DEPARTMENT OF PHYSICAL THERAPY

DEPARTMENT PLAN
The policies found herein address the Department of Physical Therapy. At all times they are consistent in agreement with the by laws of the State of Washington, Eastern Washington University, College of Science, Mathemat, and the Collective Bargaining Agreement. In addition, the program complies with the Evaluative Criteria of the Commission on Accreditation in Physical Therapy Education, American Physical Therapy Association.

The document is considered a dynamic resource, and will be updated on an annual basis.
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I INTRODUCTION

The Department of Physical Therapy is located within the college of Science, Mathematics and Technology. The degree granted is an entry-level Master of Physical Therapy. The purposes of the Department Plan include:

1. Provide a basis upon which the Department makes decisions.
2. Articulate the Department’s role to external communities.
3. To serve as template for development.
4. Provide a basis upon which the Department and it’s components can be assessed.
5. Empower the Department to make changes.

Additional specific policies are contained in the:

- EWU Policies and Procedures Manual
- College of Science, Health, and Engineering College Plan.
- Collective Bargaining Agreement.
II HISTORY

Development

In 1984, the Dean of the College of Health Sciences hired Donna El-Din, PhD, PT to organize the
development of the physical therapy program and to chair the department. The Department initiated
developmental activities in October. Two other full time and two part time faculty were brought on
that first year. The Department submitted a Declaration of Intent to the Commission on Physical
Therapy Education and was awarded Candidacy status in May of 1985. A class of 20 students was
accepted in the fall of 1985. In March of 1987 an on-site visit was made to the University and in
May the Commission on Accreditation in Physical Therapy Education. The program granted the
Bachelor of Science degree to the first graduation class in June of 1987.

In 1990, Eastern Washington University established the first Endowed Chair/Distinguished Professor
in the Department of Physical Therapy through an agreement between Eastern Washington
University and the area hospitals. The Department of Physical Therapy agreed to increase its class
size from 20 to 30 students to meet the demand for physical therapists in the area. Dr. Donna El-Din
was the first holder of this prestigious position. The first class of 30 students started in the fall of
1991. The Department of Physical Therapy at Eastern Washington University was the first physical
therapy program in the nation to have a Distinguished Professorship awarded.

In 1994, the Higher Education Coordination Board of the State of Washington granted permission of
Eastern Washington University to change the level of the program from the Bachelor’s degree to the
Master of Physical Therapy degree. The first graduate students started in this new curriculum in the fall of
1995. The American Physical Therapy Association granted Interim Accreditation for the Masters degree
program in November, 1995. The Department was granted full accreditation in 1999. The next
accreditation site visit is scheduled for 2007.

Curriculum

The curriculum was designed around a series of modules that incorporated several elements of
physical therapy practice around patient/client centered problems or diagnoses. It built on a liberal
arts and basic science background, moved the student from an orientation of illness to wellness, and
from dependent learning to independent learning. The curriculum continues to be a sequential,
problem solving design. With the implementation of the graduate program there was an increased
commitment to analytical thinking through additional requirements of the taxonomies, greater
exposure to cultural and environmental issues, and the completion of a research core.
Location
The Department of Physical Therapy was initially part of the College of Health Sciences, which later became reorganized and was called the College of Health, Social, and Public Services. A reorganization of the University took place in 1994 reducing the number of Colleges to four. The Department of Physical Therapy requested, and was granted, placement in the College of Science Mathematics, and Technology.

Faculty
The department began with three full time faculty and two part time faculty in 1985. Presently, there are seven full time faculty. All of the faculty in the department teach, are engaged in scholarly activity, serve on department, college, and university committees. All are involved in professional activities related to the American Physical Therapy Association at local, state, national, and/or international levels.

Students
The program initially admitted 20 students and continued to do so each year from 1985-1990. In the fall of 1991 the class size increased to 30 students as a result of the Endowed Chair/Distinguished Professor funding. Students have been from a wide cross section, both geographically and ethnically. The program has had two recipients of the Nation Student Minority Scholarship awarded by the American Physical Therapy Association. These occurred in 1994 and 2000. The program has also had one recipient of the Mary McMillian Scholarship, which is the highest student scholarship awarded by the American Physical Therapy Association.

All graduates have passed the licensure examination required to practice physical therapy. Geographically, the vast majority of our graduates continue to practice in the Northwest. The program continues to have a close relationship with the local professional community and a reputation of excellence.
III PHILOSOPHY

Society and Health
Our society is culturally diverse, economically stratified, and pluralistic. International and intercultural opportunities abound. We believe that this society’s health is influenced by the environment, advances in technology and communication, and a focus on health, wellness and disease prevention. We further believe that society has special health needs determined by the continuum of care required by an aging population and the presence of chronic and infectious diseases in epidemic proportions. We believe that people expect, and are entitled to, high quality health care that responds to the special needs of society.

Healthcare and the Client
We believe in excellence in healthcare. Quality healthcare should be available and accessible to all citizens within our pluralistic society at an affordable cost. We believe healthcare should be delivered in a collaborative environment where providers and clients facilitate the care process through effective communication, education and action. The care should be client centered, evidence based, and focus on treatment outcomes.

The Profession
We believe that the scope of practice for physical therapy is movement dysfunction. We believe that the physical therapist is an autonomous practitioner who is the provider of choice for intervention related to movement dysfunction. The physical therapist should be educated to the professional role at a post baccalaureate level and additionally as a citizen. We believe that the physical therapist has a responsibility to advance the health of the community. We believe that the physical therapist has a responsibility to develop the evidence upon which practice is based.

