

November 17, 2005

Office of the Dean

College of Health Sciences UK Wethington Building, Rm. 123 900 South Limestone Lexington, KY 40536-0200 (859) 323-1100 Ext. 8-0480 Fax: (859) 323-1058 www.uky.edu

Memorandum

TO: David Watt, Associate Provost for Academic Affairs

FR: Sharon R. Stewart, Associate Dean for Academic Affairs

RE: Transitional Doctor of Physical Therapy Program (DPT): A Track within the Professional DPT

I am attaching the proposal for the *Transitional* Doctor of Physical Therapy Program for consideration. This program was approved by a majority of the members of the CHS Academic Affairs Committee, and I support the proposal. Based on my conversations with the Program Director and the Dean, we are confident that sufficient resources are available to offer this track.

The Doctor of Physical Therapy (DPT) Program was recently approved by the Council on Post-Secondary Education and will be implemented in Fall 2006. The purpose of the present proposal for the *Transitional* Doctor of Physical Therapy Program is to offer a *post-professional* DPT track within the existing DPT degree. In other words, the professional DPT degree program will be the entry-level degree for individuals training to be physical therapists, while the *Transitional* DPT will be for individuals who *are* practicing physical therapists. The *Transitional* program would be available for currently licensed physical therapists who have already attained the equivalent of a masters level education.

The UK DPT program will be the only DPT program offered at a public institution in Kentucky. The addition of the *Transitional* DPT would give physical therapists in Kentucky and beyond access to the necessary education to progress to the clinical doctorate level. The only other physical therapy program in the state is located at a private institution in Louisville. That program currently offers training for both the professional entry-level DPT degree and the *Transitional* DPT degree. It should be noted that a variety of programs around the nation offer both the DPT also offer a *transitional* DPT.

The attached proposal provides detail about the planned program. For additional information, please contact: Anne Harrison (3-1100, ext. 80596) or Terry Malone (3-1100, ext. 80600).

PROPOSAL

Transitional Doctor of Physical Therapy (DPT) Program
A Track within the Professional DPT

University of Kentucky College of Health Sciences Division of Physical Therapy

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The following frequently asked questions are provided to enable a context for the transitional DPT proposal.

Transitional DPT – Frequently Asked Questions

1. What is the transitional DPT degree?

The transitional DPT is awarded after completion of a postprofessional educational experience designed to augment the knowledge, skills, and clinical process of the practicing therapist to a level consistent with the current professional (entry-level) DPT standards. It enables the US-licensed physical therapist to attain degree parity with graduates who hold the professional DPT by completing experiences to mirror newly added coursework which was not a part of their previous professional training. The majority of PT programs in the United States are now awarding the DPT as the professional (entry-level) degree.

2. Why is there the need for this Program/degree?

During the last 10 years, the majority of physical therapists have graduated from MSPT or MPT programs. The University of Kentucky will have approximately 600 MSPT graduates with more than 70% residing in the Kentucky region. Since these MS/MPT graduates have the projection of a long professional career, many are interested in gaining degree parity with recent and future professional graduates.

3. What is the difference between the transitional DPT and a PhD?

The DPT is considered a clinical doctorate very similar to pharmacy (Pharm D), optometry (OD), podiatry (DPM) and clinical psychology (PsyD). Thus the degree signifies a level of clinical competence. The PhD is a research degree indicative of knowledge acquisition in a particular field and completion of original scholarly work adding to the body of knowledge in a specific discipline.

4. What is a transitional DPT program?

The DPT post-professional transitional program allows the US licensed therapist to obtain the clinical doctorate through a structured post-professional education process providing the requisite educational experiences giving information commensurate with that of current professional DPT program outcomes. Typically these programs rely on distance/distributive learning to facilitate part-time enrollment. Most programs are designed to complement the curricular changes made during the move from the institution's MS or MPT program to the professional DPT. As a result, the content of the post-professional transitional degree reflects what was added to the DPT. The mode of transmission is frequently a combination of on campus activity, individual projects and modules, and on-line experiences. The length and orientation of these programs is quite varied with as few as 6 credit hours or many as 30, depending on what the transition from MS/MPT to DPT required.

