time or part-time) were employed within 1 year following graduation? If No or for Candidacy programs, write "0" zero.
14.2. Employment Rate	100
	14.3. What data is used to determine employment rate (Examples: responses to graduate surveys, exit interviews, phone or email communications)? Candidacy programs, write N/A.
14.3. Employment Rate Method	Graduate survey

Core Faculty and Current Vacancies

15.1a. Total number of FULL-TIME core faculty positions allocated to the program filled by a PT:	9.00
15.1b. Total number of PART-TIME core faculty positions allocated to the program filled by a PT:	3.00

15.1c. Total number of Non-PT FULL-TIME positions allocated to the program:	0.00
15.1d. Total number of Non-PT PART-TIME positions allocated to the program:	0.00
	15.1e. FTEs the above number of core faculty represent:
15.1e. Core Faculty FTEs	11.00
	15.2a. Number of current (2021-2022) vacancies in currently allocated (budgeted) core faculty positions:
15.2a. Total Vacancies	2.00
	15.2b. Are 30% or more of the core faculty positions allocated to the entry-level program vacant or filled temporarily with adjunct faculty?
15.2b. 30% or more	No
	15.2c. If Yes, indicate the impact of the vacancy on the program:. If No, select No Perceivable Impact.
15.2c. Core Faculty Vacancies Impact	No Perceivable Impact
	15.2d. If Yes, describe how the program is addressing the impact of the vacancies. If No, write N/A.
15.2d. Core Faculty Vacancies Impact Description	na
	15.2e. Has there been a decrease of 25% or more over the most recent three years of the FTEs of core faculty positions allocated to the entry-level program?
15.2e. Significant Core Faculty FTE Decrease	No
	15.2f. If Yes, indicate the impact of the FTE decrease on the program. If No, select No Perceivable Impact.
15.2f. Core Faculty Decrease Impact	No Perceivable Impact
	15.2g. If yes, identify the FTEs represented by the core faculty positions for each academic year and describe how the program is addressing the impact of the FTE decrease. If No, write N/A.
15.2g. Core Faculty Decrease Description	na
	15.2h. Is the position of Program Administrator currently vacant or occupied by an interim or acting administrator?
15.2h. Current Vacancy - Program Administrator	No
	15.2i. Is the position of ACCE/DCE currently vacant or occupied by an interim or acting ACCE/DCE?
15.2i. Current Vacancy - ACCE/DCE	No

Turnover, Projected Vacancies and Faculty-to-Student Ratios

15.2j. Percent of core faculty positions turned over since October 2021: (# has to be between 0-100)	1.00
15.3a. Projected vacancies in currently allocated core faculty positions:	0
15.3b. Projected vacancies due to new core faculty positions, if any:	0
	15.3c. Is the position of Program Administrator projected to be vacant at the end of the current academic year?
15.3c. Projected Vacancy - Program Admin	No
	15.3d. Is the position of ACCE/DCE projected to be vacant at the end of the current academic year?
15.3d. Projected Vacancy - ACCE/DCE	No
15.4a. What is the core faculty to student ratio?	9.00
15.4b. Average faculty to student ratio during laboratory experiences?	18.00

Associated Faculty, Scholarly Productivity and Grants

	15.5. Indicate the number for 15.5a. through 15.5c.
15.5a. Associated/Adjunct faculty who teach at least half the contact hours of a course:	7
15.5b. FTEs represented by the previous number of associated/adjunct faculty:	2.00
15.5c. Other associated/adjunct faculty who teach in the program:	8
15.6a. Number of peer-reviewed articles published:	19
15.6b. Number of other articles accepted and/or published:	0
15.6c. Number of peer-reviewed presentations (e.g. platform, poster,	25

invited, etc.):	
15.6d. Number of books or book chapters published:	1
15.6e. Number of papers, proposals for presentations submitted but not yet accepted or published:	2
15.6f. Number of other Scholarly Products:	0
15.7a. Number of physical therapy core faculty with funded grants this academic year:	8
15.7b. Total amount of grant funding this academic year:	6331060.00
15.7c. Amount of funding from NIH, if any this academic year:	420299.00
15.7d. Number of grant proposals submitted but were not funded or not yet funded this academic year:	2
	15.8. Provide information on the program's participation in any federally funded programs?
15.8a. Does your program currently receive Health Career Opportunities Grants?	No
15.8b. Does your program currently receive Long-term Rehabilitation Training Grants?	No
15.8c. Does your program currently receive SDS funds from the Health Resources and Services Admin?	No
15.8d. Does your program currently receive IDEIA Grants?	No
15.8e. Does your program receive REAP grant funding?	No

	15.8f. Name any other federally funded grant program in which your program receives funding and eligibility requires CAPTE accreditation. If none, write N/A.
15.8f. Other Federally Funded Grant Programs	n/a
	Question: 15.8g. and 15.8h.
15.8g. Did your program apply for SDS funds for the current cycle?	No
15.8h. Did your program receive SDS fund for the current cycle?	No
	15.8i. Primary reason your program did not apply for SDS funds because three other programs within your intuition received funds:
15.8i. Primary reason your program did not apply for SDS funds?	No
	15.8j Health Career Opportunity Program:
15.8j Did your program apply for Health Career Opportunity Program funds in the current cycle?	No
	15.9. Minority Serving Institution Status – Go to Rutgers Graduate School of Education Center for MSIs (https://cmsi.gse.rutgers.edu/content/msi-directory). Download the list of minority serving institutions. Look under the tab labeled "2022 MSI Eligibility Matrix" in the Excel file or the MSI Type in the PDF to see if your institution is designated as a Minority Serving Institution (MSI).
15.9a. What is the MSI designation of your institution? (Select all that apply.)	Not Applicable
15.9b. Does your institution acknowledge its identity as an MSI?	Don't know
	15.9c. Select Not Applicable if the response to 15.9a. was Not Applicable.
15.9c. Does your program acknowledge being housed at an MSI?	No
	15.9d. Please provide your institution's mission below.
15.9d. Please cut-and-paste your institution's mission:	The University of Montana transforms lives by providing a high-quality and accessible education and by generating world-class research and creative scholarship in an exceptional place. We integrate the liberal arts and sciences into undergraduate, graduate and professional studies to shape global citizens who are creative and agile learners committed to expanding the boundaries of knowledge and to building and sustaining diverse communities.
	15.9e. Please provide your college's mission below. If not applicable, write N/A.
15.9e. Please cut-and-paste your college's	The College of Health is dedicated to improving the health and quality of life for Montanans, our nation, and our international community. Our mission is to recruit students into the health professions, execute the highest

mission:	quality education for those students, create new programs to meet the workforce needs of our growing & diverse population, strengthen relationships with rural and urban community partners, lead impactful research, and encourage interprofessional education. We strive to accomplish these goals while promoting student success, celebrating diversity, implementing team-based healthcare education opportunities, and conducting research with an impact.
	15.9f. Please provide your program's mission below.
15.9f. Please cut-and-paste your program's mission:	The School of Physical Therapy prepares graduates to be entry-level physical therapists who embrace life-long learning, professional and ethical behaviors, and cultural humility resulting in patient care that is outcome and evidence based, compassionate, and attends to the knowledge, skill, and emotional needs of the public we serve. We are committed to advancing the science of physical therapy that positions physical therapists as vital members of healthcare teams that serve people from all backgrounds across the lifespan.
	For questions 15.9g. – 15.9l. Indicate student support services available to your students as well as those student support services not available that may benefit your students. This information will help describe the most frequent types of students supports available, those desired, and will be used to identify potential opportunities to develop national resources that can be used by academic programs to support students in their development.
	15.9g. Does your program use a holistic review in admissions processes? (Link: https://www.aamc.org/services/member-capacity-building/holistic-review)
15.9g. Holistic Review in Admissions Processes	No
	15.9h. Indicate which of the following student supports are available to your students. (Select all that apply)
15.9h. Student Support Available	Career services, Counseling services, Student health services
	15.9i. Indicate to which of the following student supports your students have adequate access. (Select all that apply)
15.9i. Student Support Adequate Access	Career services, Counseling services, Student health services
	15.9j. List student support services your students frequently access at your institution other than those listed in 15.9h. and 15.9i. If none, write N/A.
15.9j. Student Support Frequently Access	Financial aid office.
	15.9k. List additional student support services that would be helpful to students in your program. If none, write N/A.
15.9k. Additional Student Support Helpful to Students	na
	15.9l. The program has access to a Dean of students, VP of student affairs, or other student affairs group specific to the health professions within their college/program.
15.9l. Access to Dean of students, VP and Other Student Affair Groups	Yes
	15.9m. Indicate if your program offers any of following student support services specific to racial/ethnic minority DPT students? (Select all that apply)
15.9m. Student Support Services Offered	Academic Counseling (not including program academic advising), Career services, Counseling services, Student health services, Tutoring

	15.9n. Are the following student supports specific to racial/ethnic minority students needed at your program? (Select all that apply)
15.9n. Student Support Services Needed	Debt management counseling

Faculty List

Adam, Troy - 2022

First Name	Troy	Credentials	PT, DPT, NCS
Last Name	Adam	Faculty Type	Adjunct/Associated
Position	Other Faculty	Months Appointed Per Academic Year	12
FTE (for Institution)	1.00	Year of Birth	1990
Highest Earned Clinical (PT) Degree (include tDPT)	DPT	Discipline of Highest Earned Degree	Exercise Physiology; Ex Science; Sports Med
Total Years as Faculty	3	Primary Area of Expertise Taught in Program	Professional Issues (Communications, Ethics, etc.)
Enrolled in Degree Program	No	Scholarship Productivity	Actively engaged, but products not disseminated
Gender	Male	PT or PTA	PT
FTE (for Program)	1.00	Race	White (not of Hispanic origin)
Highest Earned Academic Degree (don't include tDPT)	Other	Rank	Other
Total Years as Faculty in Program	3	Secondary Area of Expertise Taught in Program	Neuromuscular
Certified Clinical Specialist	Yes	Tenure Status	Not Eligible (for other reason)
	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	40.00
Clinical Practice (as part of workload)	60.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	0.00	Scholarship	0.00
Total Contact Hours Fall		Total Contact Hours Winter	

Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualifications area as the Form will not Save)	Qualifications	

Bell, Jennifer - 2022

First Name	Jennifer	Credentials	PT, ScD, COMT
Last Name	Bell	Faculty Type	Core
Position	Director & Clin Ed Coordinator	Months Appointed Per Academic Year	12
FTE (for Institution)	1.00	Year of Birth	1981
Highest Earned Clinical (PT) Degree (include tDPT)	Masters	Discipline of Highest Earned Degree	Physical Therapy
Total Years as Faculty	9	Primary Area of Expertise Taught in Program	Clinical Medicine
Enrolled in Degree Program	No	Scholarship Productivity	Actively engaged, > 10 peer reviewed disseminated products in last 10 years
Gender	Female	PT or PTA	PT
FTE (for Program)	1.00	Race	White (not of Hispanic origin)
Highest Earned Academic Degree (don't include tDPT)	Professional Doctorate (EdD, DRPH, DSc, etc.)	Rank	Clinical Associate Professor
Total Years as Faculty in Program	9	Secondary Area of Expertise Taught in Program	Musculoskeletal
Certified Clinical Specialist	No	Tenure Status	Not Eligible (on clinical track)
	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	25.00
Clinical Practice (as part of workload)	0.00	Administrative	55.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00

Committee Work, General Advising, etc.	10.00	Scholarship	10.00
Total Contact Hours Fall		Total Contact Hours Winter	
Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualifications area as the Form will not Save)	Qualifications	

Carson, Jaclyn - 2022

First Name	Jaclyn	Credentials	PT, DPT
Last Name	Carson	Faculty Type	Core
Position	Other Faculty	Months Appointed Per Academic Year	12
FTE (for Institution)	1.00	Year of Birth	1982
Highest Earned Clinical (PT) Degree (include tDPT)	DPT	Discipline of Highest Earned Degree	Physical Therapy
Total Years as Faculty	6	Primary Area of Expertise Taught in Program	Neuromuscular
Enrolled in Degree Program	No	Scholarship Productivity	Actively engaged, but products not disseminated
Gender	Female	PT or PTA	PT
FTE (for Program)	1.00	Race	White (not of Hispanic origin)
Highest Earned Academic Degree (don't include tDPT)	Not Applicable	Rank	Other
Total Years as Faculty in Program	6	Secondary Area of Expertise Taught in Program	Clinical Education
Certified Clinical Specialist	Yes	Tenure Status	Not Eligible (on clinical track)
	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	48.00

Clinical Practice (as part of workload)	48.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	0.00	Scholarship	4.00
Total Contact Hours Fall		Total Contact Hours Winter	
Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualifications area as the Form will not Save)	Qualifications	

Chavez, Margo - 2022

First Name	Margo	Credentials	PT
Last Name	Chavez	Faculty Type	Adjunct/Associated
Position	Other Faculty	Months Appointed Per Academic Year	1
FTE (for Institution)	0.05	Year of Birth	1976
Highest Earned Clinical (PT) Degree (include tDPT)	Masters	Discipline of Highest Earned Degree	Kinesiology; Biomechanics; Pathokinesiology
Total Years as Faculty	8	Primary Area of Expertise Taught in Program	Other
Enrolled in Degree Program	No	Scholarship Productivity	Not involved...
Gender	Female	PT or PTA	PT
FTE (for Program)	0.05	Race	Unknown
Highest Earned Academic Degree (don't include tDPT)	Not Applicable	Rank	Lecturer
Total Years as Faculty in Program	2	Secondary Area of Expertise Taught in Program	None
Certified Clinical Specialist	No	Tenure Status	Tenured

	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	100.00
Clinical Practice (as part of workload)	0.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	0.00	Scholarship	0.00
Total Contact Hours Fall		Total Contact Hours Winter	
Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualifications area as the Form will not Save)	Qualifications	

Elias, Audrey - 2022

First Name	Audrey	Credentials	PT, PhD, OCS
Last Name	Elias	Faculty Type	Core
Position	Other Faculty	Months Appointed Per Academic Year	12
FTE (for Institution)	1.00	Year of Birth	1980
Highest Earned Clinical (PT) Degree (include tDPT)	DPT	Discipline of Highest Earned Degree	Other
Total Years as Faculty	5	Primary Area of Expertise Taught in Program	Musculoskeletal
Enrolled in Degree Program	No	Scholarship Productivity	Actively engaged, 5 - 10 peer reviewed disseminated products in last 10 years
Gender	Female	PT or PTA	PT
FTE (for Program)	1.00	Race	White (not of Hispanic origin)
Highest Earned Academic Degree (don't include tDPT)	Doctor of Philosophy	Rank	Other

Total Years as Faculty in Program	5	Secondary Area of Expertise Taught in Program	Clinical Medicine
Certified Clinical Specialist	Yes	Tenure Status	Not Eligible (on clinical track)
	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	33.00
Clinical Practice (as part of workload)	62.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	0.00	Scholarship	5.00
Total Contact Hours Fall		Total Contact Hours Winter	
Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualifications area as the Form will not Save)	Qualifications	

Ferdig, Steve - 2022

First Name	Steve	Credentials	PT, DPT
Last Name	Ferdig	Faculty Type	Adjunct/Associated
Position	Other Faculty	Months Appointed Per Academic Year	12
FTE (for Institution)	1.00	Year of Birth	1965
Highest Earned Clinical (PT) Degree (include tDPT)	Master's + Transition DPT	Discipline of Highest Earned Degree	Physical Therapy
Total Years as Faculty	16	Primary Area of Expertise Taught in Program	Musculoskeletal
Enrolled in Degree Program	No	Scholarship Productivity	Not involved...
Gender	Male	PT or PTA	PT

FTE (for Program)	1.00	Race	Unknown
Highest Earned Academic Degree (don't include tDPT)	Not Applicable	Rank	Lecturer
Total Years as Faculty in Program	4	Secondary Area of Expertise Taught in Program	Administration/Management
Certified Clinical Specialist	Yes	Tenure Status	Not Eligible (for other reason)
	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	33.00
Clinical Practice (as part of workload)	67.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	0.00	Scholarship	0.00
Total Contact Hours Fall		Total Contact Hours Winter	
Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualifications area as the Form will not Save)	Qualifications	

Gibson, Janelle - 2022

First Name	Janelle	Credentials	PT, DPT
Last Name	Gibson	Faculty Type	Adjunct/Associated
Position	Other Faculty	Months Appointed Per Academic Year	2
FTE (for Institution)	1.00	Year of Birth	1900
Highest Earned Clinical (PT) Degree (include tDPT)	DPT	Discipline of Highest Earned Degree	Physical Therapy

Total Years as Faculty	2	Primary Area of Expertise Taught in Program	Other
Enrolled in Degree Program	No	Scholarship Productivity	Not involved...
Gender	Female	PT or PTA	PT
FTE (for Program)	1.00	Race	Unknown
Highest Earned Academic Degree (don't include tDPT)	Not Applicable	Rank	Lecturer
Total Years as Faculty in Program	2	Secondary Area of Expertise Taught in Program	None
Certified Clinical Specialist	Yes	Tenure Status	Not Eligible (for other reason)
	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	100.00
Clinical Practice (as part of workload)	0.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	0.00	Scholarship	0.00
Total Contact Hours Fall		Total Contact Hours Winter	
Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualifications area as the Form will not Save)	Qualifications	

Hartley, Jared - 2022

First Name	Jared	Credentials	DPT
Last Name	Hartley	Faculty Type	Adjunct/Associated
Position	Other Faculty	Months Appointed Per Academic Year	1

FTE (for Institution)	0.05	Year of Birth	1981
Highest Earned Clinical (PT) Degree (include tDPT)	DPT	Discipline of Highest Earned Degree	Physical Therapy
Total Years as Faculty	6	Primary Area of Expertise Taught in Program	Pediatrics
Enrolled in Degree Program	No	Scholarship Productivity	Not involved...
Gender	Male	PT or PTA	PT
FTE (for Program)	0.05	Race	White (not of Hispanic origin)
Highest Earned Academic Degree (don't include tDPT)	Not Applicable	Rank	Lecturer
Total Years as Faculty in Program	6	Secondary Area of Expertise Taught in Program	None
Certified Clinical Specialist	No	Tenure Status	Not Eligible (for other reason)
	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	100.00
Clinical Practice (as part of workload)	0.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	0.00	Scholarship	0.00
Total Contact Hours Fall		Total Contact Hours Winter	
Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualifications area as the Form will not Save)	Qualifications	

Kittelson, Andrew - 2022

First Name	Andrew	Credentials	PT, PhD
Last Name	Kittelson	Faculty Type	Core
Position	Other Faculty	Months Appointed Per Academic Year	9
FTE (for Institution)	1.00	Year of Birth	1980
Highest Earned Clinical (PT) Degree (include tDPT)	DPT	Discipline of Highest Earned Degree	Other
Total Years as Faculty	5	Primary Area of Expertise Taught in Program	Anatomy
Enrolled in Degree Program	No	Scholarship Productivity	Actively engaged, > 10 peer reviewed disseminated products in last 10 years
Gender	Male	PT or PTA	PT
FTE (for Program)	1.00	Race	White (not of Hispanic origin)
Highest Earned Academic Degree (don't include tDPT)	Doctor of Philosophy	Rank	Assistant Professor
Total Years as Faculty in Program	3	Secondary Area of Expertise Taught in Program	Research
Certified Clinical Specialist	No	Tenure Status	Non-tenured (on tenure track)
	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	40.00
Clinical Practice (as part of workload)	0.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	10.00	Scholarship	50.00
Total Contact Hours Fall		Total Contact Hours Winter	
Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do	Qualifications	

	not insert HTML formatting in the Qualifications area as the Form will not Save)		

Lefebvre, Kristin - 2022

First Name	Kristin	Credentials	PT, PhD
Last Name	Lefebvre	Faculty Type	Adjunct/Associated
Position	Other Faculty	Months Appointed Per Academic Year	1
FTE (for Institution)	1.00	Year of Birth	1981
Highest Earned Clinical (PT) Degree (include tDPT)	Masters	Discipline of Highest Earned Degree	Other
Total Years as Faculty	16	Primary Area of Expertise Taught in Program	Cardiopulmonary
Enrolled in Degree Program	No	Scholarship Productivity	Not involved...
Gender	Female	PT or PTA	PT
FTE (for Program)	1.00	Race	Unknown
Highest Earned Academic Degree (don't include tDPT)	Doctor of Philosophy	Rank	Lecturer
Total Years as Faculty in Program	2	Secondary Area of Expertise Taught in Program	None
Certified Clinical Specialist	Yes	Tenure Status	Not Eligible (for other reason)
	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	100.00
Clinical Practice (as part of workload)	0.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	0.00	Scholarship	0.00
Total Contact Hours Fall		Total Contact Hours Winter	
Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload	

		for Associated Faculty)	
Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualifications area as the Form will not Save)	Qualifications		

Loyd, Brian - 2022

First Name	Brian	Credentials	PT, PhD
Last Name	Loyd	Faculty Type	Core
Position	Other Faculty	Months Appointed Per Academic Year	9
FTE (for Institution)	1.00	Year of Birth	1988
Highest Earned Clinical (PT) Degree (include tDPT)	DPT	Discipline of Highest Earned Degree	Medicine; Other Health Discipline
Total Years as Faculty	3	Primary Area of Expertise Taught in Program	Neuroscience
Enrolled in Degree Program	No	Scholarship Productivity	Actively engaged, > 10 peer reviewed disseminated products in last 10 years
Gender	Male	PT or PTA	PT
FTE (for Program)	1.00	Race	White (not of Hispanic origin)
Highest Earned Academic Degree (don't include tDPT)	Doctor of Philosophy	Rank	Assistant Professor
Total Years as Faculty in Program	3	Secondary Area of Expertise Taught in Program	Neuromuscular
Certified Clinical Specialist	No	Tenure Status	Non-tenured (on tenure track)
	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	40.00
Clinical Practice (as part of workload)	0.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	10.00	Scholarship	50.00
Total Contact Hours Fall		Total Contact Hours Winter	

Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualifications area as the Form will not Save)	Qualifications	

Mischke, John - 2022

First Name	John	Credentials	PT, OCS, FAAOMPT
Last Name	Mischke	Faculty Type	Core
Position	Other Faculty	Months Appointed Per Academic Year	12
FTE (for Institution)	1.00	Year of Birth	1986
Highest Earned Clinical (PT) Degree (include tDPT)	DPT	Discipline of Highest Earned Degree	Physical Therapy
Total Years as Faculty	5	Primary Area of Expertise Taught in Program	Musculoskeletal
Enrolled in Degree Program	No	Scholarship Productivity	Actively engaged, 5 - 10 peer reviewed disseminated products in last 10 years
Gender	Male	PT or PTA	PT
FTE (for Program)	1.00	Race	White (not of Hispanic origin)
Highest Earned Academic Degree (don't include tDPT)	Not Applicable	Rank	Other
Total Years as Faculty in Program	5	Secondary Area of Expertise Taught in Program	Other
Certified Clinical Specialist	Yes	Tenure Status	Not Eligible (for other reason)
	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	35.00
Clinical Practice (as part of workload)	60.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00