Education
We believe the level of entry into the physical therapy profession is that of a generalist. The student’s undergraduate education provides a solid foundation in the humanities, social sciences, and basic sciences, and has prepared the student to be a contributing citizen in society. We believe the education of the entry level physical therapist is at the clinical doctorate level and that the recognized degree is Doctor of Physical Therapy (DPT). We believe the didactic and clinical components of physical therapy education are of equal importance. We believe that the graduates will demonstrate competence, leadership, and compassion towards others. We believe that the graduate will value the worth and dignity of all clients. We believe the educational process provides opportunities to increase the knowledge base in specific areas of interest for both entry level and post professional students.
Learning
We believe that learning is an active process that requires committed participation by the student and faculty. A supportive environment empowers the student to be an active learner. We believe that a partnership between faculty and students is required for a successful learning environment. Furthermore we believe that learning takes the form of knowledge acquisition, attitude nurturing, and skill development. Learning requires sequential presentation of material and must be analytical as well as integrative. We believe that academic learning is reinforced by clinical application and practice.

Learner
We believe that the learner takes responsibility for active learning in an environment that fosters the development of high-level problem solving. The learner aspires to become a decision maker who recognizes one’s own level of expertise and values life long learning. We also believe that the learner should demonstrate awareness, knowledge, and evidence of the generic abilities essential to the development of appropriate professional behaviors. We believe the learner will demonstrate compassion, creativity, innovation, and maturity when providing physical therapy services in a variety of settings, and whenever acting in the professional role.

Faculty
We believe faculty bring a variety of expertise to the program, serve as role models to students, work collaboratively to provide excellent learning opportunities for students, facilitate student learning, and demonstrate concern for the individual student throughout both the didactic and clinical components of the program. The faculty provide a supportive and mentoring environment for the students, colleagues and clients, valuing the unique contributions and expertise each person brings to the program. We also believe faculty serve the College, University, profession and community at local, regional, national and international levels. The faculty provide the essential elements of research, clinical practice, and consultation for the professorial role of the educator.
MISSION STATEMENT

MAY, 2000

The mission of the Department of Physical Therapy, Eastern Washington University, is to graduate an entry-level physical therapist. Additionally, the Department will contribute to the growth of the profession and professional colleagues, as well as support its communities through consultation, education and service.
VISION OF THE DEPARTMENT OF PHYSICAL THERAPY

YEAR 2005

In the year 2005, the entry-level graduate of the Department of Physical Therapy, Eastern Washington University, will be empowered to practice autonomously in a health care environment dedicated to promoting optimal human health and function.

The Department will be recognized for its constructive response to the educational needs of professional colleagues. Innovative educational approaches will be utilized to meet the advancement requirements of clinicians through the Regional Center for Physical Therapy Education and Research.

The Department will be recognized for excellence in scholarship and impact on evidence based practice through the activities of research that are conducted in state of the art laboratories, characterized by networking with significant communities of communities of interest and formally communicated.

The Department will serve the University through participation on committees and in events, the profession and the community through professional expertise and personal contribution.
IV    GOALS

1. Design and implement a curriculum that enables the graduate to:
   • practice physical therapy incorporating scientific knowledge and critical analysis.
   • respond to the changing health care environment.
   • use ethical and moral principles in professional practice.
   • integrate the principles of teaching and learning in professional practice.
   • value lifelong learning through personal and professional growth.
   • incorporate the principles of research in physical therapy practice.

2. Promote and support scholarly activities.

3. Become a center for post graduate professional education, clinical consultation and research.
V ROLES AND RESPONSIBILITIES OF THE CHAIR

See Collective Bargaining Agreement (II-12-14)

See College Plan (pp. 16-18)

The following is taken from the Evaluative Criteria for Accreditation Handbook of Education Programs for the Preparation of Physical Therapists, Revised August, 2000.

2.2.2. The program administrator (e.g., dean, chair, director, coordinator, etc.) is a physical therapist who has qualifications comparable to other administrators who manage similar units within the institution; senior faculty status; and, relevant experience in higher education requisite for providing effective leadership for the program, its faculty, and its students.

The program administrator is a physical therapist who gives evidence of and demonstrates the following: proven leadership, including, but not limited to,

a. a vision for physical therapist professional education
b. understanding of and experience with curriculum content, design and evaluation,
c. employing strategies to promote and support professional development,
d. proven effective interpersonal and conflict management skills
e. abilities to facilitate change
f. negotiation skills (relative to planning, budgeting, funding, faculty and program status, employment and termination, space, and appropriate academic and professional benefits), and
g. experience in strategic planning; teaching and research qualifications comparable to those of senior full-time faculty members in the institution; senior faculty status; a post-professional academic doctoral degree; active service on behalf of physical therapist professional education, higher education, the larger community, and organizations related to their academic interest; effective management of human and fiscal resources; commitment to lifelong learning; active role in institutional governance.

The intention of this paper is to provide the physical therapy community with a clarification of CAPTE’s interpretation of one aspect of Criterion 2.2.2. (see above). In particular, it addresses questions about the Commission’s expectation related to and interpretation of the term “senior faculty status” in its application to the expected qualification of the administrator of a physical therapist education program. This paper assumes that differing institutions may vary in the interpretation of this term and that the Commission’s interpretation provided below will clarify the intent of this particular aspect of the criterion.
Senior faculty status is determined by the academy as a function of experience, accomplishment, responsibility and a record of scholarly productivity. Senior faculty status essentially is the capacity to participate in the most sensitive aspects of peer review and shared governance processes. Traditionally, senior faculty status was demarcated by the granting of tenure and holding the rank of associate professor or professor. Institutions have, however, developed iterations of senior faculty status that involve nontenure status and/or tenure status in association with the rank of assistant professor. Accepting that the codification of senior faculty status is incomplete or at best inexact, the crux of the issue is how this status is operationalized in terms of membership, authority and mentoring.