5. Where are transitional DPT programs located?

The majority of these programs are housed at universities which have accredited professional DPT programs. A very small number have been developed by other institutions which have added a free-standing transitional DPT not linked to an existing professional DPT.

6. How long will transitional DPT programs exist?

Most professional leaders and academic physical therapists predict that these programs will only be needed for approximately 10 or fewer years. After that time, all new graduates will have the DPT from their professional program.

7. How has the UK transitional DPT been designed?

The UK DPT Program has 120 semester hours in contrast to the 100 semester hour MSPT it replaced. The changes include 11 hours of additional didactic coursework and 9 hours (12 weeks) of additional clinical experiences. The UK Physical Therapy faculty members have carefully constructed a transitional sequence of 14 semester hours to enable the graduate physical therapist to attain the additional content. As these individuals are all practicing therapists, the 9 hours of additional clinical experiences are being met through ongoing employment as a physical therapist.

8. What will be the "backgrounds" of these students?

It is anticipated that most of these students will be relatively recent graduates of accredited professional physical therapy programs. Thus they typically will have completed a minimum of 90 semester hours of pre-professional and university studies requirements followed by a 100 hour MS/MPT professional program of study. They will be practicing physical therapists wishing to achieve degree parity as well as enhancing their skill set.

9. Why not just take the new "classes" with the professional DPT students?

The added didactic materials were integrated into existing courses and are a part of several different semester sequences enhancing course flow. Also, the professional students participate in a full-time, day program format which would prohibit attendance by practicing clinicians. Thus the UK physical therapy faculty created the transitional courses to provide the graduate physical therapist educational experiences consistent with the added didactic materials and in a format to accommodate the working professional.

10. How does the transitional DPT fit with the profession's vision for the future?

The American Physical Therapy Association (APTA) has created a "Vision 2020" document. APTA is unequivocally committed to a fully inclusive transition to the status of a doctoring profession. Inclusiveness means that every US-licensed physical therapist will be afforded the opportunity to attain degree parity with those who possess the clinical doctorate - DPT degree.

UK Context

The post-professional transitional DPT is designed as a track within the Division of Physical Therapy DPT Program. It uses a distributive educational model for practicing clinicians to pursue experiences which provide the didactic materials which were not a part of their previous Master of Science professional degree program.

Post-professional Transitional Doctor of Physical Therapy Track

Introduction and Justification

The purpose of this document is to propose the implementation of a post-professional, Doctor in Physical Therapy (DPT) track within the DPT degree at the University of Kentucky College of Health Sciences. The post-professional DPT, often referred to as the transitional DPT, would be available for currently licensed physical therapists that have already attained the equivalent of a masters level education. The transitional DPT offers this group of physical therapists the opportunity to develop and enhance knowledge and expertise in skills that have increasingly become expected as entry level in the current health care environment. The professional DPT degree program will be the entry-level degree for individuals training to be physical therapists, while the transitional DPT will be for individuals who *are* practicing physical therapists. The professional DPT has been approved by the UK Board of Trustees and is anticipated to be approved by the Council on Post Secondary Education in the fall of 2005. Pending final CPE approval, it will be implemented as the entry-level Physical Therapy degree in August/September of 2006.