Committee Work, General Advising, etc.	0.00	Scholarship	5.00
Total Contact Hours Fall		Total Contact Hours Winter	
Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualifications area as the Form will not Save)	Qualifications	

Mizner, Ryan - 2022

First Name	Ryan	Credentials	PT, PhD
Last Name	Mizner	Faculty Type	Core
Position	Other Faculty	Months Appointed Per Academic Year	9
FTE (for Institution)	1.00	Year of Birth	1975
Highest Earned Clinical (PT) Degree (include tDPT)	Masters	Discipline of Highest Earned Degree	Kinesiology; Biomechanics; Pathokinesiology
Total Years as Faculty	17	Primary Area of Expertise Taught in Program	Musculoskeletal
Enrolled in Degree Program	No	Scholarship Productivity	Actively engaged, > 10 peer reviewed disseminated products in last 10 years
Gender	Male	PT or PTA	PT
FTE (for Program)	1.00	Race	White (not of Hispanic origin)
Highest Earned Academic Degree (don't include tDPT)	Doctor of Philosophy	Rank	Associate Professor
Total Years as Faculty in Program	13	Secondary Area of Expertise Taught in Program	Electrotherapy/Modalities
Certified Clinical Specialist	No	Tenure Status	Tenured
	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	40.00

Clinical Practice (as part of workload)	0.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	10.00	Scholarship	50.00
Total Contact Hours Fall		Total Contact Hours Winter	
Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualifications area as the Form will not Save)	Qualifications	

Ostertag, Susan - 2022

First Name	Susan	Credentials	PT, DPT, NCS
Last Name	Ostertag	Faculty Type	Core
Position	Clin Ed Coordinator	Months Appointed Per Academic Year	12
FTE (for Institution)	1.00	Year of Birth	1967
Highest Earned Clinical (PT) Degree (include tDPT)	Bachelor's + Transition DPT	Discipline of Highest Earned Degree	Physical Therapy
Total Years as Faculty	12	Primary Area of Expertise Taught in Program	Neuromuscular
Enrolled in Degree Program	No	Scholarship Productivity	Actively engaged, < 5 peer reviewed disseminated products
Gender	Female	PT or PTA	PT
FTE (for Program)	1.00	Race	White (not of Hispanic origin)
Highest Earned Academic Degree (don't include tDPT)	Not Applicable	Rank	Clinical Assistant Professor
Total Years as Faculty in Program	12	Secondary Area of Expertise Taught in Program	Geriatrics
Certified Clinical Specialist	Yes	Tenure Status	Not Eligible (on clinical track)

	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	25.00
Clinical Practice (as part of workload)	0.00	Administrative	40.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	15.00	Scholarship	20.00
Total Contact Hours Fall		Total Contact Hours Winter	
Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualifications area as the Form will not Save)	Qualifications	

Salisbury, Greg - 2022

First Name	Greg	Credentials	PT
Last Name	Salisbury	Faculty Type	Adjunct/Associated
Position	Other Faculty	Months Appointed Per Academic Year	2
FTE (for Institution)	1.00	Year of Birth	1978
Highest Earned Clinical (PT) Degree (include tDPT)	Masters	Discipline of Highest Earned Degree	Physical Therapy
Total Years as Faculty	9	Primary Area of Expertise Taught in Program	Integumentary
Enrolled in Degree Program	No	Scholarship Productivity	Not involved...
Gender	Male	PT or PTA	PT
FTE (for Program)	1.00	Race	White (not of Hispanic origin)
Highest Earned Academic Degree (don't include tDPT)	Not Applicable	Rank	Lecturer

Total Years as Faculty in Program	9	Secondary Area of Expertise Taught in Program	None
Certified Clinical Specialist	No	Tenure Status	Tenured
	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	100.00
Clinical Practice (as part of workload)	0.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	0.00	Scholarship	0.00
Total Contact Hours Fall		Total Contact Hours Winter	
Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualifications area as the Form will not Save)	Qualifications	

Willy, Richard - 2022

First Name	Richard	Credentials	PT, PhD, OCS
Last Name	Willy	Faculty Type	Core
Position	Other Faculty	Months Appointed Per Academic Year	9
FTE (for Institution)	1.00	Year of Birth	1973
Highest Earned Clinical (PT) Degree (include tDPT)	Masters	Discipline of Highest Earned Degree	Kinesiology; Biomechanics; Pathokinesiology
Total Years as Faculty	10	Primary Area of Expertise Taught in Program	Musculoskeletal
Enrolled in Degree Program	No	Scholarship Productivity	Actively engaged, > 10 peer reviewed disseminated products in last 10 years
Gender	Male	PT or PTA	PT

FTE (for Program)	1.00	Race	White (not of Hispanic origin)
Highest Earned Academic Degree (don't include tDPT)	Doctor of Philosophy	Rank	Associate Professor
Total Years as Faculty in Program	5	Secondary Area of Expertise Taught in Program	Research
Certified Clinical Specialist	Yes	Tenure Status	Tenured
	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	40.00
Clinical Practice (as part of workload)	0.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	10.00	Scholarship	50.00
Total Contact Hours Fall		Total Contact Hours Winter	
Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualifications area as the Form will not Save)	Qualifications	

Zondlo, Caitlin - 2022

First Name	Caitlin	Credentials	PT, PhD, MSCI
Last Name	Zondlo	Faculty Type	Core
Position	Other Faculty	Months Appointed Per Academic Year	9
FTE (for Institution)	1.00	Year of Birth	1985
Highest Earned Clinical (PT) Degree (include tDPT)	DPT	Discipline of Highest Earned Degree	Other

Total Years as Faculty	2	Primary Area of Expertise Taught in Program	Therapeutic Exercise
Enrolled in Degree Program	No	Scholarship Productivity	Actively engaged, > 10 peer reviewed disseminated products in last 10 years
Gender	Female	PT or PTA	PT
FTE (for Program)	1.00	Race	White (not of Hispanic origin)
Highest Earned Academic Degree (don't include tDPT)	Doctor of Philosophy	Rank	Assistant Professor
Total Years as Faculty in Program	2	Secondary Area of Expertise Taught in Program	Other
Certified Clinical Specialist	No	Tenure Status	Non-tenured (on tenure track)
	Enter "0" zero if not applicable: Including for all Associated Faculty members. Total of all 7 fields must equal 100%, except for Associated Faculty which should equal to "0" zero.	Entry Level Program	40.00
Clinical Practice (as part of workload)	0.00	Administrative	0.00
Enrolled in Degree Program (as part of workload)	0.00	Teaching in Other Programs	0.00
Committee Work, General Advising, etc.	10.00	Scholarship	50.00
Total Contact Hours Fall		Total Contact Hours Winter	
Total Contact Hours Spring		Total Contact Hours Summer	
Upload: CV/Resume		Upload: Scholarship Form (Required for Core Faculty: Do Not Upload for Associated Faculty)	
	Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assignment. (NOTE: Do not insert HTML formatting in the Qualifications area as the Form will not Save)	Qualifications	

Compliance Questions for Candidacy Programs ONLY

	Describe any DEVIATION from what was reported in your Application for Candidacy OR what was reported in last year's Candidacy Program Annual Accreditation Report.
	CC1. In the program's assessment processes? If YES, describe below. If NO, write N/A.
CC1.	

	CC2. In the number of core faculty planned for the first year of the program or for subsequent years? If YES, describe below. If NO, write N/A.
CC2.	
	CC3. In the number of staff planned for the first year of the program or for subsequent years? If YES, describe below. If NO, write N/A.
CC3.	
	CC4. In the program director? If YES, describe below. If NO, write N/A.
CC4.	
	CC5. In the ACCE/DCE? If YES, describe below. If NO, write N/A.
CC5.	
	CC6. In the program budgeted salary expenses (excluding benefits)? If YES, describe below. If NO, write N/A.
CC6.	
	CC7. In the program budgeted operating expenses (excluding salary and benefits)? If YES, describe below. If NO, write N/A.
CC7.	
	CC8. In institutional or program policies that affect students? If YES, describe below. If NO, write N/A.
CC8.	
	CC9. In institutional or program policies that affect faculty and staff? If YES, describe below. If NO, write N/A.
CC9.	
	CC10. In the number of students admitted into a cohort? If YES, describe below. If NO, write N/A.
CC10.	
	CC11. In the number of times per year that a cohort is admitted? If YES, describe below. If NO, write N/A.
CC11.	
	CC12. In the admission criteria or procedures? If YES, describe below. If NO, write N/A.
CC12.	
	CC13. In the curriculum? If YES, describe below. If NO, write N/A.
CC13.	
	CC14. In the clinical education component of the program? NOTE: This includes, but is not limited to, sequencing of clinical education experiences; expectations of students during clinical education experiences; variety and number of clinical sites available to the program; timelines for continued development of the clinical education component. If YES, describe below. If NO, write N/A.
CC14.	
	CC15. In student services? If YES, describe below. If NO, write N/A.
CC15.	
	CC16. In the library or learning resources available to students? If YES, describe below. If NO, write N/A.

CC16.	
	CC17. In the allocation or quality of space available to the program? If YES, describe below. If NO, write N/A.
CC17.	
	CC18. In the equipment available to the program (both didactic and office)? If YES, describe below. If NO, write N/A.
CC18.	
	CC19. If not already addressed in the above questions, provide an update on any area(s) that, at the time of the Candidacy Decision, the program was cited for not having made sufficient progress towards compliance. If none, write N/A.
CC19.	

COVID Changes

	1. Identify curricular changes made during the Covid-19 Public Health Emergency List all didactic, laboratory, and clinical changes.
1. COVID Changes Answer	All courses were taught online March 28 - August 15, 2020. All terminal clinical experiences were ended early in March 2020. All summer 2020 clinical experiences were rescheduled to Fall 2020 and approximately 6 credits of course work for second year and third year students was moved from Fall 2020 to Summer 2020 (and taught online). During the 2020-2021 academic year, courses were taught mostly in person with occasional pivots to remote delivery as need to maintain student and faculty safety. In order to address social distancing needs and limited classroom space, PT 525 Fall 2020 was taught online. Students were placed in small groups of 4-8 students for all lab classes in order to easy the burden of contact tracing through the 2020-2021 academic year and Fall 2021.
	2. Which of the changes identified in #1 has the program discontinued?
2. COVID Changes Answer	All of the above changes have been discontinued.
	3. What changes does the program plan to continue once the public health emergency ends? What changes would the program wish to pilot and provide outcomes data before making changes permanent?
3. COVID Changes Answer	At this time, we do not plan to continue or pilot any of the above changes.

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Clin Ed Program Eval Class of 2022

Clin Ed Program Eval Class of 2022

May 16th 2022, 8:45 am MDT

Q2 - When the clinical education courses occur in the curriculum (timing).

#	Answer	%	Count
5	Very Satisfied	45.45%	15
4	Satisfied	51.52%	17
3	Neutral	0.00%	0
2	Dissatisfied	3.03%	1
1	Very Dissatisfied	0.00%	0
	Total	100%	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	When the clinical education courses occur in the curriculum (timing).	2.00	5.00	4.39	0.65	0.42	33	3.03%	96.97%

Q3 - The overall number of weeks of clinical experience required for the clinical education program.

#	Answer	%	Count
5	Very Satisfied	48.48%	16
4	Satisfied	51.52%	17
3	Neutral	0.00%	0
2	Dissatisfied	0.00%	0
1	Very Dissatisfied	0.00%	0
	Total	100%	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	The overall number of weeks of clinical experience required for the clinical education program.	4.00	5.00	4.48	0.50	0.25	33	0.00%	100.00%

Q4 - The number of required full-time clinical experiences (3).

#	Answer	%	Count
5	Very Satisfied	63.64%	21
4	Satisfied	33.33%	11
3	Neutral	3.03%	1
2	Dissatisfied	0.00%	0
1	Very Dissatisfied	0.00%	0
	Total	100%	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	The number of required full-time clinical experiences (3).	3.00	5.00	4.61	0.55	0.30	33	3.03%	100.00%

Q5 - The variety of clinical practice settings (OP, AC, SNF/IRF, etc.) experienced, so as to broadly develop clinical skills.

#	Answer	%	Count
5	Very Satisfied	48.48%	16
4	Satisfied	45.45%	15
3	Neutral	6.06%	2
2	Dissatisfied	0.00%	0
1	Very Dissatisfied	0.00%	0
	Total	100%	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	The variety of clinical practice settings (OP, AC, SNF/IRF, etc.) experienced, so as to broadly develop clinical skills.	3.00	5.00	4.42	0.60	0.37	33	6.06%	100.00%

Q6 - The first year 15-hour clerkship/ACE experience.

#	Answer	%	Count
5	Very Satisfied	27.27%	9
4	Satisfied	48.48%	16
3	Neutral	18.18%	6
2	Dissatisfied	6.06%	2
1	Very Dissatisfied	0.00%	0
	Total	100%	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	The first year 15-hour clerkship/ACE experience.	2.00	5.00	3.97	0.83	0.70	33	24.24%	93.94%

Q7 - Your learning experience through PT 583/584 Integrated Clinical Experiences.

#	Answer	%	Count
5	Very Satisfied	39.39%	13
4	Satisfied	51.52%	17
3	Neutral	6.06%	2
2	Dissatisfied	3.03%	1
1	Very Dissatisfied	0.00%	0
	Total	100%	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Your learning experience through PT 583/584 Integrated Clinical Experiences.	2.00	5.00	4.27	0.71	0.50	33	9.09%	96.97%

Q8 - The 8-week length of PT 587 and 589.

#	Answer	%	Count
5	Very Satisfied	54.55%	18
4	Satisfied	39.39%	13
3	Neutral	3.03%	1
2	Dissatisfied	3.03%	1
1	Very Dissatisfied	0.00%	0
	Total	100%	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	The 8-week length of PT 587 and 589.	2.00	5.00	4.45	0.70	0.49	33	6.06%	96.97%

Q9 - The overall quality of your three full-time clinical experiences.

#	Answer	%	Count
5	Very Satisfied	54.55%	18
4	Satisfied	42.42%	14
3	Neutral	3.03%	1
2	Dissatisfied	0.00%	0
1	Very Dissatisfied	0.00%	0
	Total	100%	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	The overall quality of your three full-time clinical experiences.	3.00	5.00	4.52	0.56	0.31	33	3.03%	100.00%

Q10 - The contribution all your clinical experiences have made in preparing you to be a competent entry-level physical therapist.

#	Answer	%	Count
5	Very Satisfied	69.70%	23
4	Satisfied	30.30%	10
3	Neutral	0.00%	0
2	Dissatisfied	0.00%	0
1	Very Dissatisfied	0.00%	0
	Total	100%	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	The contribution all your clinical experiences have made in preparing you to be a competent entry-level physical therapist.	4.00	5.00	4.70	0.46	0.21	33	0.00%	100.00%

Q11 - Please provide additional comments (ex. weeks of clinical experience required, number of experiences required both full time and part time, variety of clinical practice settings (OP, AC, SNF/IRF, etc.) experienced, first year 15-hour Clerkship/ACE experience, quality of clinical experiences, etc.).

All of my placements experiences were overall positive with no complaints

ICE would have been better with a fuller caseload

Would love more clinical experience opportunities to be available including community outreach. Some of the things that attracted me to the program were Empower, the 3-day walk, and the dancer workshops. More experiences like this would make the program much better.

Clinical experiences were great. I learned a lot and enjoyed all the different settings.

First Summer (for us fall clinical) it was really nice to have some evaluation skills going into it (thanks to COVID!). I felt that I was able to grow and contribute more to the experience with slightly more skills under me! ICE was all around great, and I appreciated the mentorship and co-treat style. My only suggestion would be to consolidate the time slots when in a group of four, so that you don't have to be sitting in Skaggs for 2 hours while waiting for your turn to treat with your partner.   The last clinical felt that it could be about 3-4 weeks shorter while still having time to meet all of the entry level metrics.   I appreciate the variety of clinical experiences that I got, despite me being apprehensive to it. I feel that it made me a better PT.

N/A

That it was all fine.

I wish there were more clinical site options for first years. When there are 33 students and only 33 sites, someone is always left with the short end of the stick. More options in places other than Montana would be great and would allow out of state students to return home for their clinical and avoid paying double rent.

A stipend would be nice, particularly for the longer clinical, as the clinic receives quite a bit of benefit from our full-time work that we pay them to complete (and in many cases BORROW MONEY TO PAY THEM)

I enjoyed how the clinical experiences are spread out throughout the program. I also think that the ICE experience provides a great time to continue honing knowledge and skills learned in the classroom.

I think making the first and second clinical a week longer and the third two weeks shorter would be smart as there is no promise that the final clinical will be the most relevant.

Thoughts for consideration: - Why does UM utilize only three clinical experiences? Many other schools have 4-5. - Why do we not require a neuro intensive clinical? - Should inpatient requirements be slightly more rigid as this is where many job opportunities are? - Is there a better way to identify high quality clinical instructors? - If a student feels unsafe or uncomfortable at their clinical, how can we make reporting and transitioning to a better location more streamlined?

1) I think the program should be developed so that every first year is in an acute year setting or SNF for their first clinical. If COVID hadn't interfered with our schedule and allowed us to do our first clinical after MSMII (LE), I would've had absolutely no idea what to do and the experience wouldn't have been very meaningful to me. The skills we learn first year are more appropriate for an inpatient setting. 2) I didn't feel that the 15-hour Clerkship/ACE hours was useful. Particularly the New Directions assignment/patient - it was nearly impossible to get a feel for an actual evaluation when they had already been evaluated and working on an exercise program for months/years, especially when we were given the opportunity to chart review. 3) The final 15 week clinical is too long. I was fortunate enough to do a split in two different settings, but if I would've had to complete all 15 weeks in one setting, I would've felt burnt out and the time would've been excessive for me to feel competent as an entry-level clinician. 4) I didn't feel that ICE was terribly effective since our patient population was so limited and narrow. I think it would be much more useful to contract with clinics in Missoula and have part time clinical in those settings.

The two ICE experiences were limited, and the number of hours counted as clinical experience felt overrated when compared to the actual amount of patient care I was able to practice. The first ICE experience was during peak COVID, which of course limited the schedule. However, my second ICE rotation featured a mostly full, double-booked schedule. Even with that optimized schedule, two afternoons per week divided by 4 people does not render very much direct patient care. While I immensely valued working with faculty, there just was not enough volume or time for me to feel like I got a full "neuro" or "ortho" experience. For each rotation, I was the "primary PT" for about 3 patients' total; in a 5-hour afternoon I would see 0-2 patients. Additionally, the "down time" during ICE often felt like a study-hall. These experiences would have been much more valuable if they were every afternoon, or all semester, or if there was some way of spreading students out so we did not have to split a caseload between 4 people. While having a teammate for the first ICE rotation was helpful and productive, being the "second PT" on a team for patient care felt generally more obsolete during the second ICE rotation in particular.

I think the ACE experience was good with the right team. In a group of four it was hard to get much feedback. Troy did an AMAZING job of debriefing, sharing, and creating a great environment to learn. That was my experience with the first ACE experience.

ACE hours were great! ICE was incredibly valuable, and I wish it could have been longer or somehow changed so we could do like 2 full weeks in the clinic instead of maybe 2-4 patients a week.

I've discussed the first clinical rotation experience with an individual in our program who is one year behind me and we both agreed that my class had an advantage going into an outpatient setting with MSM 2 being completed prior to our first clinical rotation. This individual felt like they could hardly contribute to patient care due to not knowing any special tests and/or therapeutic interventions. I felt fortunate having MSM 2 completed and having a good understanding of the lower extremity during my first rotation. I understand that these clinical experiences are placed to help us grow throughout our time at UMPT, but I think future students would appreciate having a little more depth in orthopedic classes prior to their first orthopedic clinical.

I would recommend shortening the length of our last clinical experience. I found it helpful in nailing down my skills as an entry-level physical therapist, however I felt that I could have obtained the same skillset in 12 weeks. It would have been a little more helpful to break up the last clinical into two 8-week clinicals instead.

I appreciated the opportunity for variety of clinical experiences. During my clinical experiences I did not get a single full time general orthopedic outpatient clinical experience and I do feel this was/is limiting in terms of my feeling confident and readiness as an entry level PT. I would recommend to future students to ensure a clinical that includes at least 50% part time general outpatient ortho, as this is something that I feel I would have benefited from

(vs multiple specialty clinical experiences).   The first ICE experience was helpful but in a significantly limited way, I believe partly due to reasons associated with the pandemic.   My second ICE experience was MUCH better - two students to a patient, improved consistency, and number of patients (more!) during ICE days.   I'm appreciative of the experiences gained through ACE hours and the encouragement to practice skills and community outreach independently. I did not feel these were critical to our education but do feel they added a little extra variety and some low stress practice environments, so on the whole, I liked them.

I felt satisfied with the overall design of the clinical education program and fortunate that each experience helped my professional development and clinical skills. The length of the last full time clinical experience could be shortened from the current 15 week set up.

The length, timing and spacing of the clinical courses allowed us to gain real world experience in a progressive way that reinforced what we were learning in class. The progression of expectations makes the experience less overwhelming.

I thought this all felt very appropriate.

I appreciated the clinical experiences being spread out through all 3 years. I found ICE extremely beneficial, especially the second experience in fall of 3rd year, as this pushed me to be independent with patients and therefore become more confident in my clinical skills.

I feel like the final internship could be 12 weeks in length. Also having the first clinical after MSM 2 was very very helpful

Q12 - Rate your experiences with Jenn Bell related to administering the clinical education program.

#	Question	Very Dissatisfied		Dissatisfied		Neutral		Satisfied		Very Satisfied		Total
1	Organizational skills	0.00%	0	0.00%	0	12.12%	4	39.39%	13	48.48%	16	33
2	Interpersonal skills	0.00%	0	12.12%	4	6.06%	2	36.36%	12	45.45%	15	33
3	Problem Solving skills	0.00%	0	3.03%	1	3.03%	1	45.45%	15	48.48%	16	33
4	Counseling skills	0.00%	0	3.03%	1	12.12%	4	45.45%	15	39.39%	13	33
5	Communication skills	0.00%	0	9.09%	3	12.12%	4	30.30%	10	48.48%	16	33
6	Overall administrative performance	0.00%	0	3.03%	1	12.12%	4	36.36%	12	48.48%	16	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Organizational skills	3.00	5.00	4.36	0.69	0.47	33	12.12%	100.00%
2	Interpersonal skills	2.00	5.00	4.15	0.99	0.98	33	18.18%	87.88%
3	Problem Solving skills	2.00	5.00	4.39	0.69	0.48	33	6.06%	96.97%
4	Counseling skills	2.00	5.00	4.21	0.77	0.59	33	15.15%	96.97%
5	Communication skills	2.00	5.00	4.18	0.97	0.94	33	21.21%	90.91%
6	Overall administrative performance	2.00	5.00	4.30	0.80	0.64	33	15.15%	96.97%

Q13 - Comments

Jen was a great mentor for me

Jenn always went above and beyond for me whether it was directly clinical related or with job advise.

