

F-1. Individual Core Faculty

Each individual core faculty member, including the *program administrator* and *ACCE/DCE*, has contemporary expertise in assigned teaching areas.

Contemporary expertise of each faculty member for the courses they teach is shown in Table F-1, which also summarizes the measured used to evaluate the effectiveness of the instruction.

Table F-1 Contemporary Expertise and Teaching Effectiveness

| Faculty member | Academic qualifications | Teaching Responsibilities | Evidence of Contemporary Expertise | Evidence of Teaching Effectiveness (course eval summary score and representative comments; teaching awards) |
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| Sandra Billinger | PhD, Rehabilitation Science, KUMC, expected graduation date December, 2008 MS, Physical Therapy, KUMC, 2004 BS, Physical Education, Minor, Gerontology Fort Hays State University, 2002 | <u>Course Director:</u> PTRS 825, Exercise Physiology; PTRS 826; Cardiopulmonary Physical Therapy <u>Guest lecturer:</u> PTRS 832: Health Promotion through the Lifespan; PTRS 852: Neurologic PT I | <ul style="list-style-type: none"> • PT licensure in Kansas (2002- current) • Practiced in acute care, skilled nursing facility, and rehabilitation with an emphasis in cardiopulmonary rehabilitation, traumatic brain injury and stroke, and geriatric care. Ms. Billinger is a PRN physical therapist. • Trained exercise physiologist • Holds a Clinical Exercise Specialist certification from American College of Sports Medicine • Member of the cardiopulmonary, geriatric and neurologic section of APTA • Attends continuing education courses in cardiopulmonary and neurologic PT, incorporating evidence and current concepts in teaching • Developed 2 exercise tests (one for healthy adults and one for clinical populations such as stroke) using a recumbent stepper • 4 Publications • 20 Presentations related to exercise and cardiovascular physiology | In 2008, Ms. Billinger was nominated by students to receive the Outstanding GTA award Examples from recent student evaluations also reflect Ms. Billinger's competence. In the Fall of 2007, the evaluations from the course in Exercise Physiology revealed that 75%-90% of the respondents indicated that she always (the highest rating level): <ul style="list-style-type: none"> • encouraged student participation • was willing to provide extra help to students • encouraged critical thinking • stimulated independent learning • provided constructive feedback • displayed caring and respectful behavior • displayed professional attitude with 90% indicating " always " or " most of the time " for overall effectiveness as a teacher. |
| Linda Denney | PhD, Rehabilitation Science, KU, expected graduation date 2011 | <u>Course Director:</u> PTRS 846 Musculoskeletal Physical Therapy III. <u>Teaching Assistant:</u> PTRS 703 Physical Therapy Tests and | Certificate in Manual Therapy from Manual Concepts: Curtin University, Perth Western Australia, 2001 Member of the Orthopedic section of APTA. Practiced in a variety of physical therapy clinic settings for 18 years in Arizona. | In 2008, Ms. Denney was nominated by students to receive the Outstanding GTA award. Student course evaluations: Examples of rating from student evaluations for role as GTA in PTRS 846- Musculoskeletal Physical Therapy III report greater than 80% competence in the following areas: |

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| | <p>M. Applied Science (Manipulative Physiotherapy) University of S. Australia 1997</p> <p>BS (Physical Therapy) Rockhurst College, 1989.</p> | <p>Measurements. PTRS 845 Musculoskeletal Physical Therapy II.</p> | | <ul style="list-style-type: none"> • Overall, demonstrated effectiveness as a teacher • Exhibited a professional attitude toward the students and teaching • Displayed care and respectful behaviors towards students • Supervised and/or mentored student performance in a equitable and helpful manner • Encouraged student participation in learning experiences |
| Kendra Gagnon | <p>PhD, Rehabilitation Science, KU, expected graduation date, 2009</p> <p>BHS, Pre-Professional Physical Therapy and MPT, Physical Therapy, 2001</p> | <p><u>Course Director</u> PTRS 701: Professional Interactions PTRS 833: Pediatric Physical Therapy</p> <p><u>Teaching Assistant</u> PTRS 851: Control of Human Movement</p> | <ul style="list-style-type: none"> • Dissertation Research: Assessment and revision of a predictive evaluation tool for early birth neonates. • Extensive experience as a pediatric physical therapist since 2001. • PT Licensure in Kansas and Missouri • Currently practices as a part-time physical therapist for the Lathrop School District in Lathrop, MO, and consults with early intervention physical therapists and other early intervention service providers throughout Kansas on transdisciplinary teaming and “coaching” in early intervention | <p>In summer of 2008, the student evaluations from the <u>Professional Interactions (701)</u> course revealed that approximately 70-80% of the respondents indicated that Kendra always (the highest rating level):</p> <ul style="list-style-type: none"> • was prepared for each educational experience • encouraged student participation in learning experiences • demonstrated a willingness and availability to provide extra help to students learning • exhibited a professional attitude toward students and teaching <p>with over 90% indicating “always” or “most of the time” for overall effectiveness as a teacher.</p> |

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| Stephen Jernigan | PhD, Rehabilitation Science, Expected graduation date, 2010 MS, Physical Therapy, KU, 2001 BSE, Sports Science, KU, 1998 | <u>Course Director</u> PTRS 703: Physical Therapy Tests and Measures PTRS 832: Health Promotion through the Lifespan | <ul style="list-style-type: none"> • PT Licensure in Kansas and Missouri • Has worked in a variety of clinical settings since 2001 • Currently treats patients/clients in an outpatient orthopedic setting in a PRN capacity • Provides PT services PRN for KU telemedicine program, providing services to clients in rural Kansas. • Member of the Kansas City Wellness Network • Treasurer for the Kansas City Orthopedic Study Group. • Completed course entitled "Designing a Student Learning Environment" (part of the School of Nursing Teaching Certificate program). • Brings guest lecturers into the classroom for the PTRS 832 course where he lacks expertise. • Chosen as Fellow for the "Preparing Future Faculty" program at KU. • Recipient of the Outstanding Physical Therapy Faculty award in 2008. | <p>In the Summer of 2008, the evaluations from the course Physical Therapy Tests and Measures revealed that 93% - 100% of the respondents indicated that I always (the highest rating level):</p> <ul style="list-style-type: none"> • demonstrated expertise of the subject • was prepared for each educational experience • encouraged student participation in learning experiences • provided constructive feedback about student performance • mentored student performance in an equitable and helpful manner • displayed caring and respectful behavior • exhibited a professional attitude toward students and teaching <p>with 100% indicating always for overall effectiveness as a teacher.</p> <p>In the Summer of 2008, the evaluations from the course Health Promotion Through the Lifespan revealed that 100% of the respondents indicated that I always:</p> <ul style="list-style-type: none"> • demonstrated expertise of the subject • was prepared for each educational experience • communicated information in a clear and organized manner • encouraged student participation in learning experiences • mentored student performance in an equitable and helpful manner • demonstrated a willingness and availability to provide extra help • displayed caring and respectful behaviors • exhibited a professional attitude toward students and teaching <p>with 100% indicating always for overall effectiveness as a teacher.</p> |
| Patricia | PhD, Health | <u>Course Director</u> | <ul style="list-style-type: none"> • Leads clinical research projects that focus on | <ul style="list-style-type: none"> • Completion of the peer evaluation process from two |

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| Kluding | <p>Science with Movement Science emphasis, Seton Hall University, 2003</p> <p>MPT, Rutgers Univ/UMNDJ, 1992</p> <p>BS, Biology, Iowa State University, 1990.</p> | <p>PTRS 852: Neurologic PT I PTRS 853: Neurologic PT II</p> <p>Coordinates neuro component in other courses</p> <p>Coordinates comprehensive exam and comprehensive practical activity</p> | <p>rehabilitation interventions in people with stroke and neuropathy.</p> <ul style="list-style-type: none"> Presented 14 CE courses on rehabilitation in people with stroke, diabetes, and HIV locally and nationally. 20 peer-reviewed publications 6 funded clinical research projects on stroke and diabetes as PI, 4 projects as a collaborating investigator Funded through NIH as Assistant Program Director, and Director of the Exercise Physiology Lab of the General Clinical Research Center (GCRC). Current submitted grants as co-investigator on projects on Alzheimer's, healthy elderly, and wheelchair users. Keeps current in neurorehabilitation through self-study, with yearly review of physical therapy neurology textbooks and journal articles. Brings guest lecturers into the classroom in areas of neurorehabilitation where she lacks expertise. | <p>core faculty where she was evaluated very positively, with "strongly agree" ratings for most of the items in all of the general evaluation categories ("Structure and Goals", "Instructor-Student Rapport", and "Subject matter and Instruction").</p> <ul style="list-style-type: none"> Developed teaching activities on interpretation of a case report of a subject with stroke that have been published in the Journal of Physical Therapy Education Published several neuro lab activities in a compendium of activities for teaching neurologic rehabilitation to physical therapists in the Neurology Section of the APTA. <p>In summer of 2008, the student evaluations from the <u>PTRS 852 (Neurologic PT I)</u> course revealed that approximately 70% or more of the respondents indicated that she met the highest rating level in 94% of all of the instructor questions posed. 100% of the students rated her with "always" or "most of the time" for overall effectiveness as a teacher.</p> |
| Wen Liu | <p>PhD, Bioengineering, Drexel Univ., 1997</p> <p>MS, Mechanical Engineering Beijing Univ., 1986</p> <p>BS, Mechanical Engineering, Nanchang Univ. 1982</p> | <p><u>Course Director</u></p> <p>PTRS 750: Research in Evidence-Based Physical Therapy Practice</p> <p>PTRS 860: Evidence-Based Research Practicum I</p> <p>PTRS 861: Evidence-Based Research Practicum II.</p> | <ul style="list-style-type: none"> Research area of expertise in human motor control and/or motor learning in patients after stroke or Parkinson's disease, gait and postural analysis of the elderly population, development of rehabilitation intervention for stroke survivors, and mechanism of functional ankle instability. Author of 45 research articles in peer-reviewed journals. Served on research grant review panels for the National Institute of Disability Rehabilitation Research of the Department of Education, and National Science Foundation President of the KUMC scientific society, Sigma Xi from 2005 to 2006. | <p>In spring, 2008, the student evaluations from the <u>Research in Evidence-Based PT Practice (750)</u> course revealed that approximately 70% or more of the respondents indicated that Dr. Liu always or most of the time:</p> <ul style="list-style-type: none"> Demonstrated expertise of the subject Had clearly explained grading criteria Improved my ability to solve problems Had content that was at an appropriate level to meet the course objectives <p>with over 60% indicating "always" or "most of the time" for overall effectiveness as a teacher.</p> |
| Janice Loudon | <p>PhD, Movement Science, Washington University,</p> | <p>PTRS 711: Applied Kinesiology and Biomechanics</p> <p>PTRS 845: Musculoskeletal I;</p> | <ul style="list-style-type: none"> Completed Level 1 Manual Therapy Certification from the Ola Grimsby Institute Completed a 3-month Mentorship Program in Orthopaedic Manual Physical Therapy at the Kaiser Permanente | <p>Underwent the tenure process with an emphasis in teaching and successfully granted tenure</p> <p>Received the Chancellor's Teaching Award in 2005 (University-wide award)</p> <p>Received Outstanding Physical Therapy Faculty</p> |

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| | MS, Exercise Physiology BS, Physical Therapy, KU, | | <ul style="list-style-type: none"> • Completed PT Residency in Advanced Orthopedic Manual Therapy April 2002 • Licensed physical therapist in the states of Kansas and Missouri and a licensed athletic trainer in the state of Kansas. She has worked in the field of physical therapy for over 25 years • PUBLICATIONS IN FIELD: • Treats clients in outpatient orthopedic setting • Author of second edition of the text <i>The Clinical Orthopedic Assessment Guide</i>, Human Kinetics Publishers. | <p>in the years 2001, 2004, and 2007. Every student has passed the national licensing board exam on the first attempt since the induction of these DPT courses. Student evaluations rate Dr. Loudon's teaching competence as high. In Spring 2008, the course evaluations from Musculoskeletal I revealed that 80% - 100% of respondents indicated that she always (the highest rating level):</p> <ul style="list-style-type: none"> • demonstrated expertise of the subject • was prepared for each experience • encouraged student participation • encouraged critical thinking • provided constructive feedback • supervised and mentored students performance in equal manner • demonstrated willingness to provide extra help • displayed caring and respectful behavior • exhibited professional attitude <p>with 93% indicating "always" for overall effectiveness as a teacher. The results were similar for Kinesiology and Biomechanics</p> |
| Patricia Pohl | PhD Biokinesiology, University of Southern California, 1995; MS, Physical Therapy, University of Southern California, 1982; MS, Education, | <u>Course Director</u> PTRS 702: PT Documentation PTRS 851: Human Movement Science | <ul style="list-style-type: none"> • Extensive research background in motor control and motor learning in adults • Over 30 publications in peer-reviewed journals • Funding from federal and private sources for research • Numerous presentations at national meetings • Holds leadership positions in the Neurology Section of the APTA, as the Director of Research • Associate Editor for the <i>Journal of Neurologic Physical Therapy</i> • One of two representatives to the Section | <p>Spring of 2008 course evaluations from Human Movement Science, 75%-90% of the students indicated that Dr. Pohl always (the highest rating level):</p> <ul style="list-style-type: none"> • demonstrated expertise of the subject • was prepared for each experience • encouraged student participation • encouraged critical thinking • stimulated independent learning • provided constructive feedback • displayed caring and respectful behavior <p>with 83% indicating "always" for overall effectiveness as a teacher.</p> |