The Division of Physical Therapy is one of four Divisions or Programs in the Department of Rehabilitation Sciences in the College of Health Sciences at the University of Kentucky. The foremost purpose and mission of the University of Kentucky Physical Therapy (UKPT) Program is to meet the physical therapy needs of Kentucky and society as a whole, by developing competent physical therapy practitioners who are analytical thinkers, educators and professionals. We strive to provide students enrolled in the program a quality education that requires accumulation of scientific knowledge accompanied by the acquisition of essential physical therapy skills and professional attitudes and behaviors. The UKPT program is currently the only physical therapy program offered at a public institution in Kentucky. The needs of the people of the Commonwealth of Kentucky have always been paramount to the structure of the program. The addition of the transitional DPT would give physical therapists in the Commonwealth (and beyond) access to the necessary education to progress to the clinical doctorate level. The only other PT program in the state is located at a private institution in Louisville. This program currently offers training for both the professional entry-level DPT degree and the transitional DPT degree.

The Normative Model of Physical Therapist Professional Education, Version 2000, and the Commission for Accreditation of Physical Therapy Education (CAPTE) have expanded the expected outcomes of physical therapy graduates in the areas of prevention, critical inquiry, clinical decision making, diagnosis, prognosis, management of care delivery and administration/business management. Furthermore, the December 1995 PEW Report made recommendations for all health professions to expand in the following areas: scientific base, public health management, clinical prevention, health education and health promotion, critical thinking, problem-solving skills, and communication and collaboration in the health care arena. These recommendations provide additional justification for the UKPT program to offer post-professional education for practicing physical therapists through a track such as the transitional DPT proposed in this document.

Program Foci

The profession of Physical Therapy is evolving within an ever-changing health care system. Those responsible for providing reimbursement for PT services are recognizing the benefits of patients having direct access to physical therapy. This is particularly true for people living in rural and/or medically underserved areas. Thus, the trend toward providing reimbursement for direct access to physical therapy is expected to grow. The expanded role of the physical therapy profession as an entry point into the health care system requires that physical therapists expand their knowledge in areas addressed in the transitional DPT, including differential diagnosis, pharmacology, management of complex patients, interpretation and utilization of the rapidly evolving scientific literature, gerontology, administration, and leadership. The transitional DPT will also prepare PT practitioners to more effectively address the public health and wellness issues of Kentuckians and society as a whole. Kentuckians face numerous challenges in health care, due in part to the prevalence of pathologies such as cancer, heart disease, lung disease, Alzheimer's disease, and arthritis, and conditions related to obesity, smoking, sedentary lifestyle, and the aging of the population. The transitional DPT will address health promotion and disease prevention issues across the life span.

Comprehensive Program Description

The professional entry-level DPT curriculum will require 120 semester hours of study, compared with the previous MSPT curriculum which requires 100 semester hours. The entry-

level professional DPT has expanded course content (11 new credits in didactic courses, 9 new credits in clinical education) related to practice environments (continuum of care, professional practice issues, leadership, health promotion and prevention), gerontology, advanced diagnostics (differential diagnosis), advanced manual interventions, management of the complex patient, pharmacology, cardiovascular and pulmonary disease, and clinical education. The postprofessional transitional DPT will include foci in the above areas, with the exception of the additional clinical experience. The transitional DPT is designed to accommodate the practicing clinician, and the applicant must have a minimum of 9 months of full time clinical practice prior to entering the program. The professional DPT will require 29 credit hours of clinical education, while the masters degree professional program requires 20 credit hours. The additional 9 credit hours in the professional DPT are designed to provide the new graduate with an improved ability to "hit the ground running" upon completion of the professional program. It is not reasonable nor is it warranted to expect the clinician who has been practicing for a minimum of nine months to perform this additional internship in the transitional DPT track. The distributed learning format of the transitional DPT is specifically designed to allow practicing therapists to continue to practice while participating in the courses. Transitional DPT students will bring actual patient cases to required courses and receive input from faculty and student colleagues regarding current clinical practice.

As mentioned, a distributed learning format will be used in all courses in an effort to accommodate physical therapist practitioners from throughout Kentucky and other states. Such a format encompasses a wide range of learning strategies, including concentrated blocks of inclass time; web assisted learning activities utilizing the Blackboard course management software, and experiential and service learning type of activities. This includes regular contact time with faculty in on-line discussions, phone meetings, and in-class time. While part-time faculty are expected to participate within 2 or 3 of the courses, the majority of courses will be conducted by full-time faculty within the Division of Physical Therapy or affiliated with the Division on the UK campus.

