

University of Rhode Island

DigitalCommons@URI

---

Faculty Senate Bills

Faculty Senate

---

2-24-2005

## Curricular Report No. 2004-05-3A: Proposal for a Doctor of Physical Therapy Degree from the Graduate Council to the Faculty Senate

University of Rhode Island Faculty Senate

Follow this and additional works at: [https://digitalcommons.uri.edu/facsen\\_bills](https://digitalcommons.uri.edu/facsen_bills)

---

### Recommended Citation

University of Rhode Island Faculty Senate, "Curricular Report No. 2004-05-3A: Proposal for a Doctor of Physical Therapy Degree from the Graduate Council to the Faculty Senate" (2005). *Faculty Senate Bills*. Paper 1722.

[https://digitalcommons.uri.edu/facsen\\_bills/1722](https://digitalcommons.uri.edu/facsen_bills/1722)

This Legislation is brought to you by the University of Rhode Island. It has been accepted for inclusion in Faculty Senate Bills by an authorized administrator of DigitalCommons@URI. For more information, please contact [digitalcommons-group@uri.edu](mailto:digitalcommons-group@uri.edu). For permission to reuse copyrighted content, contact the author directly.



Faculty Senate

Serial Number #04-05--14

TO: President Robert L. Carothers

FROM: Chairperson of the Faculty Senate

- 1. The attached BILL, titled Curricular Report No. 2004-05-3A: Proposal for a Doctor of Physical Therapy Degree from the Graduate Council to the Faculty Senate is forwarded for your consideration.
2. The original and two copies for your use are included.
3. This BILL was adopted by vote of the Faculty Senate on February 24, 2005.
4. After considering this bill, will you please indicate your approval or disapproval. Return the original or forward it to the Board of Governors, completing the appropriate endorsement below.
5. In accordance with Section 10, paragraph 4 of the Senate's By-Laws, this bill will become effective March 17, 2005 three weeks after Senate approval, unless: (1) specific dates for implementation are written into the bill; (2) you return it disapproved; (3) you forward it to the Board of Governors for their approval; or (4) the University Faculty petitions for a referendum. If the bill is forwarded to the Board of Governors, it will not become effective until approved by the Board.

February 28, 2005 (date)

G. Faye Boudreaux-Bartels Chairperson of the Faculty Senate

ENDORSEMENT

TO: Chairperson of the Faculty Senate

FROM: President of the University

Returned.

- a. Approved \_\_.
b. Approved subject to final approval by Board of Governors Bd. approved 8-15-05
c. Disapproved \_\_.

3/5/05 (date)

Robert L. Carothers President

UNIVERSITY OF RHODE ISLAND  
The Graduate School

Curricular Report from the Graduate Council to the Faculty Senate  
Report No. 2004 - 2005 - 3A  
Proposal for a Doctor of Physical Therapy Program

At Meeting No.398 held on 19 November, 2004, the Graduate Council approved the following proposal that is now submitted to the Faculty Senate.

SECTION I

BACKGROUND INFORMATION

ABSTRACT

The Graduate Council approved a proposal from the College of Human Science and Services for a graduate program leading to the Doctor of Physical Therapy (DPT) degree. The proposed degree program would replace the current M.S. program in Physical Therapy and would be a professional, clinical degree. The new degree is said to reflect the extraordinary growth in the required knowledge base for physical therapy practitioners. The Graduate Council deemed the program to be of significant merit, and it is forwarded to the Faculty Senate in Class A.

BACKGROUND

The DPT will train new practitioners in physical therapy. Graduates of the program will meet the national qualifying standards for the licensing exam that is required nationally to practice as a Physical Therapist. The clinical doctorate is said to better prepare students for the increased scope and depth of requirements for modern practice of physical therapy and will serve current practitioners in the state and region who need to upgrade their professional skills to the new standard. There is no similar program in the state of Rhode Island.

The proposal was reviewed under the process established by the Faculty Senate in which the Graduate Council serves as the Coordinating and Review Committee. Announcements of the receipt of the proposal were sent to the Provost and the Council of Deans, the Budget Office, and Department Chairs and Directors. Recommendations were sought from each of these, and the comments received are appended. Comments and recommendations have been kept on file in the Graduate School.