The litmus test of senior faculty status is the capacity to participate in a peer review process that determines faculty rank and accomplishment, traditionally known as a promotion and tenure process. The participation extends into the capacity to serve on the university-level evaluation committee, or its equivalent, as a full voting member, representing one’s academic peers, regardless of professional affiliation. It is often exemplified as the insight and experience of institutional politics that enables programmatic, peer and student success. Senior faculty status is further epitomized by the capacity to participate in shared governance, including election to committee positions at the university level. The purest form of senior faculty status is the recognition by peers of the capacity to serve as a mentor, one that facilitates professional accomplishment, recognition, attainment and evolution through the trilogy of research, teaching and service.

**CHAIR COMPENSATION**

Refer to EWU College Plan, p. 18.

**CHAIR EVALUATION**

Refer to EWU College Plan, p. 18.

**FACULTY GRIEVANCE PROCEDURE**

Refer to Collective Bargaining Agreement, pp. 48-52.

**CONFLICT OF INTEREST**

Refer to EWU College Plan, p. 19.
VI OUTCOME ASSESSMENT

The Department’s Program Assessment from CAPTE Accreditation Handbook, Revised August 2000 pp. B-26 - 28
Section 4:

4.1 Assessment is a part of a systematic and formal approach to continuous improvement. There is an ongoing process of assessment to determine the effectiveness of the program that includes, but is not limited to, the following (listed alphabetically):

The program is engaged in collecting information on a regular and ongoing basis. The collection of information uses multiple approaches to assessment and includes data from a variety of sources. Such sources should include but not be limited to: program graduates, their coworkers and/or employers, the students enrolled in the program, and clinical education faculty who supervise the students during all aspects of their clinical education experiences. Program faculty, administrators, support staff, graduates and students are involved in the regular assessment about whether institution and program policies, procedures and resources facilitate or hinder the attainment of the program mission and goals.

4.1.1. adjunct and supportive faculty

The performance of adjunct and supportive faculty is assessed at the completion of their teaching assignments. The assessment includes review of teaching effectiveness and may include review of other aspects of performance related to other responsibilities as appropriate. This evaluation is expected to be used to determine appropriate faculty development activities, and to be considered when determining whether to continue using these faculty members.

4.1.2. admissions criteria and prerequisites

The faculty regularly assess the appropriateness of both the admissions criteria and the admissions process to determine the adequacy of each for selecting students who are able to successfully complete the program and whose performance as graduates reflect the mission of the program as well as the practice expectations. The program faculty regularly review the prerequisites for the program to determine if the required background is appropriate in depth and breadth to prepare students for physical therapy professional education.

4.1.3. clinical education faculty

Clinical education faculty are evaluated in those years during which they have clinical education responsibilities in the program. This evaluation is expected to be used by the program to determine the clinical faculty development activities.
4.1.4. clinical education program

There is an assessment of the clinical education program as a whole to determine the adequacy of the program in meeting the needs of the students and mission and objectives of the program. As an important aspect of the entire curriculum review special emphasis is placed on the adequacy of the clinical education aspect of the curriculum. This assessment is linked to the evaluation of the variety of sites, the quality of student supervision, the availability of learning experiences in all practice expectations and the communication among and between all involved individuals associated with the program.

4.1.6. curriculum

The curriculum is assessed by all individuals who are involved with the program and the process includes input from program faculty, graduates from the program, employers of graduates and students. Individual courses within the curriculum, as well as the curriculum as a whole, are assessed. The focus of curriculum assessment is determination of strengths and weaknesses of the program and whether the practice expectations and specific mission, goals and objectives of the program are met. The individual courses and the full curriculum are also assessed in light of the changing roles and responsibilities of the physical therapist practitioner; the dynamic nature of the profession and the health care delivery system; and, the analysis of current literature, documents, publications and other resources related to the profession, physical therapy professional education, and educational theory.

4.1.7. institutional policies and procedures

The program faculty regularly review the institutional policies and procedures to determine their effectiveness in facilitation the achievement of the program’s mission, goals and objectives.

4.1.8. mission, philosophy, goals and objectives

Utilizing the analyses of outcome assessments in the context of contemporary physical therapy practice, the program faculty regularly determine the extent to which the mission, philosophy, goals and objectives are met. During this analysis process the program determines if the program’s philosophy, mission, goals and objectives, continue to be appropriate for the program and are in concert with the mission of the institution.

4.1.9. performance of recent graduates

The program faculty regularly assess the performance of recent graduates related to the practice expectations of the curriculum as well as the specific expectations linked to the program’s unique mission, goals and objectives. Analysis of the results of outcome measures are used by the faculty to make judgements about the strengths or weaknesses of the program and/or to support assessment of other aspects of the program.
4.1.10. program policies and procedures

The program faculty regularly review the program policies and procedures to determine their effectiveness in facilitating the achievement of the program’s mission, goals and objectives.

4.1.11. resources

The program faculty regularly review the program resources such as budget, space, equipment and supplies to determine whether the resources available to the program are used effectively to facilitate the achievement of the program’s mission, goals and objectives. The process includes an assessment of whether the human resources available to the program are sufficient in number and are used effectively.

