DOCTOR OF PHYSICAL THERAPY (DPT)
UPDATE REPORT
Plymouth State University
17 High Street
Plymouth, NH 03264

Submitted to the
New England Commission of Higher Education (NECHE)
on October 10, 2018
October 10, 2018

Patricia M. O’Brien, SND
Senior Vice President
New England Commission of Higher Education
3 Burlington Woods Drive, Suite 100
Burlington, MA 01803-4514

Dear Dr. O’Brien

Enclosed please find the Original Substantive Change Proposal and the Substantive Change Update report for the Plymouth State University’s Doctor of Physical Therapy Program.

Plymouth submitted the original proposal in October 2015. Since this submission we are in the second year of program implementation. The program is a three-year program thus full program enrollment will be reached in AY 19-20. The Substantive Change Update report provides an analysis of our implementation success with an emphasis on clinical placements as requested by the Commission in its letter of January 8, 2016.

We are excited about successful launch of the DPT program and appreciate the opportunity to provide this report and look forward to welcoming the NECHE on-site visit team in November.

Sincerely,

Sean Collins, PT, ScD
Professor and Program Director
Plymouth State University
Introduction

The enclosed report updates the New England Commission of Higher Education (NECHE) on the implementation of the Plymouth State University (PSU) Doctor of Physical Therapy (DPT) program. The Commission accepted the Substantive Change Proposal for the DPT program on November 20, 2015. The report was accepted because the DPT program fit within the institution's mission and fulfills the relevant Standards of Accreditation and relevant Commission policies.

At that time an on-site evaluation was planned for Fall 2018 and a report was requested in advance of that visit evaluation that would "give emphasis to the Institution's success in implementing the DPT program, with particular attention to its success in securing sufficient off-campus clinical opportunities for students."

The enclosed report updates the Commission and reflects and assesses the actual experience in implementing the degree program. As asked by the Commission, we have given emphasis to a matter related to the Commission's concerns about adequate clinical placements.

Specifically, this report updates the Commission on several important areas. The Commission is updated on the major events during program implementation and areas that have changed from the original report such as Individuals with Institutional Responsibility, Organization and Governance. Most of the report updates the Commission on the Academic Program such as the institution's success in securing sufficient off-campus clinical opportunities for students in the DPT program, Faculty, Students and Financial Resources.

Program Implementation Major Events

Fall 2016
Applied for Candidacy with the Commission on Accreditation of Physical Therapy Education (CAPTE)
Hired third core faculty member (Dr. Marjorie King)

Summer 2016
CAPTE Site Visit

November 2016
Granted Candidacy Status with CAPTE

December 2016
Listed with Physical Therapy Centralized Application System (PTCAS)
Began receiving and reviewing applications for the charter cohort

Winter - Spring 2017
Admitted charter cohort (See Student section, 192 applications)
Hired part time Administrative Assistant
June 2017
Matriculated charter cohort and started offering the program (27 students)

September 2017
Hired fourth and fifth core faculty members (Dr. Cheryl Coker and Dr. Eydie Kendall)

Winter - Spring 2018
Admitted second cohort (See Students section, 297 applications)

June 2018
Matriculated second cohort and started offering the second year of the program (30 students)

Fall 2018
Charter cohort on their first full time off campus Clinical Education experience (See Clinical Education section)
Hired full time Administrative Assistant (conversion from part time to full time position)

Future Planned Events

Winter - Spring 2019
Admit third cohort (See Students section)

June 2019
Matriculate third cohort and start offering the third year of the program
Hire sixth core faculty member
Charter cohort on second off campus Clinical Education experience

July 2019
Submit CAPTE Self Study for Initial Accreditation

Fall 2019
Second cohort on their first off campus Clinical Education experience
CAPTE Site Visit for Initial Accreditation

Spring 2020
Charter cohort on third and final off campus Clinical Education experience
CAPTE Decision for Initial Accreditation

May 2020
Charter cohort graduates

July - November 2020
Charter Cohort sits for National Physical Therapy Examination
Institutional Responsibility

Individuals with institutional responsibility for academic quality of the physical therapy program:

Robin Dorff, Provost and Vice President for Academic Affairs
Plymouth State University
Speare Administration Building, MSC 03
Plymouth, NH  03264
Email: rhdorff@plymouth.edu
Phone: 603 535-3500
Fax: 603 535-2785

Gail Mears, Associate Provost
Office of Academic Affairs, MSC 03
Plymouth, NH  03264
Email: gmears@plymouth.edu
Phone: 603 535-3500
Fax: 603 535-2572

Sean Collins, Program Director
Plymouth State University
Samuel Read Hall, MSC 68
Plymouth, NH  03264
Email: smcollins1@plymouth.edu
Phone: 603 535-2891
Institutional Overview

PSU was established in 1871 as Plymouth Normal School, became Plymouth Teachers College in 1939, Plymouth State College in 1963, and adopted its current name in 2003. A founding member of the University System of New Hampshire (USNH), PSU serves New Hampshire and the New England region.