Recognizing that the trend in allied health programs is to move to the doctorate as the professional degree, the Council of Deans endorsed the proposal. The Budget Office noted that the proposal plans for two tenure track faculty positions - each at an estimated cost of \$85,440 per year (salary plus fringe benefits). However, the proposal indicates that the program should be able to provide an increase in revenues to cover these additional costs.

## SECTION II

### RECOMMENDATION

The Graduate Council approved the proposal for the DPT degree at its meeting number 398 held on 19 November, 2004, and forwards it to the Faculty Senate in the Class A\* category.

#### Proposal for a Doctor of Physical Therapy Degree Program

##### A. Program Information:

**1. Name of institution.**

University of Rhode Island

**2. Name of department, division, school or college.**

Department of Kinesiology  
College of Human Science and Services

**3. Title of program and federal Classification of Instructional Programs (CIP) code.**

Doctor of Physical Therapy (51.2308)

**4. Intended initiation date of program change and anticipated date for granting first degrees or certificates.**

Initiation of program change	September 2005
Granting of first degree	May, 2008

**5. Intended location of program.**

Independence Square, University of Rhode Island, Kingston, RI

**6. Description of institutional review and approval process.**

The proposal was reviewed under the process established by the Faculty Senate in which the Graduate Council serves as the Coordinating and Review Committee. Announcements of the receipt of the proposal were sent to the President and Joint Educational Policy Committee, the Provost and the Council of Deans, the Budget Office and Department Chairs and Directors.

---

\*8.85.30 Classification. When new programs are approved by the Faculty Senate, approval may be classified as follows: approval Class A will mean that the program is deemed to be of such merit as to justify the recommendation of the immediate allocation of funds for its implementation; approval Class B would recommend that proposed new programs compete for resources on an equal basis with all other University activities; approval Class C would recommend funding of the proposed new program should additional funds be made available to the University.

	DATE APPROVED
Department(s)/Committee(s)/Group(s)	10/12/04
College(s)	10/19/04
Graduate Council	11/19/04
Faculty Senate	
President of the University	

**7. Summary description of the proposed program.**

The proposed degree program would replace the current Master of Science degree in Physical Therapy in the Department of Kinesiology, which is in the College of Human Science and Services. The DPT would be a professional, clinical degree and not have a major focus on preparing graduates for careers in research. This is an important difference from the Ph.D. A similar degree in concept is the Au. D., the doctor of audiology, also housed in the College of Human Science and Services at URI. The new degree reflects the extraordinary growth in the required knowledge base for physical therapy practitioners in a field facing increasingly complex issues of diagnosis and management of movement disorders. The current program in physical therapy is the only one in the State of Rhode Island (CCRI has an associates degree level Physical Therapist Assistant program) and one of 16 in New England.

**8. Signature of President**

---

Robert L. Carothers, President

**9. Resources will be required.**

The program will replace the existing Master of Science in Physical Therapy degree program and will use existing facilities and staff. Two faculty positions are requested; one to replace a faculty member who left the University and was not replaced, and the other to fill a position that was previously searched for but not filled. See [http://www.uri.edu/facsen/3A\\_Proposed\\_Budget.pdf](http://www.uri.edu/facsen/3A_Proposed_Budget.pdf)

**10. Name of Person(s) to contact during the review:**

*Peter Blanpied, PhD, PT*  
*Interim Director, Physical Therapy*  
*Chair Department of Kinesiology*  
 (401)874-4065  
 blanpied@uri.edu

**11. Signed agreements for any cooperative arrangements made with other institutions/agencies in support of the program.**

There are no cooperative agreements with other agencies or institutions.

**B. Rationale:**

**1. State the program objectives.**

The DPT will train new practitioners in physical therapy. This professional doctorate will replace the existing Master of Science in Physical Therapy. Graduates of the program will meet the national standards for qualifying for the licensing exam, required nationally to practice as a Physical Therapist. These standards are established by the Commission on Accreditation in Physical Therapy Education (CAPTE), affiliated with the American Physical Therapy Association. The clinical doctorate will better prepare students for the increased scope and depth of requirements for modern practice of physical therapy. The program also will serve current practitioners in the state and region who need to upgrade their professional skills to the new standard.

