

**FLORIDA GULF COAST UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY AND
HUMAN PERFORMANCE**

Doctor of Physical Therapy

CURRICULUM PLAN

PROGRAM PHILOSOPHY

The Physical Therapy faculty believe learning flourishes in an environment where inquiry is modeled and fostered. Faculty create an atmosphere conducive to the exchange of information, ideas and skills. Learning is fostered in an environment that embraces diversity, mutual respect, and a sense of interdependence. Academic freedom and integrity are paramount to the mission of the Department.

Learning is a process that has no beginning or end points. It requires active participation of both faculty and students where each values and respects the other's unique and diverse learning styles and experiences. Learning is rigorous and rewarding, leaving no one unchanged by the shared experience. Early learning occurs best in context and in an environment that nurtures personal and professional growth. This provides the best foundation on which more complex learning experiences are built. A physical therapy program should provide this necessary foundation through contextual learning experiences within the concurrent expectation that the student generalize learned material in new contexts within the community.

Graduates of the physical therapy program must be mature, critical thinkers prepared for independent practice and leadership. They must anticipate ongoing changes in the health care environment and are prepared to respond to and promote appropriate change, ensuring a high level of care. Such necessary competence encompasses intellectual inquisitiveness, a commitment to lifelong learning, and skills and resources sufficient to cope with changes in physical therapy practice.

The faculty believe that graduates of an entry-level graduate program should gain experience in forging connections with the community while at the University. Ongoing connections with the community serve as a common thread, linking all student learning opportunities and experiences. Such a foundation insures the probability of lifelong learning and commitment to profession and community.

Contemporary practice of physical therapy requires individuals who are responsive to the changes in health care and willing to be open to consistent review and renewal of their practice skills. The faculty facilitates the development of a "generalist" who is able to adapt to change in a variety of practice settings and integrate evidence-based knowledge and skills into practice.

CURRICULUM PHILOSOPHY

The Physical Therapy curriculum is built upon several philosophical constructs: 1) promote consideration of a lifespan perspective, 2) a commitment to the progression from simple to complex concepts and content, 3) the use of active learning strategies, 4) a cultural diversity perspective, 5) ongoing assessment and facilitation of developing professional characteristics, and 6) contemporary evidence-based practice.

The first construct involves infusing a "lifespan" approach into coursework offerings. Traditional stand-alone, topic-specific courses such as "Orthopedics" and "Pediatrics" have been discarded. Instead, coursework development has been approached from a lifespan perspective. For example, a course such as "Movement Science", includes content relevant for therapists delivering services to an infant, a young child, an adolescent, or an adult of any age. This perspective is applied to cases within the PT Practice track where students explore premature infants up through the older adult. Students, therefore, gain a broad perspective of the breadth of PT patient populations.

The second construct relates to the importance of the evolution of student learning. Early in the curriculum, students employ more simple strategies to master simple, foundational material and solve problems. As the student progresses through the curriculum, there is a concurrent evolution to mastery of more complex materials while employing higher level learning tools.

Inherent in the curricular model is a commitment to active learning with a de-emphasis on passive flow of information. A variety of active learning strategies are utilized including self-direction, cooperative learning, case-based method of instruction, problem-based learning, peer teaching, interactive computer-based learning, and applied learning.

Another philosophical underpinning of the curriculum is the importance of the promotion of diverse perspectives in student learning and health care delivery settings. Attention is given in multiple student learning experiences to the examination of issues that emerge relative to students and health care consumers' varying cultural values, experiences, and beliefs. Through classroom and clinical learning experiences, students interact with persons of varying cultures and beliefs.

Attention is given to the importance of developing professional characteristics throughout the program. Coursework and clinical experiences include an expectation of development of behaviors deemed essential for practice as caring, sensitive clinicians. These behaviors include such generic abilities¹ as commitment to learning, interpersonal skills, communication skills, effective use of time and resources, use of constructive feedback, problem-solving, professionalism, responsibility, critical thinking, and stress management.

¹ Based on University of Wisconsin-Madison, Program in Physical Therapy Generic Behaviors

Last, the curriculum is consistently evaluated to ensure that it reflects contemporary, evidence-based practice. Outdated concepts are removed from the curricular content as appropriate, and new and commonly used concepts are brought into the learning experience, along with the available literature on the topic. Students' ability to practice in today's practice environments is facilitated through their participation in the PT Practice and Professional Development Seminar course track. Specialized evidence-based knowledge and skills are learned through students' participation and exploration during the Independent Research or Independent study requirement.