Situated in a state with the lowest per capita support for higher education and the highest expected decline in the number of high school graduates in the nation, the University has reinvented itself to better meet the needs of twenty-first century students by focusing on high-impact experiential education. In AY2018, 4,088 undergraduates and 754 graduate students were enrolled in undergraduate, masters, Certificate of Advanced Graduate Study (CAGS), professional certification, and doctoral programs.

PSU is breaking new ground in higher education. When President Donald Birx arrived at PSU in 2015, he brought the vision of Integrated Clusters (Clusters), an innovative and integrated approach to learning that reconnects communities and businesses with teaching and learning. No matter their passion, students will receive an education that spans the disciplines: synthesizing, validating, and visualizing knowledge to further explore, teach, create, and build ideas and concepts within collaborative teams. Students will leave PSU with the abilities, tools, and experiences they need to thrive in an ever-changing future. This vision intends to address the challenges facing higher education, especially students’ degree completion and post-graduate success.

The institutional mission and vision have been updated to focus on experiential education, which prepares students to develop ideas and solutions for a connected world. PSU’s mission and vision, approved by the USNH Board of Trustees, provide the campus community with a comprehensive focus on the future. Modes of learning, information management, the relationship between higher education and external entities, and the best use of higher education are all under discussion and being acted upon.

Clusters are transformative learning communities that promote critical thinking, collaboration, and career preparation by valuing innovation, entrepreneurship, engaged teaching and learning, and interdisciplinary scholarship. Clusters will enhance the University’s existing strengths related to experiential education and create an environment where ideas may flourish across programs, disciplines, and communities on and off campus.

Through campus-wide discussions, the following seven Clusters were adopted in AY2016:

- Arts and Technologies
- Education, Democracy, and Social Change
- Exploration and Discovery
- Health and Human Enrichment
- Innovation and Entrepreneurship
- Justice and Security
- Tourism, Environment, and Sustainable Development
In AY 2016, the University went through a comprehensive institutional review process of all programs and services, the University Review and Strategic Allocation (URSA), to guide future resource allocation decisions. URSA provided a foundation for structural and organizational changes. A second phase of campus review, the AY 2018 University Reinvention Initiative (URI), focused on academic programs, Clusters, and financial sustainability. Both URSA and URI inform the development and implementation of the Cluster initiative.

The University’s implementation of Clusters focuses on five goals: (1) Movement to a flatter, Cluster-based organizational structure with implementation of the Four Tools of Clusters, (2) retention and persistence, (3) sustainability/thriving: financially, academically, and reputationally, (4) recruitment and enrollment, and (5) equipping students to lead and thrive in the 21st-century global economy. To achieve these goals and the PSU mission, the University emphasizes quality teaching and high-impact learning pedagogy, application of theory to external concerns, service to others to enhance the greater good, and effective collaborations among internal and external constituencies.

Organizational and Governance Update

PSU is in the process of fully implementing Integrated Clusters. The Academic colleges were discontinued in July 2018 and academic departments will be discontinued by Spring 2019. Academic Programs are currently housed within Integrated Clusters with programs maintaining responsibility for curriculum oversight, program management, and assessment of student learning.

A new Provost, Dr. Robin Dorff, was hired in June 2018 and serves as the Chief Academic Officer reporting directly to President Birx. Gail Mears, former Dean of the College of Education, Health and Human Services is currently serving as the Associate Provost. The Program resides in the Health and Human Enrichment Cluster (HHE) on campus at PSU. The HHE cluster is comprised of the academic disciplines of Exercise and Sport Physiology, Athletic Training, Adventure Education, Health Education and Promotion, Physical Education, Physical Therapy, Nursing, Counselor Education, School Psychology, and Social Work. The mission of the HHE cluster is to support, promote, and enhance quality of life for all through education, research, and partnerships. Integrative approaches are applied to project-based education, research, evidence-based practices, and trans-disciplinary exploration advancing the art, science, and ethical awareness of human potential. Currently, the DPT Program Director is also serving as an HHE Cluster Co-Coordinator and is part of the Provost's Council as well as the HHE Cluster Council.