**2. Explain the needs addressed by this program, and present evidence that the program fulfills these needs.**

A professional doctorate is the educational model employed by many of the health professions, including medicine (M.D.), osteopathy (D.O.), podiatry (D.P.M.), dentistry (D.D.S., or D.M.D.), pharmacy (Pharm.D.), and audiology (Au.D.), and in other Universities, physical therapy (D.P.T.)

As of August 2004, 104 of the 204 PT education programs in the country have implemented the DPT as the degree appropriate to enter practice. Another 89 programs have the stated intention of converting to the DPT within the next five years, and there are five developing programs at the DPT level. Should all of these programs convert as intended, 94.3% of the current accredited and developing programs would be accredited at the DPT level within the next five to ten years.

The DPT is the appropriate degree because of the explosion in scientific knowledge and the refinement and increased complexity and sophistication of diagnostic and treatment procedures. CAPTE agrees, stating in the latest version of the accreditation standards on which URI's Physical Therapy Program will be evaluated state (Final Draft Oct 2004, CC-7): "Based on the amount and complexity of that course work, the Doctor of Physical Therapy is the preferred degree."

The model that was developed for the DPT is an expansion and refinement of the curriculum for the current Master's degree. An extensive and exhaustive review of the current program was performed by the faculty resulting in identification of areas of redundancy, areas in need of expansion, and new areas needed to be delivered. The resulting curricular content aligns well with accreditation standards (included in Appendix A See [http://www.uri.edu/facsen/3A\\_Appendices.pdf](http://www.uri.edu/facsen/3A_Appendices.pdf)) indicates the proposed model will be very successful in preparing future Physical Therapists.

**3. If an external advisory or steering committee was used to develop the program, identify committee members and their affiliations, and describe the committee's role.**

No external advisory committee was used.

**C. Institutional Role:** The program should be clearly related to the role and mission of the institution, and be compatible with other programs and activities of the institution.

- 1. Explain how the program is consistent with the role and mission of the institution and how it is related to the institution's academic plan.**

The Doctor of Physical Therapy fits well with the role and mission of the institution, just as the existing Master of Science in Physical Therapy does. Physical Therapists practice in a variety of settings, including hospitals, private practices, schools, home care, the military, geriatric care centers, and industry. The program fits well within the focus programs of Health, and of Children, Families, and Communities. Faculty members in the existing program share interests and interactions in the areas of Exercise Science, Human Development, Gerontology, Biology, and Biomedical Engineering. The existing program provides newly trained practitioners to the state, region, and nation, as well as providing opportunity for continued education to established professionals. The new program will continue these activities, but with greater authority. Since there will be an increasing number of practicing Physical Therapists in the area who hold a doctorate, these clinicians will logically seek continuing education opportunities from a doctoral level program.

The current program in Physical Therapy is the only training program in Rhode Island and one of only 16 in New England. Four of the 16 programs in New England are in public institutions, the remaining 12 are in private colleges and universities. Half of the New England programs are already at the DPT level, ALL of the others are in the process of proposing the DPT to their various governing bodies.

- 2. Explain the relationship of the program to other programs offered by the institution.**

The program will relate to other programs at URI in much the same manner as the current Physical Therapy Master's degree program does. The strongest relationship is with both the undergraduate and graduate programs in Exercise Science. Many of the undergraduate students in Exercise Science have targeted physical therapy for graduate study and as their future profession. We anticipate further collaboration and will work to facilitate this undergraduate preparation as a route to successful admittance into the DPT program. Graduate students in Exercise Science and Physical Therapy provide laboratory assistance in learning experiences in each other's clinical and research labs, and have occasionally taken classes in each other's discipline. As two programs existing within the Department of Kinesiology, we will seek further curricular collaboration in relevant areas (e.g., research methods, muscular and cardiovascular physiology).

Currently, the Physical Therapy Clinic shares administrative support (third-party billing) with the Speech and Hearing Clinic. Members of the Physical Therapy Clinic also supports URI's Student Health Services by participating in a weekly clinic.