The Comprehensive Examination

Policy

A comprehensive written examination is administered to students in the Spring of the second year. The examination consists of two parts. The first part is multiple choice, based on clinical case studies and reflective of the didactic work to that point in time. The second part is an essay focused on a professional issue. The first part is graded by instrumentation and includes an item analysis. The second part is graded by randomly distributing the student’s essays to two faculty members who grade the essay independently. Those grades are averaged. A collective score of 70 is considered passing.

Procedure

1. All faculty review the examination annually prior to administration. If a need for additional items is identified, those changes are incorporated.
2. The examination is administered Spring quarter.
3. The faculty discuss the results of the examination, and make recommendations for change.
4. Criteria for pass or fail is described in Department documents.

If a student fails the examination more than once, it is considered grounds for dismissal.
VII  PROFESSIONAL ADVISORY COMMITTEE (PAC)

• The Department of Physical Therapy Advisory Committee’s role is to serve as a resource to the Department in planning and advising.
• Terms are 3 years.
• The committee consists of 12 members.
  7 physical therapists
    2 general practice, 1 out patient, 1 pediatric, 1 rehabilitation, 1 long-term care
  1 support faculty with the College of Science Mathematics and Technology
  1 support faculty with Eastern Washington
  2 health care administrators
  1 lay person
• The PAC meets quarterly during the academic year.
• Special sessions may be called as necessary.
• Following an initial appointment to the PAC, a member may be asked to serve an additional term for a 2 term limit.
• Dates of meetings will be set by the Chair of the Department in consultation with the PAC and the Department Faculty.
• Announcements of meetings and minutes will be sent to each member.

VIII  DEPARTMENT PERSONNEL

Faculty

Faculty personnel decisions will advance the goals and objectives of the Department. Senior faculty will take a lead role in making faculty personnel decisions.

Recruitment and Appointment

See the Collective Bargaining Agreement (II-18-25)  CDA (II-29-30)
See the College Plan (p. 23-24)


The guidelines for development of a position description, and the appropriate appointment are based on Department need. The Department will place primary consideration on adherence to CAPTE’s following evaluative criteria:
2.2  Program Faculty
  2.2.1.  The core faculty:
    2.2.1.1.  is sufficient in number and posses the expertise to assure instructional design, content delivery and curricular evaluation;
  The core faculty consists of physical therapists, and may include others, with expertise to meet specific curricular needs. The core faculty are employed primarily to work in the program and report to the program administrator. The core faculty have the qualifications and
experience necessary to achieve the goals of the program through educational administration, curriculum development, instructional design and delivery, and evaluation of outcomes.

A sufficient number of core faculty exist so that teaching loads are consistent with others throughout the institution and are reflective of similar professional programs nationally. Contact hours should be considered along with credit hours when determining faculty teaching loads. The complexity of the material being taught, the teaching methodology being used, the number of students per class, and the experience of the core faculty members must be considered when planning for a sufficient number of core faculty. In addition physical therapy education programs have unique needs, similar to those of other professional education programs, where core faculty must counsel students, develop and maintain relationships with all program faculty, develop clinical sites, and supervise students in clinical practice. Therefore, an adequate core faculty size can only be made with these responsibilities in mind and comparisons across faculty units within an institution are only relevant when these factors are taken into account.

2.2.3. The program faculty as a unit, including the program administrator and the academic coordinator of clinical education, have the qualifications and experience necessary to achieve the program goals through effective processes of curriculum development, instructional design, and evaluation of outcomes. The program faculty, in the aggregate, give evidence of and demonstrate the following:

Faculty function both as individuals and collectively within a program. To achieve program goals, specific activities must be accomplished. The program faculty must, therefore, as a group, demonstrate ability to develop curriculum, design and implement instructional activities, and evaluate outcomes.

2.2.4. Individual faculty members are qualified to fulfill their assigned responsibilities.

The physical therapist professional education faculty include a blend of expert clinicians and doctorally prepared faculty who give evidence of and demonstrate the following:

- post-professional academics and/or clinical credentials consistent with roles and responsibilities, with a doctorate and/or clinical specialization expected;
- research, other scholarly activity, or clinical practice or both, that contribute to teaching, the institutional mission, and the physical therapist professional education program;
- activity related to current and theoretically based approaches to teaching, the evaluation of teaching effectiveness, and student learning;
- oral and written communication skills, including the ability to address difficult issues and diverse populations;
- effective interpersonal skills, professional and ethical behavior; currency in content expertise.

In their professional activities and communication, the academic faculty serve as professional role models for students.
Definitions of faculty include (but are not limited to):

Core Faculty:
those individuals appointed to and employed primarily in the program, including the program administrator and those who report to the program administrator. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty. The core faculty include physical therapists and may include others with expertise to meet specific curricular needs. As noted in 2.2.3., the core faculty have the qualifications and experience necessary to achieve the goals of the program through educational administration, curriculum development, instructional design and delivery, and evaluation of outcomes. The core faculty are generally the group with responsibility and authority related to the curriculum. The core faculty may hold tenured, tenure track, or nontenure track positions.

Adjunct Faculty:
those individuals who have classroom and/or laboratory teaching responsibilities in the program and who are not employed by the institution, though they may receive honoraria or other forms of compensation. The adjunct faculty may or may not be “appointed” to the faculty. The adjunct faculty may include, but are not limited to, guest lecturers, “contract” faculty, instructors of course modules, tutors, etc.