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| | Queens College, CCNY, 1976; BS, Physical Education, Adelphi University | | <p>on Research's EDGE Task Force (Evaluation Database to Guide Effectiveness).</p> <ul style="list-style-type: none"> • Licensed PT in California • Maintains expertise in documentation through self-study, with yearly review of physical therapy documentation textbooks, the <i>Guide to Physical Therapist Practice</i> and the APTA's online material on "defensible documentation". • Organizes guest lectures by practicing clinicians and content experts to cover documentation formats used in different practice areas and current rules in reimbursement. | <p>PT Documentation, the student evaluations revealed that approximately 75% of the respondents indicated that Dr. Pohl always met the criteria for indicators including:</p> <ul style="list-style-type: none"> • demonstrated expertise of the subject • was prepared for each experience • displayed caring and respectful behavior • exhibited a professional attitude <p>with 96% indicating always or most of the time for overall effectiveness as a teacher.</p> <p>All students in the DPT program has passed both courses with a grade of "B" or better, and Student performance in the national licensing board exam has indicated that students are competent in documentation skills and knowledge in motor control.</p> <p>Dr. Pohl granted tenure and promotion to Associate Professor. Both departmental and school requirements for this advancement mandate proof of excellence in teaching.</p> |
| Carla Sabus | <p>Ph.D with Honors, Emphasis in Curriulum and Teaching, Dept of Education, KU, 2007</p> <p>MS, Physical Therapy</p> <p>BS, Biology</p> | <p>PTRS 704: PT Intervention I</p> <p>PTRS 746: Orthopedic Medicine.</p> <p>Director of Clinical Education Teaching in 2007.</p> | <ul style="list-style-type: none"> • Practiced physical therapy in a Level 1 trauma center, an academic medical center and burn unit • Provided contractual services in long term care facilities • Currently practices physical therapy with the interdisciplinary clinic and in the KU Hospital, inpatient critical care, trauma, and burns. • Content expertise maintained through self study in critical care and acute care practice, orthotics and prosthetics, diagnostic imaging, and orthopedic areas of teaching • PT licensure in Kansas • Teaching expertise maintained through collaboration with TLT (Teaching and Learning Technology Dept.), use of CTE | <p>Average instructor rating: 4.54/5.0</p> <p>Enthusiastic and really tried to inspire student to be better PTs and medical professionals. Enthusiasm, prompts student to think critically. Occasionally perpetuates on a topic longer than necessary.</p> <p>Teacher of the Year, Department of Biokinesiology and Physical Therapy, 2005</p> |

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| | | | <p>resources, and self study.</p> <ul style="list-style-type: none"> • Lead author of a peer-reviewed article with an additional manuscript under review and another in preparation. • Presented at the APTA CSM • Provided educational programming to PT and RN audiences. | |
| Neena Sharma | <p>PhD, Rehabilitation Science, KU, 2008</p> <p>MS, Physical Therapy, KU, ?</p> <p>BS</p> <p>PTA?</p> | <p><u>Course Director</u> PTRS 845: Musculoskeletal II</p> <p><u>Co-instructor</u> PTRS 745: Musculoskeletal I</p> <p>Associate Director of Clinical Education</p> | <ul style="list-style-type: none"> • Dr. Sharma teaches > 50% of course content in PTRS 845 and organizes guest lectures by spine surgeons and practicing clinicians, experts in their content. • Trained in peripheral and spinal manipulation • Holds an Orthopedic Manual Therapy Certification from North American Institute of Orthopedic Manual Therapy (NAIOMT). • Member of the orthopedic section of APTA Provides consultation to clinicians on complex spine related dysfunctions • Practiced in orthopedic settings for several years and is PRN physical therapist. • Attends continuing education courses in orthopedic, incorporating evidence and current concept in teaching • Conducts self-study • ?? Publications in pain • ?? Presentations • Attends ACCE Regional Consortium Meetings • Completed a CI credentialing course. • Active member of Education Section of APTA • Attended KU Teaching seminars, 2001 and 2008. | <p>In 2008, she finished her PhD in rehabilitation science and was promoted to research assistant professor position, based on her excellent teaching reviews and her advanced research skills.</p> <p>Spring 2008 course evaluations from Musculoskeletal I (section faculty member assisting the course) revealed that 80% - 100% of respondents indicated that she always (the highest rating level):</p> <ul style="list-style-type: none"> • demonstrated expertise of the subject • was prepared for each experience • encouraged student participation • encouraged critical thinking • provided constructive feedback • supervised and mentored students performance in equal manner • demonstrated willingness to provide extra help • displayed caring and respectful behavior • exhibited professional attitude <p>with 93% indicating “always” for overall effectiveness as a teacher.</p> <p>Similarly, in Musculoskeletal II, the student evaluations revealed that approximately 77% of the respondents indicated that Dr. Sharma always met the criteria for indicators including:</p> <ul style="list-style-type: none"> • demonstrated expertise of the subject • encouraged student participation |

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| | | | | <ul style="list-style-type: none"> • encouraged critical thinking • stimulated independent learning • displayed caring and respectful behavior <p>Since these classes were first taught in the DPT program, every student has passed both courses with a grade of "B" or better. Student performance on the national licensing board exam has indicated that students are competent in musculoskeletal therapeutic skills and knowledge.</p> |
| Catherine Siengsu-kon | <p>PhD, Rehabilitation Science, KU, 2008</p> <p>MPT, Physical Therapy,</p> <p>BS, Biology</p> | <p><u>Course Director</u> PTRS 850: Neuroscience (co-taught with the Occupational Therapy Department)</p> <p><u>Instructor</u> PTRS 880: Differential Diagnosis in General Medical Conditions, provides expertise in medical imaging</p> | <ul style="list-style-type: none"> • Dissertation research in motor learning following stroke, including brain imaging. • Research funded by PODs grants • 3 publications in motor learning • Attends national meetings, including APTA CSM and the Society for Neuroscience • 7 national and regional scientific presentations, • Maintains current in the neuroscience and medical imaging fields through self-study of current literature • Attendance at 5 national meetings (ATPA and Neuroscience). • Intived to review a Neuroscience textbook under development for Prentice Hall • Serves as an article reviewer for <i>Journal of Neurologic Physical Therapy</i> • Attended the 2008 KU Teaching Summit | <p>Dr. Siengsu-kon was recently hired as Research Assistant Professor in June 2008 and is teaching PTRS 850-Neuroscience for the first time Fall 2008 semester. Therefore, peer and student evaluations are not available.</p> |
| Irina V Smirnova | <p>Post-doctoral Fellow, Neurobiology, Kansas City VAMC, 1992-1995</p> <p>PhD, Protein Chemistry,</p> | <p><u>Course Director</u> PTRS 712: Pathophysiology and the PT Diagnosis</p> | <ul style="list-style-type: none"> • Extensive research background in blood coagulation; molecular and cellular mechanisms of neuromuscular degenerative diseases; molecular defense against heavy metal toxicity; cardiovascular and other complications of diabetes and exercise and pharmacological interventions; MRI evaluation of cardiac function; obesity and cardiovascular performance; proteomics of health and disease state | <p>Student evaluations confirm Dr. Smirnova's competence. Examples from fall 2007 student evaluations indicated that 76-80% of students responded that Dr. Smirnova always (the highest rating level):</p> <ul style="list-style-type: none"> • demonstrated expertise of the subject • stimulated independent learning • demonstrated willingness to provide extra help • displayed caring and respectful behavior |

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| <p>Institute of Bioorganic Chemistry, Kiev, Ukraine, 1990</p> <p>MS (Hon), Biochemistry, Lviv State University, Lviv, Ukraine, 1986</p> | | <ul style="list-style-type: none"> • Authored 36 peer-reviewed research publications • Funded research by federal and private agencies, including NIH, AHA, JDRF • Attended 5 national and 3 international meetings in the past 4 years in fields of physiology • Conducted 4 continuing education workshops within the last 6 years. • Organizes guest speakers in content areas in Pathophysiology who are considered experts in the field for content areas that she lacks expertise. • Co-author and author for Pathology book chapters • Reviewed a book proposal "Application of Genomics to PT Practice" for F.A. Davis Company, 2008 • Serves as article reviewer for <i>Journal of Applied Physiology, Molecular and Cellular Biochemistry, International Immunopharmacology, Photochemical and Photobiological Sciences</i> • Pathophysiology course chosen as "Exemplar Courses: Integrating Case Studies Into Your Curriculum", 2006. • Attendance of KU Teaching Summit 2004, 2005, 2006, 2008 • Regular attendance of professional development seminars related to teaching • Enhances expertise in pathophysiology through self-study, with yearly review of pathophysiology textbooks and scientific reviews. | <ul style="list-style-type: none"> • exhibited professional attitude with 68% students indicating always or most of the time to "overall, demonstrated effectiveness teacher" <p>From anonymous comments: "Dr. Smirnova was very patient with the concerns of our class and made every effort to help us where she could. The extra credit assignments were very nice to have and I learned quite a bit from them"</p> <p>I hope you know how much it is appreciated." "I want to thank you again for being so patient and responsive to me and our class. You have given us every opportunity to better our performance (w/ study guides, extra credit, presentations, extra time on quizzes, etc.) and I really appreciate it. It is nice to have an understanding professor."</p> <p>In 2007 all students in the DPT program have passed the course with a grade of "B" or better. Student performance in the national licensing board exam has indicated that students are competent in pathophysiology.</p> <p>In 2008, Dr. Smirnova has applied for a promotion to Associate Professor with tenure, and her application has been supported by department. Both departmental and school requirements for this advancement mandate proof of excellence in teaching.</p> |
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| Lisa Stehno-Bittel | <p>Post-doctoral Fellow, Pharmacology, Mayo School of Medicine, 1995</p> <p>PhD, Physiology, Univ. of Missouri, 1992</p> <p>BS, Physical Therapy, KU, 1983</p> | <p><u>Course Director</u> PTRS 880: Differential Diagnosis of the General Medical Condition</p> <p>PTRS 855: Pharmacology for Physical Therapists</p> | <ul style="list-style-type: none"> • Practiced PT in a variety of settings from home health to a large academic hospital. Written 7 book chapters in popular graduate-level pathophysiology and cell biology textbooks. • Area of research expertise is in examining the cellular affects of activity and exercise on a variety of diseases, including cardiovascular disease, diabetes, Parkinson's disease and HIV. • Attend 5 national and 3 international meetings in the past 4 years in fields of physiology and cell biology. • Serves as Scientific Director for the Great Plains Diabetes Institute, overseeing all the diabetes research in a two-state region. • Attended 3 workshops on differential diagnosis and autonomous practice • In content areas in Differential Diagnosis Organizes guest speakers who are considered experts in the field for content areas that she lacks expertise. • Regularly tests pharmacological interventions in her research laboratory. • Stays current in new pharmacological interventions and in differential diagnosis skills through self-study, with continual review of scientific articles | <ul style="list-style-type: none"> • In 2007, Dr. Stehno-Bittel was granted promotion to Professor. Both departmental and school requirements for this advancement mandate proof of excellence in teaching. • In 2008 Pharmacology course won a national award for web-based courses, the Angel Impact Award. Reviewers described the course as exemplary. <p>Examples from recent student evaluations for <u>Differential Diagnosis</u> course revealed that 75%-90% of the respondents indicated that she always (the highest rating level):</p> <ul style="list-style-type: none"> • demonstrated expertise of the subject • displayed caring and respectful behavior towards students • exhibited professional attitudes towards students • displayed caring and respectful behavior <p>For the <u>Pharmacology</u> course, the same standard was met for:</p> <ul style="list-style-type: none"> • had clearly explained grading criteria • had content that was at an appropriate level to meet course objectives • exams and assignments were graded fairly and equitably • exams and assignments involved problem-solving skills • displayed caring and respectful behavior • exhibited a professional attitude |
| Lisa VanHoos | <p>PhD, Rehabilitation Science, KU, expected graduation, 2010</p> | <p><u>Course Director</u> PTRS 705: Physical Therapy Interventions II</p> <p><u>Co-Instructor</u> PTRS 704: Physical</p> | <ul style="list-style-type: none"> • Dissertation research in lymphedema and diabetes • Experienced in acute, long-term, and pediatric settings. • Completed national certification in 2007 through the National Alliance of Wound Care. • Completed lymphedema certification through | <p>In spring of 2008, the student evaluations from the <u>Physical Therapy Interventions (705)</u> course revealed that 75%-100% of the respondents indicated that she always (the highest rating level):</p> <ul style="list-style-type: none"> • demonstrated expertise of the subject • encouraged student participation in |

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| | MS, Physical Therapy | Therapy Interventions I <u>Guest lecturer</u> PTRS 701: Professional Interactions | the Norton School of Lymphatic Therapy, 2004 <ul style="list-style-type: none"> • Lymphology Association of North America, national certification in 2008 • Currently maintains clinical practice in acute care, long-term care, and outpatient care through Silver City Health center and PRN employment. • Licensed physical therapist in Kansas and Missouri • Volunteer for Health Volunteers Overseas, providing patient care and physical therapy education internationally • Attends professional development courses emphasizing wound care, edema management, and therapeutic modality usage. • Maintains membership in the Oncology and Electrophysiology/Wound Care Sections of the APTA for continued knowledge regarding policy, practice, and research. | learning experiences <ul style="list-style-type: none"> • supervised and/or mentored student performance in an equitable and helpful manner • demonstrated a willingness and availability to provide extra help to students learning • displayed caring and respectful behavior • exhibited a professional attitude toward students and teaching with 100% indicating “always” or “most of the time” for overall effectiveness as a teacher. |
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F-2. Each *core faculty* member has effective *teaching* and student evaluation skills.