The DPT program is being administered by the Program Director and core faculty in accordance with Commission of Accreditation of Physical Therapy Education (CAPTE) standards. Courses are offered primarily in the daytime; with online, blended and distance (clinical education) components. The DPT Program Faculty are responsible for program evaluation as per the requirements for CAPTE accreditation. Plymouth State University Faculty By Laws and institutional policies are applied to the program in a manner that recognizes and supports the academic and professional aspects of the DPT program.
Physical Therapy faculty are voting members of the PSU faculty and the HHE Cluster. The Program Director appoints a member of the program faculty to the Graduate Council, which is a principal policy making committee of Faculty Governance.

It should be noted that tenure-track faculty unionized under the AAUP with the first contract formally ratified and accepted in July 2018. The contract outlines changes in grievance processes as applied to Tenure Track faculty as well as modifications to the promotion and tenure procedures, which are currently in the process of implementation.

An example of cross-campus collaboration supported by Integrated Clusters includes the Standardized Patient (SP) Cluster Project, spearheaded by the DPT program and the HHE Cluster in collaboration with the Theatre Program, Counseling Education, School Psychology, Athletic Training, Nursing, and Social Work. The SP Cluster Project secured funding to bring experts from the University of Chicago Medical School to campus to credential PSU program faculty in training SPs for clinical and practical examinations.

The DPT program utilizes SPs from this program for its Objective Structured Clinical Examinations (OSCEs) each semester (discussed further in the section on The Academic Program: Assessment). It is anticipated that with the HHE Cluster there will be enhanced opportunities for collaboration with programs in research, student experiences, and equipment. There is currently dialogue regarding HHE Cluster programs working together to meet programmatic requirements for Inter-Professional Education (IPE).

The Academic Program

The emphasis of this update includes two sections. First, a specific update regarding Standard 4.10 on off-campus clinical education opportunities. And second, assessment utilized and summarized to date regarding demonstrated effectiveness of the program in educating DPT students.

Standard 4.10

*If the institution depends on resources outside its direct control (for example, classrooms, information resources, information technology, testing sites), a written agreement ensures the reasonable continued availability of those resources. Clear descriptions of the circumstances and procedures for the use of such resources are readily available to students who require them.*

The DPT Program depends on off-campus clinical education opportunities. The Director of Clinical Education (DCE) has been primarily responsible for securing clinical education opportunities for the program. At the time of candidacy, CAPTE determined that the clinical sites available to the program were sufficient to provide the quality, quantity, and variety of expected experiences to prepare students for their roles and responsibilities as physical therapists. CAPTE requires programs to have clinical rotations for at least 150% of the planned cohort enrollment.

This is a summary of the number of slots available by setting type from facilities that we have
fully executed contracts for sending 30 students out on clinical rotations any given semester. The DCE continues to seek opportunities for additional contracts and site locations, particularly for inpatient rotations. Contracts automatically renew and either party can request termination or revision of a contract.

- Outpatient: 53
- Inpatient-Acute: 20
- Inpatient-VNA: 2
- Inpatient-SNF: 1
- Inpatient-Rehab: 5

The curriculum has one class on a full-time clinical experience each term of no more than 30 students. This distribution allows establishment of a smaller group of close clinical partners with less risk of exhausting these valuable resources for long-term relationships. Each student must complete at least one outpatient and one inpatient rotation as part of their three required rotations. It is anticipated that most students will complete two outpatient and one inpatient rotation to meet this requirement based on our current mix of available rotations (66% outpatient, 34% inpatient).

The DCE continues to work to establish relationships with clinical partners nationally based on need to offer high quality clinical experiences for learning and practice of clinical skills in a process of continuous development and quality improvement based on our current cohorts of students.

Written Agreements between Plymouth State University and clinical education sites include 1) purpose of the agreement, 2) objectives of the Institution and the Clinical Education Site in establishing the agreement, and 3) the rights and responsibilities of the institution and the clinical education site. The procedures to be followed in reviewing, revising, and terminating the agreement are similar across all clinical education sites.

Sites wishing to use their own Affiliation Agreement are asked to send the agreement to the DCE for initial review. The DCE informs University System of New Hampshire (USNH) Procurement of any concerning items in the agreement and asks for final review. Any concerning items are redlined and returned to the facility for review and negotiation if line items require change. Once revisions are agreed upon by both parties, signatories from the institution and the clinical education facility are established and contracts are sent out to obtain the necessary and appropriate signatures.

The DCE utilizes the EXXAT Clinical Education Management System to organize and track that the appropriate, up-to-date, agreements are complete and in place.