Clinical Education Faculty:
those individuals engaged in providing the clinical education components of the program, generally referred to as either Center Coordinators of Clinical Education (CCCE’s) or Clinical Instructors (CIs). While these individuals are not usually employed by the educational institution, they do agree to certain standards of behavior through contractual arrangements for their services.

Supporting Faculty:
those individuals with faculty appointments in other units within the institution who teach courses which are part of the professional program, e.g., faculty from a biology department who teach physiology, or faculty from a School of Medicine who teach pathology, etc.

Program Faculty:
all faculty involved with the program, including the
1. core faculty
2. adjunct faculty
3. supporting faculty
4. clinical education faculty

Faculty (unmodified):
when the term faculty is used without a modifier (adjunct, core, supporting, clinical education, or program) it can be interpreted generically. The commission has modified the term in those cases when a specific faculty group is being addressed.
Faculty Activity Plan

The Department follows the guidelines of the College Plan (p. 24) and the Collective Bargaining agreement (p. 11-13).

- Tenure Track see College Plan (p. 26 - 28), and the Collective Bargaining Agreement (II 20-21)
- Special faculty see Collective Bargaining Agreement (II-21-22)

Expected Faculty Loads for Teaching, Scholarship and Service

Expected Faculty Workloads for Teaching, Scholarship and Service

The Department of Physical Therapy will determine faculty workloads according to the following policies and procedures on an annual basis.

Procedure for assigning teaching workloads:

1. Prior to the beginning of the academic year, the Chair will meet with faculty to finalize the courses to be taught that academic year.
2. The Chair will meet contact faculty to determine that faculty member’s expertise and time available for classes.
3. The Chair will make the teaching assignments in a timely manner.
4. The faculty member will take the responsibilities of office hours and advising into account when accepting the teaching workload.

Policies for assigning service and scholarly workloads:

1. All faculty will serve on the Faculty Department Council
2. All faculty will chair a committee for the Department each year, and serve on others as time permits.
3. All faculty will serve the University, community and profession according to time and opportunity available
4. All faculty are expected to follow the CAPTE (Commission on Accreditation in Physical Therapy Education) guidelines for scholarly activity, stated in the Evaluative Criteria 2.2.4.2.,” Each faculty member has a record of ongoing scholarly and professional accomplishments and community service consistent with the philosophy of the program and institution.

In all cases, the expected workloads of the individual will take into account, the percentages of time stated in that faculty member’s current Faculty Activity Plan that is on file.
**Minimal Standards for Faculty**

See template produced by the College Personnel Committee of the College of Science, Mathematics and Technology, April, 2000. See College Plan (p. 26)

**Faculty Accessibility**

All faculty of the Department accept their role and responsibility relative to any areas in which students are impacted. All teaching faculty follow the role as outlined in the College Plan (p. 18). Each quarter, the faculty member posts and keeps office hours for that quarter, hand out syllabi for each course they teach that details the content, assignments, resources required and evaluation procedures. The faculty member turns in grades according to the appropriate time.

Full time faculty of the Department are randomly assigned a number of students for whom they accept responsibility as primary advisor. They agree to meet quarterly with these students for the first year, and on an as needed basis from that time forward.

**Tenure/Promotion Guidelines**

The Department adheres to the guidelines of the College Plan (p. 24-32)

Assistant Professor to Associate Professor
- Collective Bargaining Agreement (II - 28, #7)
- College Plan (p. 30)

Associate to Professor
- College Plan (p. 31)
Standards, Criteria and Evidence Considered for Retention, Tenure and/or Promotion

The Department adheres to the College Plan (p. 32-35).

The Department of Physical Therapy faculty also adheres to the CAPTE evaluative criteria. The following is taken from the Evaluative Criteria for Accreditation Handbook of Education Programs for the Preparation of Physical Therapists, Revised August, 2000.

2.2.3.1. expertise in teaching and content to design, implement, and evaluate the curriculum and to ensure that educational outcomes corresponding to entry-level practice expectations are being achieved;

Faculty expertise in the aggregate must cover all areas of content in the curriculum. The program faculty as a group must have skills and knowledge necessary to design and implement a curriculum and to evaluate its outcomes in terms of entry-level practice expectations.

2.2.4.1. Each faculty member has documented expertise in all areas of assigned teaching, and demonstrated effective teaching and student evaluation skills.

Judgement about faculty competence in an area of the curriculum for which a faculty member (either academic or clinical) is responsible is based on past and current involvement in: advanced degree courses; clinical experience; research or other scholarly activity; and teaching (i.e., classroom, clinical, in-service and/or continuing education, and presentations) and attendance at in-service or continuing education courses. Competence in the area of the curriculum for which the program administrator and the academic coordinator of clinical education are responsible is judged in accordance with guidelines for determining the competency of the rest of the faculty. When determining teaching effectiveness, multiple sources of data are used, including evaluations by students.

2.2.5. The clinical education faculty demonstrate clinical expertise in their area of practice and the capacity to perform as effective clinical teachers.

The clinical education faculty are those clinicians who have the responsibility for education and supervision of students in the clinical education sites. Members of the clinical education faculty serve as role models for students in scholarly and professional activities. Judgement about clinical education faculty competence is based on appropriate past and current involvement in: in-service or continuing education courses; advanced degree courses; clinical experience; research experience; and teaching experience (e.g., classroom, clinical, in-service and/or continuing education). Clinical education faculty must have a minimum of one year of professional experience (two years of clinical experience are preferred). Their continued ability to perform as clinical education faculty is assessed based on the individual’s prior performance as a clinical educator, as well as other criteria established by the program.