To address the expanded professional DPT program content in the transitional DPT track, the track will be comprised of 14 semester hours that are to occur in the following sequence: 1) Integration of Evidence Based Practice (3 credits, summer semester) 2) Health Promotion and Disease Prevention (2 credits, Fall semester) 3) Advanced Physical Therapy Diagnosis and Screening (2 credits, Fall semester) 4) Advanced Clinical Decision Making I (3 credits, Spring

semester) 5) Advanced Clinical Decision Making II (2 credits, Spring semester) 6) Advanced Specialty Elective (2 credits, Intersession). This sequencing allows practitioners to complete the program as part-time students in one year.

The first course, *Integration of Evidence Based Practice*, provides an overview of the integration of evidence based practice concepts into current practice environments. This includes a case-based learning approach to address integration of evidence when available, as well as the use of critical thinking regarding practice approaches when evidence is varied or insufficient. It will be conducted through an initial on-campus classroom experience of 3-4 days, followed by web assisted instruction, independent projects, and on-line discussions among participants using Blackboard Course Management software. This course is foundational to later courses. It will include instruction by a part-time faculty member in collaboration with a full time UK Division of PT faculty member, Joan Darbee, PT, PhD.

Health Promotion and Disease Prevention is designed to increase the depth and breadth of the practitioner's knowledge regarding health promotion, wellness and disease prevention, particularly as is appropriate within the scope of PT practice. This course will be conducted through in-class instruction (1 day on campus in-class time is anticipated) and web assisted instruction, independent study and development of a mentored project. It will coordinated by Rachel Gleason PT, MS and others within the UK Division of Physical Therapy.

Advanced PT Diagnosis and Screening is designed to provide the PT practitioner with increased expertise in analysis and interpretation of multidisciplinary tests, measures, and screens in order to enhance PT diagnostic and screening skills. Students will gain an increased understanding of characteristics such as reliability, validity, specificity, sensitivity, and predictive value in order to define the utility of tests and measures used in PT diagnosis. Instrumentation related to imaging techniques such as radiology, magnetic resonance, PET scans, and ultrasound will be addressed. This course will be taught through web assisted instruction, independent studies, and intensive on-campus lab instruction (3-4 days on campus in-class time anticipated). It will be coordinated by Art Nitz, PT, PhD and Terry Malone PT, EdD within the UK Division of Physical Therapy with possible participation of part-time faculty members.

Clinical Decision Making for the Complex Patient I and II are designed to enhance the diagnosis and management skills of PT practitioners in providing care to individuals with complex problems. This includes deepening practitioners' knowledge base regarding pathology and clinical application, as well as enhancing their understanding regarding biopsychosocial-

spiritual aspects of coping and adaptation as experienced by patients with multiple diagnoses and problems. Particular emphasis will be given to integrating evidence based approaches in patient examination, assessment and intervention planning. Each course will be taught through independent study, web assisted instruction, case study development and discussion through the use of the Blackboard Course Management software, and in-class presentation and collaboration (2 days of on campus in-class time are anticipated for each course). Clinical Decision Making for the Complex Patient I will include foundational material for both Clinical Decision Making courses, including advanced principles related to pharmacology, continuum of care, and administration issues. Clinical Decision Making for the Complex Patient I will have a specific learning focus on patients with neuromuscular pathology or chronic illness, while Clinical Decision Making for the Complex Patient II will focus on patients with musculoskeletal pathology or acute illness. Both courses will address complex patients across the life span and will integrate advanced concepts related to interdisciplinary practice, diagnostics, pharmacology, cardiopulmonary, psychosocial, ethical, legal, reimbursement issues, and evidence based practice. Both courses are in the spring semester, and will be taught in a modular format, sequentially. These courses will be directed by Joan Darbee, PT, PhD, and she will coordinate the participation of multiple full time UK Division of PT faculty based on the areas of expertise addressed in the course.