The faculty of the PTRS Department have set up several methods for evaluation of their teaching skills with subsequent assistance from the KU Center for Teaching Excellence when deficiencies or concerns are identified. Assessment methods for determining the effectiveness of teaching include peer evaluations in which faculty monitor, evaluate and critique the teaching of each other. Teaching peer evaluations are completed annually for assigned faculty or for faculty who request a peer evaluation. This assessment method is outlined in the Departmental Policies and Procedures, Page ??, and summarized for each instructor for the DPT courses in Table F-1-1

Students evaluate courses at the completion of each semester. The procedure for course evaluations is outlined in the departmental policies and procedures. Students are also given the opportunity to reflect on their learning opportunities within the Angel electronic portfolio system. Faculty members have the opportunity and mechanism to obtain evaluations at the midterm point of each course. Utilization of mid-course evaluations is at the discretion of the course director.

Teaching is formally assessed through the tenure and promotion process which is completed for all faculty, whether tenure track or on other professional tracks. At a mid-promotion point, typically three years into a position, a full evaluation of the faculty member is done. Feedback is provided within the three areas of teaching, research and service. The procedure for the mid-promotion review is found in the departmental policy and procedure (Appendix ?). The faculty member under review is given a written critique by members of the departmental tenure and promotion committee. In addition, the Chair writes a separate review of the faculty member's package, including their teaching. Prior to review at the School level for promotion (with or without tenure) another departmental review is completed.

Finally teaching performance is reviewed for each faculty member in the annual review process in the spring of each year, completed by the Chair and Co-Chair. If concerns in teaching are identified at any point in the review processes identified above, or if faculty want assistance to improve their own teaching, the KU Center for Teaching Excellence provide assistance. (www.cte.ku.edu)

The KU Center for Teaching Excellence was established in 1997. It provides a variety of services to assist novice to experienced teachers in improving their skills in and out of the classroom. On their web site significant referenced articles are available on a variety of topics, including (but not limited to):

- Preparing a course
- Lecturing and presenting
- Motivating student learning
- Evaluating student learning
- Using technology in the classroom
- Academic Integrity
- Reflective practice
- Ways to engage students
- Promoting active learning
- Designing tests

Other services provided by the Center include organization of weekly discussion forums, guest lecturers, workshops, and conferences. They also provide individual consulting with KU instructors from all departments. Individual consulting can occur on topics including developing courses, designing student assignments, evaluating student learning, implementing collaborative learning, developing teaching portfolios. Programs are also available to Graduate Teaching Assistants. These programs help PhD student develop their teaching skills in a controlled and mentored atmosphere.

F-3. Each *core faculty* member has a *scholarly* agenda that is reflected by accomplishments that: (1) contribute to the development or creation of new knowledge, OR (2) contribute to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study, OR (3) apply findings generated through the *scholarship* of integration or discovery to solve real problems in the professions, industry, government, and the community, OR (4) contribute to the development of critically reflective knowledge about *teaching* and learning.

During annual reviews with each faculty, they are asked to review their scholarly productivity for the previous year and to set goals for scholarly work for the upcoming year. The Chair reviews these goals and makes suggestions, often requesting a revision of the goals. The faculty goals and their fit within the context of the institution's and department's mission is described in Section F-7 of this document.

The department's success in the area of scholarship is demonstrated by the core faculty publication and presentation record as well as their ability to obtain independent funding to support their scholarship (Figs. F-3-1 and 2). In 2008 alone, the seven of the departmental core faculty secured over \$3 million in grant funding with the majority of those funds originating from NIH (Fig. F-3-2). Currently, nine different faculty have 20 grants submitted to NIH or private foundations, requesting over \$11.5 million in research funding (Fig. F-3-1), reflecting the vast number of faculty who produce scholarship at a nationally-acknowledged level. Individual faculty accomplishments are provided in the Faculty Scholarship Forms found in [Appendix ??](#)

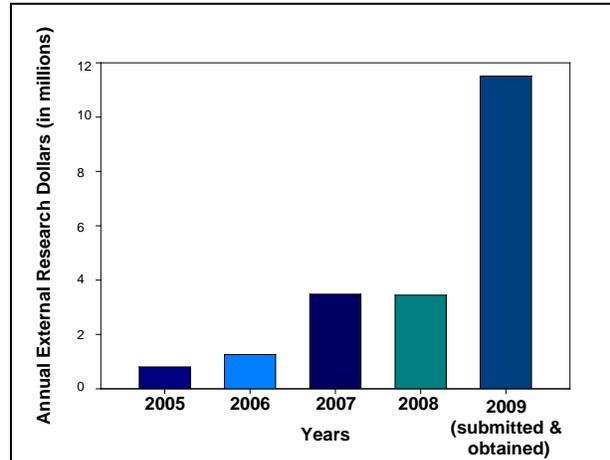


Fig. F-3-1 Total annual research grant funding to core faculty

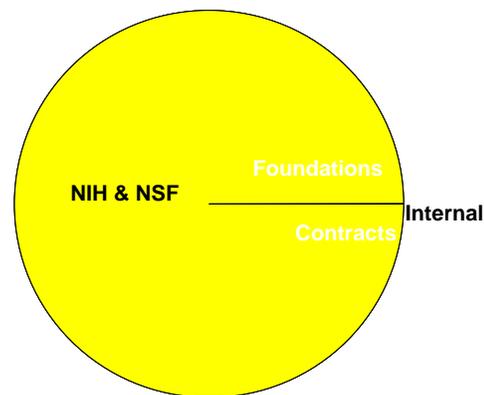


Figure F-3-2 Percentage of PTRS research funding categorized by the source of funding.

F-4. Each *core faculty* members has a record of *service* consistent with the expectations of the program and institution.

Each core faculty member is expected to provide service to the department, institution, community and/or profession. Table F-4-1 summarizes the **current** service provided within the past year. Service history is found in the individual faculty CVs.

Table F-4-1:

D = Departmental, S = School, M = Medical Center, K = KU, P = Profession, C = Community

| Core Faculty | Service | Dates |
|------------------|---|--|
| Sandra Billinger | <ul style="list-style-type: none"> • Orthopedic Faculty Search Committee (D) • Student Union Committee for Travel Scholarships (M) • Manuscript Reviewer: <i>Arch in Phys Med and Rehab</i> (P) • Kansas PT Association – Member Research Com. (P) • American Heart Assoc., Stroke Council (P) • Abstract reviewer, International Stroke Conference (P) • American College Sports Med, Invited Exam Writer for Clin Ex Specialist (P) • JayDoc, Mentor at Free Health Clinic (C) • Invited speaker at local high school on traumatic brain injury (C) • Volunteer, Meet the Science Mentor, high school student (C) • PRN Physical Therapist, SummitCare, Inc (C) • PRN Physical Therapist, Aegis Therapies (C) | 2007-2008 2008 2007-present 2008-present 2002-present 2004-2007 2008 2007-present 2006-present 2006-2007 2008-2008 2004-2008 2004-2008 |
| Linda Denney | | |
| Kendra Gagnon | <ul style="list-style-type: none"> • Geriatric Faculty Search Com (D) • Kansas City Pediatric Alliance Com; Secr. (P) • Kansas Physical Therapy Association; Chair, Standard & Practice Com (P) • Chair, Pediatric Special Int. Group (P) • APTA, Kansas State Rep, Pediatrics Section • Early Intervention SIG • Neonatal SIG | 2007-present 2005-present 2008-present 2006-present 2006-present 2007-present 2007-present |
| Stephen Jernigan | <ul style="list-style-type: none"> • Director of the Performance Excellence at KU (D) • Orthopedic Faculty Search Com (D) • Case-Based Curriculum Com (D) • Kansas Wellness Network member (P) • Kansas City Orthopedic Study Group Treasurer • JayDoc Mentor (Free Health Clinic) (C) • Telemedicine PT for Sedan, KS (C) • Mission Adelante, Weekly English as second language instructor (C) | 2008-present 2007 2007 2005-present 2005-present 2007-present 2005-present 2006-2007 |
| Patricia Kluding | <ul style="list-style-type: none"> • Steering Committee (S) • Research Committee (S) Chair • General Clinical Research Committee (M) Program Director (M) • Director of the GCRC Exercise Physiology Lab (M) • Student Leader Awards Committee (D) • Intercampus Liaison Committee (K) • Faculty Assembly Research Committee (M) • APTA, Stroke SIG, Nominating Committee (P) • Kansas Physical Therapy Association Research Committee (P) • Manuscript reviewer for 6 scientific journals (P) • Parkinson Foundation of Heartland, Chair or Professional Advisory | 2006-present 2006-present 2008-present 2005-present 2006-present 2006-present 2003-present 2004-present 2008-present 2005-present 2004-present |

| | | |
|------------------|---|--|
| | <ul style="list-style-type: none"> Board (P) • Kansas Partners in Progress (fund raising arm of KPTA for physical therapy research) <ul style="list-style-type: none"> ◦ President (P) | <p>2008-present 2004-present</p> <p>2005-present</p> |
| Wen Liu | <ul style="list-style-type: none"> • Chair for PhD Comprehensive Examination and Dissertation Defense Committees for 8 students (D) • Panel member, Scientific Merit Review panel, Department of Veterans Affairs Rehabilitation Research and Development Service, Washington, DC. (P) • Panel member, NSF Biomedical Engineering Career Award review panel, NSF, Washington, DC. (P) • Panel member, Field Initiated Research Program Grand Review, National Institute of Disability Rehabilitation Research, Department of Education, Washington, DC (P) • Reviewer, Journal of Clinical Biomechanics (P) • Reviewer, Journal of Biomechanical Engineering (P) • Reviewer, Journal of Biomechanics (P) • Reviewer, Computer Methods in Biomechanics and Biomedical Eng.(P) • Reviewer, Journal of Orthopaedic & Sports Physical Therapy (P) • Team leader for “Heart Walk” organized by American Heart Association, Kansas City branch, KS. | <p>2001-present</p> <p>2008-present</p> <p>2007-2008</p> <p>2005-2007</p> <p>1997-present 1999-present 2000-present 2000-present 2001-present</p> <p>2008</p> |
| Janice K. Loudon | <ul style="list-style-type: none"> • Director of Post-professional DPT program (D) • Curriculum Committee, DPT program (D) • Admissions Committee, DPT program (D) • University Elections Committee (M) • Editorial Boards for Journal of Athletic Training (P) • Manuscript Reviewer—J. Sports Rehabilitation (P) • Manuscript Reviewer – J. Athletic Training (P) • Book Reviewer, Physical Therapy (P) • Subcommittee for Screening PT Proposals Orthopedic Section for Screening CSM (P) • JayDoc Mentor (Free Health Clinic) (C) • Kansas City Orthopedic Study Group: 1998 to present | <p>2004-present 2008-present 2007-present 2008 2001-present 1999-present 1998-present 1995-present 2009 CSM</p> <p>2005-present 1998-present</p> |
| Patricia S. Pohl | <ul style="list-style-type: none"> • Director of DPT Program (D) • Chair, Admissions Committee for DPT (D) • Chair, Curriculum Committee for DPT (D) • Chair, Search Committee, Cardiopulmonary (D) • Liaison for School Allied Health, Office of Grants and Research (S) • Member of Committee for CTSA application (M) • Faculty Concerns Committee (M) • Board of Directors and Director of Research, • Neurology Section representative on Research Section EDGE task force (P) • Guest Editor for special issue of <i>Journal of Neurologic Physical Therapy</i> (P) • Associate Editor, <i>Journal of Neurologic Physical Therapy</i> (previously known as <i>Neurology Report</i>) (P) • Ad-Hoc Manuscript Reviewer for 15 other scientific journals (P) | <p>2004-present 2003-present 2007-present 2007 2005-present</p> <p>2007 2008-present 2008-present 2008-present</p> <p>2007</p> <p>2001-present</p> <p>2002-present</p> |
| Carla Sabus | <ul style="list-style-type: none"> • DPT Admissions Committee (D) • Post-professional DPT Committee (D) • DPT Curriculum Committee (D) • KU Residency Appeals Committee | <p>2004-present 2008-present 2006-present 2007-present</p> |