**Assessment**

DPT program and curriculum assessment is ongoing and includes multiple measures, such as review of course evaluations, annual advisory board review, alumni and employer surveys, self-study, and CAPTE accreditation reviews and visits. Student outcomes are assessed through review of students’ e-portfolios, performance on the Objective Structured Clinical Examinations (OSCEs), National Physical Therapy Examination (NPTE), performance on the Clinical
Performance Instrument during each of three clinical rotations, capstone project writing, employment rates, and various other formative and summative assessments. The faculty reviews the assessment data and meets annually with an advisory board for program review and improvement, assessment of goals, and suggestions for program revision.

The DPT program assessment and planning is documented in the Physical Therapy Annual Report (PTAR) and included in the Document Room Materials.

At this point in program implementation, there are limited but growing sources of information for program and curriculum assessment. However, there are indications that the program has been successful in meeting its goals and expected student outcomes.

The Objective Structured Clinical Examinations (OSCEs) at the end of each semester have provided the opportunity for DPT students to undergo rigorous examinations that combine skill competency and problem solving in a variety of structured clinical examination scenarios. Many of the OSCE Stations are evaluated by paid external clinical evaluators (not the student's primary instructor for their course) and include simulated cases played by Standardized Patients trained through the on campus Standardized Patient Cluster Project (see Organization and Governance).

OSCEs progress based on a taxonomy of objectives which is described below. Results for the first four semester OSCEs of the charter cohort are included. Grades have remained excellent during a progression of rigor and expectation through these four OSCEs.

**OSCE: Explanation of Objectives**

The reason for providing this explanation is to allow reviewers to understand the progress of the following OSCE data and to demonstrate why the stability of charter class performance across the progression of these OSCEs is an early sign of curriculum effectiveness.

We consider four domains for taxonomic progression of course objectives related to clinical skills and performance. Bloom's Taxonomy (Perform) does not progress during this progression. Rather, students learn to perform and can show how they perform the objective psychomotor task early in the curriculum. Progression occurs through the other three domains: Miller's Pyramid, Practice Context and Clinical Complexity.

*Miller's Pyramid:* Students move from showing how to perform (told to perform a task), to selecting (choosing to perform a task) as they progress up Miller's pyramid.

*Practice Context:* Students initially demonstrate their abilities in isolated clinical practice conditions, they are only concerned with the performance of the objective task. A structured clinical practice condition provides students with some structure but there are more activities involved such as more than one performance task. Structured variable clinical practice conditions include planned and limited (structured) variations in the condition. Variable clinical practice conditions occur when there is no structure to the variability that the student may encounter. This occurs when there can be variance associated with the need to select tasks to perform that may not have been expected in a case due to an arising
situation.

**Clinical Complexity**: Basic cases have a minimal set of presenting conditions, signs, symptoms, co-morbidities, and/or ethical / psychosocial consideration. The spectrum from basic to complex is nonlinear and jumps rapidly as combinations of case data are increased.

Figure 1. Progression of Objectives for OSCEs Across Four Domains

The four domains for taxonomic progression of course objectives related to clinical skills and performance are on the left; with the spectrum from easiest (left) to most challenging (right) with key phrases for each domain. For example, the most challenging OSCE objective is that a student **Performs by Selecting in a Realistic Clinical Practice Condition with Complex Cases**.

**OSCE Scores (Charter Cohort to Date)**

**OSCE 1: Summer 2017**

Clinical Scenarios: Show How to Perform in Isolated Practice Condition

<table>
<thead>
<tr>
<th>Class Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
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<tbody>
<tr>
<td>90%</td>
<td>5%</td>
<td>76%</td>
<td>97%</td>
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**OSCE 2: Fall 2017**

Clinical Scenarios: Show How to Perform in Basic Cases in a Structured Clinical Practice Condition

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<tr>
<th>Class Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>89%</td>
<td>5%</td>
<td>81%</td>
<td>97%</td>
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</table>

**OSCE 3: Spring 2018**

Clinical Scenarios: Select and Perform in Complex Cases in a Structured Variable Clinical Practice Condition - Outpatient Musculoskeletal Clinical Cases

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<th>Class Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
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<tbody>
<tr>
<td>89%</td>
<td>5%</td>
<td>72%</td>
<td>98%</td>
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</table>
OSCE 4: Summer 2018

Clinical Scenarios: Select and Perform in Complex Cases in a Structured Variable Clinical Practice Condition - Inpatient / School and Acute Care Neuromuscular Clinical Cases

<table>
<thead>
<tr>
<th>Class Mean</th>
<th>SD</th>
<th>Min</th>
<th>Max</th>
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<tbody>
<tr>
<td>95%</td>
<td>2%</td>
<td>88%</td>
<td>98%</td>
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In summary, there is consistent performance through OSCE 1 - 4 which include progression of the taxonomy of objectives which emphasize Miller’s Triangle and the type of practice condition. These results suggest that prior to their first full time clinical rotation students have started to achieve mastery of concepts and clinical skills. Students can combine problem solving with psychomotor clinical skills in complex musculoskeletal and neuromuscular cases in structured variable clinical practice conditions.