Faculty in the program will continue their relationships with other programs and divisions throughout the University. For example, Dr. Roush is currently serving as half time Associate Dean in the College of Human Science and Services, and Dr. Blanpied is serving as Chair of the Department of Kinesiology. Additionally, the Physical Therapy Program has close ties with the Rhode Island Geriatric Education Center, the RI Developmental Disabilities Council, RI and national Special Olympics, and the URI Office of Disability Services.

**D. Interinstitutional Considerations:**

**1. List similar programs offered in the state and region, and compare the objectives of similar programs.**

There are no similar programs (graduate program in physical therapy) in Rhode Island. There is an Associates Degree for training Physical Therapist Assistants at CCRI. In New England there are 16 accredited PT education programs. Eight of the 16 are already at the DPT level ALL of the others are currently in the process of proposing the DPT to their various governing bodies. The programs in New England are:

Connecticut:

University of Connecticut (Storrs) (MS moving to DPT)

University of Hartford (DPT)

Quinnipiac (MSPT moving to DPT)

Sacred Heart (DPT)

Massachusetts

American International College (MS moving to DPT)

Boston University (DPT)

MGH Institute of Health Professions (DPT)

Northeastern University (MS moving to DPT)

Simmons College (DPT)

Springfield College (MS moving to DPT)

University of Mass Lowell (DPT)

Maine:

University of New England (DPT)

Husson College (MS moving to DPT)

New Hampshire:

Franklin Pierce College (MS moving to DPT)

Rhode Island:

University of Rhode Island (MS moving to DPT)

Vermont:

University of Vermont (moving to DPT)

All of the above programs train entry-level physical therapists. While program strengths and emphases might differ slightly, all are required to meet rigorous national accreditation standards ensuring similar and appropriate scope and depth of content covered. A comparison of the proposed DPT at URI to all other New England PT programs is presented in Appendix B. See [http://www.uri.edu/facsen/3A\\_Appendices.pdf](http://www.uri.edu/facsen/3A_Appendices.pdf).

**2. Estimate the projected impact of the program on the other higher education institutions in Rhode Island.**

Because there is no other graduate PT Program in Rhode Island there will be no impact.

**3. Describe any provisions for transfer students (into or out of the program) at other Rhode Island public institutions of higher education. Describe any transfer agreements with independent institutions.**



Because there is no other graduate program in Physical Therapy in Rhode Island, there will be no need for transfer provisions.

4. Describe any cooperative arrangements with institutions offering similar programs. (Signed copies of any agreements pertaining to use of faculty, library, equipment, and facilities should be attached.)

There are no cooperative arrangements with other institutions offering similar programs.

5. If external affiliations are required, identify providing agencies. (Indicate the status of any arrangements made and append letters of agreement, if appropriate.)

A portion of the DPT program necessarily involves clinical training, as does the current MS program. To accomplish this training, we have and will continue to use a wide variety of clinical sites and experiences. A list of sites with which we have a current affiliation for clinical training is presented in Appendix C. See [http://www.uri.edu/facsen/3A\\_Appendices.pdf](http://www.uri.edu/facsen/3A_Appendices.pdf).

6. Indicate whether the program will be available to students under the New England Board of Higher Education (NEBHE) Regional Student Program (RSP).

As indicated in D.1., there is currently at least one PT program in each of the states of New England, so this program will not be available to students under the NEBHE Regional Student Program.

#### E. Program:

1. Prepare a typical curriculum display for one program cycle for each sub-major, specialty or option, including the following information:

In formulating the curriculum for the DPT, the current Master's program curriculum underwent an intensive analysis and revision, the first such major and comprehensive analysis in 10 years. Instead of describing only the new courses here, the entire curriculum is presented so the reader may have a better understanding of the integration, flow, and progressive nature of the DPT curriculum as a whole. (See [http://www.uri.edu/facsen/3A\\_curric\\_display.pdf](http://www.uri.edu/facsen/3A_curric_display.pdf))