| | | |
|------------------------------|--|--|
| | <ul style="list-style-type: none"> • Clinical Practice – ALS Clinic (C) • JayDoc Faculty Mentor (Free Health Clinic) (C) • Invited Speaker: NWMPTA, KUMC Area Health Education Center (K) | 2008-present 2007-present 2008 |
| Yvonne Searls | <ul style="list-style-type: none"> • DPT Admissions Committee (D) • Curriculum Committee (D) • E-Portfolio Committee (D) • Conflict of Interest Committee (M) • Search Committees for Teaching and Learning Technology Department (staff position and Director's position) (M) • Student Research Forum Judge (M) • Manuscript reviewer – Physical Therapy (P) • APTA, Research Section, CMS Abstract Review Committee (P) • Kansas Physical Therapy Association, Programming Committee (P) • KPTA, Research Committee (P) • Advisory Board Member for Kansas City PTA Program | 2008-present 2007-present 2006-2007 2005-present 2008 2005-2008 2005-present 2006-present 2005-present 2008-present 2004-present |
| Neena Sharma | <ul style="list-style-type: none"> • DPT Program Admission Committee (D) • Orthopedic Search Committee member (D) • KUMC Bookstore Allocation Committee (M) • Manuscript reviewer (P) • JayDoc Mentor (Free Health Clinic) (C) • Kansas City Orthopedic Study Group Planning Committee (C) • International Society – Founder (M) Treasurer (M) • Kansas Physical Therapy Association Ethics Committee Member (P) | 2006-present 2007 2008 2006-present 2005-present 2002-present 2003 2003 2002-present |
| Catherine “Katie” Siengsukon | <ul style="list-style-type: none"> • Faculty Advisor, Student PT Organization (D) • Post-Professional Admissions Com (D) • Manuscript reviewer for <i>Neurologic Physical Therapy</i> (P) • Reviewer for Neuroscience textbook, Prentice Hall (P) • JayDoc Mentor (Free Health Clinic) • Telemedicine to underserved rural communities (C) • Presentations to area stroke support groups meetings (C) | 2008-present 2008-present 2008-present 2008 2007-present 2008-present 2007-2008 |
| Irina V. Smirnova | <ul style="list-style-type: none"> • Director of PhD Program (D) • Chair for PhD Comprehensive Examination and Dissertation Defense Committees for 5 students (D) • Director of Logistics, Penny Cohn Golf Tournament Committee (D) • Member, School of Allied Health Steering Committee (S) • Chair, Election Committee (S) • Member, Election Committee (S) • Member, Research Committee (S) • Member, P.R. and Marketing Committee (S) • Faculty Graduate Representative, Graduate Council (M) • Chair, Faculty Assembly Elections Committee (M) • Member, Faculty Assembly Elections Committee (M) • Member, Faculty Assembly Steering Committee (M) • Member, International Affairs Committee (M) • Student Research Forum Judge (M) • Ad-Hoc manuscript reviewer for 4 scientific journals (P) • Member, American Heart Association, Council on Basic Cardiovascular Sciences (P) • Mentor, International Mentoring Program of the American Heart Association (P) | 2006-present 2004-present 2005-present 2008-present 2008-present 2007-present 2008-present 2008-present 2006-present 2008-present 2006-present 2008-present 2007-present 2008 2004-present 2001-present 2006-present 2003-present |
| Lisa Stehno- | <ul style="list-style-type: none"> • KU 2015 Strategic Plan Committee (K) | 2008-present |

| | | |
|---------------|---|---|
| Bittel | <ul style="list-style-type: none"> • Raising the Research Bar Committee, Chair (K) • YouthFriend Mentor (volunteer) (C) • Great Plains Diabetes Institute Scientific Director (C) • Physical Therapy Reviews, North American Editor (P) • NIH Study Section member, grant reviewer (P) • Birch Grant Reviewer (P) • Manuscript reviewer for 4 scientific journals (P) • APTA, Academic Administrator, SIG, Nominating Committee (P) | 2008-present 2006-present 2006-present 2004-present 2005-present 2008-present 2005-present 2006-2007 |
| Lisa VanHoose | <ul style="list-style-type: none"> • Faculty advisor, Student PT Organization (D) • E-Portfolio Evaluation Com. (S) • Diversity Committee (S). • Co-Director, Multicultural Scholars Program (S) • Electrophysiology & Wound Care Section, Nominating Comm (P) • Physical Therapist, Silver City Health Center (C) • Health Volunteers Overseas (C) • JayDoc Faculty Mentor (C) | 2007-2008 2008-present 2008-present 2008-present 2008 present 2008-present 2008-present 2007-present |

Core Faculty With Special Responsibilities: Program Administrator

F-5. The program administrator is a physical therapist with an earned doctoral degree, senior faculty status, and an understanding of higher education and contemporary clinical practice appropriate for leadership in physical therapy education.

The Department of PTRS at the University of Kansas Medical Center offers three degrees, and thus has three Program Directors and two overall Departmental Co-Chairs. Figure F-5-1 shows in schematic form the general organization of the department.

The administration of the department is shared between Dr. Pohl and Dr. Stehno-Bittel. Dr. Stehno-Bittel obtained her BS in Physical Therapy in 1983. She practiced PT in a variety of settings including home health, school district, and a large university hospital in the neonatal and neurological ICUs. She earned her PhD in Physiology from the University of Missouri, Columbia and completed a post-doctoral fellowship in Pharmacology from the Mayo School of Medicine. She is a full professor with tenure and has administrative roles outside the department, giving her a wider view of higher education. She meets monthly with the Senior Vice Chancellor and Dean of the School of Allied Health.

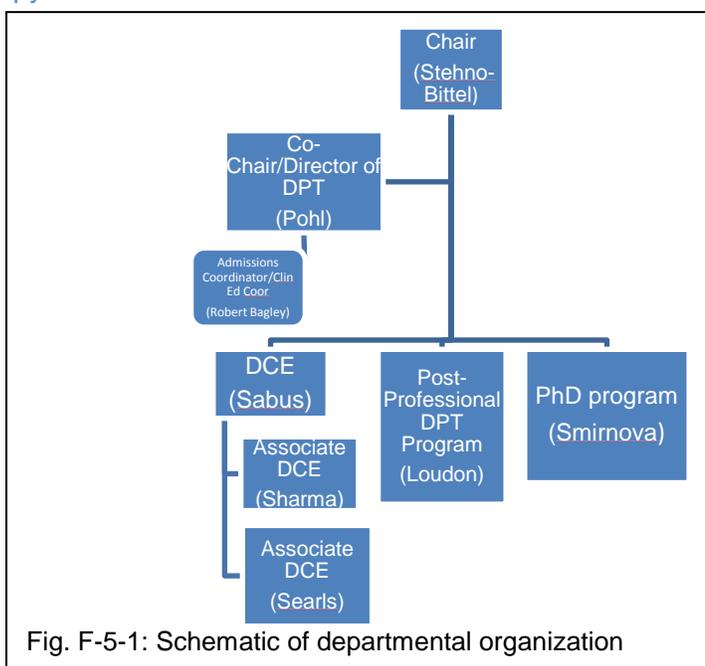


Fig. F-5-1: Schematic of departmental organization

Dr. Pohl is the Co-Chair and Director of the DPT program. She has full authority over all aspects of the DPT program including admission, curricular flow and content. She is liaison for the School of Allied Health Office of Grants and Research, and has a wide perspective in national granting trends. Dr. Pohl earned her M.S., in physical therapy in 1982. Her clinical experience is in acute care and in rehabilitation, serving clinical populations including adults with diabetes, brain injury, amputations, and stroke. She received her PhD in Biokinesiology from the

University of Southern California, studying under Dr. Carolee Winstein. Dr. Pohl is an active member of the Neurology Section of the APTA, and is currently on the Board of Directors of that section. She is also on the EDGE taskforce (Evaluation Database to Guide Effectiveness), a task force organized by the Research Section of the APTA to develop consensus on a core set of evaluation/outcome measures for each practice area. In this way, she maintains a strong understanding of contemporary clinical practice. She is an Associate Professor with tenure.

Dr. Stehno-Bittel served on the School-wide Tenure and Promotion Committee; Dr. Pohl currently serves in that role. Both have served on the University-wide committees such as the Faculty Concerns Committee; again Dr. Pohl serves on that committee currently. Dr. Stehno-Bittel has been the past Committee Chair for the Institutional Animal Care and Use Committee. As such she oversaw all animal research within the institution and the Chair serves a unique role as the gate-keeper for animal research. Currently Dr. Stehno-Bittel is on the task force that is setting the University-wide goals for 2015. Both Co-Chairs are active in the APTA, attending Combined Section meetings and the KPTA annual meetings including sessions on reimbursement and legislative initiatives in PT.

F-6. *The program administrator provides effective leadership for the program.*

The Program Administrator, i.e., Chair, and Program Director both provide effective leadership on a variety of fronts. The Chair is reviewed annually by the Dean of the School of Allied Health. Dr. Pohl, as Director of the DPT Program, is reviewed annually by the Department Chair.

Teaching: Both the Chair and Program Director have mentored excellence in teaching as determined through their teaching evaluations, review for tenure and promotion and peer evaluations. Dr. Stehno-Bittel won the national Angel Impact Teaching Award for her course in Pharmacology. Both teach full course loads, comparable to the other faculty. In this way, both leaders demonstrate to faculty the importance of teaching. By being intimately involved in the DPT program, both have an understanding of the curriculum. Further, Dr. Pohl's role as DPT Director allows her to serve as Chair of the DPT Curriculum Committee.

Service: Both the Chair and the Program Director serve the department, the institution, and the profession in a number of ways. Both are active members of the APTA and have held elected positions within their sections. Dr. Stehno-Bittel has been a member of the Nominating Committee for the Academic Administrators Special Interest Group. Dr. Pohl has served as the Vice President of the Neurology Section. She is currently on the Board of Directors for the section, serving as the Director of Research. Dr. Pohl is an Associate Editor for the *Journal of Neurologic Physical Therapy*, the journal of the Neurology Section of the APTA. Locally, both work together to set budget priorities and assigning space. The department has been financially sound for the past five years.

Scholarship: Both the Chair and Program Director are manuscript and grant reviewers, acknowledging their regional and national level of expertise in their respective areas of scholarship. The Chair of the department also has an active research agenda in which she provides grant funding for her own research and serves as a mentor for diabetes researchers within the Kansas City region as Director of the Great Plains Diabetes Institute. She is involved in recruitment of clinical researchers and basic scientists in diabetes to the Kansas City region for three different institutions, including the University of Kansas. She is currently involved in the recruitment of the Director of Internal Diabetes Research at the NIDDK Institute of the National Institutes of Health. She has put together a \$15 million dollar recruitment package for the position, strictly through fund-raising activities.

The Program Director also has an active research program with independent grants on which she is the principle investigator. She publishes on a consistent basis in national and international neurorehabilitation journals. Dr. Pohl serves as a research mentor for PhD students, and assists junior faculty in grant development.

Together the Chair and Co-Chair have led a number of significant changes within the department and the institution and have repeatedly shown leadership in difficult situations. For example, a previous faculty member was brought to the attention of the Chair and Co-Chair concerning abnormalities with human subjects procedures. The Chair immediately notified the Research Institute and halted all of the faculty member's research until a full review could be completed. When it was determined that consent forms were missing and perhaps never completed, the Chair and Co-Chair confronted the faculty member and worked with the legal team of the university to permanently close the researcher's laboratory.