The Advanced Elective course is designed to provide practicing therapists (i.e., the learners in the track) with an avenue for increasing depth in an area appropriate for their practice environment and will include courses related to advanced manual therapy interventions, leadership and administration, advanced neurorehabilitation interventions, advanced orthopedic interventions, advanced anatomy and physiology, and clinical research. The elective courses will be taught through web assisted instruction, structured mentorship, and intensive lab based practice experiences (3-4 days of on campus in-class time anticipated). Each student will be required to take one elective course. Some elective courses may occur across several semesters (e.g. clinical research) and the student may chose to register for the elective in a semester other than intersession. This course will be include instruction by both part-time and full time Division of PT faculty in an effort to offer a variety of offerings to meet the individual needs of the learners.

As noted, all classes will be taught in a distributed learning format through combinations of on-campus experiences (either classroom or lab), web assisted instruction and interaction

through the use of Blackboard Course Management software, completion of independent studies, and/or structured mentorship. Orientation to the distributed learning format will occur in three ways: 1) written materials with explicit instructions on the type of technology needed and the approach used to access the Blackboard Course Management Software and the UK library databases. 2) in-class orientation to the technology during the in-class time of the first course, and provided by the instructional technology support staff in the College of Health Sciences and in the Teaching and Academic Support Center (TASC), 3) syllabi for each course outlining the format, organization, and expectations for the course.

Each course is structured to occur with faculty interaction and availability throughout the semester via web assisted instruction, discussions and presentations using Blackboard Course Management software, and telephone meetings. The program will admit students into a cohort expected to complete the program in a time frame of 12 months (4 semesters). It is anticipated that each student will be on campus for 3-4 days in the summer semester, 4-5 days in the fall semester, 3-4 days in the spring semester, and 2-4 days in the Intersession. This expectation will be made clear to applicants and the courses will be offered only 1 time per year. If a student must withdraw or choose not to register for a class in a particular semester, the only option is to begin again the next year at the point in the sequence in which he or she left.

While the content of these courses is equivalent to the content added to progress the professional MSPT program to the professional DPT program, the transitional DPT courses are not identical to the new courses of the professional DPT. It was not possible to duplicate courses because the professional DPT curriculum is 120 credit hours and the content is integrated in a different sequence and manner for the entry level learner. This is evident in the table which provides a list of the courses in the professional DPT with correlating content in the transitional DPT.

Significant activities have occurred within the Division of Physical Therapy related to not only to planning of these courses but also their implementation. The impact on faculty resources and instructional loads has been carefully considered by College administration and Divisional faculty. Significant improvements in this proposal occurred through the input of College committees and officers. We believe that the program can be successfully implemented as outlined.

Proposed Post-Professional Transitional DPT Track			
NEW COURSES	CREDITS	SEMESTER/FORMAT	
Integration of Evidence Based Practice PT 902	3	Summer 3-4 days on campus class time anticipated (includes orientation to the program) Web assisted instruction throughout semester EBP case based paper and presentation Blackboard on-line discussion	
Health Promotion and Disease Prevention PT 904	2	Fall 1 day on campus class time anticipated Web assisted instruction throughout semester Health promotion project developed, implemented, assessed. Blackboard discussion and presentations	
Advanced PT Diagnosis and Screening PT 906	2	Fall 3-4 days on campus class time anticipated Web assisted instruction throughout semester Intensive on campus lab instruction Blackboard discussion and presentations	
Clinical Decision Making for the Complex Patient I PT 908	3	Spring 1-2 days on campus class time anticipated Web assisted instruction throughout semester Case based development On-line tutorials, Blackboard discussion format	
Advanced Clinical Decision Making for the Complex Patient II PT 910	2	Spring 2 days on campus class time anticipated Web assisted instruction throughout semester Case based development Blackboard discussion format	
Advanced Elective PT 912	2	Intersession 2-4 days on campus class time anticipated Web assisted instruction as appropriate Intensive lab based instruction (as appropriate) Mentorship with faculty advisor as needed (in person, on-line, by phone)	
	14 credits		