For a description of the necessary changes from what is required in the current Master's program, the reader is referred to Appendix D. See [http://www.uri.edu/facsen/3A\\_Appendices.pdf](http://www.uri.edu/facsen/3A_Appendices.pdf)

- a. *Required courses in area of specialization and options, if any.*

All courses listed in E.1.a. are required. The curricular changes needed to implement the program are listed in Appendix D. See [http://www.uri.edu/facsen/3A\\_Appendices.pdf](http://www.uri.edu/facsen/3A_Appendices.pdf) Required forms and course syllabi also are included in Appendix D. See [http://www.uri.edu/facsen/3A\\_Appendices.pdf](http://www.uri.edu/facsen/3A_Appendices.pdf)

- b. *Total number of credits required for the completion of the program or for graduation. Present evidence that the program is of appropriate length as illustrated by conformity with appropriate accrediting agency standards, applicable industry standards, or other credible measure, and comparability of lengths with similar programs in the state or region.*

This program requires 109 credits for the post baccalaureate DPT. The national average for DPT programs is 115 credits (range 90 - 147 credits, 2003-2004 data). The 2006 CAPTE accreditation standards (under which the URI DPT Program will be judged) reads:

"In order to adequately address the content and learning experiences necessary for students to achieve the expectations listed above, the professional curriculum is at least three academic years (or the equivalent) in length. Preferably, the series of courses included in the professional curriculum is awarded at least 90 semester credit hours (or the equivalent) and the clinical education component of the curriculum includes a minimum of 30 weeks of full-time clinical education experiences."

The proposed program meets all three standards of length of program, semester credit hours, and length of clinical experiences.

**c. Identify any courses that will be delivered or received by way of distance learning.**

PHT 655 Diagnostic Imaging is being designed as a web based course. In addition, It is anticipated that elements of PHT 640 Evidence Based Inquiry IV will be delivered through a distance learning model. This is necessary as the students will be off campus performing their full-time clinical affiliations during that semester. They will return at the end of the semester to complete PHT 640.

**2. Describe certification/licensing requirements, if any, for program graduates and the degree to which completion of the required course work meets said requirements. Indicate the agencies and timetables for graduates to meet those requirements.**

Graduates are required to take a national exam; a specific pass level is required by the state to obtain a license to practice physical therapy in Rhode Island. They must graduate from a CAPTE accredited physical therapist educational program to qualify to sit for the exam. CAPTE is kept up-to-date on this program proposal, and immediately upon passing through the institutional and Board of Governors of Higher Education processes, CAPTE will review the documents related to the 'Application of Substantive Change' and render a decision on the accreditation standards. It is our intention that the following timeline be used to ensure passage of the DPT Program and maintenance.

**F. Faculty and Staff:** The faculty and support staff for the program should be sufficient in number and demonstrate the knowledge, skills, and other attributes necessary to the success of the program.

**1. List present and proposed faculty who will be assigned to the program. The following information should be provided, where possible, for each:**

See [http://www.uri.edu/facsen/3A\\_faculty\\_staff.pdf](http://www.uri.edu/facsen/3A_faculty_staff.pdf) for the current and proposed faculty needed to deliver the DPT Program. The national average of faculty FTE in DPT programs is approximately 10.7 full time and 1.6 part-time (data from 2003-2004 A/Y). Our DPT program proposal is for six full-time and two part-time; well below the national average, but substantially improved from the current status of four full-time and two part-time in the Master's program. Currently a significant portion of the curriculum is delivered by per-course-lecturers and grant funded personnel.

Even though our proposal will result in fewer FTE than national averages, our program is also smaller in student numbers than the national norm (24 students vs. 41). Teaching loads in the URI PT Program ((9 credits + 2 office hours) \* 32 weeks = 352 contact hours per A/Y) are also higher than national norms (218.4 contact hours per A/Y).

As seen below, the DPT proposal adds two new faculty lines. The Program Budget shows that new revenue generated by the credit overload fees of the DPT program more than pays for this increase. The teaching loads of the new faculty are shown below; our reliance on per-course lecturers and grant funded personnel will decrease substantially.