F-7. The *program administrator* is responsible for ensuring that the regular evaluation of all *core faculty* occurs and that the evaluation results in an organized development plan that is linked to the assessment of the individual core faculty member and to program needs.

The Chair and Co-Chair complete annual reviews for core faculty within the department. Prior to the meeting the faculty member sends the Chair and Co-Chair a completed Annual Report (template in **Appendix ?**) that reviews their accomplishments for the previous year. Faculty also fill out a Faculty Goals form (template in **Appendix ?**) that identifies areas of weakness and outlines a plan to improve.

These plans and achievements are reviewed using criteria from the department's promotion guidelines. The rationale is that all faculty should be working on goals that move them closer to achieving the next promotion. The promotion guidelines are provided in **Appendix ?** In addition, the Chair and Co-Chair evaluate the goals to match them to the needs of the department and the mission of the department and institution.

The table below provides examples of some of the goals for junior and senior faculty for the academic 2008-2009 year. All faculty annual reviews and goals are provided on-site. Within the table the faculty goals that primarily meet the needs of the program are identified (P) and those that meet the needs of the faculty members are indicated (I).

Table F-7-1

| Faculty Name | Need Identified in Assessment Process P=Program; I=Individual | Faculty Development Goals |
|---------------------|---|--|
| Yvonne Searls | Lost contracts at some international clinical sites (P) | Develop new international clinical experiences |
| | Don't have directed experience for DPT students to supervise PTAs. (P) | Collaboration with PTA Program regarding the PT/PTA relationship and supervision |
| | No current grants and publication numbers are too low (I) | Continued research on the Prairie Band Potawatomie Reservation investigating the impact of diabetes on this population |
| | Need to offer departmental clinical instructors credentialing (P) | Provide a minimum of 2 CI Credentialing courses |
| Carla Sabus | Need to obtain first independent grant (I) | Applying for internal funding of Clin Ed research project with Dr. Searls |
| | Need to obtain first independent grant (I) | Grant through Aging in Place with Dory |

| | | |
|----------------|---|---|
| | | Sabata and Stephanie Gerald for Second Life project. |
| | Goal to increase networking nationally (I) | Work in APTA Ed Section, Central ACCE Consortium including leadership with research committee |
| | Need to reinforce use and linking of case studies throughout the curriculum (P) | Continued development in case-based curriculum with integrated approach across the program |
| Irina Smirnova | Goal to obtain promotion to Associate Professor with tenure (I) | Submit paperwork for promotion with tenure Fall 2008 |
| | Goal to increase granting source from federal level. (I and P) | NIH R01 – tentative Feb 2009 |
| | Need to publish more papers in timely manner (P) | Submit four papers in 2009 |
| | Desire to present a clinically-relevant continuing education course (P) | Planning a 2 hr course with Lisa VanHoose on “The Anti-inflammatory Effects of Exercise – Implications in Diabetes Related Cardiovascular Disease”. |
| Neena Sharma | New continuing education programs should be offered by department (P) | Present plantar fasciitis pilot project to KPTS, spring 2009 conference (to PT’s) |
| | Need to publish papers from PhD project (I) | Identifying and Quantifying Muscular Pain in Rodent Models.” - Journal of Pain, Spring of 2008 |
| | With independence from PhD mentorship, needs to obtain grant funding (I) | Would like to continue research in chronic pain – external funding |
| | Desire to provide clinical education program in area of PhD (I) (P) | Continuing education presentation on evidence based practice and chronic pain disorders |
| | Desire to add clinical service when that PhD is complete (I) (P) | Start providing service at Silver City clinic on as needed basis |

The annual review and goal-setting meetings appear to work well to advance the career of the faculty member and to meet the needs of the program. Table F-7-2 summarizes the promotion and tenure status of the current core faculty, providing evidence of the utility of the current review program. **Table F-7-2**

| Faculty Member | Faculty Appointment | Plan for Promotion | Date |
|------------------|------------------------------------|---------------------------------|-------------------|
| Sandra Billinger | Clinical Instructor | Research Assistant Professor | 2009 |
| Linda Denney | Clinical Instructor | Research Assistant Professor | Completion of PhD |
| Kendra Gagnon | Clinical Instructor | Research Assistant Professor | 2009 |
| Stephen Jernigan | Clinical Instructor | Research Assistant Professor | Completion of PhD |
| Patricia Kluding | Assistant Professor (tenure track) | Associate Professor with Tenure | 2010 |
| Wen Liu | Associate Professor with Tenure | Full Professor with Tenure | 2010 |
| Janice Loudon | Associate Professor ** | Full Professor with Tenure | 2011 |
| Patricia Pohl | Associate Professor with Tenure | Full Professor with Tenure | 2009 |
| Carla Sabus | Clinical Assistant | Assistant Professor | 2011 |

| | | | |
|--|------------------------------------|--|-------------------|
| | Professor | (tenure track) | |
| Yvonne Searls | Research Assistant Professor | Research Associate Professor | 2011 |
| Neena Sharma | Research Assistant Professor | Assistant Professor (tenure track) | 2011 |
| Catherine Siengsukon | Research Assistant Professor | Assistant Professor (tenure track) | 2011 |
| Irina Smirnova | Assistant Professor (tenure track) | Associate Professor with Tenure | 2009 |
| Lisa Stehno-Bittel | Full Professor with Tenure | NA | NA |
| Lisa VanHoose | Clinical Assistant Professor | Clinical or Research Assistant Professor | Completion of PhD |
| ** Tenure to be reinstated when faculty member returns to full-time. | | | |

F-8. The *program administrator* is responsible for ensuring that regular evaluation of *associated faculty* occurs and is used to determine the relevance of course content, effectiveness of *teaching*, and, as appropriate, effectiveness of student evaluation.

The Chair and Co-Chair complete annual reviews for associated faculty with their primary appointments in the PTRS department. For the associated faculty, the annual review process is the same as that outlined in F-7 for core faculty. The Chair and Co-Chair evaluate the associated faculty based on promotion criteria and the mission of the department and university.

The Chair and Co-Chair review the course evaluations for associated faculty not appointed in PTRS, serving as instructors. If any deficiencies are noted, a meeting is scheduled with the associated faculty member to discuss the issues and determine methods to improve.

In the past 10 years only one example arose with an associated faculty concerning the neuroscience course evaluations in 2007. Student comments indicated that the two faculty co-teaching the course were not always coordinated, and that communication was a problem with the students. After meeting with the associated faculty it became apparent that he was not getting the support he needed in the course from the PTRS faculty member. Conversations with the PTRS faculty member co-teaching indicated that her skills would be better utilized in the PhD program. Teaching responsibilities were reassigned and currently the associated faculty member indicates that the change has been very beneficial.

F-9. The *program administrator* has the responsibility and authority for planning and administrating the program's financial resources.

State funding allocations are directed through the Dean of the School of Allied Health to the Department of PTRS. State money supports the faculty salaries and general operating expenses for the department. Any state dollars not spent annually are returned to the state.

A restricted fee account is comprised of moneys from student laboratory fees, continuing education registrations, and clinical service or research contracts. Funds in this account can be carried over annually and are used to pay for guest lecturers and instructors, travel for faculty and students and salaries and research expenses when appropriate.

The department also has a large pool of endowment accounts that are used for travel (student and faculty), salaries (when appropriate), scholarships, supplies and equipment.

The Chair and Co-Chair are responsible for all financial decisions. They develop the annual budget, determine merit pay raises, and allocate funds for faculty and student development and travel. They oversee the allocation of funds to sustain the three degree programs. Annual budgets are developed in May-June of each year. At that time funding for different items can be moved as needed. Thus, salary dollars can be moved to operating expenses, if needed.

Funding specific to the accredited DPT program is controlled by the DPT Director. A travel budget is assigned to the Director of Clinical Education each year for her discretionary use for clinical education site visits and faculty and clinical instructor development.

Core faculty develop the long-term goals and needs of the program at annual retreats and faculty meetings. However, the funding for those goals is allocated by the Chair and Co-Chair. The policy that identifies the authority of the Chair and Co-Chair to direct funds is found on [page ??](#) of the Departmental Policies and Procedures.

F-10. *The program administrator facilitates effective communication with all program faculty and other people and departments directly involved with the program.*

The general philosophy within the department is one of empowerment of faculty, staff and students. This culture begins with the organizational structure (Fig. F-5-1) that assigns responsibilities to individuals and gives them the authority to make decisions concerning their assignment. Prior to 2005, the communication structure of the department was top-down. Decisions could not be made without the Chair's approval, including the names of students to be admitted into the program. With the new organizational structure, the Chair was removed from much of the day-to-day decision making in areas such as admissions, course content, curricular flow, and clinical education sites. While the Chair and Co-Chair oversee these areas to make sure that they meet the mission of the department, and lead to the stated outcomes, the ability to improve the DPT program begins at the level of the faculty. When faculty identify potential improvements, the ideas are brought o faculty meetings for discussion and approval.

With this organizational structure, communication does not flow solely from the top down. E-mail and posting on our educational web site are key to making this structure work. Within the departmental e-mail system, the department has built several "groupings" so that the point person for different projects can direct their communication to the target audience and not the entire department, unless necessary. There are groups for each class of DPT students, the post-professional students, and the PhD students.

Information that needs to be disseminated to everyone and referenced repeatedly, like policies and procedure documents or semester calendars are posted on our educational web site through Angel or on the faculty-shared server. Faculty members have the ability to make postings or build folders on that site.

Monthly faculty meetings are another source of excellent communication. Any faculty, staff or student representative can put an item on the agenda by e-mailing it to the Administrative Assistant. Prior to the meeting, the Chair or Co-Chair reviews the agenda, may re-order the items and may move some items to the next month, if the agenda appears too full. When the item comes up for discussion, the person who submitted the item leads the discussion.

In communicating with other departments that directly affect the DPT program, point people are again utilized. For example, when rooms must be reserved for classes, the faculty member notifies the scheduling coordinator, who communicates the request via e-mail to Instructional

Services. Likewise, when dealing with the Registrar's office, the same coordinator is given the information or request from the faculty and the coordinator communicates the needs with the Registrar's office. This minimizes faculty workloads and provides a contact person for other departments. Sometimes the contact person is a faculty member, such as Dr. Smirnova's role as the department liaison to the library. Other point people are staff, such as Dennis Whites' role as the liaison with the Registrar's office.

F-12. The *ACCE/DCE* is effective in developing, conducting, coordinating, and evaluating the clinical education program.

The clinical education program is constantly developing as the clinical climate and student needs are ever changing. Prior to 2004, the program had a single ACCE person who was responsible for all clinical education issues. When Dr. Stehno-Bittel became Chair, she determined that such a model would not allow the clinical education faculty to pursue other interests including clinical practice and scholarship. At that time a new Director of Clinical Education was hired, Dr. Carla Sabus, and two Associate Directors of Clinical Education were assigned. Since that time the Associate Directors positions have been shared amongst Dr. Sharma, Searls and Lisa VanHoose as grants and other commitments required reassignment, but Dr. Sabus has been consistently the DCE and the person responsible for clinical education.

The DCE and ADCEs are responsible for completing a needs assessment of the clinical education program and writing goals for the upcoming year. Recent goals have included the expansion of the CI Credentialing program and moving to the electronic CPI. Each year the team, along with Chair and Co-Chair evaluate the accomplishments towards the goals and make new goals, which are reported to the rest of the faculty at faculty meetings or retreats.

The clinical education team is efficient and effective in dealing with problem and assessing the clinical education program. For example, recently a DPT student was placed in a highly regarded outpatient clinic, but immediately experienced some difficulty and on the second day of the internship was told she was being "written up" by her CI. The KU clinical education faculty met with the CI and student and privately concluded that the student showed a lack of confidence that was a problem, but also that the facility was experiencing some personnel problems surrounding the CCCE and the student was caught in the middle of the two clashing staff. The Clinical Education Team chose to leave the student at the site, and counsel her on her shortcomings, but also to educate her on interpersonal issues using the experience as a teaching moment for the student. It was a measured approach to the problem, that served everyone's interests best, especially the student's.

The Chair and Co-Chair review the performance of the clinical education team annually. Data used for the evaluation include the student assessments of the DCE and ADCEs in year 2 of the curriculum using a student driven discussion format and written survey form. A fishbowl format to foster student driven discussion is used in which questions are posed and students discuss the questions without feedback from the facilitator. Guided topics include: the process of making clinical placement assignments, interactions and communication with the DCE, interaction and communication with the CI/CCCE, problems that have occurred during clinical experiences with evaluation of resolution and general questions students may have. Summaries of comments are available onsite.