Faculty

DPT program faculty has expanded as planned to meet the needs of implementing the program. The Document Room includes a file with a curriculum vita for all faculty.

Core Faculty

_Sean Collins, PT, ScD_ started on June 1, 2015 as Professor and founding Program Director. Dr. Collins exceeds the CAPTE criteria necessary to serve in this capacity with extensive experience as a faculty member and as a director of a CAPTE accredited physical therapy education program, licensure to practice physical therapy in New Hampshire with contemporary practice expertise and a well-defined area of scholarship, and an earned academic doctorate. Dr. Collins has experience with faculty, program and curriculum development and assessment; and was program director during a CAPTE reaccreditation at his previous institution. Dr. Collins recently was awarded the Linda Crane Memorial Lecture Award from the American Physical Therapy Association’s Cardiopulmonary Section for making outstanding and enduring contributions to the practice of physical therapy. Dr. Collins coordinates and teaches as part of the Clinical Anatomy, Clinical Physiology, Dynamic Systems I, Pathophysiology & Pharmacology II, and Patient/Client Management V team.

_Kelly Legacy, DPT_ started on January 4, 2016 as the Director of Clinical Education and Clinical Assistant Professor. Dr. Legacy exceeds the CAPTE criteria necessary to serve in this capacity with extensive experience in clinical practice, contemporary practice expertise, and has served as a Clinic Coordinator of Clinical Education (CCCE) and a Clinical Instructor. Dr. Legacy has experience with clinical education and clinical instructor development and assessment and has completed the APTA Credentialed Clinical Instructor Program (CCIP). She is currently working toward completing the CCIP 2/advanced course with the end goal of becoming a CCIP course instructor. Dr. Legacy also coordinates and teaches as part of the Patient/Client Management I team, currently assists in coordinating all of the Integrated Clinical courses in the curriculum and is the lead in organizing the Objective Structured Clinical Examinations (OSCEs).
Cheryl Coker, PhD joined the DPT faculty on September 2017 as a Professor, moving from the Health and Human Performance Department. She had been a faculty member in the Department since 2009. Prior to this appointment, she was a faculty member at New Mexico State University. Dr. Coker is a motor learning specialist who has been recognized in a number of capacities for her teaching, scholarship and service. Dr. Coker is exceptionally qualified for her teaching role in the DPT curriculum, which is part of the systems theory concept area, particularly in the area of motor control and motor learning as part of human adaptive capabilities and in movement systems in the PTH6122 Dynamic Systems I: Adaptation and movement course (co-teaching with Dr. Collins), and in the PTH6132 Movement Systems course.

Marjorie King, PT, PhD joined DPT faculty in September 2016 as a Professor. She brings with her over 10 years of experience teaching in higher education; including numerous years teaching in the Undergraduate and Graduate Athletic Training Programs at Plymouth State University, most recently as the Director of the Graduate Athletic Training Program. Dr. King is a Physical Therapist and Certified Athletic Trainer and has been recognized as a Fellow of the American College of Sports Medicine, is a recent recipient of the AOSSM (American Orthopedic Society for Sports Medicine) Distinguished Athletic Trainer Award, and is widely recognized throughout both the National Athletic Trainers Association (NATA Hall of Fame) and the American Physical Therapy Association (APTA) for her dedicated service, research and commitment (member since 1987, including the Sports Physical Therapy Section). Dr. King is also a founding board member, sits on the Board of Directors, is a member of the Research Steering Committee, and is active in the Research Fellow Supervision Program at The New Hampshire Musculoskeletal Institute (NHMI). Dr. King coordinates and teaches as part of the Patient/Client Management II and III teams.

Eydie Kendall, PT, PhD, PCS joined the DPT faculty in September 2017 as an Assistant Professor. She brings to the program 5 years of experience in DPT education from Idaho State University; clinical experience across a wide range of practice settings, as well as higher education administrative experience in program development and accreditation at a physical therapy assistant program. Dr. Kendall is a Board Certified Pediatric Clinical Specialist and teaches a variety of courses as well as modules within courses to emphasize the necessity of life span considerations. Dr. Kendall coordinates and teaches as part of the Patient/Client Management IV team; and teaches as part of the Patient/Client Management V team.