Transitional DPT/Professional DPT Correlates			
Transitional DPT Courses	Credits	Professional DPT Correlates	
Integration of Evidence Based Practice PT 902	3	Content woven into PT 645 (Research and Measurement, 3 credit course {not new} moved into first semester as foundational course), PT 628 (Gerontology, 1 additional credit), PT 860 Dx and Management of the Complex Pt (new, 2 credits). This material also has increased emphasis throughout the DPT curriculum in key courses such as PT 650, 651, 652, 847, 645, 668, 669.	
Health Promotion and Disease Prevention PT 904	2	PT 834 (intro to PT, 1 additional credit), PT 628 (Gerontology, one additional credit), This material has increased emphasis in PT 770, (Public Health and Wellness Issues; this course has changed emphasis in the new DPT curriculum, although it has not changed course credits), and PT 854 (Pathology and Clinical Implications, one additional credit)	
Advanced PT Diagnosis and 'creening PT 906	2	PT 830 (Diagnostic Imaging, Screening, and Instrumentation, 2 new credits), PT 854 (Pathology and Clinical Application, one additional credit)	
Clinical Decision Making for the Complex Patient I PT 908	3	PT 860 (Diagnosis and Management of the Complex Patient, 2 credits), PT 604 (Pharmacology one additional credit), PT 877 (Cardiopulmonary 1 additional credit), PT 628 (Gerontology, one additional credit)	
Advanced Clinical Decision Making for the Complex Patient II PT 910	2	PT 860 (Diagnosis and Management of the Complex Patient, 2 credits), PT 827 (Management of Neurological Systems II one additional credit), PT 854 (Pathology and Clinical Application, on additional credit)	
Advanced Elective PT 912	2	PT 850 Advanced Manual Interventions (new 3 credit course), PT 654 Motor Control Theory and Intervention (one additional credit), PT 686 (Electives, not new)	

Admissions

The transitional DPT track is intended to provide an avenue for practicing physical therapists to grow professionally while remaining engaged in clinical practice. The program is anticipated to serve the community for up to 7 years. By this time it is anticipated that the demand for the transitional DPT track will no longer be present as students from the regional area will have completed a transitional DPT track while new graduates will have completed the entry-level/ professional DPT program. Admissions criteria require that the applicant be a licensed Physical Therapist with the equivalent of a minimum of 9 months of full time practice.

Enrollment will be a minimum of 15 students per cohort (per year) with a target of 24. We anticipate that the demand will be high in the first several years; thus priority will be given to applicants who are graduates of the UK PT education program with a Master of Science Degree in PT. This allows the Division of Physical Therapy to better meet the needs of the Commonwealth and UK's alumni. In addition to UK graduates, eligible applicants may be MSPT or MPT graduates from another university.

Other Physical Therapists may apply after completion and submission of the Physical Therapist Evaluation Tool (PTET). The completed instrument will be reviewed by the UKPT Admissions Committee to determine the appropriateness of the PT applicant for admission. This instrument, available to the applicant through the APTA, was developed by a Task Force of the American Physical Therapy Association (APTA), in collaboration with PT Program Directors, to provide a valid instrument for admissions screening of PT's for transitional DPT programs. This instrument includes a "Professional Portfolio" as well as a scored "Tasks Performed" module. The portfolio component provides the applicant with a mechanism for explaining and elaborating on their past and current experiences and capabilities. A comprehensive list of items that characterize the applicant's capabilities and experiences is provided for the applicant as examples for potential inclusion. The Task Performance Component is a list of 148 tasks (equivalent to a list of learning objectives used by the accrediting agency for PT programs) in which the applicant describes the frequency with which the task is and has been performed, and a norm referenced score is generated.

