

UNIVERSITY OF MICHIGAN-FLINT
School of Health Professions and Studies
Physical Therapy Department

CURRICULAR PLAN: PHILOSOPHY, VALUES & PRINCIPLES

I. Introduction

The philosophy of physical therapy education that forms the basis of action for the faculty of the Physical Therapy Professional Preparation DPT Program (hereafter called “DPT”) is built on values relative to professional practice, health and illness, and relationship of human beings to present and future society.

The values, culture, and mores of the Physical Therapy Department and the DPT emanate from the profession. The DPT belongs to the profession of physical therapy and is sponsored by the University. However, structural elements of the curriculum are congruent with university requirements. Membership and participation in the American Physical Therapy Association and its components is expected of faculty and strongly encouraged for students. Members of the profession support the DPT through provision of instructional support for lectures/labs on specific modules within the curriculum and provision of clinical education.

Belief in the dignity of human beings and their natural right to fulfill their potential in life is the foundation upon which all health professions are built. Preservation and/or restoration of a person’s dignity and health is the basic tenet of the practice of the health professions. Within this principle are the concepts that a person is a social being and one’s health is a state of well-being relative to his interdependent relationships between self, family, and community. Persons enter the practice of the health professions to express themselves in service to those whose well-being is either threatened or altered by illness, injury, or natural processes.

Physical therapy seeks to promote and restore health through implementation of preventive and therapeutic programs based on evaluation of body system functions relative to body movement. The physical therapist as the practitioner of physical therapy must be prepared to function as a distinct health professional in interaction with other health personnel. Continued pursuit of excellence in physical therapy education prepares an individual to integrate social, behavioral, and biological sciences essential to fulfilling the role of a physical therapy practitioner.

The intent of the faculty is to prepare a person to become a physical therapist who is a doctor of physical therapy, recognized by consumers and other healthcare professionals as the practitioner of choice to whom consumers have direct access for the diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement, function and health. The physical therapist is defined as a provider of physical therapy services who is capable of client history, system review, examination, evaluation (diagnosis and prognosis), and implementation of appropriate plan of care including therapeutic interventions to maintain, improve, adapt and/or restore body systems relative to physical function. These physical therapists are capable of establishing and achieving preventive and therapeutic goals for individuals, groups, and communities. Implicit in this role of competencies is application of principles and practices of psycho-social factors related to health, the teaching-learning process, leadership, interpersonal and group dynamics, community awareness, and advocacy within a culturally diverse community. In fulfilling this role in the health care system, the physical therapist will be more effective if he/she is committed to the helping process and to accepting responsibility for his/her actions as they relate to others.

The model of relationship among the faculty and between students and faculty in the didactic portion of the professional DPT is based upon a junior and senior collegial model. The collegial model is predicated on the assumption that physical therapy students are not preparing to enter the profession of physical therapy; they have entered it. Only under extraordinary circumstances is their entrance reversed by the faculty who have assumed this responsibility by virtue of their commitment to the profession. Among the key elements of this model are:

- Responsible and accountable productive personal and professional behavior
- Promotion of equal status among faculty, staff, and students
- Use of communication rather than authority strategies to modify behavior
- Expressed appreciation of each individual's uniqueness and their individually defined strengths and weaknesses to enable mutual nurturing and to mediate productive interactions
- Time variable, performance constant model based on individual student needs and capacity
- Faculty governance model in which the director serves as an agent of the Physical Therapy faculty and staff.

It is expected that academic and clinical faculty will recognize that, to the degree that a collegial model can be established and fostered in their setting, productive attitudes toward present and future learning and professional performance will occur and the joint efforts of the academic and clinical faculty will be productive.

II. Scope of Practice

Physical therapy educational programs have the responsibility both to lead and follow the profession. In keeping with this perspective, the professional DPT curriculum is designed to

prepare students to practice at a level of practice currently associated with legal practice in the state of Michigan and *CAPTE Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, Normative Model of Physical Therapist Professional Education*, and the *Guide to Physical Therapist Practice*. The concept of diagnosis, as defined in the *Guide to Physical Therapist Practice*, is within the scope of physical therapy practice and is included in the curriculum. Education on diagnosis contributes to the capacity of graduates to develop the competency to be primary care providers and to recognize the type of conditions appropriate for evaluation and the circumstances under which to make appropriate keep-refer decisions.

III. Curriculum Structure

The DPT curriculum consists of a series of planned and evaluated educational experiences that collectively provide the student with a solid foundation to enter the profession of physical therapy. The curriculum is constructed using a modularized course design. Each course has course objectives and is built upon a series of modules. Each module includes the following: purpose statement, performance objectives, learning methodology, content outline, evaluation statement, and a listing of alternate activities and additional resources. The composition of core faculty reflects both clinical competency and academic credibility. Program faculty from other academic units at the UM-Flint and from the community contribute to teaching courses and modules within the curriculum. Accountability for the curriculum is at the level of course and modular objectives. The core faculty as a whole serve as a curriculum committee and determine course and module titles, descriptions, and performance objectives for the DPT curriculum. Individual faculty have the responsibility to determine the instructional methodology, modular content outline, assessment mechanisms for the course and modules, and

alternative activities and additional resources. Curricular structure and content is guided by the *APTA Code of Ethics, APTA Standards of Practice, CAPTE Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, Normative Model of Physical Therapist Professional Education, Guide to Physical Therapist Practice, and Minimum Required Skills of Physical Therapist Graduates at Entry Level.*