Not timely in responding to emails, quick to assume the worst of students

Good program

Often comes across as condescending instead of collaborative or helpful

Jenn was really flexible when I got covid and was great about communicating with my CI and myself. Thanks Jenn!

Jenn, was timely, professional, and truly went above and beyond to help guide me into choosing sites. Jenn took time to go on walks for meetings to discuss the multifactorial decision-making process.

Jenn was not that flexible to feedback or helping problem solve. She was hard to approach with real issues and has a strict no bending the rules approach. It was hard to work with. Otherwise, she is great but putting in a little effort to be more approachable.

Thanks for all the work you put in, and for honesty with expectations!

Jenn was always on point, organized, available, understanding, and responsive with situations regarding clinical experiences. She stayed on top of things and kept students in the loop with COVID related changes.

Jenn is always very organized and was continually communicating with us throughout our clinical.

Q14 - Rate your experiences with Sue Ostertag related to administering the clinical education program.

#	Question	Very Dissatisfied		Dissatisfied		Neutral		Satisfied		Very Satisfied		Total
1	Organizational skills	0.00%	0	0.00%	0	3.03%	1	21.21%	7	75.76%	25	33
2	Interpersonal skills	0.00%	0	0.00%	0	3.03%	1	15.15%	5	81.82%	27	33
3	Problem Solving skills	0.00%	0	0.00%	0	3.03%	1	21.21%	7	75.76%	25	33
4	Counseling skills	0.00%	0	0.00%	0	3.03%	1	21.21%	7	75.76%	25	33
5	Communication skills	0.00%	0	0.00%	0	3.03%	1	18.18%	6	78.79%	26	33
6	Overall administrative performance	0.00%	0	0.00%	0	3.03%	1	18.18%	6	78.79%	26	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Organizational skills	3.00	5.00	4.73	0.51	0.26	33	3.03%	100.00%
2	Interpersonal skills	3.00	5.00	4.79	0.48	0.23	33	3.03%	100.00%
3	Problem Solving skills	3.00	5.00	4.73	0.51	0.26	33	3.03%	100.00%
4	Counseling skills	3.00	5.00	4.73	0.51	0.26	33	3.03%	100.00%
5	Communication skills	3.00	5.00	4.76	0.49	0.24	33	3.03%	100.00%
6	Overall administrative performance	3.00	5.00	4.76	0.49	0.24	33	3.03%	100.00%

Q15 - Comments

Sue is great!

I always felt very supported by Sue

Good program

Wonderful problem solver, great energy and very understanding

Sue is great at communication, replies quickly, and is happy to support students in any way. Thanks Sue!

I didn't interact with Sue much at all for my clinical education process.

Sue was amazing and really approachable and helpful with any accommodations. Thanks Sue!

Thank you Sue!

N/A

Sue went out of her way to find the best fit for clinical placements during the nightmare of COVID.

Sue did a wonderful job overall. I would have loved it if Sue checked in on us more individually during our clinical experiences to make sure everything was going well.

Q16 - Rate your experiences with Alyssa Waters related to the clinical education program.

#	Question	Very Dissatisfied		Dissatisfied		Neutral		Satisfied		Very Satisfied		Total
1	Organizational skills	0.00%	0	0.00%	0	6.06%	2	51.52%	17	42.42%	14	33
2	Interpersonal skills	0.00%	0	0.00%	0	9.09%	3	45.45%	15	45.45%	15	33
3	Problem Solving skills	0.00%	0	0.00%	0	9.09%	3	45.45%	15	45.45%	15	33
4	Counseling skills	0.00%	0	0.00%	0	21.88%	7	34.38%	11	43.75%	14	32
5	Communication skills	0.00%	0	0.00%	0	24.24%	8	36.36%	12	39.39%	13	33
6	Overall administrative performance	0.00%	0	0.00%	0	18.18%	6	36.36%	12	45.45%	15	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Organizational skills	3.00	5.00	4.36	0.59	0.35	33	6.06%	100.00%
2	Interpersonal skills	3.00	5.00	4.36	0.64	0.41	33	9.09%	100.00%
3	Problem Solving skills	3.00	5.00	4.36	0.64	0.41	33	9.09%	100.00%
4	Counseling skills	3.00	5.00	4.22	0.78	0.61	32	21.88%	100.00%
5	Communication skills	3.00	5.00	4.15	0.78	0.61	33	24.24%	100.00%
6	Overall administrative performance	3.00	5.00	4.27	0.75	0.56	33	18.18%	100.00%

Q17 - Comments

Good program

Timely, helpful and ALWAYS ON IT!

Alyssa was very professional and timely in notifying me of requirements, and working to get them done with me.

Great to work with and totally on top of it!

Alyssa was great with helping to make sure we had all of our requirements for our clinicals.

Thank you Alyssa! You do more for the program than we have any idea about.

Alyssa was always on top of things and keeping track of administrative things that I couldn't keep track of myself. Always very pleasant to speak with.

Alyssa was always extremely organized, I appreciated the detailed checklists she would make us for clinical requirements.

Q18 - Rate your experience with the PAS (Performance Assessment System in Acadaware).

#	Answer	%	Count
5	Very satisfied	18.18%	6
4	Satisfied	51.52%	17
3	Neutral	21.21%	7
2	Dissatisfied	9.09%	3
1	Very dissatisfied	0.00%	0
	Total	100%	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Rate your experience with the PAS (Performance Assessment System in Acadaware).	2.00	5.00	3.79	0.84	0.71	33	30.30%	90.91%

Q19 - Identify how impactful you feel the COVID-19 pandemic was on your clinical experiences.

#	Answer	%	Count
3	Moderate Impact	48.48%	16
4	Minimal Impact	27.27%	9
2	Significant Impact	24.24%	8
1	Unsure	0.00%	0
5	No Impact	0.00%	0
	Total	100%	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	Identify how impactful you feel the COVID-19 pandemic was on your clinical experiences.	2.00	4.00	3.03	0.72	0.51	33	72.73%	75.76%

Q20 - How would you rate your satisfaction with the manner in which the Clinical Education Team adapted your clinical experiences due to the COVID-19 Pandemic?

#	Answer	%	Count
5	Very satisfied	39.39%	13
4	Satisfied	39.39%	13
3	Neutral	15.15%	5
2	Dissatisfied	3.03%	1
1	Very dissatisfied	3.03%	1
	Total	100%	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count	Bottom 3 Box	Top 3 Box
1	How would you rate your satisfaction with the manner in which the Clinical Education Team adapted your clinical experiences due to the COVID-19 Pandemic?	1.00	5.00	4.09	0.96	0.93	33	21.21%	93.94%

Q21 - Please provide any other feedback on how we could improve the design and/or administration of the clinical education program.

The clinicals were all very enjoyable and put to real use all that we learned in class. Basically, working full-time for a few months at the last clinical, and having to spend thousands of dollars for the privilege, was difficult, and my final CIs (and future employer) are going to work on initiating a stipend for students.

Overall, I felt very satisfied with the clinical education program at UMPT and am fortunate to have had excellent clinical experiences that have adequately prepared me for clinical practice.

One aspect of the clinical experience that I found frustrating was the lack of time off available during the final clinical setting. We were given 2 days of excused absences during the 8-week clinical, but the same amount of time of excused absence for our 15 week clinical which doesn't make much sense. 4 days minimum would have been much more appropriate. Considering the clinical is meant to reflect an entrance into the workforce, a more realistic work life balance including appropriate time off would have been appreciated.

No additional comments

N/A

My only recommendation would be that the school would provide more options for housing in the clinical site areas. I found it difficult and stressful before clinicals started to find housing and before attending UM I just assumed that wherever we went we would have housing provided which was not always the case.

More international sites! This was a big factor in my decision to attend UM. I know that covid made it impossible to participate, but even before covid happened and I was looking into international options for 2nd clinical, there were very few options for sites and very limited availability at each. I would definitely suggest securing more sites/spots for UM students, or being upfront with prospective students about the very limited availability when marketing this.

In general, I think there needs to be more leniency and understanding with clinical education. During the COVID pandemic, the rules were so incredibly strict and didn't allow for any leniency or real-life relate-ability/sustainability.

I always felt like if I missed even a day, I was going to fail the clinical, when that isn't real life at all (especially since we have so much extra clinical time built into our program). We should be treated as clinicians and have the responsibility to our clinics first and foremost, not to the school, when we are in these settings.

I thought the clinical education program was surprisingly smooth considering COVID.

I thought the administration process was smooth and individualized for each student. The only thing I would suggest is providing housing opportunities for students who are placed in a location with no connections for housing.

I think making the 2nd clinical experience longer and shortening the 3rd experience could be beneficial. (Ex. 2nd=10wks, 3rd=13wks).

I think UMPT should possibly consider having the first clinical experience after MSM 2. That class gave me a lot of information as a foundation to walk into my outpatient experience with confidence. I know the program is working through potentially switching to a two and half year program. I can't recommend enough keeping the clinicals spread throughout. UMPT students are on another level going into their last experience. At my last site, there was a third year from Eastern Washington, and I felt much more comfortable working with patients and doing the day-to-day job than he did. Thanks again for everything through this program.

I really appreciate how hard the faculty worked to allow us to continue participating in clinical education throughout COVID!

I felt very overwhelmed with the amount of work I had to do between the clinical experience, studying for boards, and completing my poster presentation (mostly during the second half of the clinical). If there was a way to allow for some time to be spent working on the poster presentation during work/clinical hours, I would have felt less overwhelmed.

I appreciate everyone's hard work! My clinical experiences were relatively smooth, and I felt especially supported during my last clinical experience.

Great program!

Being more open for help every individual with their goals. I think this was done well if you asked and dug deeper but the flexibility of the clinicals seemed ridged when it was presented.

University of Montana, School of Physical Therapy
Faculty Plan for the Academic Year

Name: **Date submitted AY:**   **Date reviewed AY:**

For each section describe work planned and outline the dates and/or resource requested for planning purposes and facilitating success.

TEACHING: % effort:

ACTIVITIES:
Primary instruction in DPT curriculum:

Course # & brief title	Year students, Term & Block	credits	Contact hrs	Primary instructor (Y/N) & % of course contact hours taught ; other role

Clinical Education Courses and Related activities

Electives, Trends classes, or teaching outside of DPT curriculum

Course # & brief title	Year students, Term & Block	credits	Contact hrs	Primary instructor (Y/N) & % of course contact hours taught; other role

Teaching in Integrated Clinical Experiences (ICE)

Other Instructional activities

PLANS for continued DEVELOPMENT:

Areas needing change identified by others (example: how addressing suggestions from outcome data (eg. exit interview, course evals peer review) Include strategies for success.

Areas needing/wanting change prioritized by self (goals) (new teaching format or content focus; professional development or continuing education planned) Include strategies for success.

Resource needs: (TA needs, supplies, equipment, space,)

SCHOLARSHIP: % effort:

Specific ACTIVITIES with measurable GOALS
(Examples must include projected dates of completion)

- Research activities (software development, equipment install/upgrade, data collection/analysis activities, IRB submissions, etc)
- Presentations (poster, platform) at professional conference
- Manuscripts (In review, planned submissions for the AY, anticipated publications from in press)
- Abstracts (planned submissions with deadlines in the AY and to be presented)
- Book Chapters, Monographs, Clinical Commentaries
- Grants, Contracts, Awards (on-going, planned submissions with dates, roles on project, % effort dedication or teaching buyout requests, best guess budgetary and resources needed)
- Student engagement in scholarship (undergrad, DPT student, grad students)
- Other activities (collaborative relationship development, technology transfer, etc)

PLANS for continued DEVELOPMENT:

Areas for improvement (include strategies for success)

Resource needs/wants:

SERVICE/ADMINISTRATION/CLINICAL: % effort:

Examples include committee assignments, service work, leadership activities, advising

- School
- College
- University
- Professional
- Community
- Nationally/Internationally

Explain how your service activities align with your personal and/or professional goals:

Resource needs/wants:

OTHER EFFORTS TO SUPPORT UMPT's MISSION: % effort breakdown as needed:

Examples might include program development or special assignments.

1-Year Goals:

5-Year Plan (big picture):

<u>Chair</u>: (completed by Chair)
Brief summary or rationale for:
- planning/development and/or
- workload distribution for next and past year
- building an understanding of the faculty member's role and program contribution.

Faculty Member signature   Date

Chair signature   Date

UMPT Alumni Survey 2021

UMPT Alumni Survey 2021

August 25th 2021, 8:55 am MDT

Q2 - Year of graduation from UMPT:

#	Answer	%	Count
1	2016	33.33%	12
2	2017	27.78%	10
3	2018	38.89%	14
	Total	100%	36

Q3 - Were you an in-state or out-of-state student while at UMPT?

#	Answer	%	Count
1	In-State	63.79%	37
2	Out-of-State	36.21%	21
	Total	100%	58

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	In-State	1.00	1.00	1.00	0.00	0.00	37
2	Out-of-State	2.00	2.00	2.00	0.00	0.00	21

Q4 - Are you a member of the APTA?

#	Answer	%	Count
1	Yes	50.00%	29
2	No	50.00%	29
	Total	100%	58

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	In-State	1.00	2.00	1.54	0.50	0.25	37
2	Out-of-State	1.00	2.00	1.43	0.49	0.24	21

Q5 - Which of the following physical therapy practice settings have you worked in since graduation? (select all that apply)

#	Answer	%	Count
1	Acute Care Hospital	16.07%	18
3	Home Health	7.14%	8
4	Outpatient Hospital Based	19.64%	22
5	Outpatient Private Practice	33.93%	38
6	Rehabilitation Hospital	6.25%	7
7	Skilled Nursing Facility	7.14%	8
8	Long Term Care Facility	2.68%	3
9	Other	7.14%	8
	Total	100%	112

Other

Consulting

School district

CrossFit Gym

Schools

VA medical center

Outpatient POP

Partial acute care

School based

Q6 - Does your patient population include the following: (select all that apply)

#	Answer	%	Count
1	Under-served Patients	23.86%	42
2	Rural Patients	29.55%	52
3	Racially/Ethnically Diverse Patients	19.32%	34
4	Economically Disadvantaged Patients	27.27%	48
	Total	100%	176

Q7 - Are you currently or since graduation practiced in Montana?

#	Answer	%	Count
1	Yes	50.00%	29
2	No	50.00%	29
	Total	100%	58

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Yes	1.00	1.00	1.00	0.00	0.00	29
2	No	2.00	2.00	2.00	0.00	0.00	29

Q8 - Have you served in a leadership role since graduation (e.g., partner, owner, manager, regional or national professional organization, service organization, etc.)?

#	Answer	%	Count
1	Yes (Please explain)	22.41%	13
3	No	77.59%	45
	Total	100%	58

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Yes (Please explain)	1.00	1.00	1.00	0.00	0.00	13
2	No	3.00	3.00	3.00	0.00	0.00	45

Yes (Please explain)

DOR

Partner and clinic director. Interim Director of Clinical Education.

Clinical Education lead (in charge of OP interdisciplinary education and training, both as a facilitator and as a presenter); unsure if this counts?

Secretary of MAPTA

I am the physical therapy department manager

Developed an oncology rehab program in coordination with hospital-based cancer center

Owner of Practice

Started research sharing group for PTs in the county

Clinic director

Manager

Co-opening and operating a hippotherapy practice

Clinic manager

Clinic manager

Q9 - Since graduation, have you completed any education beyond your entry level physical therapy degree (e.g., residency, fellowship, CI credentialing, certifications, additional degrees)?

#	Answer	%	Count
1	Yes	62.07%	36
2	No	37.93%	22
	Total	100%	58

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Yes	1.00	1.00	1.00	0.00	0.00	36
2	No	2.00	2.00	2.00	0.00	0.00	22

Q10 - Are you planning on completing or in the process of completing education beyond your entry level physical therapy degree (e.g., residency, fellowship, CI credentialing, certifications, additional degrees)?

#	Answer	%	Count
1	Yes	63.64%	14
2	No	36.36%	8
	Total	100%	22

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Yes	1.00	1.00	1.00	0.00	0.00	14
2	No	2.00	2.00	2.00	0.00	0.00	8

Q11 - What education have you completed? (select all that apply)

#	Answer	%	Count
1	Clinical Instructor Credentialing	12.07%	7
2	Board Certified Specialty	24.14%	14
3	Fellowship	0.00%	0
4	Residency	12.07%	7
5	Certification (i.e., LSVT BIG, CSCS, etc.)	44.83%	26
6	Other	6.90%	4
7	Additional degree (If so, what type?)	0.00%	0
	Total	100%	58

Other

Take board specialty next year

200RYT, Accessible Yoga Certified, Love Your Brain Yoga clinical affiliate instructor

dry needling, pelvic floor certification

Pelvic health continuing education working toward wcs

Q12 - What education are you planning to complete in the next five years? (select all that apply)

#	Answer	%	Count
1	Clinical Instructor Credentialing	28.57%	6
2	Board Certified Specialty	23.81%	5
3	Fellowship	4.76%	1
4	Residency	0.00%	0
5	Certification (i.e., LSVT BIG, CSCS, etc.)	23.81%	5
6	Other	9.52%	2
7	Additional degree (If so, what type?)	9.52%	2
	Total	100%	21

Advanced degree (If so, what type?)

ND

Certified Hand Therapist

Other

COMT

uncertain at this time but not ruling it out

Q14 - Foundational Sciences

#	Question	Above Entry Level		Entry Level		Below Entry Level		Not Applicable		Total
1	Anatomy	18.97%	11	81.03%	47	0.00%	0	0.00%	0	58
2	Biomechanics	32.76%	19	67.24%	39	0.00%	0	0.00%	0	58
3	Human Physiology	15.52%	9	79.31%	46	5.17%	3	0.00%	0	58
4	Neuroscience	24.14%	14	74.14%	43	1.72%	1	0.00%	0	58

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Anatomy	1.00	2.00	1.81	0.39	0.15	58
2	Biomechanics	1.00	2.00	1.67	0.47	0.22	58
3	Human Physiology	1.00	3.00	1.90	0.44	0.20	58
4	Neuroscience	1.00	3.00	1.78	0.46	0.21	58

Q15 - For any domain you rated as "Below Entry Level", please explain.

I felt my exercise physiology knowledge was lacking.

While I feel that anatomy and physiology were classified as entry level, I do feel that those courses could have done a better job of preparing us. I feel that the anatomy course was too easy, and the practical test didn't require as much studying. I feel that human physiology I learned for from my college course. I feel very poorly prepared for exercise physiology going into this profession

I feel both did not give enough practical practice education.

Q17 - Clinical Skills

#	Question	Above Entry Level		Entry Level		Below Entry Level		Not Applicable		Total
1	Cardiopulmonary	1.75%	1	61.40%	35	35.09%	20	1.75%	1	57
2	Geriatrics	7.02%	4	89.47%	51	3.51%	2	0.00%	0	57
3	Musculoskeletal	33.33%	19	66.67%	38	0.00%	0	0.00%	0	57
4	Neurological	17.54%	10	80.70%	46	1.75%	1	0.00%	0	57
5	Pediatrics	0.00%	0	66.67%	38	28.07%	16	5.26%	3	57
6	Medical Screening	21.05%	12	77.19%	44	1.75%	1	0.00%	0	57
7	Cardiopulmonary	1.75%	1	61.40%	35	33.33%	19	3.51%	2	57
8	Geriatrics	10.53%	6	84.21%	48	5.26%	3	0.00%	0	57
9	Musculoskeletal	24.56%	14	71.93%	41	3.51%	2	0.00%	0	57
10	Neurological	15.79%	9	78.95%	45	3.51%	2	1.75%	1	57
11	Pediatrics	0.00%	0	64.91%	37	28.07%	16	7.02%	4	57
12	Therapeutic Exercise	26.32%	15	63.16%	36	10.53%	6	0.00%	0	57
13	Patient/Caregiver Education	28.07%	16	66.67%	38	5.26%	3	0.00%	0	57
14	Prevention & Wellness	17.54%	10	77.19%	44	5.26%	3	0.00%	0	57

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cardiopulmonary	1.00	5.00	3.35	0.61	0.37	57
2	Geriatrics	1.00	4.00	2.89	0.55	0.30	57
3	Musculoskeletal	1.00	3.00	2.33	0.94	0.89	57
4	Neurological	1.00	4.00	2.67	0.78	0.61	57
5	Pediatrics	3.00	5.00	3.39	0.59	0.34	57
6	Medical Screening	1.00	4.00	2.60	0.83	0.70	57
7	Cardiopulmonary	1.00	5.00	3.37	0.64	0.41	57
8	Geriatrics	1.00	4.00	2.84	0.67	0.45	57
9	Musculoskeletal	1.00	4.00	2.54	0.90	0.81	57
10	Neurological	1.00	5.00	2.75	0.82	0.68	57
11	Pediatrics	3.00	5.00	3.42	0.62	0.38	57
12	Therapeutic Exercise	1.00	4.00	2.58	0.99	0.98	57
13	Patient/Caregiver Education	1.00	4.00	2.49	0.96	0.92	57
14	Prevention & Wellness	1.00	4.00	2.70	0.82	0.67	57

Q18 - For any domain you rated as "Below Entry Level", please explain.

We did not receive extensive cardiopulmonary or pediatrics training.

The limited time spent during intervention with cardiopulmonary interventions did not allow me to practice at entry level.   My exercise interventions came mostly from my other degrees than from PT school.

Pediatrics was very basic with most of the course reflecting on the development issues associated with many pediatric populations. I feel we learned enough to know pediatrics patients were important, but do not recall significant information pertaining to interventions, skill development both for is and the pediatric patients, as well as outcomes assessment practice.

Our cardiopulmonary education was almost an afterthought. I took it during the semester that Reed was on sabbatical, so I think it may have been a different experience otherwise. James' instruction in the course was contradictory, confusing, outdated, and he seemed unprepared. We all got the distinct impression he'd rather be elsewhere, or his attention was consumed by something else. Cardiopulmonary (and wound care, ironically) are my weakest areas.

Limited time spent covering pediatrics; also, personally, had little interest in pediatrics.

It could be lack of exposure, but I felt less prepared to assess and treat patients with complex cardiopulmonary presentations when I graduated. In my practice now I am likely too cautious with patients with complex cardiopulmonary co-morbidities as I am afraid to push them too hard.

I would not feel comfortable going into a cardiopulmonary rehab setting or pediatric. I feel that I apply a lot of basic knowledge to the geriatric population but don't know how to specialize my treatment for them. While I feel like my musculoskeletal education is considered entry level, I feel that the bar is set too low for entry level. I don't feel like I should have to take so many con-ed courses to feel adequate at treating musculoskeletal problems.

I was lazy in the pediatrics class and didn't apply myself because it wasn't a population, I had interest in specializing in. The curriculum was probably sufficient, but I chose to focus on other areas of PT.

I think UMPT is by far weakest in Ortho- have heard this from multiple classes. I also feel like this is quite likely the setting that the majority of grads end up getting a job so might be worth shifting some priority to the area.   In my experience new grad PTAs in Montana seem to come out with a much better education on actual thera-ex. I learned a lot from the PTAs in my first year of practice and had to self-teach a ton on exercise interventions prior to each Pt via Medbridge, etc. to feel adequately prepared as a clinician

I had to use a lot of outside resources and individuals for mentoring due to I do not feel like I got a good foundation in class.