Priority will be given to applicants who demonstrate commitment to professional growth, PT education and service to PT education programs. The program reserves the right to save or

add positions in the cohort (not to exceed the maximum of 30) for applicants with these characteristics.

All applicants will need to complete the application packet which will include the following:

- Application sheet
- Curriculum vita including hours worked and type of practice setting
- Demonstration of scholarly and/or community service activity
- Statement of practice philosophy
- Transcripts from previous University work (former UK students will not need to include this)

Applications will be able to be accessed through the UKPT web site. When final approval of this program is secured, an email will be sent to all former students to inform them of the opportunity to apply.

Transitional Doctor of Physical Therapy Budgetary Implications

The creation and implementation of the transitional DPT track has numerous implications for the faculty members of the Division of Physical Therapy. Since the initiation of the entry-level or professional DPT Program will be occurring simultaneously, the impact on faculty workloads must be considered. Dean Gonzalez has agreed to provide the Division access to the tuition differential as well as the distance learning funds that will result from the enrollment of these students. The expected minimal class size is 15 and students will be expected to complete the transitional curriculum within a calendar year. The following data reflect anticipated income and expenditures using Fall, 2005 schedule information.

Graduate Tuition – part-time \$298.55/cr.hr. Professional Doctorate \$391.55/ cr.hr. Differential of \$93/ cr.hr.

Distance Education

Return to College of tuition – approximately \$100/ cr.hr.

Thus for each semester credit hour of registration per student – there should be approximately \$193 provided to the Division to provide the transitional DPT track.

Based on a minimum of 15 students in a cohort – 14 hours required

 $15 \times 14 = 210$ $210 \times $193 = $40,530$

(anticipated annual revenues returned to the Division associated with the transitional DPT)

These dollars will allow the hiring of part-time staff to provide support and part-time faculty to instruction in the transitional DPT track or to reduce existing faculty workload within the professional DPT in order to allow their participation in the transitional DPT.

The professional DPT is being developed or initiated in many of the public institutions which currently offer MSPT programs. Many of UK's benchmarks do not have PT programs, and those that do have not yet started a transitional DPT track, although most are developing or have initiated a professional DPT as the entry level degree. We expect to see the number of transitional DPT tracks grow in the UK benchmarks that have professional DPT programs.

The public institutions surveyed here represent public "benchmarks" of the DPT. Most programs have a substantial (if not entire) component of web-based distance instruction in the transitional tracks, making the programs accessible to practicing clinicians. While number of semester hours required varies based on the institution, most publics reviewed required 12-18 credits of course work. Those requiring over 20 semester hours provided substantial flexibility for waiving or transferring semester hour credits for PT's with appropriate graduate level training and/or portfolio comptetencies. Examples of credit hours required for completion of transitional DPT programs at benchmark and other public institutions are provided below:

University of Maryland: 15 credits

University Sciences in Philadelphia: 12 credits; program is for USP graduates only

Idaho State: 18 credits, admissions open to PT's with Masters Degrees

Massachusetts General: 15 credits maximum, 8 credits minimum; admissions open to PT's with

BS or MS

Virginia Commonwealth University: 15 for PT's with MS; 19 for PT's with BS

University of Minnesota: 30 credits, will accept PT's with BS; will waive up to 15 credits for

previous graduate level work

Saint Louis University: 18 credits

University of Tennesee: 25 credits; 13 can be waived with appropriate graduate course work

Transitional Doctor of Physical Therapy- Proposed Amendment

Jeff Dembo:

In view of the heavy dependence of this program on computer-based online material, the Council expressed concerns about the program faculty members' ability to create this material in a relatively short timeframe. In view of an upcoming discussion that will be held with the program faculty in January regarding resources available to the program, once these resources (or lack thereof) have been identified the Council requests that the program faculty seriously consider whether it is best to initiate the program this year or to wait an additional year.