1. **Summarize the annual costs for faculty and support staff by indicating salaries and fringe benefits (adjusted for the proportion of time devoted to the program). For the first year, distinguish between existing resources and new resources. Specify if resources are to be provided by more than one department. (Include information in proposed budget.)** Please see the Expenses portion of the Proposal Budget. Two faculty positions are added to the current level; one of these lines replaces a position lost after a faculty member left the Program (Dupre position not replaced), the other replaces a line searched for in the mid 1990's but not filled. The search was not continued. Additionally, operating expenses are restored to the level received in 2002.

The Budget Summary shows a net revenue gain every year; the gain increases as subsequent DPT classes are enrolled to level out with a positive revenue of \$597,992 per year.

- G. **Students: The program should be designed to provide students with a course of study that will contribute to their intellectual, social and economic well-being. Students selected should have the necessary potential and commitment to complete the program successfully.**
  1. Describe the potential students for the program and the primary source of these students. Indicate the extent to which the program will attract new students or will draw students from existing programs. For graduate programs, indicate which undergraduate programs would be a potential source of students.

Because the DPT program will replace the current Master's degree program, many of the sources for prospective students will be the same. Typically half the class is from Rhode Island, and approximately one third are URI graduates. Only rarely do students leave other programs at URI, or other institutions, and enroll in our program, so implementing the DPT will not draw students from other programs at URI. Typically, graduates from URI's programs in Exercise Science, Biology, and Psychology have been a major source of graduate students in Physical Therapy, and we expect this trend to continue with the DPT.

2. **Estimate the proposed program size and provide projected annual full-time, part-time, and FTE enrollments for one complete cycle of the program.**

The size of the proposed DPT program is the same as the current Master's degree program. 24 students in a class, three years of study determines that approximately 72 students will be in the DPT program. We encourage and anticipate that all students will be full time.
3. **List the program admission and retention requirements for students. Provide descriptions of the specific criteria and methods used to assess students' ability to benefit from the program. Describe how satisfactory academic progress will be determined.**

Admission to the DPT will be identical to the current Master's program, and will be on a competitive basis. Requirements will include a bachelor's degree, taking the GRE national standardized test, two letters of recommendation (one must be from a Physical Therapist), at

least 30 hours of physical therapy observational experience, a standard Graduate School Application, and evidence (by official transcript) that the applicant has passed the following coursework:

- Biology (12 credits including 8 credits in Human Anatomy and Human Physiology)
- Chemistry (8 credits of lab courses; Intro and second level - usually Organic)
- Physics (8 credits of lab courses; Intro and second level)
- Psychology (6 credits; Intro and second level)
- Communications (3 credits - speaking or writing)
- Math (3 credits through Pre-Calculus)
- Statistics (3 credits)

Student performance and progress will be reviewed at the end of every semester. Students will be evaluated in three domains: the cognitive domain, by individual and collective course grades (all required courses must be passed at a level of 2.0 or above, a cumulative QPA of 3.0 will be required for retention); the psychomotor domain, by performance in the skill competency exams of clinical courses and by performance in affiliations; and the affective domain, by adhering to the *Generic Abilities of Physical Therapists*, a tool refined and currently used throughout the curriculum in the Master's degree program.

Student's ability to benefit from the program will be assessed by passing rates on the national licensing examination, and by employment figures. The Master's program currently has a passing rate higher than the national average, and employment rate 6 months after graduation that exceeds 92%. It is anticipated that these numbers, while quite high, will only improve with the implementation of the DPT.

**4. Indicate available funds for scholarships and fellowships.**

The same scholarship sources currently available in our Master's degree program will be available to the DPT students. These include graduate assistantships, and a significant number (currently 13) of grant related student support positions.

**H. Administration: Administrative oversight for the program should be sufficient without endangering the existing programs.**

**1. Indicate how the program will be administered, and the degree to which this work will affect the administrative structure in which it is located.**

The DPT Program will administratively reside in the Department of Kinesiology in the College of Human Science and Services. Because the DPT will be a replacement for the current Master's degree program in physical therapy, there will be no impact on the administrative structure of the Department or College.