I felt my exposure to therapeutic exercise and ability to choose the appropriate exercise for a specific patient was limited.

I don't feel I was well prepared for cardiopulmonary examination or treatment - this is likely partially due to my lack of interest in the specialty. I also don't think the subject matter was covered very effectively in school. I recall having to focus a lot of my boards study time on cardio pulm.

I did not feel the cardiopulmonary education provided was valuable to my education. I finished my coursework feeling like I didn't learn what was appropriate about the cardiopulmonary system. The majority of what I learned was self-taught for boards prep and largely came from youtube videos. This area of the curriculum could have been taught in a more productive way and I think I could have actually brought some of this knowledge into my clinical practice.

I did not feel like I was very well prepared from my didactic training on specific exercises, pediatrics or patient education and wellness. I learned most of these skills from my clinicals and continuing education. I felt very out of my comfort zone when I first started treating patients.

I am not confident in my abilities to treat patients experiencing cardiopulmonary deficits.

Cardiopulmonary was challenging and it became apparent i was not ready for monitoring/ screening for serious conditions in this area once out of school

Q20 - Professional Skills

#	Question	Above Entry Level		Entry Level		Below Entry Level		Not Applicable		Total
1	Clinical Reasoning	23.64%	13	74.55%	41	1.82%	1	0.00%	0	55
2	Interpersonal Communication	36.36%	20	63.64%	35	0.00%	0	0.00%	0	55
3	Cultural Competency	16.36%	9	80.00%	44	3.64%	2	0.00%	0	55
4	Effective Use of Outcomes Measures	23.64%	13	74.55%	41	1.82%	1	0.00%	0	55
5	Evidence Based Practice	30.91%	17	67.27%	37	1.82%	1	0.00%	0	55
6	Interprofessional Team Work	30.91%	17	67.27%	37	1.82%	1	0.00%	0	55
7	Professional & Ethical Behavior	34.55%	19	65.45%	36	0.00%	0	0.00%	0	55

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Clinical Reasoning	1.00	4.00	2.55	0.87	0.76	55
2	Interpersonal Communication	1.00	3.00	2.27	0.96	0.93	55
3	Cultural Competency	1.00	4.00	2.71	0.78	0.61	55
4	Effective Use of Outcomes Measures	1.00	4.00	2.55	0.87	0.76	55
5	Evidence Based Practice	1.00	4.00	2.40	0.95	0.89	55
6	Interprofessional Team Work	1.00	4.00	2.40	0.95	0.89	55
7	Professional & Ethical Behavior	1.00	3.00	2.31	0.95	0.90	55

Q21 - For any domain you rated as "Below Entry Level", please explain.

Considering our state and location of any diverse populations, we were greatly limited. Especially for those who did not leave Missoula or even Montana for clinicals.

Cultural Competency: We had an hour-long discussion about queer issues and as probably the sole 'out' queer person in the room, I spent half the time answering questions or correcting misinformation. We learned nothing about population health, or health disparities, that I can recall. We were a mostly white-passing class of students and most folks had little experience or interest in why they'd have to learn about anything outside of their bubbles. Everything I learned about multicultural health; population health/disparities was from my public health classes. Not everyone in the program is going to stay in the white, rural bubble of Montana. Diversity, equity, and inclusion should 100% be a component of all healthcare education.

We did not have much opportunity for interprofessional teamwork at school.

I felt the clinical reasoning courses were TERRIBLE with Dave. Thank goodness I had Jaclyn for my in-UM rotation, she really gave me a lot of education on good clinical reasoning. I feel that I know what EBP is and the importance of incorporating it. However, I also learned that there is bias in some research articles compared to others but didn't really get an understanding of how to detect that for myself (based on the course for quantitative research analysis)

This was hard for me to rate as I had most of these skills prior to admission to UMPT.

Q23 - Please rate your ability to effectively engage in the following:

#	Question	Exceptional		Entry Level		Below Entry level		Not Applicable		Total
1	Administration	5.45%	3	85.45%	47	7.27%	4	1.82%	1	55
2	Leadership	16.36%	9	78.18%	43	3.64%	2	1.82%	1	55
3	Lifelong Learning	45.45%	25	54.55%	30	0.00%	0	0.00%	0	55
4	Consultations	12.73%	7	85.45%	47	1.82%	1	0.00%	0	55
5	Supervision	14.55%	8	85.45%	47	0.00%	0	0.00%	0	55
6	Non-Patient Related Instruction	16.36%	9	81.82%	45	1.82%	1	0.00%	0	55

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Administration	19.00	22.00	20.05	0.44	0.20	55
2	Leadership	19.00	22.00	19.91	0.51	0.26	55
3	Lifelong Learning	19.00	20.00	19.55	0.50	0.25	55
4	Consultations	19.00	21.00	19.89	0.37	0.13	55
5	Supervision	19.00	20.00	19.85	0.35	0.12	55
6	Non-Patient Related Instruction	19.00	21.00	19.85	0.40	0.16	55

Q24 - For any domain you rated as "Below Entry Level", please explain.

N\a

Minimal education regarding administrative and leadership skills

I am not sure UM prepared me for a lot of this stuff. I feel like some of these may be life skills learned elsewhere

This may be covered later but I think there could have been more education offered related to sustainability of practice and strategies for loan management/forgiveness. Also, discussion of applying for/negotiating jobs since new grads are easy targets for being overworked. This was learned on the fly, and I believe the school curriculum could have addressed these topics during our time in the program.

Again, I had these skills prior to enrollment in UMPT from my previous career, so I am unable to determine how much/if UMPT contributed.

Q26 - The total amount of time spent in clinical experiences in the UM Physical Therapy program was _____to prepare me for entry-level clinical practice.

#	Answer	%	Count
1	Excessive (please explain)	0.00%	0
2	Sufficient	98.18%	54
3	Inadequate (please explain)	1.82%	1
	Total	100%	55

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Excessive (please explain)	0.00	0.00	0.00	0.00	0.00	0
2	Sufficient	2.00	2.00	2.00	0.00	0.00	54
3	Inadequate (please explain)	4.00	4.00	4.00	0.00	0.00	1

Inadequate (please explain) – Text

The amount of time was sufficient, but the clinical experiences were generally lacking in quality education, and I felt that I got no assistance from UMPT to better my experience.

Q27 - The variety of clinical experiences in the UM Physical Therapy program was _____to prepare me for entry-level clinical practice.

#	Answer	%	Count
1	Excessive (please explain)	0.00%	0
2	Sufficient	94.55%	52
3	Inadequate (please explain)	5.45%	3
	Total	100%	55

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
3	Inadequate (please explain)	4.00	4.00	4.00	0.00	0.00	3
2	Sufficient	2.00	2.00	2.00	0.00	0.00	52
1	Excessive (please explain)	0.00	0.00	0.00	0.00	0.00	0

Q27_4_TEXT - Inadequate (please explain)

More clinicals out of state. As a whole class.

Low availability of acute/inpatient opportunities

- I only say this because I barely did any inpatient in my clinical experiences (I also did not want to practice inpatient, so this felt fine at the time!)

Q28 - The number of clinical experiences in the UM Physical Therapy program was _____to prepare me for entry-level clinical practice.

#	Answer	%	Count
1	Excessive (please explain)	0.00%	0
2	Sufficient	100.00%	55
4	Inadequate (please explain)	0.00%	0
	Total	100%	55

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Excessive (please explain)	0.00	0.00	0.00	0.00	0.00	0
2	Sufficient	2.00	2.00	2.00	0.00	0.00	55
3	Inadequate (please explain)	0.00	0.00	0.00	0.00	0.00	0

Q30 - My training at UMPT prepared me to be able to work autonomously as a physical therapist.

#	Answer	%	Count
1	Strongly Agree	41.82%	23
2	Agree	54.55%	30
3	Disagree (Please explain)	3.64%	2
4	Strongly Disagree (Please explain)	0.00%	0
	Total	100%	55

Disagree (Please explain)

Took a significant amount of self-teaching in the first year to feel prepared and adequate as a therapist

Q31 - I would recommend the UMPT program for entry-level physical therapy training.

#	Answer	%	Count
1	Strongly Agree	61.82%	34
2	Agree	29.09%	16
3	Neither agree nor disagree	5.45%	3
4	Disagree (Please explain)	3.64%	2
5	Strongly Disagree (Please explain)	0.00%	0
	Total	100%	55

Disagree (Please explain)

Not with the faculty that was there when I was there. I would maybe now with the changes that have been made

Q32 - Please list the strengths and/or weaknesses of the UMPT program from your perspective.

Diverse teacher backgrounds, supportive, opportunity for extra learning, program covers all topics well, teachers challenge you to do your best

Well rounded, great professors who not only know material but also care

Very **strong** in Neuro (Sue is amazing).
Weak in Ortho preparation as applies to private practice

The clinicals being spread out throughout the curriculum. Very helpful, and as a CI, the students who have worked with me having clinicals throughout their schooling instead of at the end do the best overall.

The clinical experiences throughout all 3 years and the clinical instruction in the UMPT Clinic were all very beneficial and a huge strength of the UMPT program. It was great being in the clinic with professors to reinforce what is learned in class and apply it right away.

Strong emphasis on clinical reasoning, strong biomechanics instruction, excellent community

Strong caring staff and opportunities to work with pts on campus

Strengths: working with diverse neurologic outpatients in the ICE clinicals, communication and interpersonal skills, building community within the program
Weaknesses: ability for students to participate in faculty research DPT, few interprofessional experiences with other graduate health programs due to limited availability on UM campus

Strengths: small program/class size, classroom spaces met needs, classroom prepared me educationally and clinicals prepared me for practice
Weaknesses: not all students were treated equally/held to same standard, additional PT commitments (massage clinic, screening events, on-campus clinic, class videos, etc.) made balancing school and other responsibilities difficult, not all instructors were easily approached

Strengths: pro bono clinic experience, anatomy and physiology, communication, clinical medicine

Strengths: prepared me to pass the board exam
Weaknesses: expensive tuition for out of state, I do not feel UMPT should make money from students paying for their summer clinicals

Strengths: musculoskeletal and neuro training and organizations of clinicals
Weaknesses: Cardiopulmonary

Strengths: clinical reasoning, medical screening, examination, evidence- based practice, orthopedic assessment and treatment, neuro assessment and treatment, simple incontinence treatment, simple-moderate vestibular assessment and treatment, concept of lifelong learning, passion for treating underserved populations
Weaknesses: cardiopulmonary assessment and treatment, assessment and treatment of chronic pelvic pain, assessment and treatment of complex vestibular presentations

Strengths: clinical exposure, specialty exposures with labs, instruction in special populations, neuroscience (thanks Chuck), research experience, on campus clinic.
Weakness: Lack of organization in program at times, instructed us in several treatment approaches (ex: Maitland vs osteopathic) however was difficult to draw all information together clinically

Strengths: block scheduling for courses, clinical experiences, lab activities/training, UM PT clinic access, camaraderie between staff and students, class size
Weaknesses: anatomy/cadaver lab access, building/classroom size

Strengths: biomechanics, interpersonal communication, neuro
Weaknesses: peds, documentation, communication with MD, therex

Strengths: The block scheduling system was highly effective in allowing me to focus my study efforts on a smaller number of classes. I would highly recommend using this moving forward. I enjoyed the faculty and felt they were for the most part engaged in my success. I enjoyed the things that I learned while in the program and felt that it prepared me to practice on my own as soon as I graduated. I was more or less the only therapist in the clinic I was working in most days, and while that seemed somewhat daunting at the outset, I was able to use the basic skills I learned in PT school to build my daily work habits. This was very helpful.

Weaknesses - The PT program was in transition when I arrived and lacked direction, leadership and professionalism under Anita Santasier during my time enrolled. This was apparent in her interactions with others (staff and student alike) and created confusion in some areas. I felt that she was lacking in her ability to teach effectively when called upon to do so, and gave very mixed messages consistently. Overall, I felt that she had a profoundly negative impact on the overall state of the program and consequently affected the learning of the students enrolled at the time.

Strengths: Integrated clinicals (especially neuro) with professors and peers along with the experiences in new directions. Block scheduling. The class size seemed just right. Research experiences. I think it was really great that we were encouraged to attend the PT conference at the end of our third year. Clinical experiences throughout the program.   I think that the focus of the UMPT program was such that we have a very strong foundation in which to grow as PTs.

Strengths: Dr. Mizner and his lab.
Weaknesses: the disorganization and holes in curriculum. The lacking professionalism of the professors especially Dr. Santasier.

Strengths include on campus ortho and neuro clinic rotations with faculty members as CI.

Strengths include knowledgeable professors who can draw from personal clinical experience and/or research practice to provide excellent guidance to students.
Weaknesses include (at my time of schooling) a few less effective instructors on certain subject matter that left me with some holes in knowledge or practical application of certain assessments/treatments. Specifically for cardiopulmonary patients.

Strengths are likely more related to interests than instruction, but biomechanics and anatomy were where I felt strongest coming out of PT school.
In terms of **weaknesses**, I think incorporating more case studies and instruction from the perspective of what it will look like to treat patients with specific conditions (most common). More instruction on low back pain and where the evidence currently is would be more helpful than focusing on treatments and manual techniques that are marginally effective. A better understanding of exercise and ex prescription & progression should receive more attention.

Strengths - neuro department, UM clinical experiences, clinical education requirements. Trends courses. I got the most practical and applicable knowledge from staff that are clinically practicing, not the ones who are only in academia or research.
Weaknesses - priorities of the curriculum - I felt like all our musculoskeletal classes were blown through quickly which is the bread and butter of our profession. Too much time spent on the specifics of MMT which is not that clinically applicable. Clinical reasoning was terrible with Dave. Exercise physiology was a waste of time with James.

Some reasons I chose UMPT over offers at other schools were: more weeks of clinical experience before graduation; clinical experiences THROUGHOUT, not just didactic for 2 years and then clinicals afterwards; unique opportunities for faculty led research. I believe all of these things led to CIs telling me UMPT students were better prepared and performed better during clinicals than students from other schools.   Other strengths include an onsite clinic, participation in dissection (as opposed to viewing cadavers MD students are dissecting), strong neuro/ortho/geriatrics education. Also, the passion of many of the educators made learning topics I wasn't initially interested in both fun and interesting! The connections of the professors also made a big difference in learning about topics that weren't in their areas of expertise or that we didn't have time to cover in regular coursework - I'm thinking of the trend's courses here. Also, board prep was helpful, and I have found out since graduation was not always offered to students of other universities.

Small class sizes allow for more one-to-one training which is extremely helpful. The on-campus clinic that we began practicing in as we continued didactic training helped immensely to enhance what we were learning in class.

Quality of the educators was a real strength. It seems that since my own graduation this has continued to improve :)

Prepared for outpatient, nuero and geriatric settings

Neuro was **strong** but ortho was **weak** during my time. Cardiopulmonary was **weak** as well.

Integrative learning and block scheduling helped immediately apply material. I also appreciated the ability to do internships throughout the experience.

Integrated clinicals, block schedule and class order/organization, emphasis on achieving entry-level competency, encouraged lab time outside of class, diversity of professors, ability to choose your own "electives", support from staff and feelings of being respected/colleagues

I think the small cohort size contributed to engaged faculty that knew all of the students. I felt like my professors cared about my education and what kind of clinician I would be. I really enjoyed things like dance consults and pro Bono clinic as a way to sharpen clinical skills outside of traditional clinicals.

I think UMPT has very **strong** neuro and ortho teachings. I liked the variety of clinical experiences and felt I learned a LOT and had a lot to offer when I entered into practice. There was some restructuring involved during my time at UMPT, most notably switching to blocked scheduling which likely improved as the curriculum was more developed in that format. I felt I needed/wanted additional training after school and pursuing a residency was incredibly helpful. After I finished my residency my confidence and skill set greatly improved and I returned to Montana feeling like I could treat anything/anyone. I may have needed a year to get comfortable with practice or perhaps I needed another level of education. Either way, UMPT prepared me for my residency, and I greatly furthered my skill set while in residency.

I love that UMPT has integrated clinical rotations vs some other schools that do all the clinicals at the end because it helps students apply their knowledge throughout the learning process and better helps them become aware of what they don't know while they still have great resources for continued knowledge.

I felt I came out of the program with a really **strong** ability to perform ortho exam/treatment and also with a strong desire to maintain an evidence-based practice.

As I mentioned - the cardiopulmonary course work did seem **insufficient**. I would also say that though we talked about clinical reasoning a lot - I'm not sure how effectively we practiced it.

I feel that UMPT gave me all the tools to become a great PT. I appreciated how much time was spent on neuroscience and the musculoskeletal system, as I use this knowledge every day. Trends classes were great for exposure to specialties. I also appreciate how much time was spent learning to look at the patient as a whole person.

Areas of **improvement** include: less time on motivational interviewing, more wound care and cardiopulmonary knowledge and practice, and more time on differential diagnosis. While I was there, I also would have loved a preparatory class for the board exam, as we were responsible for this on our own.

Difficult for me to answer as there has been high turnover since my graduation, so I am unable to determine what the strengths are presently.

Change in staffing

A small cohort size means that classmate's bond, and professors actually know us as humans. The 'spiraled' curriculum of classes <> internships really allowed us to process and analyze each experience, and gave us time to hone skills and increase foundational knowledge so that we were able to better prepare for each successive internship. I also appreciate the opportunity for second chances. I wouldn't be where I am today without my advisor and professors believing in me. I also really appreciated the wider range of ages, backgrounds, hometowns, and professional experiences we all brought to the cohort—I always learned the most from the 'least traditional' students.

Q33 - What suggestions do you have for the UMPT program to improve the educational outcomes of UMPT students?

I had an excellent educational experience at UMPT. I would love to see a little more depth of knowledge in the areas of pelvic heath, vestibular, and cardiopulmonary treatment, but my expectations may be higher than an entry level practitioner

Continue to strive to utilize and work with the newest interventions, etc. Wound care is amazing and changing every day, blood flow restriction training, dry needling (could train for the state post grad course). Continue to encourage in state applicants to apply as you are the only school in MT!

I feel that the clinical rotations were wonderful and sufficient for entry level education, but if it's ever possible to get more clinical exposure, that is always helpful for many of us to better understand how to take our book knowledge and use it in real life situations!

More pediatrics info, an effective cardiopulm teacher.

Further exposure to business and leadership training to ensure proper understanding of the workplace we will be joining

Push specialization post-graduation. I see the future going toward specialized practice opposed to general PT.

Hard to criticize a program that I feel prepared me well, but I guess focus on the basics of treatment and evidence-based care grounded in perspective of how it will actually work to treat patients in clinical setting.

More education and emphasis on inclusive language, disability and ableism, diversity/equity/inclusion; more opportunities to work with other healthcare students who are NOT just PTs; requiring additional coursework (such as undergrad exercise physiology and neuroscience) to ensure students are prepared and to set them up for success; more opportunities to talk to patients and hear about their best and worst experiences in the healthcare system.

Continue with smaller class sizes. Allow for smaller lab groups to improve the active learning during lab.

Continue to provide trend courses and integrated clinicals.

Incorporate more care planning with therex and MD communication

I would love to re-take anatomy at end of program as well as beginning

Stronger cardiopulmonary section, more integration of clinical reasoning in clinical experiences.

More education (or optional elective) regarding administrative/managing a private practice clinic.

More practice with ortho evals and treatment, exercise prescription, etc. An eval template for each body part would have been so helpful to build a framework of what one might want to be looking at in an Outpatient setting. We currently have only 40 min for an eval which I was extremely unprepared for coming out of school - I found our own company eval templates to be helpful in developing my own evaluation efficiency, sequencing, and style. Doesn't mean you have to use one specific template - just give people some training in how to actually get one done in 25 min when they are expected to treat for the remaining 15 min of a 40 min visit.

Some classes felt like the instructor was a "interim" person that was found last moment, or teaching was a second priority to the instructor, and these classes were the ones that I felt like I learned the least in.

See above.

Improve exposure to therapeutic exercise- how to grade difficulty and improve student knowledge of basic exercises.

I think more time needs to be spent on the foundational courses - anatomy, exercise physiology, clinical reasoning, and then making musculoskeletal classes more practical meaning spending more time on tests that are time efficient and used clinically. I felt that the neurorehab courses were the most practically run courses so getting Sue's help with re-structuring the orthopedic courses. I felt like you have subtracted some of the faculty that were not good teachers and have added some much better choices which is great. I honestly felt coming out of school that I had to take a lot of con-ed courses to be a reasonable practitioner. I feel as a whole in our profession, when you are spending THAT much money on schooling, I should come out better prepared with manual skills as much as examination skills to be effective at treating.

More education to prepare for acute care such as line management, transfers, interdisciplinary communication, and the role of other disciplines.

I think the changes to clinical experiences to give students more time in the clinic is fantastic. More time with patients will allow for more questions/troubleshooting patient care. It also creates great opportunities for mentor ship.   I think the biggest gap I and some of my classmates felt was that we didn't have strategies for job negotiation/what to look for in work pursuits. Some of this is due to lack of transparency with the profession. If salaries were more public, we would have had a better idea of what we should be looking for. I think a discussion (maybe a panel discussion from different settings) could be helpful for students to know what's out there. The debt-to-income ratio is too high for PT grads to end up with an entry level job that is 10-15k less that what they could/should be making. Perhaps it could also be mentioned that taking part in school activities/committees will also be helpful when applying for jobs (similar to applying for college). This could help students be more involved and be advocates for outreach projects PTs are great for.

Not sure I can answer this based on the amount of turnover in the faculty.

Improve the orthopedic manual therapy skills of graduates

Chronic pain/PNE should be offered not just as an elective course. Although it is sprinkled into our coursework, a specific lecture and lab would be very helpful.

UMPT students may benefit from diversity and inclusivity training.

Lessen the student interaction that Anita has with students as much as possible. She's incredibly confusing with her teaching style, and many other students felt she lacked the expertise to be teaching musculoskeletal subjects. I'm not sure if it is a lack of understanding of the subject matter or an inability to clearly communicate the subject, but multiple students gave similar feedback to the items I've giving currently.   I also think an emphasis on critical thinking and problem solving would be helpful for students. Many students in my class expressed a lack of confidence in their ability to treat patients on their own, and most cited difficulty with problem solving through the recovery process. I was lucky that I had a really good CI in my last clinical experience that walked me through the process on a daily basis (where does this patient need to be at discharge; where are they now; what steps can I take today to move them towards that goal) but I know many of my classmates were not as fortunate and lacked some of those skills. I know this is built into the program, and it's very intuitive, but I think a lot of students lose the forest through the trees so to speak and get caught up in the small details and lose sight of the basic problem-solving process that makes a good clinician. So additional emphasis on problem solving and critical thinking could help build confidence in new clinicians. Overall, I loved my time at UMPT, and felt it did a good job preparing me to treat patients and navigate today's healthcare world. Go Griz!