The assessment of core faculty is based on defined goals that are measurable and attainable.
1.3.3. The program faculty meet their responsibilities by:

1.3.3.1. maintaining their competence and knowledge levels by remaining current in their areas of responsibility, and

Individual faculty members are responsible for remaining current in all areas where they are expected to contribute expertise to the program. This may be in areas of teaching, clinical practice, research participation and/or supervision, other scholarly activities, administration, or curriculum management (development and review). Competence may be maintained through use of primary literature, participation in symposia, professional or scientific forums, research, clinical practice, or participation in other scholarly activities. In academic environments, particularly those associated with professional education, levels of competence are determined by peer determinations. Although a variety of means may be available to demonstrate current competencies, including the use of any of the mechanisms described here a primary means of showing competence is through the traditional academic indicator of peer reviewed publications (research, clinical, or otherwise).

1.3.2. Faculty policies and procedures ensure that regular evaluation of the core faculty occurs and that these include assessments of teaching, scholarly activity, and service.

Students, faculty, and administrators contribute to the assessment of the effectiveness of each core faculty member. The regular and ongoing faculty evaluation program is designed to assess and improve the effectiveness of teaching, scholarly activity and service of each core faculty member, including the program administrator, in order to maximize the faculty member’s viability in the academic setting particularly in regard to tenure and promotion.

1.3.3.2. engaging in ongoing faculty development that is based on program needs identified in the evaluative process and evaluations of individual faculty members,

The program supports, and the program faculty participate in, continuing development activities directed toward improving faculty effectiveness. The development activities are linked to the results of the assessments of faculty effectiveness and the identified needs of the program. Development also is based on the expectation that faculty remain current in their content areas and takes into consideration the faculty member’s level of contribution to the program. Effective development of program faculty is enhanced by setting measurable and attainable goals. Methods for achieving the goals and a timetable for accomplishing the goals are stated, and both are reviewed regularly. The development activities reflect an overall plan for improvement in program faculty effectiveness and the growth and changes in the program. Resources for development need not be limited to money, but include time for activities such as faculty mentoring, extramural collaboration, and sharing of clinical and teaching expertise.
The **documents** that are used by the Department to gather such data on teaching effectiveness include:

1. Instructional assessment forms (course and instructor) administered following each course.
2. Peer review forms turned in annually.
3. Adjunct faculty evaluation forms.
4. Clinical Education Instructor forms (see Clinical Performance Instrument).

See Collective Bargaining Agreement (II-28)

See College Plan (p. 35-36)

Additionally the evaluative criteria 2.2.4.2 of CAPTE

**The following is taken from the Evaluative Criteria for Accreditation Handbook of Education Programs for the Preparation of Physical Therapists, Revised August, 2000**

2.2.4.2. Each faculty member has a record of ongoing scholarly and professional accomplishments and community service consistent with the philosophy of the program and institution.

Each faculty member is involved, to a degree compatible with the institutional and program mission and philosophy, in research and/or other scholarly activity and in service to the community.

Consideration for scholarly activity in physical therapy shall include in addition to activities suggested in the college plan, the following from the CAPTE Accreditation Handbook:

**Scholarly Activity Expectations of Physical Therapy Faculty**

The intention of this paper is to provide the physical therapy community with a clarification of CAPTE’s interpretation of Criterion 2.2.4.2.: “Each faculty member has a record of ongoing scholarly and professional accomplishments and community service consistent with the philosophy of the program and institution.” In particular, it addresses questions about the meaning of scholarship and its application to physical therapy education. This paper assumes that scholarly activity is inherent in the role of a core faculty member regardless of institutional mission or philosophy. Each faculty member must establish credentials as a scholar, which means every faculty member must be able to demonstrate the capacity to engage in one or more types of scholarly activity and present the results to colleagues.

The Commission recognizes that many definitions of scholarship have been published in the literature. For the purposes of this paper, Boyer’s paradigm for scholarship is being used as a point of departure. Boyer describes four categories of scholarship. The Scholarship of Discovery is realized through inquiry and research work in the fields and disciplines, aimed at the development or creation of new knowledge. The Scholarship of Integration involves the critical analysis and review of knowledge within disciplines, and the creative synthesis of insights contained in different disciplines or fields of study. The Scholarship of Application is the use of knowledge in solving real problems in the professions, industry, government, and the community. The Scholarship of Teaching involves the critically reflective dissemination of knowledge and learning to all stakeholders. It is important to differentiate between the Scholarship of Teaching and “good” teaching. Each faculty member has
an obligation to teach well. The Scholarship of Teaching is not synonymous with excellent teaching. The attributes associated with the Scholarship of Teaching include classroom assessment and evidence gathering, current ideas about teaching in the field, peer collaboration and review, and inquiry investigation centered around the area of student learning. It requires faculties to frame and systematically investigate questions related to student learning.

The Scholarship of Discovery represents the traditional view of research. It includes research which contributes to the body of knowledge, and is disseminated through publications such as books and articles and presentations at scientific meetings. The Scholarship of Integration includes activities such as literature reviews, meta analysis, and the synthesis of the literature from other disciplines, and discussion of its significance for physical therapy. The Scholarship of Application involves taking findings generated via the Scholarships of Discovery and Integration and applying them to clinical practice or teaching and learning. The Scholarship of Teaching includes classroom assessment and evidence gathering, use of contemporary ideas about teaching in the field, peer collaboration and review, and inquiry into issues related to student learning.