**2. Indicate the names and titles of the persons who will have administrative responsibility for the program, and the percent of time each will spend on the program.**

Professor Beth Marcoux is the current Director of the Master's degree program, and she will continue as Director of the DPT Program. Peter Blanpied, Associate Professor, is serving as Interim Director. Dr. Robin Katzanek, Clinical Assistant Professor, is the Academic Coordinator of Clinical Education, and administers the in-house and external clinical internships. Mr. John McLinden, Clinical Assistant Professor, is the Clinic Coordinator of University Physical Therapy, and coordinates the clinical operations.

3. **Indicate additional annual administrative salaries and related costs to be associated with the program. (Include information in proposed budget.)**

Administrative costs associated with the DPT will be the same as for the current Master's degree program in Physical Therapy.

**I. Instructional Resources: The instructional resources should be sufficient in quantity, quality and timeliness to support a successful program.**

1. **Estimate the number of relevant print, electronic and other non-print library materials needed, and those available, for the program and compare with recommendations of national accrediting agencies, the standards of the Association of College and Research Libraries, and/or any other recognized measures of general library adequacy in terms of collections, staff, space and operations.**

The holdings and subscriptions (including online subscriptions) of the library currently support the Master's degree in Physical Therapy. It is not expected that significant additional new resources that exceed the requests of the current program will be needed. Students in the program have additional online resources available from the American Physical Therapy Association, our professional organization. The current resources have met the standards of accreditation of CAPTE, and this issue will be reviewed during the reaccrediting process in September 2005.

The Library Impact Statement for the new courses and the DPT Program appears in Appendix E. See [http://www.uri.edu/facsen/3A\\_Appendices.pdf](http://www.uri.edu/facsen/3A_Appendices.pdf)

2. **Identify and evaluate other instructional resources and instructional support equipment (such as computers, laboratory equipment and supplies, etc.) in terms of overall capability to satisfy the needs of the program. If these instructional resources are considered insufficient or if upgrading is necessary for the development of the program, the additional needs should be detailed.**

Other instructional resources and support will be similar to those existing in the Master's degree program in Physical Therapy. Located in the Independence Square building, the facilities include a computer laboratory (shared with Communicative Disorders), classrooms with computers and projectors, and well equipped clinic and research areas. Capital equipment necessary to support the instructional, clinical, and scholarship efforts of the Master's program should be similar to that needed for the DPT; these have been funded through a variety of sources including ledger 3 clinic income, grant funds, and funds from the URI Foundation.

3. **Estimate annual expenditures for instructional resources. The information should reflect the annual operation and maintenance of the instructional resources, recurrent costs and costs for necessary additions. See proposed budget at [http://www.uri.edu/facsen/3A\\_Proposed\\_Budget.pdf](http://www.uri.edu/facsen/3A_Proposed_Budget.pdf)**

**J. Facilities and Capital Equipment: Facilities and capital equipment should be sufficient in quantity, quality and timeliness to support a successful program.**

1. **Describe the facilities and capital equipment (e.g., classrooms, office space, laboratories, telecommunications equipment, etc.) and assess the adequacy of these resources relative to the program, and to the requirement of the Americans with Disabilities Act.**

The facilities and capital equipment needed to deliver the DPT program are similar to those needed for the current Master's degree program in Physical Therapy in the Independence Square building in Kingston. The proposed new courses are classroom based and require no additional capital equipment. The Independence Square building is in full compliance with the Americans with Disabilities Act.

2. **If new or renovated facilities are necessary, explain in detail (e.g., requirements, costs, sources of revenue, and expected date of completion).** (See [http://www.uri.edu/facsen/3A\\_Proposed\\_Budget.pdf](http://www.uri.edu/facsen/3A_Proposed_Budget.pdf))  
No new or renovated facilities are required.