A. Didactic Curriculum

The curriculum model is essentially a hybrid model using a blend of the traditional model of physical therapist education (building from basic science to clinical science to physical therapy science), lifespan-based model (curriculum built around the physical therapy needs of individuals throughout the lifespan), and a systems-based model (curriculum built around physiological systems). Foundational sciences including biological and behavioral sciences form the base of the curriculum. Clinical sciences build upon the foundational sciences. Foundational procedure and technique courses provide basic technical skills required in physical therapy practice. Professional practice courses are structured according to the preferred practice patterns outlined in the *Guide to Physical Therapist Practice* (musculoskeletal, neuromuscular, cardiovascular/pulmonary, and integumentary). Within each preferred practice pattern both clinical sciences and patient/client management are taught. Specifically addressed within each preferred practice pattern are: embryology, histology, pathology, examination (history, systems review/screening, tests and measures), evaluation (diagnosis, prognosis), plan of care (goals, interventions, coordination of care, communication, and documentation; patient/client-related instruction; reexamination, and outcomes). Courses addressing the specific preferred practice patterns are taught across multiple semesters to allow students adequate time to integrate and synthesize the material. The curriculum culminates with a case-based capstone course designed

to integrate behavioral components of practice with clinical practice across preferred practice patterns.

Expectations for student performance in courses progress from lower to higher levels of the Bloom's Taxonomy in the cognitive, psychomotor, and affective domains as students progress through the three year curriculum. Biological foundational science, clinical science, foundational procedure and technique, and professional practice courses are all taught from concept to example. Behavioral foundational science and the two capstone courses are taught from example to concept.

Unique Elements of Curriculum Which Define the Professional DPT at the University of Michigan-Flint

1. Professional Practice Expectations

Professional practice expectations within the DPT encompass the core values of the profession (*APTA Code of Ethics, APTA Standards of Practice and APTA Professional Core Values, 2003*): accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Core values are modeled by the faculty in their interactions with students and with others, both inside and outside the classroom. Development of appropriate professional behaviors to achieve these professional practice expectations is facilitated in both professional and personal experiences. Components of expected professional behaviors are threaded throughout the foundational behavioral science, clinical education, service learning and capstone courses. Experiential opportunities to develop cultural competence and the core values of the profession are provided through community service experiences. Students are expected to internalize the core values of the profession and reflect this in their behaviors in the classroom, service activities, and clinical education.

2. Critical Inquiry and Scholarly Activity

Evidence-based practice and clinical decision-making principles are integrated throughout the professional practice, clinical education, and capstone course. Critical inquiry and scholarly activity including research are important processes in physical therapy education for student growth. Such activities provide maximal advantage to students and the profession if students are adequately prepared to undertake such activities. The faculty believe that students must engage in scholarly projects to become competent users of scholarship and to be prepared for assuming responsibility for evidence-based clinical decision-making and clinical scholarship and inquiry.

Students work in small groups in the research class that the Associate Director for Research teaches. Research projects must be completed within this one semester class. Students must be certified by the University of Michigan's Program for Education and Evaluation in Responsible Research and Scholarship (PEERS) and follow UM-Flint informed consent procedures. The research projects are structured with a limited number of research questions that students then address from proposal preparation to final written report.

Clinical Competency

Terminal outcomes of the educational process shall be the demonstration of competencies which are necessary for effective practice of physical therapy. The graduate of the program shall be capable of practice in a general setting. There should be an appreciation of specialized practice in the context of the entire scope of practice of the profession. Professional education should provide the graduate with the capacity to pursue clinical specialization. Students must satisfy specific evaluative criteria with different diagnostic populations, in-patient and out-

patient services as well as in general settings serving multiple acute and chronically ill and injured patients.

IV. Positive Utilization of Associated Health Professions, Supportive Personnel and Community Health Care Resources

Graduates should have an understanding and recognition of the contribution of medicine and other health care disciplines to the practice of physical therapy. Physical therapy should be practiced within a patient-centered, holistic framework of health and illness. Emphasis is placed upon the practice of physical therapy in collaboration with other disciplines and assistive and supportive personnel in a team approach to provide optimal patient care. Flexibility of role is encouraged to the degree that it is congruent with the American Physical Therapy Association's *Standards of Practice for Physical Therapy* and the *Guide to Physical Therapist Practice*.

V. Curriculum Assessment

The modular structure of the professional DPT curriculum enables the curriculum to be dynamic and address developing areas in contemporary practice and topics identified in curricular assessment that require modification, addition, or deletion from the curriculum. The curriculum is assessed annually as outlined in the Program Assessment Policy and Procedure within the Physical Therapy Department. This plan includes gathering of multiple data points from which to triangulate assessment data on the curriculum. A multi-day curriculum development meeting is held annually to address necessary revisions of the curriculum based on the data from the assessment plan.

REFERENCES

Commission on Accreditation in Physical Therapy Education. *CAPTE Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*, CAPTE, 1996.

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