Any form of scholarship requires the use of the scientific method, which is evidenced through statements of purpose, expected results, methods, findings, interpretation, and application. Consistent with the profession’s basic premise of evidence-based practice validated through peer review and the profession’s commitment to graduate education, CAPTE expects scholarship of core faculty, subject to peer review, and disseminated to appropriate constituencies.

The academic enterprise involves a blend of didactic, laboratory, and clinical experiences, scholarly activity, professional service, and community involvement that in combination define the students’ learning atmosphere and the faculty’s work environment. Regardless of the definition of research and scholarship embraced by any constituency, there are fundamental requirements of the product: originality, rigor, contribution to the profession, peer review, communication to stakeholders and the results should inform the faculty member’s teaching and practice. Each institution is encouraged to support its faculty in one or more forms of scholarship. It is vital that faculty serving as mentors in support of scholarly activity for colleagues, students, clinicians, or members of the community at large, have a record of the same type of scholarly activity about which they provide guidance, advice or counsel to others.

Definitions are provided to clearly distinguish research and scholarly activity from teaching, service, and professional development. Research is generally accepted to include a broad range of activities that normally result in some type of scholarly output. These activities include scholarly output. These activities include scholarly research, writing books, articles, creating new knowledge by scientific experimentation, conducting field research, writing or publishing books, supervising research staff, developing grant proposals, applications for funding, reviewing articles or books, preparing professional presentations, or seeking outside funding. It does not include preparing lectures for class reading that does not result in scholarly output. Research Performance is the recognition of the quality of research and scholarly activity through membership in select societies, recognition of eminence, serving as consultants, selection to editorial boards, scientific panels, advisory boards, and election to office in scientific or scholarly societies. Instruction focuses on the time devoted to teaching, including time spent in classes, preparing classes, preparing and
grading assessment and examination, time spent talking to and advising students, and time spent developing new curricula. Professional Development represents time spent in activities that contribute to the professional knowledge of a faculty member, reading material related to the profession, attending professional meetings and conventions, taking courses, pursuing an advanced degree, practice to remain current in one’s field, and engaging in conversations with colleagues. Public service describes those professional activities that occur outside the institution such as consulting, giving lectures or speeches, or holding office in a public organization.

The Physical Therapy Department faculty will present service as a part of their faculty activity plan. They will adhere to the guidelines of the College Plan (pp. 36-3) and the Collective Bargaining Agreement (II-28) and CAPTE evaluative criteria # 2.2.4. (see page 23).

Service will be divided into three segments:
1. University/Academic Department
2. Professional
3. Community.

Professional practice will constitute a service if not counted under scholarly activity.

Peer Review Policies and Procedures

Purpose
The purpose of peer review is to provide opportunity(ies) for collegial interaction. The results of the interaction(s) focus on constructive ways to enhance a faculty member’s teaching role and/or the teaching process under review.

Policies
1. Each faculty member shall submit at least one peer review to the Chair of the Department per academic year.
2. The faculty member shall have right to approve the peer who will conduct the review.
3. The Department shall have a standard Peer Review Form.
4. The Form shall be reviewed annually by the Curriculum Committee who shall suggest changes to the Chair of the Department.
5. The term faculty is synonymous with full time core faculty.
6. The Form shall be filed in the faculty member’s Department file by the Chair.
7. The Chair shall:
   a. make final recommendations for change to the Faculty Council
   b. approve the final document annually
   c. utilize the reviews during evaluation considerations of the faculty member.
8. If, upon reviewing a Peer Form that contains information which, in the judgement of the Chair, should be conveyed to the faculty member sooner than the time of the annual evaluation, it may be conveyed in a special meeting for the purpose by the Procedures
Procedures

1. At anytime during the academic year, a Peer Review Form must be submitted to the Chair.
2. Prior to the review, the faculty member selects a faculty member to conduct the review, establishes the time and place with that faculty member, gives the member a Form to be used, and may orient the faculty member to the session as appropriate.
3. At the date agreed upon, the Reviewer attends the session without interacting during the session, after being introduced to the class including the purpose of the visit.
4. At completion of the class, the Reviewer fills out the Form and submits a copy to the Chair in a sealed envelope, and submits a copy to the faculty member in a sealed envelope.
5. At the option of the faculty members, a meeting to discuss the experience may be held.
6. The Chair reviews the Review, places it in the faculty member’s file, and utilizes it during formal evaluation.

Faculty Evaluation Procedures and Guidelines

The teaching effectiveness, scholarly activity, and service activities of all faculty members will be evaluated on a regular basis. The following are guidelines for faculty performance evaluations:

1. Evaluations are to be a constructive process with the goal of assisting faculty in professional development as teachers and scholars.
2. Emphasis of the evaluation process will be on the supportive function of the evaluation as well as the necessary function of providing a basis for personnel action decisions.
3. Evaluations are to be conducted in accordance with the time table needed for re-appointment, promotion and/or tenure.
4. The faculty member assumes the responsibility of maintaining the necessary documentation and making it available in the proper form on a timely basis.
5. Evaluations must include an assessment of the faculty member’s teaching performance.
6. Evaluations may include stipulated conditions for improved performance by which the individual will be appraised in subsequent evaluations.
7. After a written evaluation is prepared, the Chair will meet with the individual to review the faculty member’s:
   a. areas of strength
   b. areas needing improvement
   c. progress on professional development goals since the last evaluation
   d. professional development goals for the upcoming year
   e. relationship between the individual’s professional developmental goals and the Department’s goals.
**Distribution of Faculty Development Money**

Faculty development allocations are distributed as described in the Collective Bargaining Agreement (pp. III 37-38). Accordingly, the monies granted to the Department are available to each probationary and tenured faculty member. The faculty member and Chair reach initial agreement on use of those funds. The basis for use will be the faculty member’s intention to further their professional growth.

