

DPT Executive Summary

Rationale

In the June, 2000, the American Physical Therapy Association (APTA) released its vision statement: "By 2020 physical therapy will be provided by physical therapists that are doctors of physical therapy, recognized by consumers and other health professionals as practitioners of choice to whom customers have direct access for diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement function and health."

(<http://www.apta.org/news/visionstatementrelease>). With this goal the profession is charting a course towards independent practice. Accordingly, autonomy and growth of the profession are major factors in the change to doctoral education. Sixteen of the top 25 physical therapy programs (US News and World Report), and 43 programs overall, have already converted to the doctor of physical therapy degree (DPT) with 89 of 182 programs nationally projected to be at the doctoral level by 2004. Recently two Illinois programs have converted to the DPT degree - the University of Illinois - Chicago and Finch University. Thus, in our primary market for students, northern Illinois, prospective students now have two DPT programs as options in physical therapy education. In Wisconsin, the PT programs at Concordia University and UW - Lacrosse are in the process of preparing their DPT proposal.

Marquette PT has slipped from a national rank of 15th to 23rd nationally in four years (US News & WP). The reason for the decrease in rank is clear. New DPT programs have risen quickly to the top 25 nationally and displaced some programs that are at the MPT level. Clearly, the DPT degree has already become the accepted standard in physical therapy. Marquette needs to move toward the DPT degree to meet practice standards, to hold our national reputation, and to continue to attract high quality students who seek to meet the profession's vision for the future. We are proposing to replace the current

master in physical therapy degree (MPT) with an entry-level doctoral degree in physical therapy starting in 2002-03. This move is favored by a large majority of our current students (85%) and has received strong support from the Marquette PT Alumni Board.

Curriculum and Policies

Marquette's PT faculty has designed a DPT curriculum to meet the challenges of independent practice consistent with a clinical doctoral degree. A thorough analysis of DPT curricula nationally provided guidance and perspective in curriculum design. Moreover, the positioning of Marquette in the market place of PT educational programs was also a major consideration in shaping the curriculum and its admission policies. A key point is that freshman admission will be retained with a significant transfer window for both internal and external transfer students. Only one other DPT program currently has a true freshman admission policy which adds to the attractiveness of our program. We propose a professional phase which is three years and two summers, the national average of DPT programs. Our professional phase will be added to a 3-yr pre-professional phase making the full length of the program 6 yrs and 2 summers for freshman admission students. This represents a significant time savings over many other PT programs, most of which require a 4-yr bachelors degree prior to the typical professional phase. While our DPT program preserves the diversity of undergraduate majors that students may select, the curriculum will be distinctly different than Marquette's current MPT program. One additional pre-requisite course, 17 new professional phase courses, and three enhanced courses will upgrade the level of academic content. New courses in imaging, differential diagnosis, and critical inquiry will prepare students for independent practice. We view clinical movement science as content that is uniquely that of the PT. Accordingly, added faculty resources and new course work is designed to specifically strengthen this aspect of the curriculum. Motion analysis, neurological sciences, orthopedics, evidenced based practice, and clinical practicum are key areas that have been bolstered in the new curriculum.

A key change will be the addition of specialty tracks in a distinctive curriculum which will add attractiveness to the program and marketability to our graduates. We are unaware that any of the current DPT programs offer a variety of focused specialty experiences. Graduates will leave as well-rounded practitioners with a more advanced level of knowledge and clinical skills in a chosen area of practice. The specialty tracks allow our program to add high level academic and clinical projects to be completed by every student, consistent with a clinical doctoral degree. Students will identify their interest in orthopedics, neurology, cardiopulmonary, pediatrics, geriatrics, or wound healing tracks and they will complete additional courses, projects, and clinical practicum in this chosen content area. Critical inquiry assignments, evidence-based practice analyses, and single subject research projects will be directed towards their specialty area.

Phase-in of DPT Program

The DPT would start in Fall, 2002, with a freshman class. Freshman admit students starting in 2002-03 would all graduate with a bachelors degree of choice and a DPT professional degree. Current students now in the professional phase would graduate with their MPT degree. However, those students now in the pre-professional phase (Yrs 1-3) would be offered the option of converting to the DPT or staying with the old MPT program. Accordingly, a professional phase class of DPT students would start in 2002-03. Assuming that some currently enrolled students will opt for the MPT, the last class of MPT students would graduate in 2007 after which the MPT program would be terminated. Thereafter, only the DPT degree would be offered.

Resources and Financial Analysis

The increased revenue to justify the requested DPT budget will come from a tuition increase (\$1,500/yr) for a target number of 62 students per class. Two new full-time faculty lines and several part-time faculty are required to deliver the new courses

and additional expertise to support the DPT program. An increase in operating budget will support added human resources and curriculum additions. A capital budget of \$132,500 is requested to equip a state of the art motion analysis laboratory and as start-up costs for new faculty, along with \$195,000 for space renovation. The motion analysis laboratory will require 1,300 sq ft of new space which we have requested from the soon to be vacated Dental School Building. Additional requests for five offices and one teaching laboratory currently can be filled by space already held in the College of Health Sciences in Dental Hygiene which is being phased out. We anticipate that revenue will exceed direct expenses by \$76,000 in Yr 4 of the DPT program.

Summary - The DPT degree has become the accepted entry level degree for the profession of physical therapy. Marquette needs to convert its master of physical therapy degree to a DPT degree to preserve its market position, attract high quality students, and retain our stature as a high quality educational program in PT. The curriculum that has been designed to meet the expectation of clinical doctoral education and the increasing body of knowledge in PT.

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