The CCCE/CIs provide an assessment of the KU Clinical Education Team in the areas of organizational, interpersonal, problem solving and counseling skills and knowledge pertinent to the clinical education program upon completion of every internship. Recently a new

assessment tool was used in the fall semester of 2008 to critically evaluate the DCE teaching and administration capacities. With the advent of the Web CPI, online surveys have been developed for the CI, CCCE and student to evaluate the clinical education program and DCE.

All evaluations have indicated that the Clinical Education Team at KU are coordinated, organized, competent, and good at solving problems.

F-13. The *ACCE/DCE* communicates necessary information about the clinical education program to core faculty, clinical education sites, *clinical education faculty*, and students and facilitates communication about clinical education between these groups, as needed.

Core faculty

Communication with core faculty occurs regularly during faculty and committee meetings, and during curriculum retreats. During faculty meetings, the DCE(s) summarize information about overall student performance during internships as well as pertinent feedback, positive or negative from clinicians regarding the curriculum or academic preparation. Examples from recent years include:

- 1) Use of the term therapeutic exercise yielded a discussion on conventional term of therapeutic exercise (ther ex) predominantly used in the clinic versus the use in academics of the term "intervention". Faculty were asked to educate the students in to common terminology used in the clinic.
- 2) The DCE also gives the "state of clinical education" address annually at a faculty meeting so core faculty can be apprised of the changes and accomplishments of the clinical education program and clinical education related faculty. These discussions stimulate the core faculty to ask questions and provide suggestions. A KUMC hospital representative is invited to all faculty meetings.

Individualized communication with core faculty occurs as necessary. The DCE has negotiated consultation between core faculty members and clinical faculty members regarding clinical expectations in light of current level of academic preparation such as an incident 2 years ago. A clinician had concerns about a third year student's readiness and level of training in neurological rehabilitation. In this situation, Dr. Patricia Kluding contacted the CI to discuss what content the student had been academically prepared for and should be able to perform.

Clinical faculty at clinical sites

Communication with clinical education faculty at the clinical education site occurs frequently throughout the year. Basic clinical education information including syllabi, policies, curricular flow and evaluation materials is immediately and perpetually available on our website <http://www.pters.kumc.edu> under the clinical education tab. The location of website clinical education information is provided annually in writing when the clinical preference form is sent, and verbally during site visits and during midterm contacts with CIs. The same written information is present in the clinical education notebook available with each student intern. Facilitated feedback from the clinical sites is obtained through advisory board participation in annual curriculum retreats, during scheduled site visits and as part of the assessment process during each clinical internship. The advisory board is made up of representatives of rural and suburban hospitals and outpatient settings, and in the areas of acute, cardiopulmonary, orthopedic, administrative, neurological and oncology settings.

CCCEs are provided with the basic contact information of students who have been assigned to their facility each year. CCCE/CIs are contacted by students for more specific information exchange about three weeks prior to the internship. During beta testing of the web-CPI, DCE contact with the CCCE and respective CI's occurred a minimum of 3 times prior to and during

the internship to facilitate the usage of the web-CPI. Site visits and mid-term phone calls are used to update clinical faculty about any changes in the curriculum or program.

A DCE is in regular contact with the Area Rehab Managers (ARM) group that serves as an avenue to facilitate discussion of clinical education ideas and feedback regarding KUMC students. Dr. Sabus recently presented ideas to promote teaching administration during clinical internships at a recent ARM meeting

Students

The DCE begins communicating clinical education information at the initial student orientation meeting, providing an overview of the clinical education requirements and reviewing the clinical education handbook. DCE communication with students occurs routinely prior to each internship, at the initiation of the internship assignment process and during the mid-term checks. Clinical education meetings occur with each, presenting a relevant clinical education topics, and the necessary information for the upcoming internships. The Angel web site has been utilized as a way to post information for students including copies of content in the clinical education handbook, resources for the clinic, additional paperwork required by specific facilities, nomination forms, international application forms, master lists of affiliating sites and internship dates.

Students receive mid-term communication from the DCE either by phone, e-mail or site visit in which they are asked about their clinical experience and also asked if they have questions or concerns for the DCE.

Table F-13 Information to clinical sites

| Information | Location |
|--|---|
| The program goals and expected clinical education outcomes | <p>APTA Clinical Education Standards (link from PTRS web site) www.apta.org/AM/Template.cfm?Section=Clinical_Education_Standards1&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=370&ContentID=51699</p> <p>Clinical Education Handbook on KUMC Web site http://alliedhealth.kumc.edu/programs/physical_therapy/clinical-education.html</p> |
| The overall curriculum | <ul style="list-style-type: none"> • Clinical Education Notebooks students take to the clinical education site • Departmental web site/ students <p>http://alliedhealth.kumc.edu/programs/physical_therapy/dpt.html</p> |
| Policies and procedures of the academic program pertaining to clinical education | <ul style="list-style-type: none"> • Clinical Education Notebooks students take to the clinical education site • Clinical Education Handbook <p>http://alliedhealth.kumc.edu/programs/physical_therapy/clinical-education.html</p> |
| Behavioral objectives for the clinical education courses | <ul style="list-style-type: none"> • Clinical Education Notebooks students take to the clinical education site |
| Scheduling and assignment of students | <p>Departmental web site: http://alliedhealth.kumc.edu/programs/physical_therapy/clinical-education.html</p> |
| Mechanisms for | Clinical Education Handbook on Departmental Web site |

| | |
|---|---|
| providing feedback on the strengths and weaknesses of the clinical education site and the CIs | http://alliedhealth.kumc.edu/programs/physical_therapy/clinical-education.html |
| Cancellation or changes in clinical education sites | Clinical Education Handbook on Departmental Web site http://alliedhealth.kumc.edu/programs/physical_therapy/clinical-education.html |
| Requirements of the site for health information, mandatory training, and liability coverage | ?? |

F-14. The ACCE/DCE has the responsibility to ensure that there are effective written agreements between the institution and the clinical education sites that describe the rights and responsibilities of both, including those of their respective agents.

The process of procuring a written agreement is initiated one of 3 ways:

- 1) A representative of the clinical facility can contact the program. Contacts have been made with faculty members or office personnel, but ultimately are funneled to the DCE who begins the screening process.
- 2) Students may provide information about perspective clinical sites to the DCE. The DCE will evaluate whether the perspective clinical site will fill a current clinical education need and serve a long term purpose before initiating a contract with the clinical site.
- 3) Faculty members can initiate discussions with clinical sites then refer to the DCE to continue the initiation process.

Once a potential site is identified, the DCE and CCCE have a phone discussion as the first step in the screening process. The appropriateness of the quality, category and longevity of clinical experience is assessed. The potential site must meet the mission and goals of the program. For instance, a current departmental policy (active for the past 3 years) is that no contracts are knowingly sought with physician-owned PT clinics (POPTs). The POPT clinic may have an area of specialization desired with excellent clinicians but a contract will not be established with the site. Specialty clinical sites in the areas of neurological rehabilitation, pediatrics settings that are not school districts, women's health, oncology rehabilitation, and elite athlete sports medicine are all examples of types of settings that would be developed because the number of students asking for these types of placements as their elected sites. Acute care hospital settings are difficult to find, so they may be actively sought. As part of the screening process, the DCE has a discussion with the CCCE about the level of student that might be appropriate within current constraints of the clinical site. It might be that the site would like to take any level of our student but has commitments to other programs that prevent them from taking our students from a critical time point which may weigh into the DCE's decision whether or not to proceed with a written contract.

It is always asked if we set up a contract, will the facility be able to take our students on a continuing basis. If the answer is no; it is just to meet the need of one student, the contract will not be pursued as the legal process can be lengthy and it would not be an effective use of resources. General questions about the readiness and capability to take students are asked to

screen the quality of clinical education program. Do they currently take students? How is current staffing? Has any clinician ever served as a clinical instructor? How experienced is the current staff? What types of information do you need from us?

If appropriate, the written agreement is either sent by KUMC which is preferred, or contract is sent to KUMC by the facility. The contents of the KUMC contract identify the following basic legal responsibilities (appendix ??):

- Adherence to objectives and policies of the University
- Adherence to the rules and regulations of the Clinical institution
- Exchange of information for individual student's clinical experiences and changes affecting the clinical education program in general
- Health and insurance information
- Discontinuation of an individual student
- Non-discrimination language

Written agreements have been procured for single facilities, facilities within a system or a national contract such as with corporations like Select PT or Rehab Care who have clinics throughout a region or the nation. Some agreements pertain to the physical therapy department while others may cover allied health students from multiple departments such as OT and dietetics. Occasionally such as with international contracts, medicine, nursing and allied health are all covered. Written terminology is carefully monitored as requirements may be different for the varying disciplines. The written agreement **must be** signed by both parties before the site is used for clinical assignment. Students are never assigned to any facility until a written agreement is completed

The terms of all contracts is monitored quarterly via information that is entered into the database so those requiring renewal can be initiated again if desired before the term lapses. As part of the information exchange, clinical facilities are provided with written clinical education policies that provide further description of rights and responsibilities of both parties. They are given information annually at a minimum when clinical placement requests are made. Each student carries a clinical education notebook with them that contain. Often times a clinical site may contact one of the DCEs to clarify written policy such as absence policy or they may request further information in the case of criminal background checks or drug screens as a result of recent changes in institution policy. Changes in institutional requirements is notated in the database and shared amongst the program's clinical education faculty for future reference.

F-15. The ACCE/DCE uses a process to determine if the academic regulations, *policies*, and procedures related to clinical education are upheld by *core faculty*, students, and *clinical education faculty* (CCCEs and CIs) and takes appropriate corrective actions, when necessary.

Core Faculty:

During faculty meetings, the annual state of clinical education address is given whereby the activities of clinical education over the past year and the plan for the upcoming year are reviewed. At this time, core faculty are reminded of the policies for: contacting the appropriate DCE for students who have not completed or passed the required academic expectations including written examinations, practical examinations and comprehensive examination.

Students:

Students begin with a brief overview of clinical education procedures twice during the orientation; once prior to arrival on campus occurring in the spring and once they arrive at the beginning of the summer semester. The second orientation provides students will all program policies and procedures including clinical education. Review of clinical policies is done again in detail during the first clinical education meeting prior to going out on the first internship. Review of course requirements, including expectations and thresholds for corrective actions are discussed. Prior to the internship, students are contacted usually by e-mail about facilities that have additional policies that students must comply with. CCCEs follow-up with the student and/or DCE prior to the internship for completion of the required paperwork.

Once in the clinic, students complete a communication form for the preferred mode of communication for their CI. Two way contact information is provided to both the CI and DCE. At midterm, all students and most clinical instructors are contacted for review of student progress. Problems with adhering to policies and procedures are treated much like other problems displayed in the clinic. A plan is formulated, given the individual circumstances to assist in remediation. The plan is documented by the DCE and it is requested that the CI provide documentation as well. The midterm CPI provides additional documentation. If course expectations are not met, the student is usually required to complete a remedial internship of similar type but in a different facility before progressing in the curriculum as determined by the DCE. The DCE uses the CPI measurements and comments, discussion with both the CI and student and ancillary documentation by the CI and/or CCCE in making the determination. There may be some circumstances that are grievous in nature where the student may not be allowed to complete the internship or continue in the program.

All clinical education faculty and students are encouraged to contact any DCE with questions related to policies and procedures. Frequently questions arise about student absence policy to which the CIs are referred to the appropriate section in the clinical education handbook as a reminder and given answers directly to the questions they have posed. If needed, CIs are given suggestions for resolution in order to comply with the absence policy.

Clinical Education Faculty:

In addition to midterm contact, evaluation by students of clinical experience for problems in clinic or with the clinical instructor is shared upon completion of the clinical internship that describes any potential issues that may include veering from policy or procedure. Questions 4-6 indicating student's receiving facility information prior to or during orientation and 22a indicating CIs awareness of program objectives and expectations are triggers for adherence to P&Ps. During the 2006-07 academic year, scores on 22a averaged 4.46 on a 5 point scale with 2% receiving less than satisfactory while 98% were satisfactory. In the less than satisfactory cases, reasons were investigated to implement an effective solution usually by scheduling a site visit or information provided during midterm calls the next student placement. During the 2007-2008 academic year, scores averaged 4.50 with less than 1% (0.009) receiving less than satisfactory score indicating individualist implementation was successful. Students have the ability to fill out a confidential evaluation and/or discuss problems with the DCE at any time.

Details of the communication with the CCCE and CIs is provided in detail in section F-14, including the communication of policies and procedures.

F-16. The *ACCE/DCE*, using information provided by the *clinical education faculty* and other information as needed, is ultimately responsible for assessment of student learning in the *clinical education experiences*.

As stated in the Clinical Education Policy (pg 15), the DCE is responsible for:

1. Evaluating material submitted by students for fulfillment of the requirements of the clinical education course.
2. Evaluating the clinical instructor(s) assessment of each student's performance and determine the course grade in compliance with the stated criteria.