CURRICULUM OVERVIEW

The Doctor of Physical Therapy is a post-baccalaureate program where students enter the program in a Fall semester. Students complete eight consecutive semesters of coursework.

Students complete the following prerequisites prior to entering the program:

Prerequisites to the Doctor of Physical Therapy Program

| | | | |
|------------|---|---|------------------------------|
| Biology | BSC 2010C and *BSC X085 and *BSC X086 or | General Biology I w/lab Anatomy and Physiology I w/lab Anatomy and Physiology II w/lab | 4 3 3 |
| | BSC X010C and **BSC X011C and PCB 2XXX | General Biology I w/ lab General Biology II w/ lab Human Physiology (2000 level or above) | 4 4 3 |
| Chemistry | CHM X045C and CHM X046C | General Chemistry I w/ lab and General Chemistry II w/ lab | 4 sem. Hours 4 sem. Hours |
| Physics | PHY X053 and PHY X054* | College Physics I w/ lab and College Physics II w/ lab | 4 sem. Hours 4 sem. Hours |
| Psychology | PSY X012 or PSY X013 and DEP 2004 | Introductory or General Psychology Developmental Psychology | 3 sem. Hours 3 sem. Hours |
| Statistics | STA 2XXX | Introductory Statistics | 3 sem. Hours |

*ZOO X010C may substitute for BSC 2011C

**BSC X093 may substitute for BSC X085 and BSC X086

***PHY 2004C and PHY 2005 may substitute for PHY X053C and PHY X054C

[Note: A grade of C or better is required in each prerequisite course.]

The 115-hour curriculum is designed on a six track curricular model and is shaped by commonly accepted and professionally endorsed guidelines including the Guide to Physical Therapist Practice (APTA, 2003), A Normative Model of Physical Therapist Professional Education (APTA, 2004), Standards of Practice for Physical Therapy (APTA 2010), and the Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists (APTA, 2005).

DPT Curriculum Matrix

| Track | Fall 1 | Spring 1 | Summer 1 | Fall 2 | Spring 2 | Summer 2 | Fall 3 | Spring 3 |
|--|--|--|---|--|--|--|--|---|
| Movement Science (21 Credits) | PHT 5109C Movement Science I (8 credits) | PHT 6393C Movement Science II (8 credits) | PHT 6395C Movement Science III (5 credits) | | | | | |
| Medical Diagnostics and Pharmacology (11 Credits Online) | PHT 5353 Medical Diagnostics & Pharm I – Intro to pharm and imaging (2 credits) | | PHT 7070 Medical Diagnostics & Pharm IV – Diagnostic Imaging (3 credits) | | PHT 7352 Medical Diagnostics & Pharm III – Pharmacology (3 credits) | | PHT 6009 Medical Diagnostics & Pharm II – Diagnostic Testing (3 credits) | |
| PT Practice (32 credits) | PHT 5205C Intro to Physical Therapy Practice (2 credits) | PHT 6394C Physical Therapy Practice I (4 credits) | PHT 6396C Physical Therapy Practice II (5 credits) | PHT 6397C Physical Therapy Practice III (5 credits) | PHT 6398C Physical Therapy Practice IV (7 credits) | | PHT 7390C Physical Therapy Practice V (7 credits) | PHT 7399C Physical Therapy Practice VI (2 credits) |
| Professional Development Seminars (14 credits) | PHT 6026 PDS I – Explorations in Physical Therapy (2 credits) | | | PHT 6412 PDS II – Teaching/Learning (3 credits) AND PHT 6413 PDS III – Sociocultural/Lifespan (3 credits) | PHT 6527 PDS IV – Management – Leadership (3 credits) | PHT 6507 PDS V – Medical Spanish for Physical Therapists (1 credit) | PHT 7528 PDS VI - Legal—Ethical’ (3 credits) | PHT 7529 PDS VII - Entering (2 credits) |
| Critical Inquiry (18 Credits Online) | PHT 5016 Professional Writing & Literature Review (2 credits) | PHT 6606 Critical Inquiry (3 credits) # | PHT 6607 Applied Critical Inquiry (3 credits) | PHT 6906 Ind. Study I OR PHT 6971 Independent Research I (3 credits) | PHT 6907 Ind. Study II OR PHT 6972 Independent Research II (2 credits) | PHT 7908 Ind. Study III OR PHT 7973 Independent Research III (2 credits) | PHT 7909 Ind. Study IV OR PHT 7974 Independent Research IV (3 credits) | |
| Clinical Education (16 credits) | | PHT 5860 Introductory Clinical Experience (1/2 day x 10 weeks in Spring I, ½ day x 10 weeks in summer I) (1 credit) | | PHT 6822 Clinical Education I (7 weeks) (3 credits) | | PHT 6941 Clinical Education II (6 weeks) (3 credits) AND PHT 6942 Clinical Education III (6 week) (3 credits) | | PHT 7946 Clinical Education IV (7 and 8 weeks) (6 credits) |
| 115 | 16 | 16 | 16 | 17 | 15 | 9 | 16 | 10 |