I felt the cardio pulm and exercise phys courses were adequate but could be better. Learning more about lifting and exercise prescription could have been helpful.

Cardiopulm interventions

Q2 - Year of graduation from the University of Montana School of Physical Therapy & Rehabilitation Science.

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Q3 - Are you or have you been a student member of the APTA?

#	Answer	%	Count
1	Yes	93.94%	31
2	No	6.06%	2
	Total	100%	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Are you or have you been a student member of the APTA?	1.00	2.00	1.06	0.24	0.06	33

Q4 - What is your interest in post-graduate residency?

#	Answer	%	Count
1	Accepted for 2022 (indicate specialty)	3.03%	1
2	Applied for 2022, but not attending	6.06%	2
3	Not interested this year, but most likely will attend in the future	3.03%	1
4	Not interested this year, but possibly in the future	30.30%	10
5	Not interested	57.58%	19
	Total	100%	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your interest in post-graduate residency? - Selected Choice	1.00	5.00	4.33	1.01	1.01	33

Q4_1_TEXT - Accepted for 2022 (indicate specialty)

Still in interview process for OCS/SCS programs.

Q5 - For this section of the survey, rate your ENTIRE educational experience (didactic and clinical education) as:
ABOVE EXPECTATIONS=Exceeded your expectations relative to entry-level PT education
MET EXPECTATIONS=Met your expectations relative to entry-level PT education
BELOW EXPECTATIONS=Fell below your expectations of entry-level PT education

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Screen for physical, sexual, and psychological abuse	18.18%	6	60.61%	20	21.21%	7	33
2	Identify signs and symptoms that indicate the need for referral to another healthcare provider	51.52%	17	45.45%	15	3.03%	1	33
3	Conduct a review of pertinent medical records	30.30%	10	66.67%	22	3.03%	1	33
4	Conduct a patient interview to gather necessary subjective information	51.52%	17	48.48%	16	0.00%	0	33
5	Perform a postural examination	9.09%	3	69.70%	23	21.21%	7	33
6	Perform examination of fundamental mobility tasks such as sit-to-stand, gait, stair climbing, etc.	36.36%	12	60.61%	20	3.03%	1	33
7	Perform balance assessment (dynamic and static)	54.55%	18	42.42%	14	3.03%	1	33
8	Examine body mechanics for safety and performance of ADLs and IADLS	39.39%	13	54.55%	18	6.06%	2	33
9	Perform assessment for work-related injuries	9.09%	3	63.64%	21	27.27%	9	33
10	Identify environmental barriers in the home, at job/school/play, or in the community	30.30%	10	69.70%	23	0.00%	0	33
11	Measure and characterize pain	40.63%	13	56.25%	18	3.13%	1	32
12	Recognize and characterize signs and symptoms of inflammation	27.27%	9	69.70%	23	3.03%	1	33
13	Assess motor skills and age-appropriate development	18.18%	6	66.67%	22	15.15%	5	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Screen for physical, sexual, and psychological abuse	1.00	3.00	2.03	0.63	0.39	33
2	Identify signs and symptoms that indicate the need for referral to another healthcare provider	1.00	3.00	1.52	0.56	0.31	33
3	Conduct a review of pertinent medical records	1.00	3.00	1.73	0.51	0.26	33
4	Conduct a patient interview to gather necessary subjective information	1.00	2.00	1.48	0.50	0.25	33
5	Perform a postural examination	1.00	3.00	2.12	0.54	0.29	33

#		Min	Max	Mean	Std Dev	Var	Count
6	Perform examination of fundamental mobility tasks such as sit-to-stand, gait, stair climbing, etc.	1.00	3.00	1.67	0.53	0.28	33
7	Perform balance assessment (dynamic and static)	1.00	3.00	1.48	0.56	0.31	33
8	Examine body mechanics for safety and performance of ADLs and IADLS	1.00	3.00	1.67	0.59	0.34	33
9	Perform assessment for work-related injuries	1.00	3.00	2.18	0.57	0.33	33
10	Identify environmental barriers in the home, at job/school/play, or in the community	1.00	2.00	1.70	0.46	0.21	33
11	Measure and characterize pain	1.00	3.00	1.63	0.54	0.30	32
12	Recognize and characterize signs and symptoms of inflammation	1.00	3.00	1.76	0.49	0.24	33
13	Assess motor skills and age-appropriate development	1.00	3.00	1.97	0.58	0.33	33

Q7 - CARDIOPULMONARY ASSESSMENT: Rate your preparedness with respect to each of the following tests and measures

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Vital signs (HR, BP, RR, O2 sat)	24.24%	8	72.73%	24	3.03%	1	33
2	Aerobic capacity (e.g., 6-minute walk test, 30 second sit to stand)	27.27%	9	66.67%	22	6.06%	2	33
3	Breath sounds (auscultation)	0.00%	0	39.39%	13	60.61%	20	33
4	Response to exercise	15.15%	5	51.52%	17	33.33%	11	33
5	Peripheral pulses	15.15%	5	69.70%	23	15.15%	5	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Vital signs (HR, BP, RR, O2 sat)	1.00	3.00	1.79	0.48	0.23	33
2	Aerobic capacity (e.g., 6-minute walk test, 30 second sit to stand)	1.00	3.00	1.79	0.54	0.29	33
3	Breath sounds (auscultation)	2.00	3.00	2.61	0.49	0.24	33
4	Response to exercise	1.00	3.00	2.18	0.67	0.45	33
5	Peripheral pulses	1.00	3.00	2.00	0.55	0.30	33

Q8 - INTEGUMENTARY AND OTHER SYSTEM ASSESSMENT: Rate your preparedness with respect to each of the following tests and measures:

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Skin characteristics (e.g., blistering, color, mobility, texture)	18.18%	6	75.76%	25	6.06%	2	33
2	Identify signs of infection	33.33%	11	66.67%	22	0.00%	0	33
3	Assess wound characteristics (e.g., bleeding, depth, drainage)	30.30%	10	60.61%	20	9.09%	3	33
4	Identify activities, positions, and postures that may produce or relieve trauma to the skin	33.33%	11	66.67%	22	0.00%	0	33
5	Identify signs and symptoms of hepatic disorders	15.15%	5	60.61%	20	24.24%	8	33
6	Identify signs and symptoms of gastrointestinal disorders	15.15%	5	75.76%	25	9.09%	3	33
7	Identify signs and symptoms of immunological disorders	12.12%	4	66.67%	22	21.21%	7	33
8	Identify signs and symptoms of genitourinary disorders	15.15%	5	72.73%	24	12.12%	4	33
9	Identify signs and symptoms of integumentary disorders	21.21%	7	78.79%	26	0.00%	0	33
10	Identify risks factors for and signs and symptoms of cancer	36.36%	12	60.61%	20	3.03%	1	33
11	Identify risk factors and complications associated with transplants	15.15%	5	78.79%	26	6.06%	2	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Skin characteristics (e.g., blistering, color, mobility, texture)	1.00	3.00	1.88	0.48	0.23	33
2	Identify signs of infection	1.00	2.00	1.67	0.47	0.22	33
3	Assess wound characteristics (e.g., bleeding, depth, drainage)	1.00	3.00	1.79	0.59	0.35	33
4	Identify activities, positions, and postures that may produce or relieve trauma to the skin	1.00	2.00	1.67	0.47	0.22	33
5	Identify signs and symptoms of hepatic disorders	1.00	3.00	2.09	0.62	0.39	33
6	Identify signs and symptoms of gastrointestinal disorders	1.00	3.00	1.94	0.49	0.24	33
7	Identify signs and symptoms of immunological disorders	1.00	3.00	2.09	0.57	0.33	33
8	Identify signs and symptoms of genitourinary disorders	1.00	3.00	1.97	0.52	0.27	33
9	Identify signs and symptoms of integumentary disorders	1.00	2.00	1.79	0.41	0.17	33
10	Identify risks factors for and signs and symptoms of cancer	1.00	3.00	1.67	0.53	0.28	33
11	Identify risk factors and complications associated with transplants	1.00	3.00	1.91	0.45	0.20	33

Q9 - MUSCULOSKELETAL ASSESSMENT: Rate your preparedness with respect to each of the following tests and measures

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Anthropometrics (girth, height, weight etc.)	18.18%	6	66.67%	22	15.15%	5	33
2	Functional strength	51.52%	17	42.42%	14	6.06%	2	33
3	Joint accessory motion and/or mobility	57.58%	19	39.39%	13	3.03%	1	33
4	Ligamentous laxity	39.39%	13	54.55%	18	6.06%	2	33
5	Muscle strength (manual muscle testing, one rep max etc.)	72.73%	24	27.27%	9	0.00%	0	33
6	Range-of-motion, including goniometric measurements	57.58%	19	42.42%	14	0.00%	0	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Anthropometrics (girth, height, weight etc.)	1.00	3.00	1.97	0.58	0.33	33
2	Functional strength	1.00	3.00	1.55	0.61	0.37	33
3	Joint accessory motion and/or mobility	1.00	3.00	1.45	0.56	0.31	33
4	Ligamentous laxity	1.00	3.00	1.67	0.59	0.34	33
5	Muscle strength (manual muscle testing, one rep max etc.)	1.00	2.00	1.27	0.45	0.20	33
6	Range-of-motion, including goniometric measurements	1.00	2.00	1.42	0.49	0.24	33

Q10 - BRACES, SPLINTS AND FOOT ORTHOTICS: Rate your preparedness with respect to each of the following

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Identify effective LOWER EXTREMITY (hip, knee, ankle) orthotic devices to help remediate impairments of structure, activity, or participation	3.03%	1	54.55%	18	42.42%	14	33
2	Identify effectively a foot orthosis for a patient with a foot/ankle musculoskeletal condition	3.03%	1	48.48%	16	48.48%	16	33
3	Identify need for referral for an upper extremity orthosis device to help remediate impairments of structure, activity, or participation	0.00%	0	60.61%	20	39.39%	13	33
4	Assess the alignment and fit of UE and LE braces, splints, and foot orthotics	0.00%	0	51.52%	17	48.48%	16	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Identify effective LOWER EXTREMITY (hip, knee, ankle) orthotic devices to help remediate impairments of structure, activity, or participation	1.00	3.00	2.39	0.55	0.30	33
2	Identify effectively a foot orthosis for a patient with a foot/ankle musculoskeletal condition	1.00	3.00	2.45	0.56	0.31	33
3	Identify need for referral for an upper extremity orthosis device to help remediate impairments of structure, activity, or participation	2.00	3.00	2.39	0.49	0.24	33
4	Assess the alignment and fit of UE and LE braces, splints, and foot orthotics	2.00	3.00	2.48	0.50	0.25	33

Q11 - PROSTHETICS: Rate your preparedness with respect to each of the following

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Assess the components, alignment, and fit of a prosthetic device	21.21%	7	69.70%	23	9.09%	3	33
2	Assess functional activities while patient uses a prosthetic device	30.30%	10	57.58%	19	12.12%	4	33
3	Assess patients' safety while using a prosthetic device	30.30%	10	57.58%	19	12.12%	4	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Assess the components, alignment, and fit of a prosthetic device	1.00	3.00	1.88	0.54	0.29	33
2	Assess functional activities while patient uses a prosthetic device	1.00	3.00	1.82	0.63	0.39	33
3	Assess patients' safety while using a prosthetic device	1.00	3.00	1.82	0.63	0.39	33

Q12 - ASSISTIVE DEVICES: Rate your preparedness with respect to each of the following

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Assess the components, alignment, fit of an assistive device	48.48%	16	51.52%	17	0.00%	0	33
2	Assess activities and participation while the patient uses an assistive device	48.48%	16	51.52%	17	0.00%	0	33
3	Assess patient safety while using an assistive device	51.52%	17	48.48%	16	0.00%	0	33
4	Perform gait and locomotion examination during activities while the patient uses assistive devices or equipment	48.48%	16	51.52%	17	0.00%	0	33
5	Examine balance during activities with the use of assistive devices or equipment	36.36%	12	60.61%	20	3.03%	1	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Assess the components, alignment, fit of an assistive device	1.00	2.00	1.52	0.50	0.25	33
2	Assess activities and participation while the patient uses an assistive device	1.00	2.00	1.52	0.50	0.25	33
3	Assess patient safety while using an assistive device	1.00	2.00	1.48	0.50	0.25	33
4	Perform gait and locomotion examination during activities while the patient uses assistive devices or equipment	1.00	2.00	1.52	0.50	0.25	33
5	Examine balance during activities with the use of assistive devices or equipment	1.00	3.00	1.67	0.53	0.28	33

Q13 - PERFORM AROUSAL, ATTENTION AND COGNITION: Rate your preparedness with respect to each of the following

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Arousal	9.09%	3	87.88%	29	3.03%	1	33
2	Attention	12.12%	4	84.85%	28	3.03%	1	33
3	Communication/language	18.18%	6	78.79%	26	3.03%	1	33
4	Orientation	12.12%	4	78.79%	26	9.09%	3	33
5	Processing	12.12%	4	72.73%	24	15.15%	5	33
6	Retention and recall	6.06%	2	87.88%	29	6.06%	2	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Arousal	1.00	3.00	1.94	0.34	0.12	33
2	Attention	1.00	3.00	1.91	0.38	0.14	33
3	Communication/language	1.00	3.00	1.85	0.43	0.19	33
4	Orientation	1.00	3.00	1.97	0.46	0.21	33
5	Processing	1.00	3.00	2.03	0.52	0.27	33
6	Retention and recall	1.00	3.00	2.00	0.35	0.12	33

Q14 - NEUROLOGICAL TESTING: Rate your preparedness with respect to each of the following

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Assess motor and sensory integrity of the cervical and lumbar nerve roots (myotomes and dermatomes)	51.52%	17	48.48%	16	0.00%	0	33
2	Assess deep tendon reflexes	42.42%	14	51.52%	17	6.06%	2	33
3	Assess motor and sensory integrity of the cranial nerves	42.42%	14	54.55%	18	3.03%	1	33
4	Assess motor and sensory integrity of the peripheral nerves (Not nerve roots)	30.30%	10	60.61%	20	9.09%	3	33
5	Assess upper and lower limb neural tension	24.24%	8	75.76%	25	0.00%	0	33
6	Assess dexterity and coordination	27.27%	9	72.73%	24	0.00%	0	33
7	Assess patient response to proprioception, vestibular, and visual stimuli	39.39%	13	60.61%	20	0.00%	0	33
8	Assess postural responses (e.g., equilibrium and righting reactions) and protective extension	33.33%	11	60.61%	20	6.06%	2	33
9	Assess abnormal muscle tone	30.30%	10	63.64%	21	6.06%	2	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Assess motor and sensory integrity of the cervical and lumbar nerve roots (myotomes and dermatomes)	1.00	2.00	1.48	0.50	0.25	33
2	Assess deep tendon reflexes	1.00	3.00	1.64	0.59	0.35	33
3	Assess motor and sensory integrity of the cranial nerves	1.00	3.00	1.61	0.55	0.30	33
4	Assess motor and sensory integrity of the peripheral nerves (Not nerve roots)	1.00	3.00	1.79	0.59	0.35	33
5	Assess upper and lower limb neural tension	1.00	2.00	1.76	0.43	0.18	33
6	Assess dexterity and coordination	1.00	2.00	1.73	0.45	0.20	33
7	Assess patient response to proprioception, vestibular, and visual stimuli	1.00	2.00	1.61	0.49	0.24	33
8	Assess postural responses (e.g., equilibrium and righting reactions) and protective extension	1.00	3.00	1.73	0.57	0.32	33
9	Assess abnormal muscle tone	1.00	3.00	1.76	0.55	0.30	33

Q15 - SENSORY TESTS AND MEASURES: Rate your preparedness with respect to each of the following

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Deep pressure	9.09%	3	66.67%	22	24.24%	8	33
2	Kinesthesia	9.09%	3	69.70%	23	21.21%	7	33
3	Light Touch	27.27%	9	72.73%	24	0.00%	0	33
4	Localization	9.09%	3	72.73%	24	18.18%	6	33
5	Proprioception	15.15%	5	84.85%	28	0.00%	0	33
6	Sharp/Dull	24.24%	8	72.73%	24	3.03%	1	33
7	Temperature	24.24%	8	75.76%	25	0.00%	0	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Deep pressure	1.00	3.00	2.15	0.56	0.31	33
2	Kinesthesia	1.00	3.00	2.12	0.54	0.29	33
3	Light Touch	1.00	2.00	1.73	0.45	0.20	33
4	Localization	1.00	3.00	2.09	0.51	0.26	33
5	Proprioception	1.00	2.00	1.85	0.36	0.13	33
6	Sharp/Dull	1.00	3.00	1.79	0.48	0.23	33
7	Temperature	1.00	2.00	1.76	0.43	0.18	33

Q16 - For this section of the survey, rate your ENTIRE educational experience (didactic and clinical education) as:

ABOVE EXPECTATIONS=Exceeded your expectations relative to entry-level PT education
MET EXPECTATIONS=Met your expectations relative to entry-level PT education
BELOW EXPECTATIONS=Fell below your expectations of entry-level PT education

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Synthesize available data from a patient/client examination and develop a physical therapy diagnosis	24.24%	8	75.76%	25	0.00%	0	33
2	Identify and prioritize impairments to determine a specific dysfunction or diagnosis towards which the intervention will be directed	45.45%	15	54.55%	18	0.00%	0	33
3	Determine a patient's prognosis	6.06%	2	78.79%	26	15.15%	5	33
4	Recognize personal and environmental factors that may impact the achievement of optimal improvement within a predicted time frame	42.42%	14	57.58%	19	0.00%	0	33
5	Write measurable, functional goals (short and long-term) that are time referenced with collaboration from patient/client	39.39%	13	60.61%	20	0.00%	0	33
6	Establish criteria for discharge based on patient goals and functional status	21.21%	7	75.76%	25	3.03%	1	33
7	Make and justify the need for referral to resources needed by the patient/client	18.18%	6	75.76%	25	6.06%	2	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Synthesize available data from a patient/client examination and develop a physical therapy diagnosis	1.00	2.00	1.76	0.43	0.18	33
2	Identify and prioritize impairments to determine a specific dysfunction or diagnosis towards which the intervention will be directed	1.00	2.00	1.55	0.50	0.25	33
3	Determine a patient's prognosis	1.00	3.00	2.09	0.45	0.20	33
4	Recognize personal and environmental factors that may impact the achievement of optimal improvement within a predicted time frame	1.00	2.00	1.58	0.49	0.24	33
5	Write measurable, functional goals (short and long-term) that are time referenced with collaboration from patient/client	1.00	2.00	1.61	0.49	0.24	33
6	Establish criteria for discharge based on patient goals and functional status	1.00	3.00	1.82	0.46	0.21	33
7	Make and justify the need for referral to resources needed by the patient/client	1.00	3.00	1.88	0.48	0.23	33

Q17 - Patient/Client Care & Advocacy

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
3	Recognize individual and cultural differences and adapt behavior accordingly in all aspects of care	42.42%	14	54.55%	18	3.03%	1	33
2	Provide patient/client and caregiver with clear and concise home/independent program instruction at their level of learning and ensure the patient/client's understanding of that program	36.36%	12	63.64%	21	0.00%	0	33
1	Advocate for patient/client access to services	33.33%	11	60.61%	20	6.06%	2	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Advocate for patient/client access to services	1.00	3.00	1.73	0.57	0.32	33
2	Provide patient/client and caregiver with clear and concise home/independent program instruction at their level of learning and ensure the patient/client's understanding of that program	1.00	2.00	1.64	0.48	0.23	33
3	Recognize individual and cultural differences and adapt behavior accordingly in all aspects of care	1.00	3.00	1.61	0.55	0.30	33

Q18 - Effectively apply the following intervention of aerobic capacity/endurance conditioning or reconditioning.