The DCE outlines expectations in each clinical education syllabus with expected scoring criteria utilizing the CPI. Information is gathered from multiple sources and documents including mid-term communication, mid-term and final CPI scoring, mid-term and final summative comments on the CPI, student self-assessment, student assessment of the clinical experience and instruction, information related to projects, student derived goals and objectives, supplemental CI/facility documentation and other assignments. The CPI is the starting point for every assessment and the foundation for assigning grades, as it is a universal standard from the APTA. Student goals and objectives allow students to tailor their individual clinical education experience to supplement the CPI criteria and provide the opportunity for students to reflect on program goals and identify areas that should be addressed in future clinical internships. The tools for student self assessment were changed the academic year of 2007-2008 from a department form to the CPI. It fosters discussion between the student and CI particularly if there is a discrepancy between scores for specific criteria, providing the DCE more information about any possible problems. Student evaluation of the clinical experience is read by the DCE for context of the learning experience and the perceived quality of clinical instruction.

In the event a student is not performing at the expected level, specific **behavioral** objectives are written in conjunction with the DCE and CI to remediate. Communication with the CI prior to the final evaluation allows the DCE to provide assistance in seeking a good educational outcome. The student is graded on successful completion of the remediation plan. The initiation of the web-CPI has assisted in detection of problems at midterm since both the CI and student self assessment scores are viewable by the DCE.

If there is a discrepancy between comments and the final CPI score, the student is contacted for clarification along with a call to the CI for additional information. Frequently the calls determine that the CI felt the student did well and passed the internship as reflected in comments, but were confused on how to rate the student on the visual analog scale of the CPI. If compliance and safe practice fall below the expected level, the student receives a failing grade. Two years ago, a student failed a long term internship in an acute care setting. The student was very comfortable and successful in outpatient settings, but uncomfortable in an inpatient acute care setting. Both the student and CI had contacted the DCE prior to midterm to identify a problem. The student was given the opportunity to address the problems on his own. When this proved unsuccessful, the DCE met with the student and CCCE at midterm to come up with a plan for addressing the deficiencies. New learning objectives were developed to provide a path for meeting expectations and the CI kept additional records. The DCE, CCCE and CI met shortly before the final to review the student's progress. While the student improved in his performance, he still fell short of facility and program expectations. The CI reviewed her evaluation with the student. The student was placed at another acute care facility for a remedial internship.

F-17. The ACCE/DCE determines if the clinical education faculty are meeting the needs of the program.

Information from the APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction is gathered for each student and evaluated by the DCE after each clinical internship. An investigation is launched if any of the following are found:

1. If ratings for the environment are marked 2 and under.
2. If the ratings for clinical instruction are marked 2 and under.
3. If the overall summary is marked in the last two boxes.
4. If any discrepancies or problems are detected in the written comments.

(Found at document and page ?)

The DCE will meet with the student to gather more information to determine potential areas of need steps for correction. If significant problems are present, the student is able to contact the DCE or write a confidential evaluation. The ratings for all facilities and CIs from the student evaluations are tracked and evaluated annually to detect any trends. From the report, the DCEs ascertain the facility, CCCE or CI needs. Occasional facilities verbalize the need for content areas especially during site visits. Individualized development occurs as needed during site visits. This might be as simple as answering questions to working through student problems that arise in the clinic. Based upon analysis of data or specific feedback, appropriate follow up is done.

Resources information is routinely provided to clinical facilities. The CCCE's receive the guidelines for clinical education available in the Clinical Education Handbook and on the department website. For CIs who have 120 hours or more of clinical instruction per year are given the opportunity to attend department sponsored Clinical Instructor Certification courses sponsored by the department at reduced rates.

Based upon DCE assessment of clinical faculty needs, the following activities occurred the past year. A summary of the past 3 years of actions are included in Appendix ??:

Action plan: 2008

- Offer more APTA Credentialing courses for Clinical Instructors.
 - Dr. Sabus became a certified Clinical Trainer for the APTA Credentialed Clinical Instructor Program
 - CI credentialing course (sponsored by Colby Community College) for rural Kansas held in Hays, Kansas January 2008
- Offer Web based CPI training and support for CIs - fall semester 2008
- Continue outreach for evidence-based practice
- Plan development of online clinical education seminars based on feedback from clinics
- Offer expertise from faculty in different areas during internship site visits

Collective Core Faculty

F-18. The *core faculty* includes a blend of individuals with doctoral preparation or clinical specialization sufficient to meet program *goals* and *expected program outcomes*.

The core faculty have a wide variety of talents and specialty skills, which can be reviewed in Table F-1-1. Table F-18 organizes the expertise held by the core faculty according to basic/clinical science and other topics.

| General Area | Specialty | Faculty | Training/Experience |
|---------------|----------------------------|--------------------|--------------------------------------|
| Basic Science | Biochemistry /Cell Biology | Irina Smirnova | PhD and post-doc fellowship |
| | Physiology | Lisa Stehno-Bittel | PhD in vascular response to exercise |
| | Pharmacology | Lisa Stehno-Bittel | Post-doctoral fellowship |
| | Neuroscience | Katie Siengsukon | PhD in neuro-imaging |
| | | Neena Sharma | PhD in animal model of chronic pain |

| | | | |
|-------------------------|----------------------------------|----------------------|---|
| | Cardiovascular | Sandra Billinger | PhD in vascular changes with exercise in stroke |
| Clinical Science | Bioengineering | Wen Liu | PhD and post-doc fellowship |
| | Orthopedics | Neena Sharma | Certification in manual therapy and completed supervised clinical mentorship hours from the North American Institute of Orthopedic Manual Therapy |
| | | Linda Denney | Master of Applied Science (Manipulative Physiotherapy); Certificate in Manual Therapy from Manual Concepts: Curtin University, Perth Western Australia. |
| | | Dr. Janice Loudon | Certified Athletic Trainer, National Athletic Trainers Association Sports Certified Specialist, APTA Certified Strength and Conditioning Specialist, NSCA |
| | Cardiovascular | Dr. Sandra Billinger | ACSM Clinical Exercise Specialist certified |
| | Lymphedema | Lisa VanHoose | LANA certified lymphedema therapist |
| | Wound Care | Lisa VanHoose | NAWC certified wound care therapist |
| | Acute Care | Dr. Carla Sabus | |
| | Motor control and motor learning | Dr. Patricia Pohl | PhD in Biokinesiology |
| | Neuro-rehabilitation | Dr. Patricia Kluding | |
| | | Stephen Jernigan | PhD candidate (fall risk in peripheral neuropathy) |
| | Pediatrics | Kendra Gagnon | PhD candidate (emphasis in pediatrics), pediatric physical therapist |
| | Medical Imaging | Dr. Katie Siengsukon | PhD in neuro-imaging |
| Management | Administration | Dr. Yvonne Searls | Owned own PT business, started PTA education program. |
| | | Lisa VanHoose | Rehabilitation management background at the local and regional levels |
| Education | Changing clinical practice | Dr. Carla Sabus | PhD in Education |

F-19. The collective *core faculty* initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional rules and *practices*. The regulations address, but are not limited to, admission requirements; the clinical education program; grading *policy*; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.

The process by which academic regulations specific to the program are developed, evaluated, and communicated to all who implement them.

Regulations concerning responsibilities of faculty in regards to grading, minimum performance levels, and consequences for poor academic performance or unethical behavior are found in the institution's Handbook for Faculty and Other Unclassified Staff (pg ??). Beyond that, the department has specific regulations for clinical education, admissions, and professional behavior in the classroom and outside of the classroom. These policies are found in the PTRS Faculty and Staff Policies and Procedures document (pg ??). The departmental policies and procedures were developed by the faculty and are revised every 5 years. When new policies are needed, faculty bring their concern to faculty meeting where they are discussed. Often a

subcommittee is formed to draft a new policy or procedure for discussion at a subsequent faculty meeting for a vote.

The process used to verify that the academic regulations are upheld.

When faculty are concerned that academic standards or behavioral standards are not being met by a student, they may bring the issue to faculty meeting to be discussed in closed session. Agenda items for closed session are written vaguely to protect the identity of the student in question from the student representatives attending the open session portion of the faculty meeting. An action plan may be made at that time to communicate with the student. Alternatively, the faculty member may contact the student's advisor and meet with them to determine if the issue is limited to their class/exposure to the student, or more widespread. Again, the issue may come to faculty meeting for department-wide closed-session discussion. If the issue is identified within a class, the policies in the syllabus of that course are followed.

One example in which disciplinary action had to be taken dealt with the funding by the department of student's registration and hotel costs to attend the 2007 APTA Combined Sections meeting. Three of the 34 students attending the meeting decided, prior to leaving for the meeting, that they would rather use the money to attend a continuing education course rather than go to CSM. They expected their refunded money from cancelling the hotel to go to them to use as they decided. A faculty member brought the issue to closed session faculty meeting and after much discussion, it was decided that the three students should be required to return the money to the department. The Chair met with the three students and all of the departmental funds used to support the students were returned.

Documents with program-specific academic regulations – PTRS Student Handbook
Documents with regulations related to clinical education – Clinical Education Handbook
Policies and procedures related to clinical education – Clinical Education Handbook

F-20. The collective *core faculty* have primary responsibility for the *curriculum plan*. The *core faculty* develop, review, and revise the *curriculum plan* with input from *clinical education faculty, associated faculty, the clinical community, and students*.

The core faculty have complete responsibility for the curriculum plan and the course content, as described in P4. When they determine that a change can have positive outcomes, they bring the suggestion to a faculty meeting or discuss it at the annual faculty retreat.

For example, faculty responsible for the neurological track of the curriculum felt the students would benefit from moving neuro courses earlier in the curriculum, and moving some orthopedic courses later. In the current curriculum, the orthopedic courses start before the neuro, and there is little overlap in time of the two topics. This was designed purposefully with the initiation of the DPT program. The rationale was that student's attention becomes too scattered if they are taking the introductory and advanced neuro and orthopedic courses simultaneously. However, two years into the DPT program, another problem had arisen. Students seemed to prefer orthopedic therapy over neurorehabilitation, and faculty wondered if it was because they were nearly finished with their ortho courses before being introduced to neurological concepts. Further, students reported being less sure of the orthopedic skills prior to going on full-time clinical because it had been a year since they had taken those classes.

An ad-hoc committee of core faculty from the neuro and ortho tracks was formed to evaluate potential changes in the curriculum flow or course content. After much discussion and several attempts at different curricular formats, the committee returned to faculty meeting suggesting

that no changes be made in the curriculum at this time, but that students pass a comprehensive practical examination prior to their full-time clinical affiliations that would include complex patient scenarios, including orthopedic disorders. This would provide the students the opportunity to revisit the orthopedic notes and books prior to starting their clinical affiliations.

Faculty meetings where such items are discussed consist of core faculty, associated faculty, a representative from the PhD student body, and the class president for each of the three DPT classes. Faculty retreats are one or two day events that include core and associated faculty, clinical education faculty, rehabilitation managers (potential employers) and clinicians.

Input from the clinical education faculty is brought to faculty meetings or to the retreat through the DCE or through the clinical education faculty attending the annual faculty retreat. More detail has been provided in Section F-13. Associated faculty and student representatives attend all faculty meetings and may put items on the agenda for discussion at any time.

F-21. The collective *core faculty* determine each student's readiness to engage in clinical education, including review of performance deficits and unsafe *practices* of the students.

Each faculty member is responsible for passing or failing any given student within their class. Courses with a laboratory component stipulate that the student must demonstrate safe practice or they will fail the course. This decision is the full responsibility of the faculty member. In this way, each faculty member ensures that the student is ready to move ahead in the curriculum, including clinical education. Expectations are outlined in didactic course syllabi. The method of communication between faculty and the DCE is described in Section F-15 of this document.

F-22. The collective *core faculty* is sufficient in number to allow each individual *core faculty* member to meet the *teaching, scholarship, and service* expectations (Criteria F1-F4) and to achieve the *expected program outcomes* through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the *associated faculty*, coordination of the clinical education program, governance, clinical practice, and evaluation of *expected student outcomes* and other program outcomes.

The department has adequate faculty to complete all of the program and departmental outcomes. The department is comprised of 13 full-time faculty and 3 part-time faculty (0.8 FTE each). Of those, 11 of the full-time faculty are identified as core faculty for the purpose of this document, and all three of the part-time people are core faculty. Table F-22-1 summarizes the faculty's major responsibilities and demonstrates how the programs outcomes are achieved with the work distribution. The table lists only the responsibilities for the entry-level DPT program, and excludes additional responsibilities in the two other degree programs.