The six areas (tracks) of the curriculum include: 1) Movement Science Foundations, 2) Medical Diagnostics and Pharmacology, 3) Physical Therapy Practice, 4) Professional Development Seminars, 5) Critical Inquiry, and 6) Clinical Education:

Movement Science Foundations is a comprehensive area (track) of the curriculum that is based on the Movement Science Model (Sahrmann, 1993) and encompasses the six areas of movement science: developmental, anatomical, biochemical, behavioral, biomechanical, and physiological. These six areas are often artificially separated into six or more stand alone courses within a physical therapy curriculum. In FGCU's curriculum, the faculty integrate all six areas into a series of course modules. Students investigate the course material in an integrated manner, closely modeling how clinicians must consider information in health care practice today. The foundations of movement science are addressed in an 21-credit hour course sequence offered during the first three semesters.

The Medical Diagnostics and Pharmacology track covers the topics of imaging, pharmacology, and medical differential diagnosis throughout the curriculum. The first course offers an introduction to topics of imaging and pharmacology, and is designed to be offered concurrently with Movement Science I. These topics return later in the curriculum as separate courses (MDP IV Diagnostic Imaging and MDP III Pharmacology) to reinforce and enhance content knowledge and application to PT practice. The final course (Diagnostic Testing) is designed to be offered concurrently with Physical Therapy Practice V, and focuses on medical differential diagnosis, screening for disease, and implications to PT practice.

The Physical Therapy Practice track encompasses the theory and practice skills that uniquely define the profession of physical therapy. Students enroll in a seven course series that allows them to explore physical therapy examination, evaluation, diagnosis, prognosis, and intervention. The preferred practice patterns outlined in the [Guide to Physical Therapist Practice](#) provide framework for the students' exploration of physical therapy practice. Faculty utilize a modified problem-based learning approach and exploratory clinical laboratory experiences to facilitate student learning. The final course in the series is a two week long seminar-style course offered after students successfully complete the clinical education component of the curriculum, comprised of topics identified by the students and preparation for the NPTE.

The *Professional Development Seminar* track defines the fourth area (track) of the curriculum and explores professional, legal and ethical aspects of development as a physical therapist in contemporary practice. The seven course track includes topics in oral/written communication, including with Spanish speaking clients/patients, leadership/management, ethics, the scope of physical therapy practice, law/regulation, career development, the health care system, education, and psychosocial aspects of health care.

The fifth area (track) of the curriculum encompasses topics of *Critical Inquiry*. Students learn and apply concepts of research design, critical evaluation of research reports, and

principles and application of Evidence Based Practice. Each student's experience is enriched by his/her participation in either an Independent Research project or intensive Independent Study.

Clinical Education is the sixth area (track) within the curriculum. Students participate in a total of 36 weeks of Clinical Education experiences: 34 weeks of full-time clinical experiences, and twenty half day clinical education experiences during the second and third semester totaling of 80 hours (2 weeks).

STUDENT LEARNING OUTCOMES/GOALS

Graduates of the Program in Physical Therapy:

1. Model PROFESSIONAL BEHAVIORS that are consistent with professional excellence and the expectations of the profession and the consumer.