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Movement efficiency and energy conservation training	12.12%	4	60.61%	20	27.27%	9	33
2	Walking and wheelchair propulsion programs	15.15%	5	57.58%	19	27.27%	9	33
3	Cardiovascular conditioning programs	3.03%	1	45.45%	15	51.52%	17	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Movement efficiency and energy conservation training	1.00	3.00	2.15	0.61	0.37	33
2	Walking and wheelchair propulsion programs	1.00	3.00	2.12	0.64	0.41	33
3	Cardiovascular conditioning programs	1.00	3.00	2.48	0.56	0.31	33

Q19 - Select and prioritize essential interventions that are safe and meet the specified functional goals in the plan of care:

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Identify precautions and contradictions	24.24%	8	69.70%	23	6.06%	2	33
2	Provide evidence for patient-centered interventions that are identified and selected	30.30%	10	69.70%	23	0.00%	0	33
3	Define the dosing variables of the intervention (time, intensity, duration, frequency, etc.)	36.36%	12	63.64%	21	0.00%	0	33
4	Consider relative time commitment in conjunction with family, caregivers, and other health care professionals	27.27%	9	72.73%	24	0.00%	0	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Identify precautions and contradictions	1.00	3.00	1.82	0.52	0.27	33
2	Provide evidence for patient-centered interventions that are identified and selected	1.00	2.00	1.70	0.46	0.21	33
3	Define the dosing variables of the intervention (time, intensity, duration, frequency, etc.)	1.00	2.00	1.64	0.48	0.23	33
4	Consider relative time commitment in conjunction with family, caregivers, and other health care professionals	1.00	2.00	1.73	0.45	0.20	33

Q21 - INTERVENTIONS: Effectively apply interventions to improve the following:

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Age-appropriate ADLs and IADLs	15.15%	5	84.85%	28	0.00%	0	33
2	Bed Mobility & Transfers	36.36%	12	63.64%	21	0.00%	0	33
3	Body mechanics	36.36%	12	60.61%	20	3.03%	1	33
4	Child Motor Development	12.12%	4	72.73%	24	15.15%	5	33
5	Gait	33.33%	11	63.64%	21	3.03%	1	33
6	Home or workplace barriers	24.24%	8	72.73%	24	3.03%	1	33
7	Musculoskeletal dysfunction in the obstetric patient	9.09%	3	69.70%	23	21.21%	7	33
8	Relaxation	15.15%	5	63.64%	21	21.21%	7	33
9	<mark>Urinary incontinence (pelvic floor rehabilitation)</mark>	15.15%	5	57.58%	19	27.27%	9	33
10	Use of assistive and adaptive devices for mobility & ADLS	33.33%	11	66.67%	22	0.00%	0	33
11	Wheelchair mobility	21.21%	7	72.73%	24	6.06%	2	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Age-appropriate ADLs and IADLs	1.00	2.00	1.85	0.36	0.13	33
2	Bed Mobility & Transfers	1.00	2.00	1.64	0.48	0.23	33
3	Body mechanics	1.00	3.00	1.67	0.53	0.28	33
4	Child Motor Development	1.00	3.00	2.03	0.52	0.27	33
5	Gait	1.00	3.00	1.70	0.52	0.27	33
6	Home or workplace barriers	1.00	3.00	1.79	0.48	0.23	33
7	Musculoskeletal dysfunction in the obstetric patient	1.00	3.00	2.12	0.54	0.29	33
8	Relaxation	1.00	3.00	2.06	0.60	0.36	33
9	Urinary incontinence (pelvic floor rehabilitation)	1.00	3.00	2.12	0.64	0.41	33
10	Use of assistive and adaptive devices for mobility & ADLS	1.00	2.00	1.67	0.47	0.22	33
11	Wheelchair mobility	1.00	3.00	1.85	0.50	0.25	33

Q22 - INTERVENTIONS: Effectively perform the following:

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Active & Active Assisted ROM	42.42%	14	57.58%	19	0.00%	0	33
2	Passive ROM	36.36%	12	60.61%	20	3.03%	1	33
3	Endurance activities	9.09%	3	78.79%	26	12.12%	4	33
4	Functional retraining	12.12%	4	81.82%	27	6.06%	2	33
5	Muscle lengthening (stretch)	30.30%	10	66.67%	22	3.03%	1	33
6	Muscle strengthening	51.52%	17	42.42%	14	6.06%	2	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Active & Active Assisted ROM	1.00	2.00	1.58	0.49	0.24	33
2	Passive ROM	1.00	3.00	1.67	0.53	0.28	33
3	Endurance activities	1.00	3.00	2.03	0.46	0.21	33
4	Functional retraining	1.00	3.00	1.94	0.42	0.18	33
5	Muscle lengthening (stretch)	1.00	3.00	1.73	0.51	0.26	33
6	Muscle strengthening	1.00	3.00	1.55	0.61	0.37	33

Q23 - INTERVENTIONS: Effectively perform the following functional training programs:

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Simulate environments and tasks to improve activity and participation	24.24%	8	75.76%	25	0.00%	0	33
2	Injury prevention education during work (job/school/play), community, and leisure integration or reintegration	21.21%	7	69.70%	23	9.09%	3	33
3	Safety awareness training during work (job/school/play), community, and leisure integration or reintegration	18.18%	6	75.76%	25	6.06%	2	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Simulate environments and tasks to improve activity and participation	1.00	2.00	1.76	0.43	0.18	33
2	Injury prevention education during work (job/school/play), community, and leisure integration or reintegration	1.00	3.00	1.88	0.54	0.29	33
3	Safety awareness training during work (job/school/play), community, and leisure integration or reintegration	1.00	3.00	1.88	0.48	0.23	33

Q24 - INTERVENTIONS: Effectively apply the following manual therapy techniques:

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Soft tissue mobilization	24.24%	8	69.70%	23	6.06%	2	33
2	Lower extremity joint mobilization	45.45%	15	54.55%	18	0.00%	0	33
3	Upper extremity joint mobilization	42.42%	14	51.52%	17	6.06%	2	33
4	Spinal (cervical, thoracic, and lumbar) joint mobilization	39.39%	13	48.48%	16	12.12%	4	33
5	Peripheral HVLA Manipulation	36.36%	12	42.42%	14	21.21%	7	33
6	Spinal HVLA Manipulation	39.39%	13	39.39%	13	21.21%	7	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Soft tissue mobilization	1.00	3.00	1.82	0.52	0.27	33
2	Lower extremity joint mobilization	1.00	2.00	1.55	0.50	0.25	33
3	Upper extremity joint mobilization	1.00	3.00	1.64	0.59	0.35	33
4	Spinal (cervical, thoracic, and lumbar) joint mobilization	1.00	3.00	1.73	0.66	0.44	33
5	Peripheral HVLA Manipulation	1.00	3.00	1.85	0.74	0.55	33
6	Spinal HVLA Manipulation	1.00	3.00	1.82	0.76	0.57	33

Q25 - INTERVENTIONS: Effectively apply interventions to improve mobility and/or positioning needs with the following:

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Manual wheelchairs	24.24%	8	63.64%	21	12.12%	4	33
2	Motorized wheelchairs	24.24%	8	63.64%	21	12.12%	4	33
3	Seat cushions (i.e., Roho, Jay)	21.21%	7	66.67%	22	12.12%	4	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Manual wheelchairs	1.00	3.00	1.88	0.59	0.35	33
2	Motorized wheelchairs	1.00	3.00	1.88	0.59	0.35	33
3	Seat cushions (i.e., Roho, Jay)	1.00	3.00	1.91	0.57	0.33	33

Q26 - INTERVENTIONS: Effectively debrides with the following techniques:

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Enzymatic debridement	6.06%	2	57.58%	19	36.36%	12	33
2	Autolytic debridement	6.06%	2	60.61%	20	33.33%	11	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Enzymatic debridement	1.00	3.00	2.30	0.58	0.33	33
2	Autolytic debridement	1.00	3.00	2.27	0.57	0.32	33

Q27 - INTERVENTIONS: Effectively applies the following electrotherapeutic modalities:

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Electrical stimulation for pain control	21.21%	7	78.79%	26	0.00%	0	33
2	Electrical stimulation for muscle contractions	54.55%	18	45.45%	15	0.00%	0	33
3	Electrical stimulation for tissue repair	15.15%	5	69.70%	23	15.15%	5	33
4	Directional or monophasic electrical stim treatments	18.18%	6	69.70%	23	12.12%	4	33
5	Electromyography (EMG)	9.09%	3	66.67%	22	24.24%	8	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Electrical stimulation for pain control	1.00	2.00	1.79	0.41	0.17	33
2	Electrical stimulation for muscle contractions	1.00	2.00	1.45	0.50	0.25	33
3	Electrical stimulation for tissue repair	1.00	3.00	2.00	0.55	0.30	33
4	Directional or monophasic electrical stim treatments	1.00	3.00	1.94	0.55	0.30	33
5	Electromyography (EMG)	1.00	3.00	2.15	0.56	0.31	33

Q28 - INTERVENTIONS: Effectively applies the following physical agents:

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Cold modalities	12.12%	4	84.85%	28	3.03%	1	33
2	Hot modalities	12.12%	4	84.85%	28	3.03%	1	33
3	Ice massage	9.09%	3	87.88%	29	3.03%	1	33
4	Ultrasound	12.12%	4	84.85%	28	3.03%	1	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Cold modalities	1.00	3.00	1.91	0.38	0.14	33
2	Hot modalities	1.00	3.00	1.91	0.38	0.14	33
3	Ice massage	1.00	3.00	1.94	0.34	0.12	33
4	Ultrasound	1.00	3.00	1.91	0.38	0.14	33

Q29 - INTERVENTIONS: Effectively applies the following mechanical modalities:

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Compression bandaging	12.12%	4	69.70%	23	18.18%	6	33
2	Compression garments	15.15%	5	63.64%	21	21.21%	7	33
3	Equipment to promote supported standing	15.15%	5	69.70%	23	15.15%	5	33
4	Traction (manual or mechanical)	6.06%	2	81.82%	27	12.12%	4	33
5	Vasopneumatic compression	3.03%	1	78.79%	26	18.18%	6	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Compression bandaging	1.00	3.00	2.06	0.55	0.30	33
2	Compression garments	1.00	3.00	2.06	0.60	0.36	33
3	Equipment to promote supported standing	1.00	3.00	2.00	0.55	0.30	33
4	Traction (manual or mechanical)	1.00	3.00	2.06	0.42	0.18	33
5	Vasopneumatic compression	1.00	3.00	2.15	0.43	0.19	33

Q30 - INTERVENTIONS: Effectively apply the following interventions for impairment of balance, coordination, and agility:

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Developmental activities training	9.09%	3	78.79%	26	12.12%	4	33
2	Functional (motor control and motor learning) training or re-training	36.36%	12	63.64%	21	0.00%	0	33
3	Neuromuscular education or reeducation	39.39%	13	60.61%	20	0.00%	0	33
4	Postural awareness training, central stabilization training	33.33%	11	66.67%	22	0.00%	0	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Developmental activities training	1.00	3.00	2.03	0.46	0.21	33
2	Functional (motor control and motor learning) training or re-training	1.00	2.00	1.64	0.48	0.23	33
3	Neuromuscular education or reeducation	1.00	2.00	1.61	0.49	0.24	33
4	Postural awareness training, central stabilization training	1.00	2.00	1.67	0.47	0.22	33

Q32 - Documentation & Communication:

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Document patient/client care, using appropriate terminology and institutionally approved abbreviations	48.48%	16	51.52%	17	0.00%	0	33
2	Interpret communication from other health care professionals	27.27%	9	72.73%	24	0.00%	0	33
3	Effectively provide consultation with physicians, family and caregivers, insurers, and other health care providers to enhance patient outcomes	24.24%	8	69.70%	23	6.06%	2	33
4	Audit/review documentation components of patient/client management and facility procedures and regulatory requirements	27.27%	9	69.70%	23	3.03%	1	33
5	Comply with HIPAA/FERPA regulations	36.36%	12	63.64%	21	0.00%	0	33
6	Implement strategies to prevent and/or resolve conflict and seek resources to resolve conflict when necessary	27.27%	9	69.70%	23	3.03%	1	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Document patient/client care, using appropriate terminology and institutionally approved abbreviations	1.00	2.00	1.52	0.50	0.25	33
2	Interpret communication from other health care professionals	1.00	2.00	1.73	0.45	0.20	33
3	Effectively provide consultation with physicians, family and caregivers, insurers, and other health care providers to enhance patient outcomes	1.00	3.00	1.82	0.52	0.27	33
4	Audit/review documentation components of patient/client management and facility procedures and regulatory requirements	1.00	3.00	1.76	0.49	0.24	33
5	Comply with HIPAA/FERPA regulations	1.00	2.00	1.64	0.48	0.23	33
6	Implement strategies to prevent and/or resolve conflict and seek resources to resolve conflict when necessary	1.00	3.00	1.76	0.49	0.24	33

Q33 - Effective use of care extenders by performing the following:

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Appropriate supervision of the physical therapist assistant and/or other support personnel	6.06%	2	84.85%	28	9.09%	3	33
2	Appropriate selection of patient/clients for whom, and which procedures can be delegated to physical therapy assistants	6.06%	2	81.82%	27	12.12%	4	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Appropriate supervision of the physical therapist assistant and/or other support personnel	1.00	3.00	2.03	0.39	0.15	33
2	Appropriate selection of patient/clients for whom, and which procedures can be delegated to physical therapy assistants	1.00	3.00	2.06	0.42	0.18	33

Q34 - Effectively promote health, wellness, and prevention within the context of the individual and the community.

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Identify patient/client health risks during the history and physical via a systems review	42.42%	14	57.58%	19	0.00%	0	33
2	Determine readiness for behavioral change	45.45%	15	54.55%	18	0.00%	0	33
3	Identify available resources in the community to assist in the achievement of the plan of care	36.36%	12	63.64%	21	0.00%	0	33
4	Identify secondary and tertiary effects of disability	30.30%	10	63.64%	21	6.06%	2	33
5	Promote health/wellness in the community	36.36%	12	63.64%	21	0.00%	0	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Identify patient/client health risks during the history and physical via a systems review	1.00	2.00	1.58	0.49	0.24	33
2	Determine readiness for behavioral change	1.00	2.00	1.55	0.50	0.25	33
3	Identify available resources in the community to assist in the achievement of the plan of care	1.00	2.00	1.64	0.48	0.23	33
4	Identify secondary and tertiary effects of disability	1.00	3.00	1.76	0.55	0.30	33
5	Promote health/wellness in the community	1.00	2.00	1.64	0.48	0.23	33

Q35 - Effective use of case studies, in-services, journal article reviews etc.

#	Question	Above Expectations		Met Expectations		Below Expectations		Total
1	Present contemporary topics/issues using current evidence and sound teaching principles (e.g., case studies, in-services, journal article reviews etc.)	36.36%	12	63.64%	21	0.00%	0	33
2	Utilize current literature to answer clinical/practice questions.	45.45%	15	54.55%	18	0.00%	0	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Present contemporary topics/issues using current evidence and sound teaching principles (e.g., case studies, in-services, journal article reviews etc.)	1.00	2.00	1.64	0.48	0.23	33
2	Utilize current literature to answer clinical/practice questions.	1.00	2.00	1.55	0.50	0.25	33

Q36 - Please take a moment to rate your proficiency relative to entry-level status in each of the following categories:

#	Question	Above Entry-Level		Entry-Level		Below Entry-Level		Total
1	Clinical reasoning	33.33%	11	66.67%	22	0.00%	0	33
2	Communication	54.55%	18	45.45%	15	0.00%	0	33
3	Cultural competence	39.39%	13	54.55%	18	6.06%	2	33
4	Evidence-based practice	51.52%	17	48.48%	16	0.00%	0	33
5	Ethical practice	48.48%	16	51.52%	17	0.00%	0	33
6	Humane and compassionate care	63.64%	21	36.36%	12	0.00%	0	33
7	Lifelong learning	60.61%	20	39.39%	13	0.00%	0	33
8	Patient and professional advocacy	42.42%	14	54.55%	18	3.03%	1	33
9	Patient education	39.39%	13	60.61%	20	0.00%	0	33
10	Practice management	6.06%	2	84.85%	28	9.09%	3	33
11	Professional behavior	54.55%	18	45.45%	15	0.00%	0	33
12	Serving people across the lifespan	39.39%	13	60.61%	20	0.00%	0	33
13	Teaching	24.24%	8	75.76%	25	0.00%	0	33
14	Use of outcome measures	27.27%	9	69.70%	23	3.03%	1	33
15	Working in teams	42.42%	14	57.58%	19	0.00%	0	33

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Clinical reasoning	1.00	2.00	1.67	0.47	0.22	33
2	Communication	1.00	2.00	1.45	0.50	0.25	33
3	Cultural competence	1.00	3.00	1.67	0.59	0.34	33
4	Evidence-based practice	1.00	2.00	1.48	0.50	0.25	33
5	Ethical practice	1.00	2.00	1.52	0.50	0.25	33
6	Humane and compassionate care	1.00	2.00	1.36	0.48	0.23	33
7	Lifelong learning	1.00	2.00	1.39	0.49	0.24	33
8	Patient and professional advocacy	1.00	3.00	1.61	0.55	0.30	33
9	Patient education	1.00	2.00	1.61	0.49	0.24	33
10	Practice management	1.00	3.00	2.03	0.39	0.15	33
11	Professional behavior	1.00	2.00	1.45	0.50	0.25	33
12	Serving people across the lifespan	1.00	2.00	1.61	0.49	0.24	33
13	Teaching	1.00	2.00	1.76	0.43	0.18	33
14	Use of outcome measures	1.00	3.00	1.76	0.49	0.24	33
15	Working in teams	1.00	2.00	1.58	0.49	0.24	33

Q37 - What aspects of the UMPT Curriculum could we improve to enhance the learning of future UMPT students?

The only poor learning experience I had was with James Laskin and that issue has since been resolved

Reduce the time spent on internal medicine type courses and increase lab time. Ortho Spine exam and Tx should be a standalone course over an entire block or semester with primarily lab time.

I think it would have beneficial to have had a trends course or something similar dedicated to strength training basics- a time where we could all learn different compounds movements and practice teaching them. Generally, I wish we had focused more on exercise prescription in class w/ practical examples of how to develop a program for someone, how to appropriately progress someone, etc.

I felt that curriculum was biased to LE with less emphasis on UE assessment/treatment and understanding of pathologies. I felt most prepared for LE injuries in the clinic and i think this is largely a reflection of the curriculum and time allotted for body regions. More time for MSK classes in general would have been really helpful.   Clin Med classes are great (Jenn is an excellent prof) but the way in which they are presented doesn't promote long term retention of the material (largely memorizing s/s without much context to physiology). More time for patient cases and interactions with scenarios would be helpful for better retention.

N/A

Trust students to take responsibility for their own learning and mastery of material and engagement in the program. At times it felt like we weren't given the freedom to attend to aspects of our lives outside of the program and that the attendance policy didn't communicate that we are invested in our own education or could be trusted with taking time off without falling behind. A more realistic school-life balance which would mirror the professional work-life balance of the real world would have been appreciated.

Circling back to MSM in later blocks for more reps with manual skills, special tests etc. would be super helpful. I found if I didn't get to put those to use shortly after in clinic, I lost them. Would love to see global health be incorporated into the main curriculum.

More discussion of when to use or not use modalities, more discussion of diagnosis, more practical examinations

1) Hip and Spine - I do not feel that the instruction in this area was appropriate. I did not understand how to complete a spinal eval, perform approximately half of the special tests that the NPTE/APTA recognizes, or treat someone with back pain before my 3rd year rotations. In our didactic/lab work, there was too much focus on PIIVM's and minute details, rather than giving us a general basis/framework for exams and treatment. For example, learning Mackenzie methods and quadrant testing, and forming a chart differentiating between different spine and hip pathologies would have been so beneficial before going to clinical rotations. I learned 90% of what I needed to know for hip and spine on my clinical rotations.
2) 1st rotation should be inpatient for all students - either acute care or SNF. We do not have the knowledge base or tools to treat outpatient orthopedic populations after our first year.
3) Exit interview rather than or in conjunction with the exit survey - easier to explain and elaborate.
4) Our cardiopulmonary preparation was not adequate - especially for taking the NPTE. I don't feel that the organization of pathologies and examination was well put together, and as a result I had to learn almost all cardiopulmonary topics on my own for taking the boards.
5) To go along with the spine/hip comments, we did not get enough training on core stabilization.
6) We also did not get enough education on endurance training and cardiovascular programs.
7) Our neuro intervention training could have been stronger. Coming up and demonstrating specific exercises for common impairments in CVA, SCI, MS, PD, TBI, and the other main diagnoses could have helped a lot when going off on rotations.
8) I felt that the 1st semester of 3rd year was sort of pointless. Many of the classes like Psychosocial Aspects and Prevention & Wellness were covered in previous year. The only thing that I can remember being meaningful from 1st semester was prosthetics. Other than that, the classes felt like fluff, and like we had already learned it. I think this semester could be eliminated or shortened, which would also help with giving more time to study without a full-time clinical concurrently for April NPTE.

I generally like the block system, but I think that getting anatomy for a full semester would be an improvement. I think it's smart to make our final clinical our longest, but I think the size difference is too big right now, I feel that making our first and second clinicals one week longer and our final one two weeks shorter would be appropriate

because there is no guarantee that our final clinical will be our most relevant one.   Having more practical exams in the neuro curriculum and a greater focus on potential interventions to use for neuro patients.

1. Exercise prescription and progression, as well as cardiovascular assessment and conditioning, were not covered adequately. It was frustrating to lack the seemingly fundamental skills of systematic exercise prescription and progression during clinical rotations given that this is an integral component of orthopedic practice. It was also frustrating that our best option for procuring this information after it was not provided during exercise physiology appeared to be separately paying and studying for a CSCS. I think this could be improved by redesigning the exercise physiology and cardiopulmonary courses to include more functional applications, and more emphasis on exercise and conditioning progressions included throughout the program via supplemental courses or embedded within the MSM series.
2. UM Allies training earlier in the program than the last semester

Tying things back to how they will be used in the clinical setting.   More of a focus on exercise prescription and training program development. I don't feel like we should need to pursue a CSCS to feel more competent/confident in exercise programming. OR... build that into the Exphys curriculum so everyone has the opportunity to obtain a CSCS after taking the course. Having at least a starting "script" for how to do a patient interview would have been nice. Felt like I just had to pick it up on the fly and it would have been nice to have something to start from and mold into what works for me.

The new staff is welcomed change and addition to the quality. There should be more carry over between classes and building. For MSK keep asking muscle origin and insertions and innervations. There is room to keep building more on the knowledge from the class before otherwise it feels like "binging and purging information". Look at boards sample questions and add in more multi system/clinical thinking questions similar to the style of this exam.

N/A

Studying for boards, I realized that several topics simply weren't covered in our coursework (i.e. capsular patterns, ADA requirements, etc.). While impossible to address everything, I think it is important to evaluate that entry level requirements are being taught at some point during out curriculum. In addition, I've had this discussion with other classmates. Our program (appropriately) emphasizes evidence-based practice. We are applauded during our clinicals for clinical reasoning and application. However, we often learn higher level principles without establishing the foundation first. It's important to learn the "rule" or current standard clinical practice in order to understand why better evidence is critical.

In regards to the first clinical rotation, I think it would be beneficial for UMPT students to have MSM 1-3 completed prior to their first outpatient clinical experience. I found it helpful to have MSM 1 and 2 completed prior to my first clinical experience, but would have appreciated MSM 3 as well. I've discussed this situation with an individual a year behind me and they said they could hardly contribute to their first (outpatient) clinical experience because they didn't know any special tests or therapeutic interventions.

UMPT could be improved upon by implementing more ther-ex into exercise science. I felt as a whole, most of my exercises I prescribed in the clinic came from my athletic experiences before PT school and during my clinical education. I would have found it helpful had we gone through specific body regions, ways to strengthen with proper form, ways to progress/regress all before our first clinical experience. I would also recommend that during our last 8 weeks of classes that we do not have 2 "abstract" classes together. While it was nice to not have large amounts of information to pour over and memorize, I found myself greatly checking out of most of my classes as I felt that the discussions were over things that most people generally shared the same opinion about. I felt that it would have been helpful to break these classes up and have 1 abstract and didactic course as in blocks past.

Additional education on pain neuroscience and its complexity, weaved throughout the curriculum or with its own section during Neuroscience. I think it's important to have a greater understanding of pain so that we can better help our patients who are in pain and make sure to treat the whole person (biological, psychological, social) Also, I think there needs to be additional emphasis and requirements for community outreach and volunteering throughout the program. This was limited due to the COVID pandemic during my time at UM, but should be required for future classes at UM. I have seen the classes below make "Community outreach" events solely PT related i.e., PT screenings on the oval, etc. It seems that they just want to get further practice of their PT skills where the focus should be on providing services to the community and bettering the lives of those facing obstacles and certain SDOH. I feel that it is important for these events to take place (and without a PT focus) in order to promote professional development and give back to the community in order to become better healthcare

providers. Examples of these programs would be volunteering at the food bank or Poverello Center to name a few. I would also recommend bringing an expert clinician from the community to teach the concussion section of Neurorehab or provide a lab for evaluation and treatment practice. It is a very broad diagnosis with a lot of factors that can easily be overwhelming as a student, so additional time diving into the literature and best practice here would go a long way.

More emphasis on interventions. Also, for the ortho curriculum, more emphasis on middle aged and older adult populations. I felt that we got a ton of education on injuries for young people/athletes, but the reality is that most of physical therapy consumers are older adults.

Provide a course or modify a course to allow for a broader range of strengthening interventions for each body region.

Exercise Physiology and Cardiopulm were weak points and remain sources of personal weak points. These courses lacked practical clinical application and clarity. An excessive amount of time was spent with reading ECG.

Areas of improvement include better programming for strengthening and functional movement education (MSM 1 was lacking big time), improvement in the delivery of Cardiopulm, emphasis on top 25 most seen drugs for PT(this was vital for the boards),

Cardiopulmonary lecture was rough. Maybe more lab time mixed in?

Cardiopulmonary curriculums

I felt like the last semester on campus, particularly the last block had a lot of busy work and free time. Maybe it's because of the pandemic, and learning online for a portion. I think more emphasis could have been on pathophys would have been good. As well as Observation including posture, gait, etc. during evaluation.