Associated Faculty

Kyle Coffey, DPT is a practicing physical therapist in New Hampshire and a Lecturer at the University of Massachusetts Lowell Department of Physical Therapy. Dr. Coffey supervises students for on campus Integrated Clinical experiences in the Pro Bono Clinic.

Janine DeBaets, DPT, OCS is a practicing physical therapist in New Hampshire and a Board Certified Orthopedic Clinical Specialist that teaches on the Patient/Client Management III team on the clinical evaluation and intervention of the spine.

Konrad Dias, DPT, PhD, CCS is a Professor of Physical Therapy at Maryville University in St.
Louis MO. Dr. Dias is a Board Certified Cardiopulmonary Clinical Specialist that teaches on the Pathophysiology & Pharmacology II team providing online lectures and course materials.

Tim Duffy, DPT is a practicing physical therapist in New Hampshire with extensive ambulatory care experience in a rural setting. Dr. Duffy is part of the Patient/Client Management V team teaching hands on skills in a lab for ambulatory patients with complex and medically complicated cases (starting in Spring 2019).

Jason Godsell, DPT is a practicing physical therapist in New Hampshire with extensive ambulatory care experience. Dr. Godsell is part of the Patient/Client Management II team teaching hands on skills in a lab on musculoskeletal examination and intervention procedures and the Patient/Client Management III team on the clinical evaluation and intervention of the extremities.

Victor Gennaro, DO is an orthopedic surgeon certified with the National Board of Osteopathic Medical Examiners and with the American Osteopathic Board of Orthopedic Surgery. Dr. Gennaro teaches Musculoskeletal Conditions and Management.

John Heick, DPT, PhD, NCS, OCS, SCS is an Associate Professor of Physical Therapy at Northern Arizona University in Flagstaff Arizona. Dr. Heick is a Board Certified Specialist in Neurological, Orthopedic and Sports Physical Therapy and is also recognized expert in differential diagnosis. He is part of the Pathophysiology & Pharmacology II team providing face-to-face case discussion and hands on learning on differential diagnosis; the Patient/Client Management IV course in acute adult neuromuscular evaluation and intervention; and Clinical Inquiry III: Models and Guidelines.

Beth Mattson, PT is a practicing physical therapist in New Hampshire with extensive experience in school based pediatric physical therapy. Mattson is part of the Patient/Client Management IV course in pediatric neuromuscular evaluation and intervention.

Maria Sanders, JD, PhD is an Associate Professor of Philosophy and coordinates the Philosophy program at Plymouth State University. Dr. Sanders is an applied ethicist whose research engages the public in scholarly philosophical dialogue within the areas of medicine, business, education, and law while encouraging thoughtful interaction with existing and emerging technologies in an attempt to create opportunities for civic engagement and reflective living and teaches Ethics & Value Systems in the DPT program.

Kate Cronan-Sawert, PT, M.A. is a practicing physical therapist with expertise (based on prior teaching at Franklin Pierce University DPT program and Northern Arizona University DPT program) in psychosocial systems. She is the owner of Self-Health, Inc., a health-and-wellness education company dedicated to workplace health and longevity and communication skills/personal development for human service professionals. Cronan-Sawert will be teaching the Psychosocial Systems course (starting in Spring 2019).

Kristine Valenti, DPT is a practicing physical therapist in New Hampshire with extensive experience across practice settings and with inpatient and geriatric rehabilitation more specifically. Dr. Valenti is part of the Integrated Clinical team providing supervision to DPT.
students during Integrated Clinical (on campus) as well as teaching the Exercise Prescription and Nutrition course (starting in Spring 2019).

*Brian Verville, DPT* provides team-teaching hands-on skills in a lab on musculoskeletal examination procedures and the Patient/Client Management III team on the clinical evaluation and intervention of the extremities.

**Plans for Additional Faculty**

In Fall 2018, we initiated a search for one additional full-time core faculty to start on June 1, 2019, prior to the first class entering their third year of the program.

Associated Faculty will continue to be recruited, trained, and incorporated into the curriculum as needed to meet the educational needs of the program as well as specific content expertise.

**Students**

The DPT program has been able to recruit highly qualified students from a large sample of candidates applying through the Physical Therapy Centralized Application System (PTCAS). Summary information follows and additional details are included in the Document Room as part of the PTAR.