Graduates:

- strive for and demonstrate professional excellence in all aspects of practice.
- develop creative solutions to problems, based on sound scientific knowledge and clinical decision making.
- assume responsibility for continued growth and commitment to the profession.
- exhibit an understanding and appreciation of diversity, showing compassion for all persons as globally minded clinicians.
- demonstrate a commitment to a client-centered philosophy of care.
- demonstrate confidence and pride in their roles as health care providers.
- respect the role of the Physical Therapist Assistant and other colleagues within health care.
- demonstrate leadership behaviors.
- accept the professional obligation to measure and evaluate effectiveness as part of their role.
- are proficient in using technology to independently seek and access information and resources.
- demonstrate professional and personal behaviors consistent with the American Physical Therapy Association Code of Ethics.
- employ initiative in seeking advanced training as part of becoming a life long learner.
- understand the role of aesthetic therapies in the holistic care of clients.
- exhibit each of the professional characteristics outlined in the Professional Behaviors Plan at a level expected of an entry-level graduate.

2. Practice utilizing PATIENT/CLIENT MANAGEMENT SKILLS consistent with contemporary practice.

Graduates:

- work efficiently and effectively with a high volume of patients/clients.
- apply current research to practice.
- demonstrate entry-level competency and strive for mastery in clinical skills.

- utilize examination results to evaluate, formulate differential diagnoses, and complete the development of a plan of care.
- appropriately document all aspects of patient/client care.
- serve as case manager for patient/client-centered care.
- consistently motivate and encourage patients/clients.
- consistently utilize outcomes assessment measures to serve as a basis for improving care.
- Provide individualized care based on patient/client needs and circumstances.

3. *Experience areas of PERSONAL GROWTH necessary for the transition into becoming a professional.*

Graduates:

- are self-reflective, resourceful, and self-directed.
- exercise and value self-identification of unique strengths.
- are accepting, flexible, and tolerant.
- demonstrate sensitivity to others' needs and in interactions with others.

4. *Recognize the importance of and pursue COMMUNITY INVOLVEMENT as part of their professional responsibility and civic engagement.*

Graduates:

- exhibit socially minded behaviors.
- initiate and carry out community-based learning and service projects.
- build linkages with their communities and accept and engage in service to the community as part of professional responsibility.
- participate in professional meetings.

5. *Appropriately use and modify written, oral and non-verbal COMMUNICATION with clients, families and colleagues.*

Graduates:

- communicate effectively through verbal and non-verbal means and are willing to communicate with a variety of people in different situations.

6. *Practice effectively and are able to respond to CHANGE within a dynamic health care environment.*

Graduates:

- welcome and gain insight from ongoing internal and external review.
- recognize and create opportunities for growth and realistic change.
- serve as change agents within the community and the settings in which they practice.

7. *Practice effectively and are able to respond to CHANGE within a dynamic health care environment.*

Graduates:

- welcome and gain insight from ongoing internal and external review.

- recognize and create opportunities for growth and realistic change.
- serve as change agents within the community and the settings in which they practice.

STUDENT ASSESSMENT METHODS

The faculty utilize a balance variety of student assessment methods throughout the curriculum to accommodate the various strengths of our students. Through this collective set of methods, students have the opportunity to demonstrate their knowledge and skills through test taking, writing samples, oral communication and performance of skills. The following list summarizes the formative and summative methods employed during the curriculum.

| Formative Assessment | Summative Assessment |
|--|---|
| Lab “checkouts” – case competencies (oral, written, practical) | Multiple choice exams |
| Quick writes | Written assignments |
| Quizzes | Papers |
| Electronic discussions | Oral presentations |
| Classroom discussions | Electronic portfolios |
| Laboratory (student) demonstrations | CPI – self-eval and CI eval |
| Peer teaching | Practical/oral examination |
| Self-evaluation | Independent Plan of scholarly activity (Thesis/Independent Study) |
| Peer-evaluation | Electronic presentations |
| Midterm CPI – self-eval and CI eval | |

CURRICULUM ASSESSMENT

The purpose of the curricular assessment is to determine the strengths and weaknesses of the Program and the extent to which specific mission, goals, and objectives are met. The curriculum must be responsive to the changing roles and responsibilities of the physical therapy practitioner. Ongoing assessment is necessary to determine the level of responsiveness of the curriculum.

The curricular review plan is comprised of assessment information from a variety of individuals, all involved with the Physical Therapy Program. Sources of assessment data include: students, core faculty, adjunct and supportive faculty, clinical faculty, the Graduates, employers of FGCU graduates, and curricular committees at the Department, College, and University levels.