I would like to have had a focused acute care class. Maybe a course dedicated to acute care such as Musculoskeletal and Neuro.

Greater emphasis on evidence-based therapeutic exercise principles during exercise physiology. Our cohort had one day where we taught each other our go-to exercises but I think this could be enhanced with research or by providing a CSCS trends course. This trends course could include exercise classes to practice cuing, progressive overload, and understanding exercises better. Gotta practice what we preach!

Preparing for my boards, I felt that Cardiopulmonary was the greatest area for improvement, and I feel that much of the class may feel this way too. I feel like this could be tailored to what is needed for the boards. More therapeutic interventions (practice and given examples) could be a nice addition.

I think the profession in general could benefit from more intervention-based education and timing of interventions going forward.

I think our critical thinking could have been improved more in each class - for example. we learn how to do goni measurements perfectly and are tested on the most ideal position but when we get in the clinic and our patients can't lay in that position or move like that it would have been nice to learn some adaptations based on more real life experiences at patient presentations rather than just the healthy population. More real-life patient examples/case studies and how to adapt would have been immensely beneficial. We learn a lot of interventions in clinic - however it would have been nice to focus more on specific interventions in the classroom on different patient presentations and how to adapt so we could bring this toolbox with us to clinic. Motivational interviewing was complete over kill - we spent way too much time repeating things we already knew and repeating projects that we had already done. Keep it to one class and call it good.

Exercise physiology, exercise progressions practice specific to injuries or post-surgical procedures. Such a varying level of exercise experience and education within the class

I think students would benefit from more education regarding settings beyond outpatient orthopedics.

I know that this portion of the curriculum has changed recently but becoming more proficient in cardiopulmonary rehab as a whole would have been beneficial in clinical practice as well as within the board's exam. I would have also benefitted from increased gait assessment and improved understanding of the gait cycle (components, deficits, etc..). I would have also appreciated more in depth learning of orthotic devices including types, fitting, and general assessment.

Q38 - What aspects of the UMPT Curriculum enhanced or diminished your learning? How?

trends courses and community engagement experiences were great!

Zoom and social distancing diminished learning for some courses due to physical limitations and lack of hands-on practice.

Wound care could have been more hands on, one day of lab and a showing us what wound supplies look like so not enough. The same could be said for Peds, though the content was good.

Trends courses and ICE were both amazing and definitely enhanced learning.

There needs to be a better understanding about participation in PTSA. First year we were told we were required to participate and there would be consequences if we did not - but the next year we were told PTSA participation is optional. Whether it was or was not optional was continually changing throughout the program. This was extremely stressful and distracting to my schoolwork and learning as it was very frustrating to be 'forced' to do something when we already have large amounts of responsibility on our plates - some individuals are able to give more time than others depending on their life outside of PT school.

The small class size and dedicated faculty made UMPT a great place to learn.

The pandemic really hindered MSM 1 for my class and I did not get out of it the observational skills I need and a therapist. I have heard from those below me that the course was better in person and was quite good.

The overall culture of compassion and competency of the UMPT faculty and staff greatly enhanced.

The hands on for ortho was get but the hands on for neruo wasn't a clear to what patient you would use it with especially since most people have less knowledge of neuro patients.

The faculty helped enhance the learning

The clinical opportunities spread throughout the duration of the program was especially helpful in promoting application of didactic learning and encouraging retention of learned material.

Our experience was largely colored by COVID-19. However, it seemed as though decisions were made without seeking input or insight from students. We often have solutions to problems that may not be identified by faculty. And when our input is taken, we feel more valued as integral pieces of the UMPT community.

Neuro-anatomy was phenomenal - effective, well presented, and highly clinically and practically relevant. The compassion from the majority of the professors and the genuine desire for each student succeed felt clear. This support was critical to boosting confidence and sense of self efficacy, and helped to fuel the grit needed to succeed in the program. Bringing Alison in for Anatomy was great, although a lot. I'm glad for the experience of dissection, however I do think that trying to dissect and learn anatomy in 1 block was quite limiting, and more time was spent on dissection than on actually learning. I heard that the program is moving toward learning on dissected cadavers and then having an advance option for 2nd years to do dissection, and I think that is a great idea, particularly to give students a better idea of tissue quality and structure prior to dissection, because I do feel that this was still important.

N/A

N/A

MSM 1 was a course that I felt I could have learned significantly more than I did (due to redundancy of topics, slower pace with topics, and unorganized material). This may be partly due to the rush of moving online due to COVID, but for how much I got out of MSM 2 and 3, I thought I should have gotten the same quality of education from MSM 1.

Learning during zoom was difficult, but was handled mostly well. Spinal mobilizations were hard to see on the camera. I also feel like some of the 3rd year material could have been first year material instead, ending with more clinical reasoning/case study/etc.

Labs helped my learning the most because I'm a hands-on person and learn better through doing vs. reading.

ICE structure with four people in a group made it so that there was a lot of unnecessary down time. A recommendation would be to only have to be present in slots of two hours instead of waiting in the Skaggs basement for the other two hours to pass when not actually working with a patient.

I'm not sure about the true benefits of ICE. It's a nice concept, but we often had only 1-2 patients during our 5-hour afternoon. Would appreciate if the CIs had something prepared for us during downtime that didn't feel like busy work either. OR let us know that we were allowed to use free time for studying.

I think the overall class size really benefitted my learning. Having a close relation with all of my professors as well as classmates improved my ability to seek help and have greater 1 on 1 experiences. I think much of the time spent on zoom diminished my learning solely due to the profession being so hands-on. I had a difficult time learning through online systems but really enjoyed the extent our program went to make the experience as successful as possible.

I think having clinical rotations spread throughout the three years enhanced my learning rather than chunking it all at the end. I felt that our final didactic semester included a lot of busy work and I know a good portion of my cohort felt frustrated by this.

I found the labs to be very beneficial in my understanding of content. I found it helpful when we completed the basic tasks involved in given sections, then proceeded to do some of our own problem solving with real life case studies. It was helpful after to have discussions with the group/professor regarding what would typically be the route that most PTs would take.   Also, I feel that it would be helpful to continue to take MSE and anatomy together without biomechanics. During our first 8 weeks I felt extremely stressed about having to take anatomy and biomechanics together to the point that it was greatly hindering my learning and mental health.

Exercise Physiology and Cardiopulmonary content lacked cohesion and concise framework and didn't emphasize cardiac rehab and contraindications to exercise which were heavily stressed on boards.

Enhanced: small class sizes, great relationships with faculty members, meeting with faculty advisor each semester.

Enhanced: ICE experiences, trends classes, small class size, faculty very open to making changes to optimize the learning experience. Faculty easy to communicate with and open to feedback. Diminished: COVID online learning. Not getting any choice in where we were placed for first clinical and then having to commute may hours per week. Also, I feel quite weak in the areas of exercise physiology and cardiopulm and wish that these classes had more focus on clinically relevant information.

Enhanced Accessibility of professors, lab assistants to help with manual skills

Clinicals were all excellent and a very important part of the program for me

Certain pieces such as the small class size, expertise of the faculty, clinical education, and on-campus clinic were great aspects of the curriculum that helped enhance my learning at UM. The community of Missoula and recreational opportunities also helped to enhance my learning and re-charge my battery while pursuing my DPT.   I cannot think of anything specifically that diminished any learning experiences, with the exception of the pandemic that was out of anyone's control.

1) ICE was helpful on some level, but I think with the lack of patients, and the narrow patient population we saw, it was not always effective. I see a solution as contracting with local PT offices to send students out on part time clinical.
2) not having an acute care simulation lab made clinical rotations tricky. Learning how to manage lines and monitors and equipment would be beneficial for clinical learning.
3) The program placing strict rules on class attendance and not allowing any exceptions or tradeoffs. Some learning experiences that would've been more beneficial than any 2 hours in a classroom were impossible for our class to attend because of these strict policies.
4) I wish that there was a standardized way of teaching joints. Like giving a universal outline/framework for how to conduct an exam. Give that to each teacher to adapt to their joint but keep the framework essentially the same. I never felt like I had a good handle on how to conduct an exam thoroughly.

Q39 - What do you consider as the strengths or weaknesses of our physical therapy program?

Strengths: faculty, clinical throughout, ICE
Weakness: lack of diversity amongst students and faculty

Weaknesses: shoulder and elbow, need more lab time/ clinical time, spine should be a standalone course and an entire block
strengths: Lower extremity, biomechanics,

Weakness: Cardiopulmonary course was weak, as was exercise physiology. ICE rotation.
Strengths: I love the size of each class. Professors were awesome and helpful for the most part.

LE, neuro, vestibular, spine, EBP

N/A

Strengths: clinical schedule, highly competent faculty, cohort size, research opportunities, sense of family within the program.
Weakness: Cardiopulmonary, exercise physiology, inconsistencies between direction or instruction received from different professors.

Strengths: Troy Adam. Both Caitlins. Dr. Mizner. Brian. Steve's passion. Excellent lab instruction. Approachable faculty/staff. ICE. EBP. Big picture of health-SDOH, equity. Trends courses were great.
Weaknesses: 1/2 days seem like a waste of time, could be condensed for better value of tuition dollars and consistency. 1st block 1st year was super high value learning, full days, and full brains. From there it tapered significantly and was harder to stay engaged with half days and decreased rigor.

Weaknesses: Unpaid full-time clinicals need to addressed, perhaps some kind of stipend would be nice to decrease the program cost and help students get through.

1) **Strengths:** -strength training/load modification -EBP -neuro curriculum and teachers: Sue Ostertag and Brian Lloyd -knee, ankle curriculum: Rich Willy -biomechanics: Ryan Mizner -clinical instructors/preceptors: Audrey Elias and Jaclyn Carson 2) see above

As above

Strengths: clinical education experiences spread out throughout the duration of the program, exceptional faculty members, dual degree/certificate options (though the advising and coordination of the public health programs with the DPT program could be strengthened), trends courses, incorporation of guest lecturers and excellent adjunct faculty.
Weaknesses: exercise physiology, exercise prescription and progression, cardiopulmonology, cardiovascular conditioning programming.

Strengths: small class sizes and the structure of the program are great. I also think you do a great job of picking classes.
Weaknesses: When it came to registering for boards and licensure, there was no clear walkthrough of how to do it and it felt like we were on our own.

The first year is too scattered. Troy is the only thing that is consistent between classes and otherwise we just got small mentorship from too many people without continuity. Hire Troy for every class he is amazing.

N/A

Strengths: - Evidence based practice - Orthopedics (especially lower extremity) - Clinical reasoning - Patient communication
Weaknesses: - Manual therapy - Pharmacology - Spine (overall) - Non-orthopedic disciplines

I think the UMPT faculty and students have a unique and positive relationship. It felt like everyone was there for everyone else and was willing to go out of their own way to help each other. Also, the variety of clinical backgrounds that our faculty brings to the program is what made this graduate experience stand out above other programs I looked into. The variety provides a diverse learning environment. These are just 2 of many strengths about our PT program.

Strengths: Dedication to EBP/patient-centered care, ability to address nearly everything encountered in clinical practice, dedication from faculty to making sure we understood material, utilizing amazing guest speakers/clinicans in the area to help deliver content.
Weakness: Ther-ex/determining appropriate form for exercises, licensing/application process (felt very rushed and not informative). I would have also preferred a different method of learning spinal treatment/exercises (perhaps McKenzie method) as I did not feel confident in my ability to assess hypo/hypermobile segments and produce appropriate treatment. I would have also preferred to have more education on assessment of hip/treatment as I have encountered numerous hip pathologies even in acute care and often feel underprepared in treating the hip.

Strengths: evidence-based practice, community resources and surrounding clinicians to teach specific areas: lymphedema, wound care, etc. Small class sizes and learning environment. Mixture of clinical and research faculty.

Strengths: neuro curriculum, cultural competence, professors really care about student success.
Weaknesses: I thought several of the clin med classes were not very useful, time would have been better used focusing on clinically relevant information.

Strengths: neuro education, ICE, providing evidence-based education, bringing on educated and knowledgeable lecturers in their respective fields for courses including prosthetics and wound care
Weaknesses: delegation of students to clinical sites during 1st year, cardiopulmonary education (may be better with different professor)

See above. **Strengths**: all things neuro (although more emphasis on patterns seen with stroked and repetition of cortical association areas with physical, cognitive, etc. impairments would be helpful). Repetition with research; the program does a good job integrating research into clinical practice and encouraging this while in clinic. On campus part-time clinicals, particularly with ortho. My neuro on campus clinic experience was more limited due to the pandemic.
Weakness: Cardiopulm, exercise physiology

Strong MSM classes, other than MSM 1. The program front loaded a lot of important classes such as MSM which I wish was revisited throughout the program.

MSK strength, other systems is a **weakness**

Strengths are that the clinicals are spread throughout, and ICE. I've heard from several PTs that UM grads come out with better soft skills then other programs. I also think that our musculoskeletal and neuro series are great strengths I felt a league up compared to another third year at my last site with my musculoskeletal knowledge.

Musculoskeletal courses, trends

Musculoskeletal d/d and interventions is a strength. The program is up to date with a lot of the latest research.

Strengths: Location, Cost, Faculty, Size, Proximity **Weaknesses**: Cardiopulm

Strengths: Diversity of professors and guest faculty, supportive environment, interspersed clinical education, ICE experiences, block schedule, adaptability to COVID - all faculty really handled this well and proved they were for us and on our team
Weaknesses: classroom arrangement the first year - being stuck in 025 for 8 hours without any windows/daylight is a huge bummer. I think we could have been more supportive to guest lecturers when technology wasn't working.

Strengths were MSM and MSE coursework, manipulations and all of the elective courses, diversity and wellness education/promotion, documentation, prosthetics, neuroscience and neuro rehab, ICE, biomechanics. Overall, the breadth of coursework and faculty expertise were the strengths.
Weaknesses were probably labs after COVID (not entirely in the program's control at the time based on physical limitations and space requirements) and exercise physiology. Also, practical aspects of strength training and rehab progressions and what those progressions look like in practice vs theory. We get this in clinicals but would be nice to do more of this in labs. It seems like things are already moving in this direction.

Strengths: ortho, differential diagnosis
Weaknesses: education about workplaces outside of outpatient ortho

I think a big strength of the program is the faculty and their drive to improve the profession with every future class. Also, the ability to have a clinic within the program was extremely beneficial to have greater clinical experience. I

don't think the program has any major weaknesses, some adjustments to the inner curriculum could be beneficial such as greater emphasis on diagnosis/prognosis.

Q40 - General comments:

Overall, very happy with my education at UMPT.

I felt like the last semester felt a bit pointless class wise... having a course that integrated all of the curriculum would have been nice--.>; like mock evals and more practical cumulative knowledge integration.

Overall, I loved my time at UMPT and will always look back on it fondly!

The distribution of course requirements (studying, class time etc.) ebbed and flowed enough to where it felt that the program could be consolidated into 2.5 years, if not 2. The first semester of 3rd year was especially slow, and I felt that it could have been included throughout the rest of the curriculum.   Faculty were amazing, accommodating, understanding and excellent mentors. I couldn't have asked for a better program.

I had a great experience at UMPT. Proud to have graduated from such a solid program.

Despite any negative comments made above, I absolutely loved my time here at UM and could imagine myself being any happier anywhere else. It had been an absolute pleasure to attend this program and learn from the faculty here. No program is perfect, but I think this one was perfect for me.   Thank you all so very much.

Less time spent on social/cultural competence and more on being a technically competent PT

NA

UMPT has been a challenging but rewarding part of my life.

Spending hours outside of clinic on the final poster/presentation was difficult and detracted significantly from my clinic prep time as well as my ability to rest/recover from long clinic hours. I think offering clinical time to dedicate to this project would be worthwhile if this requirement is continued in the future.

Thanks for everything!!

thanks for all the hard work and dedication to our education

N/A

I loved and valued my entire experience with UMPT. My comments are only here to provide constructive feedback because I want UMPT to continue to grow as an environment for exceptional scholarship and learning. Thank you for shaping me into a better clinician and better version of myself! I'm going to miss being a part of this program.

Thank you!

Overall, I am very satisfied with the education I received through UMPT! The faculty were INCREDIBLE and each of them took the time to know us as individuals and were more than willing to help out in any way that they could. I felt equipped for most of my clinical experiences and found that when I needed education in a certain area of care (i.e., neurogenic bowel/bladder) that I already had the resources to look over. If I had to do my education over again, I would still pick UM as I feel that it was a great experience and helped me achieve my goals of passing the boards and becoming a PT!

Overall, I feel extremely fortunate and blessed to have completed my DPT at the University of Montana. I appreciate the faculty immensely for providing their knowledge, while also treating us as colleagues in the profession. During my time at UM there was no doubt that I felt supported and that the program was on my side and did everything they could to enhance my experience and help me succeed. I will forever be appreciative for everything UMPT has done and cannot thank everyone enough.

ACE hours are a great idea, but it definitely felt like an obligation to get hours. The current structure of ACE hours requires students to bounce around to so many different settings to fulfill all the requirements. I think this would have been more meaningful for me if I could have gotten established with a single organization and spent more time there connecting and learning from people. I wish there would have been a boards prep class integrated into the fall semester of 3rd year.   I am so thankful for all the faculty members who have worked hard to make PT school a meaningful and transformative learning experience!

Appreciate all of the adjustments made during COVID.

Overall, I am extremely pleased with my UMPT education. I would highly recommend this program to any student! A huge thank you to all the staff on the UMPT team. You guys are incredible, and I cannot thank you enough for positively changing my life forever!

Great program

I think in the last block with all of the free time that third years have a review course of some of the evaluation skills from first and second year could be helpful to touch up on skills that students may not have used since the course.

Overall, I have had a wonderful experience with UMPT and this faculty should be proud of the experience that they provide. Much appreciated.

Thanks for an amazing ride!

I truly appreciate all of the faculty at UM and thank them for their flexibility and support through the pandemic - you all really stepped up to show us that you cared about our education and were extremely understanding and supportive the whole time.

Very pleased with my investment in my education. Very impressed with the seamlessness and faculty dedication during COVID and the faculty support throughout the program. Also impressed with the rapid response and changes to curriculum and delivery style as appropriate based on student feedback.

I felt like a big chunk of practice and admin focused on running a practice. While this may be a relevant goal for some students, I think it would be better suited as an elective.

I think that the addition of a pathophysiology class and improved understanding of pharmacology could be beneficial. I think that greater emphasis on pain neuroscience would be helpful with patient interactions.

Performance Assessment

For each Clinical Competency below, you will need to indicate the average amount of monitoring and/or correction the student needs.
Guidance and/or correction occurs when the student is making an error and the CI provides information or guidance to help them make appropriate changes to their thinking or action. Guidance also occurs when a student is learning new skills or information and applying it in the clinical setting. Feedback may be needed to be effective and/or efficient at entry-level expectations.

Monitoring/correction does not include instances in which the CI provides feedback in ways to be more efficient or provide different treatment/exam techniques that are beyond entry-level or teaches alternative ways to complete a task.

Student performance typically move through the following levels of guidance and correction as they progress through our program. Please use these level descriptors as you gauge where a student falls on the scale.

Level 1 (Novice) = Student usually needs constant monitoring and/or correction, in general between 100 – 75 % of the time with substantial amounts of modeling/demonstration provided.

Level 2 (Developing) = Student needs frequent monitoring and/or correction, in general between 75 – 50% of the time with moderate amounts of modeling/demonstration provided.

Level 3 (Intermediate) = Student needs intermittent monitoring and/or correction, in general between 50 – 25% of the time with occasional modeling/demonstration provided.

Level 4 (Advanced) = Student needs occasional monitoring and/or correction, in general between 25 – 5% of the time, infrequently needs modeling/demonstration. Student frequently practices at a competent level.

Level 5 (Entry-level Competent) = Student rarely if ever needs correction and monitoring (Between 5 – 0%). Mentoring and/or demonstration is typically associated with the unusual, complex patient and/or situation; student appropriately consults for guidance. Performance is competent overall and is consistent with entry-level practice expectations of your facility. Student would be appropriate to practice as a new clinician colleague.

Level 5+ (Mature) = Student is competent and consistently performs beyond entry-level practice expectations. Student is capable of advising and providing consultation to others for some patients and situations. Student would be an asset as a colleague.

○ I understand.

○ I need more information to appropriately use this assessment tool.

If you indicated you need more information, please reach out to Jennifer Bell (Jennifer.bell@umontana) for assistance. If you indicated you understand, please proceed with the assessment.

Examination/Re-examination:
Includes efficiently and accurately obtaining patient information/history via review of past medical records; patient interviews; interviews of others and conducting appropriate screening and specific tests and measures, all the while maintaining patient dignity and comfort; and use of appropriate outcomes data collection tools.

> Novice: guidance and correction 75-100% of the time
> Developing: guidance and correction 50-75% of the time
> Intermediate: guidance and correction 25-50% of the time
> Advanced: guidance and correction 5-25% of the time
> Entry-Level: guidance and correction 0-5% of the time
> Beyond Entry-Level: Consistently performs competency beyond entry-level

○ Percentage (Number only)
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Please provide comments on this competency:

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Evaluation/Clinical Reasoning:
Includes making defensible, rational clinical judgments based on the information collected from the patient history, system review, tests and measures and other relevant sources, including outcomes data collection tools. Clinical judgments include the establishment of a diagnoses, prognoses, and plan of care. Able to recognize and manage biases (cognitive & affective) and other issues that can impact decision making. Applies principles of evidence-based practice.
> Novice: guidance and correction 75-100% of the time
> Developing: guidance and correction 50-75% of the time
> Intermediate: guidance and correction 25-50% of the time
> Advanced: guidance and correction 5-25% of the time
> Entry-Level: guidance and correction 0-5% of the time
> Beyond Entry-Level: Consistently performs competency beyond entry-level

Enter the percentage of the time the student requires guidance and correction for this competency.

○ Percentage (Number only)

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Please provide comments on this competency:

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Procedural Interventions:
Able to effectively apply various procedural interventions that are within the scope of practice of a physical therapist.

          Novice: guidance and correction 75-100% of the time

          Developing: guidance and correction 50-75% of the time

          Intermediate: guidance and correction 25-50% of the time

          Advanced: guidance and correction 5-25% of the time

          Entry-Level: guidance and correction 0-5% of the time

          Beyond Entry-Level: Consistently performs competency beyond entry-level

Enter the percentage of the time the student requires guidance and correction for this competency.

○ Percentage (Number only)

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Please provide comments on this competency:

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Documentation:
Able to provide documentation of services in the format required that is comprehensible, complete and accurate; done in an efficient manner; abides by legal requirements.

      Novice: guidance and correction 75-100% of the time
      Developing: guidance and correction 50-75% of the time
      Intermediate: guidance and correction 25-50% of the time
      Advanced: guidance and correction 5-25% of the time
      Entry-Level: guidance and correction 0-5% of the time
      Beyond Entry-Level: Consistently performs competency beyond entry-level

Enter the percentage of the time the student requires guidance and correction for this competency.