**2017 Cycle Summary Data** (Rolling Admissions)

<table>
<thead>
<tr>
<th>Applications</th>
<th>Acceptances</th>
<th>Matriculated</th>
<th>Yield</th>
<th>Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 193</td>
<td>N = 45</td>
<td>N = 27</td>
<td>60%</td>
<td>26 of 27</td>
</tr>
<tr>
<td>(132 qualified candidates)</td>
<td></td>
<td></td>
<td></td>
<td>(as of 9/2018)</td>
</tr>
</tbody>
</table>

**2018 Cycle Summary Data** (Soft Deadline, 1/15/18; Hard Deadline 3/1/18)

<table>
<thead>
<tr>
<th>Applications</th>
<th>Acceptances</th>
<th>Matriculated</th>
<th>Yield</th>
<th>Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 297</td>
<td>N = 50</td>
<td>N = 30</td>
<td>60%*</td>
<td>30 of 30</td>
</tr>
<tr>
<td>(239 qualified candidates)</td>
<td></td>
<td></td>
<td></td>
<td>(as of 9/2018)</td>
</tr>
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</table>

*Note: 49 students did not accept the offer to interview, essentially removing themselves from consideration by not completing their application. Therefore, this yield is biased toward matriculation since students that attend the required on-campus interview are more likely to matriculate.

**2019 Cycle Summary Data** (Soft Deadline, 1/15/19; Hard Deadline 3/1/19)

As of October 3, 2018 in PTCAS:

<table>
<thead>
<tr>
<th>Applications Completed</th>
<th>Applications in Progress</th>
<th>Applications Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>55*</td>
<td>326</td>
<td>398**</td>
</tr>
</tbody>
</table>

*On this date in 2017: 41 applications
**Based on last year’s applications on October 3
Acceptance Rates

<table>
<thead>
<tr>
<th>Overall Acceptance Rate</th>
<th>Qualified Candidate Acceptance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>~20%</td>
<td>~25%</td>
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</table>

Accepted Students Quantitative Criteria (regardless of whether matriculated)

<table>
<thead>
<tr>
<th></th>
<th>Overall GPA</th>
<th>SD: 0.22</th>
</tr>
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<tbody>
<tr>
<td>Science GPA</td>
<td>3.32</td>
<td></td>
</tr>
<tr>
<td>Verbal GRE</td>
<td>48th percentile</td>
<td>23.15</td>
</tr>
<tr>
<td>Quantitative GRE</td>
<td>38th percentile</td>
<td>15.74</td>
</tr>
<tr>
<td>Written (Analytical) GRE</td>
<td>53rd percentile</td>
<td>19.45</td>
</tr>
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</table>

Doctor of Physical Therapy Admissions Standards:

Admission to the DPT program is limited annually to a cohort of 30 highly qualified individuals identified through the admissions process. The program uses the Physical Therapy Centralized Application System (PT-CAS, [http://www.ptcas.org/](http://www.ptcas.org/)).

The PTCAS Program is located at: [http://aptaapps.apta.org/ptcas/ProgramInformation.aspx?program=OOP](http://aptaapps.apta.org/ptcas/ProgramInformation.aspx?program=OOP)

The first cohort was admitted based on an admissions cycle from December 1, 2016 through approximately May 2017 (late start because PT CAS did not activate Plymouth State University in their system until the program achieved candidacy status with CAPTE). Beginning the second cohort, the admissions cycle starts in July of the year prior to the anticipated matriculation year and decisions is sent to admitted applicants as early as February of the year of matriculation.

Financial Resources

The DPT program is having a positive impact on the overall institutional budget. As indicated in the Financial Analysis on the next page, the program will be self-sustaining in FY 2019, with a projected positive net revenue of $706,312 increasing to $1,229,988 for FY 2020 (reflecting three full cohorts in the program). The Program supports the financial sustainability of PSU and does not negatively impact either undergraduate offerings or other current graduate programs.
# Doctor of Physical Therapy