Each course, including the syllabus, objectives, topical areas, methods of student assessment, texts, and methods of delivery are assessed individually as well as collectively in the overall curricular review process. Students complete individual course and clinical site evaluations, faculty assess the success of each course, and the program and department faculty reviews the overall curricular plan.

The following curriculum assessment is conducted on a routine basis:

| Assessment Activity | Timeframe | Person(s) responsible |
|--|---|---|
| Course evaluation | Each semester in which a course is offered | Department secretary distributes to faculty, faculty distribute to students, students return to department secretary, all faculty review results. |
| Three-year course review cycle | Each course is schedule for review within a 3-year period | Department chair sets schedule, course faculty 'present' course at meeting and are responsible for implementing recommendations. Students have input through course evaluations. Clinical sites have input through clinical education assessment documents/processes. |
| Full Curriculum/Curriculum Plan review | Annually – faculty retreat | Department chair sets agenda; all department faculty participate. All assessment data relating to curriculum can be included in review. |
| Program Review | 7-years | Department Chair with faculty input. |

Description:

1. Semester course evaluation

- Each semester, course faculty provide a copy of the current syllabi for the department file. In addition, a complete course packet is placed in the respective course notebook. Each course has a accompanying Angel Learning Management System site, containing the syllabus, all evaluation tools used (e.g. assignments, quizzes, exams) and documents distributed by the faculty
- Course faculty conduct a final course evaluation and student assessment of instruction (SAI) to obtain student feedback. The final course evaluation is considered the evaluation part of curriculum review and is not part of the faculty's evaluation file. Faculty may conduct additional evaluations of their performance anytime during the semester.
- Results of the course evaluations are shared with the department faculty. Student Assessment of Instruction (SAI) results are only shared with the respective faculty member and the department chair.

2. Three year comprehensive course review

Courses are individually reviewed by the full department faculty once every three years. If the need arises, a course is reviewed on a more frequent basis.

- All courses within the curriculum are placed on a 3-year rotation for in-depth review. Courses that are a part of a sequence may be reviewed during the same period to ensure continuity.
- All physical therapy courses, taught by faculty outside the PT department, are assigned a Core PT faculty member to act as liaison and course representative. The course representative prepares review materials in conjunction with the course instructor(s), presents the course during review sessions, and discusses recommendations for change.
- Instructors/course representatives prepare the following materials for the comprehensive course review meeting:
 1. Current course syllabus.
 2. Access to complete course packet including all instructional materials (e.g. student assessment tools, class activities, assignment outlines).
 3. Access to course web pages as appropriate.
 4. Course evaluation for the course.
 5. Summary of future plans for change.
 6. Additional materials that would aid the committee in course review.
- The curriculum review process is conducted by the full department faculty during monthly faculty council meetings. Results and recommendations of this review process are provided to course faculty for implementation when the course is next offered.
- Course faculty make recommendations for changes in their particular course offerings. If the recommendation includes removal of course content, the Faculty Council discusses such changes. A decision is made by the Faculty Council to: 1) retain the content in the present course offering, 2) Move the content to another course, or 3) remove the content from the curriculum.

3. Curriculum Review

- On an as needed basis, the full curriculum is reviewed. Faculty request this review often as part of individual course review to ensure individual course changes are consistent with full curriculum's design. At a minimum the full curriculum is reviewed every three years by the program faculty.

- The curricular philosophy is reviewed and a recommendation is made to adopt or revise. Revisions are reviewed until adopted.
- The full curriculum is reviewed, based on curricular philosophy statement, and judged for its effectiveness in assisting students toward achievement of the student learning outcomes.
- Course scheduling, faculty assignments, personnel support needs, equipment needs, and other issues related to curriculum are also discussed and recommendations are made to the Department Chair.
- Course proposals for new course offerings, specialized sections of courses, electives, independent study, etc., are discussed and recommendations are made for change.
- When available, evaluative data collected from clinical instructors, exit interviews, program graduates, and employers are reviewed as part of the full curriculum review.
- Course deletions or additions are implemented for the next cohort that enters the program.

As students graduate from the program, they participate in an Exit Survey, assessing the curriculum in its entirety. Suggestions for additions, deletions, and revisions in content and process are solicited, synthesized, analyzed, and considered by the faculty in the full curriculum review and/or the three year cycle of curriculum review. In addition to the Program's own review, every seven years the State University System conducts a comprehensive program review. Additional program assessment is conducted during Southern Association of Colleges and Schools (SACS) accreditation review.