**K. Financial Considerations: Projected revenues should be sufficient to support a successful program, and must cover the estimated costs of the program.**

1. **Expenditures for program initiation and annual operation should be estimated and displayed in the proposed budget. The summary should enable the reader to understand expenditures for a period representative of one full program cycle**  
As shown in the budget, annual operating expenses are aligned with current levels, but reduced from past years. Personnel expenses are increased over current levels, primarily caused by filling the Director Position (Marcoux started 12/04), and the replacement of two positions recently lost by retirement (Romeo), or leaving the University (Dupre). The budget details how increased revenue will more than cover these costs.
2. **Revenue estimates should be provided for a similar period of time. For a new program, the appropriateness and feasibility of instituting differential tuition and/or fees should be addressed.**

The DPT Proposal budget is shown in detail See

[http://www.uri.edu/facsen//3A\\_Proposed\\_Budget.pdf](http://www.uri.edu/facsen//3A_Proposed_Budget.pdf), and is based on the following assumptions:

- 109 credits (increased from 82 in the current Master's program)
  - three-year full-time program (same as current Master's program)
  - 24 incoming students per year (same as current Master's program)
  - one half of the students are Rhode Island residents (approximately the same as current Master's program)
  - tuition costs increase by 9% in FY '07, 8.8% in FY '08 and 8.5% in FY '09; these estimates came from the URI Budget Office
  - Salary increases by 3.5% yearly - this includes faculty, staff, graduate assistants, per course lecturers and lecture honoraria. These figures came from the URI Budget Office.
  - Fringe rate figures came from the URI Budget Office.
  - Both new faculty members are tenure-track and are hired for the start of AY '05. This is a conservative assumption.
  - The Masters Program in Physical Therapy does not have a significant problem with attrition of students, averaging approximately one students per year over the last 3 years. This rate is offset somewhat by the approximately one student per year who chooses a somewhat slower pace, finishing in four years. The attrition rate for the DPT Program is expected to be approximately the same as that for the Masters Program.
3. **Describe how current institutional resources will be redeployed or extra institutional resources will be obtained to support the program**

Admission of students into the current Master's degree program in Physical Therapy will be terminated upon approval of the DPT. Institutional resources that support the Master's degree will be deployed to manage the DPT.

**L. Evaluation: Appropriate criteria for evaluating the success of a program should be developed and used.**

**1. List the criteria by which the institution plans to evaluate the program during the first program cycle. Describe provisions made for external evaluation, as appropriate.**

Program review for the first cycle and continuing cycles will be performed internally by the Program, the Department of Kinesiology, and by the office of the Dean, College of Human Science and Services. Data that will be examined include:

- Student applications
  - Number of applicants
  - QPA, prerequisite QPA, and GRE scores of applicants offered admittance
  - Student retention and outcome
  - Number graduated (CAPTE requirement CO-4)
  - Graduate QPA
  - Pass rate on license exam (CAPTE requirement CO-3: must be >80% when averaged over 3 years)
  - Employment rates (CAPTE requirement CO-4)
- Graduates
  - Meet the health care needs of patients/clients and society through ethical behavior, continued competence and advocacy for the profession (CAPTE requirement CO-2)
  - Number of alumni contacted
  - Alumni support (financial and participation)

External evaluation occurs as described below.

**2. If the proposed program is eligible for specialized accreditation, indicate name and address of the accrediting agency and a list of accreditation requirements**

In order to qualify to sit for the national licensing exam, potential Physical Therapists must have graduated from an accredited Physical Therapist education program. The external body that reviews and provides accreditation status is the Commission on Accreditation in Physical Therapy Education (CAPTE), and the CAPTE accreditation process is extremely comprehensive and rigorous. Appendix A contains a copy of the **Evaluative Criteria for the Accreditation of Education Programs for the Preparation of Physical Therapists (adopted 10/26/04, effective 1/1/06)**. In summary, the criteria are organized in the following way:

- Institution and Program Integrity and Capacity
  - Institutional Integrity and Capacity
  - Program Mission, Goals, and Expected Outcomes
  - Program Assessment and Planning
  - Policies and Procedures
  - Program Faculty
  - Program Resources
- Curriculum Plan, Evaluation, Content, and Outcomes
  - Curriculum Plan
  - Curricular Evaluation

**Curriculum Content**  
**Curriculum Outcomes**

The current Master's program in Physical Therapy is accredited through 2006, with the re-accreditation site visit scheduled to occur in September 2005. A re-accreditation decision will be rendered at the Spring 2006 CAPTE meeting.