## Program Financial Analysis

<table>
<thead>
<tr>
<th>Revenue</th>
<th>FY'16 Actual</th>
<th>FY'17 Actual</th>
<th>FY'18 Prelim. Actual</th>
<th>FY'19 Projection</th>
<th>FY'20 Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Graduate Tuition</td>
<td>$190,826</td>
<td>$229,840</td>
<td>$351,655</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Resident Graduate Tuition</td>
<td>$596,760</td>
<td>$1,454,820</td>
<td>$2,225,875</td>
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<td></td>
</tr>
<tr>
<td>Restricted Gifts</td>
<td>$1,575</td>
<td>$675</td>
<td>$650</td>
<td>$650</td>
<td>$650</td>
</tr>
<tr>
<td>Other Revenue</td>
<td></td>
<td></td>
<td></td>
<td>$3,652</td>
<td>$3,500</td>
</tr>
<tr>
<td><strong>Total Program Revenue</strong></td>
<td><strong>$1,575</strong></td>
<td><strong>$675</strong></td>
<td><strong>$791,888</strong></td>
<td><strong>$1,688,810</strong></td>
<td><strong>$2,581,680</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expense</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time Faculty</td>
<td>$167,859</td>
<td>$217,650</td>
<td>$448,798</td>
<td>$457,225</td>
<td>$658,370</td>
</tr>
<tr>
<td>Part Time Faculty</td>
<td></td>
<td></td>
<td>$61,746</td>
<td>$108,000</td>
<td>$142,160</td>
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<tr>
<td>Part Time Hourly</td>
<td>$2,258</td>
<td>$6,336</td>
<td>$42,980</td>
<td>$15,016</td>
<td>$15,316</td>
</tr>
<tr>
<td>Operating Staff</td>
<td></td>
<td></td>
<td></td>
<td>$38,480</td>
<td>$39,250</td>
</tr>
<tr>
<td>Graduate Assistants</td>
<td></td>
<td></td>
<td>$6,873</td>
<td>$21,840</td>
<td>$27,540</td>
</tr>
<tr>
<td>Full Fringe Benefits</td>
<td>$66,304</td>
<td>$85,972</td>
<td>$177,275</td>
<td>$195,803</td>
<td>$275,560</td>
</tr>
<tr>
<td>Partial Fringe Benefits</td>
<td>$190</td>
<td>$532</td>
<td>$8,797</td>
<td>$10,333</td>
<td>$13,228</td>
</tr>
<tr>
<td>Supplies &amp; Support</td>
<td>$13,758</td>
<td>$20,359</td>
<td>$88,427</td>
<td>$68,600</td>
<td>$105,987</td>
</tr>
<tr>
<td>Professional Services</td>
<td></td>
<td></td>
<td>$12,294</td>
<td>$9,400</td>
<td>$9,682</td>
</tr>
<tr>
<td>Travel</td>
<td>$1,932</td>
<td>$3,420</td>
<td>$15,642</td>
<td>$10,000</td>
<td>$11,800</td>
</tr>
<tr>
<td>Maintenance &amp; Rentals</td>
<td>$111</td>
<td>$227</td>
<td>$21,054</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Non-Capital Equipment</td>
<td>$50,028</td>
<td>$6,877</td>
<td>$30,437</td>
<td>$17,400</td>
<td>$17,400</td>
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<tr>
<td>Capital Equipment</td>
<td>$6,167</td>
<td>$113,957</td>
<td>$31,335</td>
<td>$30,400</td>
<td>$30,400</td>
</tr>
<tr>
<td><strong>Total Program Expense</strong></td>
<td><strong>$308,605</strong></td>
<td><strong>$455,329</strong></td>
<td><strong>$945,658</strong></td>
<td><strong>$982,498</strong></td>
<td><strong>$1,351,692</strong></td>
</tr>
</tbody>
</table>

## Notes:

1) Non-Personnel costs in FY16-FY18 reflect both recurring annual expenses and one-time startup costs.

2) FY19 budget developed with the Director of DPT to represent recurring annual operating and equipment replacement costs.

3) FY18 figures represent our preliminary final figures pending the completion of the external audit and/or any final adjustments.

4) FY19 assumes a new cohort of 30 students, 2% tuition increase, 2% salary increase, 2 new full-time faculty, 1 new adjunct faculty, 3% inflationary increase on other operating expenses)
Conclusion

Program implementation has proceeded as planned since the Substantive Change Proposal for the PSU DPT Program in January 2016. We fully anticipate ongoing success based on several indicators. First, the anticipated continued need for physical therapists. In 2016, New Hampshire Employment Security (NHES) released new Employment Projections by Industry and Occupation, base year 2014 to projected year 2024. This report continues to list Physical Therapist in the “Very Favorable” Occupational Descriptor. This descriptor is based on projected growth in the State of 31.1% from 1,453 (2014 Estimated) to 1,905 (2024 Projected) physical therapy positions, with average annual openings of 45 growth (new) positions and 39 replacement positions resulting in the projected need for 84 physical therapists per year in the State of New Hampshire. Second, the program has seen an approximately 50% increase in applications between 2017 and 2018 resulting in a selective and highly qualified pool of candidates and is currently on track for an approximate 33% increase in applicants for 2019. Third, students in the program have provided indications that the program is effective. And finally, the program's ability to secure both faculty and the required off-campus clinical sites are both favorable indicators for continued success.

Document Room Materials

The supporting documents listed below can be found online at plymouth.edu/neche-dpt.

- CAPTE Candidacy Summary of Action
- Updated Course Syllabi
- Faculty Curriculum Vita (Core and Associated)
- Physical Therapy Annual Report (PTAR)