Table F-22-1

| Faculty | Faculty Role | Credit hrs taught | Student Advising Mentor | Admissions | Administration | Curriculum Development | Clin Ed | Clin Practice | Governance |
|-----------|--------------|-------------------|-------------------------|------------|----------------|------------------------|---------|---------------|------------|
| Anderson | Assoc. | 5 | | | | | | | |
| Billinger | Core | 7 | X | | | X | | X | |
| Cistera | Assoc. | 0 | | | | X | | | X |
| Denney | Core | 3 | X | | | X | | | |
| Deshpande | Assoc. | 0 | | | | X | | | X |

| | | | | | | | | | |
|---------------|--------|-------------------|---|---|---|---|---|---|----|
| Gagnon | Core | 4 | X | | | X | | X | |
| Goist | Assoc. | 4 (Lab Assist) | | X | | X | X | X | NA |
| Jernigan | Core | 5 | X | | X | X | | X | |
| Kluding | Core | 9 | X | | X | X | | | |
| Liu | Core | 5 | X | | X | X | | | |
| Loudon | Core | 4 | X | X | | X | | X | |
| Pohl | Core | 3 | X | X | X | X | | | |
| Radel | Assoc. | 4 (co-instruct) | | | | | | | |
| Sabus | Core | 6 | X | | X | X | X | X | |
| Searls | Core | 3 | X | X | X | X | X | | |
| Sharma | Core | 7 | X | | X | X | X | X | |
| Siengsu-kon | Core | 5 (4-co-instruct) | X | | X | X | | X | |
| Smirnova | Core | 4 | X | | | | | | |
| Stehno-Bittel | Core | 4 (1 co-inst) | X | | X | X | | | X |
| VanHoose | Core | 4 | X | | X | X | X | X | X |

There are 17 additional full-time PhD students in the department. Of those students, 10 are physical therapists, 1 is an MD, 1 is a chiropractor, and the others have training in exercise physiology or other scientific fields. These PhD students are invaluable assistants in the laboratory courses, providing diverse clinical experiences.

Clinical Education Faculty (CCCEs and CIs)

F-23. The clinical education faculty (CCCEs and CIs) have a minimum of 1 year of clinical experience and demonstrate clinical competence in the area of practice in which they are providing clinical instruction.

The responsibilities of the CCCE and the CI are outlined in the Clinical Education Handbook which is available online at <http://www.pters.kumc.edu/clinical-education.html>, and provided in the Clinical Education Notebook that each student carries with them for each internship. The program requires one year minimum clinical experience for all CIs and CCCEs, as outlined in the Guidelines and Self-Assessments for Clinical Education also available on our website and in the Clinical Education Notebook resource section. The CCCE supervises the educational planning that includes CI development, clinical experiences and evaluation of the CI and student. The CCCE evaluates the resources and needs of CI(s) and facility which includes clinical competence.

Evidence of CI clinical competence is gathered through data collected on each Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form. Data is maintained on CI qualifications including years of experience, specialist certification and CI Credentialing. During 2006-2007, the department used 133 sites at least once a year and another 40 every other year. Twenty-five percent of the clinical instructors who worked with PTRS students during that year were Credentialed Clinical Instructors. Thirteen held some type of advanced certification, such as FAAOMPT. For the 2007-2008 academic year, the clinical instructors averaged 11.04 years of clinical experience, 8.48 years of clinical instructor experience and 19% were Credentialed Clinical Instructors. (missing one group-Carla). That year the program utilized 189 different CIs, and 28 of them had multiple students. Fifty percent of the CIs having more than one student were certified clinical instructors. Each site provides a Clinical Site Information Form that includes specific CI information including graduation year,

program, continuing education, licensure and work experience. CIs and CCCEs provide ongoing updates of professional information through the Web-CPI Student Assessment system that was instituted during the fall semester of 2008.

Potential sites are screened for practice characteristics prior to initiating the affiliation agreement. Site visits, phone contact, and student feedback provides information supporting clinical competence of CIs of active sites. We routinely ask during site visits about both facility requirements and development process of the CI gathering evidence of clinical competence. Any evidence that a site or CI does not provide competent, contemporary practice results in a follow-up site visit to determine whether to assign future students to the site.

F-24. The *clinical education faculty* (CCCEs and CIs) demonstrate the ability to be effective clinical teachers, including the ability to assess and document student performance, including deficits and unsafe practices.

Resources for the CI and CCCEs are provided in the Clinical Education Notebook and on the program website, <http://www.pters.kumc.edu/clinical-education.html>.

The clinical education handbook outlines the expectations for CCCEs (page 17, class 2010) and CIs (page 17-18, class 2010). The policy for assessing student performance is on page 19-21, class 2010). The remediation policy is located on page 21 for student performance deficits. The program moved to the Web CPI for student assessment of clinical performance. Students and Clinical Faculty complete APTA's, PT CPI Online Training program prior to using the Web-CPI. This ensures reliable and valid use of the CPI. The Web-CPI provides standardized documentation of unsafe practices through the embedded Clinical Incident form. In the event of unsafe student practice, the Clinical Incident form is completed by the CI and becomes available to the CCCE and the DCE.

The DCE and the ADCE are Trainers for APTA's CI Credentialing program. CI Credentialing is offered at least once a year within the KC Metropolitan area with additional courses offered throughout the State of Kansas as needed. The next program is being scheduled in conjunction with Penn Valley Community College. CI Credentialing offerings are communicated to the program's active CIs. A link to APTA's listing of CI Credentialing offerings is available on the PTRS website ([where?](#)).

Analysis of CI teaching:

- Students complete the Student Site Evaluation form for each internship experience. The data is summarized and used to direct site development efforts. Any specific deficiencies, as indicated by a "3" or below on the teaching items, result in follow up with the student and the CI by the DCE.
- A process is available to students to document confidential site feedback and submit to the DCE. Information collected through this mode is evaluated on a case-by-case basis with all DCEs and/or Chair and Co-Chair.
- Feedback that indicates a deficient clinical experience (either clinical instruction or clinical environment) prompts the DCE to follow up with a phone call or site visit to the facility to assist in development. For the 2007-2008 academic calendar, students scored item 22 (indicating the quality of the clinical instruction) with an average of 4.7 on a 5 point scale. Re-worded – is this wording correct?

F-25. The responsibilities of the *clinical education faculty* (CCCEs and CIs) are delineated and communicated to them and to other program faculty, as needed. The participation of *clinical*

education faculty in program activities and curriculum review is consistent with institutional policy and with their level of participation in the program.

- The responsibilities of the CCCE and the CI are outlined in the Clinical Education Handbook. A copy of the handbook is available online at: <http://www.pters.kumc.edu/clinical-education.html>, and a copy is provided in the Clinical Education Notebook pages 17-18, (class of 2010).
- Specific internship instructions to the CCCE and the CI are communicated through the Clinical Education Notebook and through electronic mail within the Web-CPI system.
- Program activities and curriculum review occur at the curriculum retreat with participation from advisory committee members that are comprised of clinicians from diverse backgrounds and settings. During site visits, clinicians are routinely asked to evaluate our program. Feedback from clinicians is shared at the curriculum retreat or in faculty meetings.
- CIs provide guest lectures and participate in labs and practical exams in several didactic courses. Many of the PTRS CIs are current students or graduates of the department's post-professional DPT program.
- One CI serves on admission committee and participates in chart review and active input in the selection of prospective PT students.

F-26. The *clinical education faculty* (CCCEs and CIs) are afforded rights and privileges that are appropriate for their level of participation in the program and similar to the rights and privileges afforded to the *clinical education faculty* in other programs throughout the institution.

The rights and privileges of clinical education faculty are outlined in the Clinical Education Handbook which is available online, <http://www.pters.kumc.edu/clinical-education.html>, or in the Clinical Education Notebook. The privileges most commonly utilized by clinical faculty include:

- Access the KUMC library system
- Access to Post-Professional DPT courses (even if students are not admitted into the Post-Professional degree program)
- Updates on current research findings that are being utilized in other clinical settings

Is there anything else?

Associated Faculty

F-27. *Associated faculty* have contemporary expertise in assigned content areas and in assigned *teaching* responsibilities, including effectiveness in *teaching* and student evaluation.

The only associated faculty who teach 50% or more of the didactic contact hours for a course are Drs. Marshall Anderson and Jeff Radel. Dr. Anderson teaches the entire Anatomy class, with laboratory assistants, for the students from physical therapy, occupational therapy and nurse anesthesia. Dr. Radel is a co-teacher with a PTRS core faculty Dr. Katie Siengsukon in the neuroscience course, which is taken by both PT and OT students together. Drs. Radel and Siengsukon split teaching responsibilities of the course approximately in half.

Dr. Marshall Anderson, PhD

Content Taught: Course Director for PTRS 710, Advanced Topics in Human Anatomy (teaching 100% of didactic lectures, leads laboratory sessions with assistance from GTAs

Education: PhD, Vertebrate Morphology, Univ. of Kansas
MA, Systematics and Ecology, Univ. of Kansas

BA, Zoology, Univ. of Kansas

Licensure: NA

Clinical Expertise: NA

Effectiveness as a teacher: Has won 6 different teaching awards, including Teacher of the Year at Rockhurst College, the Alpha Sigma Nu Teaching Excellence Award, the Zeta Tau Alpha Teaching Excellence Award, and the Sears Roebuck Excellence in Teaching Award

Has taught Human Gross Anatomy for 15 years to two different universities

Has taught Medical Histology for 12 years

Currently working on a textbook for teaching Anatomy to PT and OT students

Sources of contemporary expertise in content area: Published 3 papers and 3 abstracts in zoology, and perspectives in teaching biology

Dr. Jeff Radel, PhD

Content Taught: Co-Director for PTRS 850, Neuroscience, 4 credit hour course, teaching 50% of content (sensory neuroscience)

Education: Post-Doctoral Fellowship, Dept. Neurobiology, Univ. of Pittsburgh

PhD, Psychology, Dalhousie University, Nova Scotia, Canada

MA, Psychology, Dalhousie University, Nova Scotia, Canada

BA, Psychobiology, Oberlin College, Oberlin, Ohio

Licensure: NA

Clinical Expertise: NA

Effectiveness as a teacher: Joyce Jones Award for Teaching Excellence (student nominated, won 2 consecutive years)

Developed a series of interactive computer tutorials illustrating different aspects of the nervous system that have been used throughout the university.

Sources of contemporary expertise in content area: Principle investigator or co-investigator on 15 research grants or contracts dealing with neuroscience, with special emphasis on sensory integration; provided 12 research seminars and workshops since 2001; 22 publications in neuroscience field; 44 published abstracts; 5 invited book chapters in neuroscience

F-28. The responsibilities of *associated faculty* and the relevant *academic policies* are delineated and communicated to them.

It is important to distinguish between two types of associated faculty within the PTRS department. First, the title of associated faculty has been ascribed to departmental faculty with primary teaching appointments in the two other degree programs, typically the PhD program. These faculty are full members of the department and within the department no distinction is made between them. The CAPTE definitions require the distinction be made for this document. All academic policies and procedures are communicated to them in the same manner as any core faculty member as describe in section F-19 of this document.

Faculty without primary appointments in the PTRS Department as also given the associated faculty designate if they teach significantly in any DPT course. The two faculty that fall into this category are Drs. Jeff Radel and Marshall Anderson. Dr. Radel is a full time faculty member of the department of Occupational Therapy at the University of Kansas and is co-teaching a course with both OT and PT students. His responsibility is to oversee the course content and schedule and provide lectures on anatomy and the sensory system. Grading for the PT students is done by the co-director and core PT faculty member, Dr. Katie Siengasukon.

Dr. Marshall Anderson is the course director for the School of Allied Health Anatomy class taken by PT, OT and nurse anesthesia students. His contract is negotiated with the Dean of the

School of Allied Health, and that contract delineates his responsibility to the School. Associated faculty who are not part of the departmental faculty have been invited to annual retreats. Typically a schedule is provided in advance and associated faculty attend if their schedule permits and only for the time when their course might be discussed.

F-29. The *associated faculty* are afforded rights and privileges that are appropriate for their level of participation in the program and similar to the rights and privileges afforded to *associated faculty* in other programs throughout the institution.

As explained in F-28, most of the department's associated faculty are full-time faculty within the department teaching in other programs. They have all of the rights and privileges of any other faculty member and are told of those rights in the same manner. Associated faculty who have primary appointments in other KU departments have the same privileges that faculty have, and communication of those rights is the responsibility of their home department. Associated faculty from outside of the medical center such as Dr. Anderson have access to libraries, computers, software programs, and technical assistance. These rights and privileges are distributed to them through an information booklet given by the Office of Graduate Studies. In addition to receiving this booklet, Dr. Anderson has access to Handbook for Faculty and Other Unclassified Staff (Appendix ??).