◯ Percentage (Number only)

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Please provide comments on this competency:

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Teaching/Education:
Includes being able to assess the learning needs of patients and other learners; delivering the needed information in the most appropriate format(s); and employing effective assessment strategies.

      Novice: guidance and correction 75-100% of the time
      Developing: guidance and correction 50-75% of the time
      Intermediate: guidance and correction 25-50% of the time
      Advanced: guidance and correction 5-25% of the time
      Entry-Level: guidance and correction 0-5% of the time
      Beyond Entry-Level: Consistently performs competency beyond entry-level

Enter the percentage of the time the student requires guidance and correction for this competency.

○ Percentage (Number only)
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Please provide comments on this competency:

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Safety:
 Includes providing a safe environment for patients, self and others. Abides by organizational safety policies and OSHA standards.
       Novice: guidance and correction 75-100% of the time
       Developing: guidance and correction 50-75% of the time
       Intermediate: guidance and correction 25-50% of the time
       Advanced: guidance and correction 5-25% of the time
       Entry-Level: guidance and correction 0-5% of the time
       Beyond Entry-Level: Consistently performs competency beyond entry-level

Enter the percentage of the time the student requires guidance and correction for this competency.

○ Percentage (Number only)
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Please provide comments on this competency:

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Administration and Management:
 Includes supervision and guidance of others; charging for services; time management, scheduling and productivity; marketing and promotional activities; equipment and supply management.
> Novice: guidance and correction 75-100% of the time
> Developing: guidance and correction 50-75% of the time
> Intermediate: guidance and correction 25-50% of the time
> Advanced: guidance and correction 5-25% of the time
> Entry-Level: guidance and correction 0-5% of the time
> Beyond Entry-Level: Consistently performs competency beyond entry-level

Enter the percentage of the time the student requires guidance and correction for this competency.

◯ Percentage (Number only)
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Please provide comments on this competency:

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Reminder:
 For each Professionalism Competency below, you will need to indicate the average amount of monitoring and/or correction the student needs.
Guidance and/or correction occurs when the student is making an error and the CI provides information or guidance to help them make appropriate changes to their thinking or action. Guidance also occurs when a student is learning new skills or information and applying it in the clinical setting. Feedback may be needed to be effective and/or efficient at entry-level

expectations.

Monitoring/correction does not include instances in which the CI provides feedback in ways to be more efficient or provide different treatment/exam techniques that are beyond entry-level or teaches alternative ways to complete a task.

○ I understand.

Professionalism:
Includes behaviors expected of a professional health care provider by society, those within the profession and by your organization. (Includes: commitment to core values, patient centered care, ethical practice, legal practice, punctuality, appearance/dress, initiative, flexibility, etc.

> Novice: guidance and correction 75-100% of the time
> Developing: guidance and correction 50-75% of the time
> Intermediate: guidance and correction 25-50% of the time
> Advanced: guidance and correction 5-25% of the time
> Entry-Level: guidance and correction 0-5% of the time
> Beyond Entry-Level: Consistently performs competency beyond entry-level

Enter the percentage of the time the student requires guidance and correction for this competency.

○ Percentage (Number only)
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Please provide comments on this competency:

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Interpersonal Relations and Communications:
 Includes the ability to work collaboratively with people of diverse backgrounds; demonstration of appropriate verbal/non-verbal communication, constructive conflict management,

sensitivity/respectfulness, open-mindedness; lacking in defensiveness; able to adjust to the situation and individual needs of others (culturally aware).

       Novice: guidance and correction 75-100% of the time
       Developing: guidance and correction 50-75% of the time
       Intermediate: guidance and correction 25-50% of the time
       Advanced: guidance and correction 5-25% of the time
       Entry-Level: guidance and correction 0-5% of the time
       Beyond Entry-Level: Consistently performs competency beyond entry-level

Enter the percentage of the time the student requires guidance and correction for this competency.

◯ Percentage (Number only)

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Please provide comments on this competency:

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Professional Development:
 Includes being intellectually curious, asking appropriate questions and self-directed in seeking new information and knowledge; open-minded to other possibilities and ideas; reflective and able to assess strengths and deficits; responsive to feedback; takes initiative and is an active, engaged adult learner.

       Novice: guidance and correction 75-100% of the time
       Developing: guidance and correction 50-75% of the time
       Intermediate: guidance and correction 25-50% of the time
       Advanced: guidance and correction 5-25% of the time
       Entry-Level: guidance and correction 0-5% of the time
       Beyond Entry-Level: Consistently performs competency beyond entry-level

Enter the percentage of the time the student requires guidance and correction for this competency.

    ◯ Percentage (Number only)

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Please provide comments on this competency:

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Global Rating: Please enter the % of time the student needs monitoring, guidance and/or correction in general. (See below for details)

    Novice: guidance and correction 75-100% of the time
    Developing: guidance and correction 50-75% of the time
    Intermediate: guidance and correction 25-50% of the time
    Advanced: guidance and correction 5-25% of the time
    Entry-Level: guidance and correction 0-5% of the time
    Beyond Entry-Level: Consistently performs competency beyond entry-level

_____

Is this student performing beyond entry-level?

    ◯ Yes

    ◯ No

Please provide general comments on the student's performance:

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UM Curriculum Mapping Template
School of Physical Therapy and Rehabilitation Science Degree

Required Course (Name and Number)	Outcome 1: Demonstrate knowledge in the foundational and clinical sciences to include anatomy, physiology, kinesiology, neuroscience, clinical medicine, pharmacology, therapeutic interventions, psychology, management, and administration.	Outcome 2: Effectively, efficiently, and independently examine, evaluate, determine diagnosis and prognosis, create a plan of care, and assess outcomes for patients/clients with movement system dysfunction.	Outcome 3: Demonstrate effective clinical decision-making skills including clinical reasoning, clinical judgment, and reflective practice incorporating the principles of evidence-based practice.	Outcome 4: Select and direct safe and effective physical therapy interventions for patients/clients with movement system dysfunction and effectively manage changes in their physical function and health status.	Outcome 5: Practice physical therapy in a safe, ethical, and legal manner.	Outcome 6: Apply concepts and principles of management to effectively supervise support personnel to whom tasks have been delegated.	Outcome 7: Use appropriate educational principles to design methods to teach patients/clients, caregivers, colleagues, other consumers, and health care professionals.	Outcome 8: 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.	Outcome 9: Collaborate with other health care practitioners to achieve the optimum delivery of health care and determine the need for further examination or consultation by another physical therapist or for referral to another health care professional.	Outcome 10: Provide primary care within the scope of physical therapy practice, promoting principles of health, wellness, and prevention, making referrals when appropriate and effectively utilizing differential diagnosis skills for patients across the lifespan.	Outcome 11: Effectively document patient information and physical therapy services to colleagues and payers in an organized, logical, and concise manner consistent with legal and ethical norms.	Outcome 12: Demonstrate an awareness of the influence of social, economic, legislative and demographic factors on the delivery of health care.	Outcome 13: Demonstrate an awareness of life-long learning and as feasible, engage in collaborative research and the dissemination of new knowledge.
PT 503 PT & Health Care System	I,D,A,E P,IPE,1,2,5,	I,A,E,C,1,2,5	I,D,A,P,1,2,5		I,D,A,E,C,P,IPE,1,2,5	I,D,A,E,1,2,	I,D,A,E,2,5	I,D,A,E,P,IPE,1,2,5,6	I,D,A,E,IPE,1,2,5,6,7			I,D,A,E,1,2,5	
PT 510 Applied Clinical Anatomy	I, D, A, E P (Ad), 2, 3												
PT 516 Movement System Exam & Eval	1,2,3,5, P,Ad, G	1,2,3,5, P,Ad, G	1,2,3,5, P,Ad, G		1,2,3,5, P,Ad, G							1,2,3,5, P,Ad, G	
PT 519 Musculoskeletal Management I	I,D,A,E,C,S,PEDS, Ad,G,1,2,3,5	I,D,A,E,C,S,PEDS, Ad,G,1,2,3,5	I,D,A,E,C,S,PEDS, Ad,G,1,2,3,5	I,D,A,E,C,S,PEDS, Ad,G,1,2,3,5			I,D,A,E,C,S,PEDS, Ad,G,1,2,3,5	I,D,A,E,C,S,PEDS, Ad,G,1,2,3,5	I,D,C,G,3,5	I,D,A,E,C,S,PEDS, Ad,G,1,2,3,5	I,D,A,E,C,S,PEDS, Ad,G,1,2,3,5		
PT 520 Geriatric PT	I,D,E,G	I,D,E,P,G,1,2,3,4,5,7	D,C,S,G,4						I,G,3,5			I,E,2,G	
PT 523 Clinical Medicine I	I, A,E, 1,2,Ad	I, A,E, 1,2,Ad	I, A,E, 1,2,Ad					I, A,E, 1,2,Ad	I, A,E, 1,2,Ad			I, A,E, 1,2,Ad	
PT 524 Clinical Medicine II	I,A,E,P,Ad,G,1,2,5,7	I,A,E,P,Ad,G,1,2,5,7	I,A,E,P,Ad,G,1,2,5,7	I,A,E,P,Ad,G,1,2,5,7	I,A,E,P,Ad,G,1,2,5,7			I,A,E,P,Ad,G,1,2,5,7	I,A,E,P,Ad,G,1,2,5,7			I,A,E,P,Ad,G,1,2,5,7	I,A,E,P,Ad,G,1,2,5,7
PT 525 Clinical Medicine III	D,A,E,C,1,2,5,Ad,G	D,A,E,C,1,2,5,Ad,G	D,A,E,C,1,2,5,Ad					D,A,E,C,1,2,5,Ad,G	D,A,E,C,1,2,5,Ad,G			D,A,E,C,1,2,5,Ad,G	
PT 526 Foundational Skills	D, A, E, P, S, 2, 3, 5, 6, Ad, G, P	D,A,E,C,1,2,5,Ad,G	D, A, E, S, Ad, G, P							D, E, P, P, .Ad, G			
PT 527 Physical & Electrophysical Agents	I,D,A E C,S,1,2,5,Peds,Ad,G	I,D,A E C,S,1,2,5,Peds,Ad,G	I,D,A E C,S,1,2,5,Peds,Ad,G	I,D,A E C,S,1,2,5,Peds,Ad,G	I,D,A E C,S,1,2,5,Peds,Ad,G	I,D,A E C,S,1,2,5,Peds,Ad,G		I,D,A E C,S,1,2,5,Peds,Ad,G	I,D,A E C,S,1,2,5,Peds,Ad,G		I,D,A E C,S,1,2,5,Peds,Ad,G		
PT 529 Clinical Biomechanics	I,D,E,A, PEDS,Ad,G,2,3,5	I,D,E,A, PEDS,Ad,G,2,3,5											
PT 530 Clinically Applied Exercise Physiology	I, D, A, E, P, 2, 3, Ad	I, D, S, 2,3, A, Ad	I, D, A, 5, 1,2,3,5, Ad	I, D, A, 5, 2,3, Ad, G		I, A, P, 3, Ad, G				I, A, P, 3, Ad, G			
PT 531 Prosthetics	D,M,A,E,Ad,G,2,5	D,M,A,E,Ad,G,2,5	D,M,A,E,Ad,G,2,5	D,M,A,E,Ad,G,2,5			D,M,A,E,Ad,G,2,5	D,M,A,E,Ad,G,2,5,3	D,M,A,E,Ad,G,2,5			D,M,A,E,Ad,G,2,5	
PT 532 Foundational Skills II	I,D,A,E,S,1,2,3	I,A,E,S,1,2,3	I,A,E,S,1,2,3	I,D,A,E,S,1,2,3	I,D,A,E,S,1,2,3		I,D,A,E,S,1,2,3	I,D,A,E,S,1,2,3				I,D,A,E,S,1,2,3	I,D,A,E,S,1,2,3
PT 533 Pelvic Health PT	I,D,A,E,S,1,2,3	I,D,A,E,S,1,2,3	I,D,A,E,S,1,2,3	I,D,A,E,S,1,2,3	I,D,A,E,S,1,2,3		I,D,A,E,S,1,2,3	I,D,A,E,S,1,2,3	I,D,A,E,S,1,2,3	I,D,A,E,S,1,2,3		I,D,A,E,S,1,2,3	I,D,A,E,S,1,2,3
PT 532 Foundational Skills II	I,D,A,E,S,1,2,3	I,A,E,S,1,2,3	I,A,E,S,1,2,3	I,D,A,E,S,1,2,3	I,D,A,E,S,1,2,3		I,D,A,E,S,1,2,3	I,D,A,E,S,1,2,3				I,D,A,E,S,1,2,3	I,D,A,E,S,1,2,3
PT 536 Neuroscience	I,D,A,E,P,S,2,3,5,7,P,Ad,G												
PT 560 Clinical Reasoning I	I,D,A,E,C,P,P,Ad,G,1,2,5,7	I,D,A,E,C,P,P,Ad,G,1,2,5,7	I,D,A,E,C,P,P,Ad,G,1,2,5,7	I,D,A,E,C,P,P,Ad,G,1,2,5,7	I,D,A,E,C,P,P,Ad,G,1,2,5,7		I,D,A,E,C,P,P,Ad,G,1,2,5,7	I,D,A,E,C,P,P,Ad,G,1,2,5,7	I,D,A,E,C,P,P,Ad,G,1,2,5,7	I,D,A,E,C,P,P,Ad,G,1,2,5,7	I,D,A,E,C,P,P,Ad,G,1,2,5,7	I,D,A,E,C,P,P,Ad,G,1,2,5,7	
PT 563 Cardiopulmonary PT	I,D,A, E, S, Ped, Ad, G; 2,3,5	I,D,A, E, S; Ped, Ad, G; 2,3,5	I,D,A, E, S; Ped, Ad, G; 2,3,5	I,D,A; E, S; Ped, Ad, G; 2,3, 5	D,A; E, S; Ad, Ad, G; 2,3, 5	D,A; E, S; Ad, Ad; G; 2,3, 5	D,A; E,S; Ad, G; 2,3,5	D; E; Ad, G; 2,3,5	D; E, S; Ad, G; 2,3,5	D; E; Ad, G; 2	D; E; Ad, G; 2, 5	D; E; Ad, G; 2, 5
PT 565 Pediatric Physical Therapy	I,D,A,E,C,P,1,2,3,	I,D,A,E,C,P,1,2,3,	I,D,A,E,C,P,1,2,3,	I,D,A,E,C,P,1,2,3,			I,D,A,E,C,P,1,2,3,	I,D,A,E,C,P,1,2,3,	I,D,A,E,C,P,1,2,3,			I,D,A,E,C,P,1,2,3,	
PT 567 Neurorehabilitation I	I,D,A, E, C, P, S; IPE; Ad, G; 1,2,3,5,6	I,D,A, E, C, P, S; IPE; Ad, G; 1,2,3,5,6	I,D,A, E, C, P, S; IPE;Ped, Ad, G; 1,2,3,5,6	I,D,A, E, C, P, S; IPE; Ad, G; 1,2,3,5,6	I,D,A, E; S; Ad, G; 1,2,3,5,6	I,D; S; Ad; G; 1,3	I,D,A, E; S; Ped, Ad, G; 1,2,3,5,6	I,D,A, E, P, S; IPE; Ped, Ad, G; 1,2,3,5,6	I,D,A, E; P; IPE; Ped, Ad, G; 1,2,3,5,6	I,D,A, E; Ped, Ad, G; 1,2,3,5,6	I,D,A,C,P; Ad, G; 2,5	I,D,A, E; Ped, Ad, G; 1,2, 3,5	D,A; P; Ped, Ad, G; 2,5,6
PT 568 Neurorehabilitation II	I,D,A, E, C, P, S; IPE; Ad, G; 1,2,3,5,6	I,D,A, E, C, P, S; IPE; Ad, G; 1,2,3,5,6	I,D,A, E, C, P, S; IPE;Ped, Ad, G; 1,2,3,5,6	I,D,A, E, C, P, S; IPE; Ad, G; 1,2,3,5,6	I,D,A, E; S; Ad, G; 1,2,3,5,6	I,D; S; Ad, G; 1,3	I,D,A, E; S; Ped, Ad, G; 1,2,3,5,6	I,D,A, E, P, S; IPE; Ped, Ad, G; 1,2,3,5,6	I,D,A, E; P; IPE; Ped, Ad, G; 1,2,3,5,6	I,D,A, E; Ped, Ad, G; 1,2,3,5,6	I,D,A,C,P; Ad, G; 2,5	I,D,A, E; Ped, Ad, G; 1,2, 3,5	D,A; P; Ped, Ad, G; 2,5,6
PT 569 Musculoskeletal Management II	E,C,S, P,A,G, I, D, M, A, 1,2,3,4,5,6	E,C,S, P,A,G, I, D, M, A,1,2,3,4,5,6	E,C,S, P,A,G, I, D, M, A, 1,2,3,4,5,6	E,C,S, P,A,G, I, D, M, A, 1,2,3,4,5,6	E,C,S, P,A,G, I, D, M, A, 1,2,3,4,5,6		E,C,S, P,A,G,I, D, M, A,1,2,3,4,5,6	E,C,S, P,A,G, I, D, M, A, 1,2,3,4,5,6				E,C,S, P,A,G, I, D, M, A, 1,2,3,4,5,6	E,C,S, P,A,G, I, D, M, A, 1,2,3,4,5,6
PT 570 Psychosocial Aspects of Health & Wellness	I,D,M,A,P,1,2,5,6,7	I,D,M,A,P,1,2,5,6,7	I,D,M,A,P,1,2,5,6,7	I,D,M,A,P,1,2,5,6,7	I,D,M,A,P,1,2,5,6,7		I,D,M,A,P,1,2,5,6,7	I,D,M,A,P,1,2,5,6,7	I,D,M,A,P,1,2,5,6,7	I,D,M,A,P,1,2,5,6,7		I,D,M,A,P,1,2,5,6,7	I,D,M,A,P,1,2,5,6,7
PT 572 Practice & Administration	I, P, Ad, G, P, 5,7				D, P, Ad, G, P, 5,7	D, P, Ad, G, P, 5,7	D, P, Ad, G, P, 4, 5,7	D, P, Ad, G, P, 4, 5,7			D, P, Ad, G, P, 4, 5,7	
PT 573 Musculoskeletal Management III	E,C,S, P,A,G, I, D, M, A, 1,2,3,4,5,6	E,C,S, P,A,G, I, D, M, A, 1,2,3,4,5,6	E,C,S, P,A,G, I, D, M, A, 1,2,3,4,5,6	E,C,S, P,A,G, I, D, M, A, 1,2,3,4,5,6	E,C,S, P,A,G, I, D, M, A, 1,2,3,4,5,6	E,C,S, P,A,G,I, D, M, A, 1,2,3,4,5,6		E,C,S, P,A,G, I, D, M, A,1,2,3,4,5,6	E,C,S, P,A,G, I, D, M, A,1,2,3,4,5,6			E,C,S, P,A,G, I, D, M, A, 1,2,3,4,5,6	E,C,S, P,A,G, I, D, M, A, 1,2,3,4,5,6
PT 576 Clinical Reasoning II	I,D,A,E,C,P,P,Ad,G,1,2,5,7	I,D,A,E,C,P,P,Ad,G,1,2,5,7	I,D,A,E,C,P,P,Ad,G,1,2,5,7	I,D,A,E,C,P,P,Ad,G,1,2,5,7	I,D,A,E,C,P,P,Ad,G,1,2,5,7	I,D,A,E,C,P,P,Ad,G,1,2,5,7		I,D,A,E,C,P,P,Ad,G,1,2,5,7	I,D,A,E,C,P,P,Ad,G,1,2,5,7			I,D,A,E,C,P,P,Ad,G,1,2,5,7	I,D,A,E,C,P,P,Ad,G,1,2,5,7
PT 582 Clinical Clerkship	D; P; Ad,G; 2		D; P; Ped, Ad, G; 2,5, 8	D; P; Ped, Ad, G; 2	D; 2,5	D; 2,5	D; P; 2,5, 8; Ped, A, G	D; 2, 8; Ped, A, G		I; 2,5; Ped, A, G	D, A; P; Ped, Ad, G; 2,5,8	D,A; P; Ped, Ad, G; 2,5
PT 583 Integrated Clinical Experience I	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE
PT 584 Integrated Clinical Experience II	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE
PT 587 Full Time Clinical Experience I	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE
PT 589 Full Time Clinical Experience II	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE	D,A,CE, 8, P,Ad,G,IPE
PT 626 Clinical Medicine IV	M, A, E,C,S,Ad,G,1,2,5, IPE	M, A, E,C,S,Ad,G,1,2,5, IPE	M, A, E,C,S,Ad,G,1,2,5, IPE					M, A, E,C,S,Ad,G,1,2,5, IPE	M, A, E,C,S,Ad,G,1,2,5, IPE	M, A, E,C,S,Ad,G,1,2,5, IPE		M, A, E,C,S,Ad,G,1,2,5, IPE	
PT 627 Prevention & Wellness Education					I, D, P, 2, 4, P, Ad, G	I, D, A, E, 2, P, Ad, G	I, D, A, E, P, 2, P, Ad, G				D, A, E, P, 7, P, Ad, G	
PT 629 Clinical Medicine V	I,D,M,A,Ad,G,1,2,3	I,D,M,A,Ad,G,1,2,3	I,D,M,A,Ad,G,1,2,3	I,D,M,A,Ad,G,1,2,3		I,D,M,A,Ad,G,1,2,3	I,D,M,A,Ad,G,1,2,3	I,D,M,A,Ad,G,1,2,3			I,D,M,A,Ad,G,1,2,3	I,D,M,A,Ad,G,1,2,3	
PT 676 Clinical Reasoning III			D, A, C, P, (P, Ad, G) 1,2, 5,6,7									D, A, C, P, (P, Ad,G) 1,2, 5,6,7	
PT 680 Clinical Internship	M,A,CE, 8, P,Ad,G,IPE	M,A,CE, 8, P,Ad,G,IPE	M,A,CE, 8, P,Ad,G,IPE	M,A,CE, 8, P,Ad,G,IPE	M,A,CE, 8, P,Ad,G,IPE	M,A,CE, 8, P,Ad,G,IPE	M,A,CE, 8, P,Ad,G,IPE	M,A,CE, 8, P,Ad,G,IPE	M,A,CE, 8, P,Ad,G,IPE	M,A,CE, 8, P,Ad,G,IPE	M,A,CE, 8, P,Ad,G,IPE	M,A,CE, 8, P,Ad,G,IPE

KEY:
I = Introduced
D = Developed/reinforced, with opportunities to practice
M = Mastery
A = Assessment evidence collected

Assessment Tool:
E = Exam\quiz
C= Case study/report   E,C,S, P,A,G
P= Project/Paper
S=Skills Check/Practical
CE=Clinical experience Assessment

Thread:
IPE
Lifespan: P=peds, Ad=adults, G=geriatric

Instructional Methods
1=Case study
2=Lecture
3=Lab
4=Simulation
5=Small group work
6=Team based learning
7=student presentations
8=Clinical practice