As faculty development funds are available to special faculty, those faculty will be so notified and follow the same procedure as tenure track or tenured faculty for use of the funds.

**Emeritus Status**

The Department follows the procedure outlined in the Collective Bargaining Agreement (p. II-15).

When a tenured faculty member in the Department has established a date for retirement, that faculty member would follow appropriate notification procedures for the University. If the faculty member additionally seeks emeritus status following retirement, a request is made to the Chair of the Department and copied to the Department Personnel Committee (DPC). The Chair requests that the DPC consider the request and make a recommendation in writing. Following receipt of the recommendation, the Chair shall add comment and forward both to the Dean of the College. Following a positive review by these individuals, the Provost and President, the faculty member may be awarded emeritus status.

In the case that the faculty member holds the Endowed Professorship in the Department of Physical Therapy, the title shall be Distinguished Professor Emeritus.

**Department and College Personnel Committee Membership**

The Department of Physical Therapy Department Personnel Committee will consist of a minimum of three members for the purpose of . . . (see p. 37 - 38 of the College Plan). Membership will be limited to tenured Department full time faculty. In the circumstance that there are not enough tenured faculty to total 3, the members shall develop and prioritize a list of full time tenure EWU faculty outside the Department. They will present the list to the chair who will affirm the list and contact the highest ranked faculty to assist the Department in the current deliberation. The appointment of an external member will be considered temporary and limited to the decision under consideration.

At the first meeting of each year the Department Personnel Committee (DPC) will appoint one member to chair the committee for that year. Additionally the DPC will appointment a member to fill the Department’s place on the College Personnel Committee (CPC) when such an opening for the three year position occurs. The committee will meet as they feel necessary to accomplish their business. The procedures to be followed by the DPC related to promotion and tenure are outlined in the College Plan (p. 41).
Faculty Decision Making

The Department Council meets either weekly or bi-weekly as necessary. All faculty and Chair are members. Individual committees meet as appropriate to carry out their mission and report for faculty. All faculty assists in planning, decision making and/or modifications as needed.

Faculty Committees are listed below:
- Curriculum
- Professional Advisory Committee
- Clinical/Community
- Admissions
- Alumni Development
- Resources
- Department Personnel Committee
- Regional Center for Physical Therapy Education and Research (RCPTER)

Student Recruitment and Career Planning

Policy for student recruitment is as follows:

1. A faculty member is designated as the Director of Admissions for the Department. This position is retained by that individual for continuity and communication purposes.

2. The Director of Admissions:
   A. Reviews and modifies as appropriate, the Department application and selection process on an annual basis, following input from all faculty and other interested communities.
   B. Implements the admission and selection process to include:
      * responses to inquires
      * communication with appropriate individuals, departments, academic institutions
      * supervision of administrative personnel
      * coordination of interview, screening and admissions process.
   C. Carries out the selection process and recommends the candidates to faculty for final approval.

3. All faculty are apprised of opportunities to participate in career days and recruitment activities.

4. The Department keeps an ongoing file of career opportunities for graduating students, and posts opportunities as they become available.
**Compensation**

Faculty in the Department of Physical Therapy will receive compensation commensurate with the guidelines in the College Plan (p. 41-43) and the Collective Bargaining Agreement (III 33-38). Target salaries and equity/compensation salary adjustments are discussed as are rank salary minimums.

**Merit**

The Department of Physical Therapy has developed a point system for merit. A description follows. Each year that merit is awarded, individual faculty members will forward to the chair, a list of the activities for which they have earned points within the last 12 months. The faculty member will have documented evidence in file for each request. The Chair will total each individual’s points.

EXAMPLE: Faculty member A = 12 points, Faculty member B = 20 points.
All faculty member’s points are added together (12 + 20 = 32 points.)
The money available is $640.00. The money will be divided by point ($640/32 points = $20) Faculty member A is awarded $240.00 ($20 * 12) and Faculty member B is awarded $400.00 ($20*20).

**Faculty Merit Plan Criteria**

**TEACHING**

Peer evaluation
Superior (5)  well above average (4)   above average (3)  average (0)

Innovative teaching i.e., teaching that is other than straight lecture, or other than that which is standard in the curriculum (2)

New course development (May be a new elective or required course) (3)

Significant course revision (course changes include new/different objectives, teaching format, testing, etc.) (2)

Student Evaluations, (overall mode, not individual questions or courses)
mode of 1 = 3 points,  mode of 2 = 2 points, mode of 3 = 1 point.

Collaborative teaching or team teaching where two or more faculty are with the students in a lab, lecture (both lecturing), group activity, etc. (the % would be agreed upon by all instructors involved with the course) 75 - 100% of course (3), 50 - 74% or the course (2), 25 - 49% of the course (1)
Contact hours above the faculty average for the academic year.
(please provide total number of actual contact hours for all courses during AY; does not include summer session)
1-3% = 2 points, 4-6% = 4 points, 7-9% = 6 points, 10-12% = 8 points
13% or more = 10 points.

SCHOLARLY ACTIVITY

Publications
Referred Journal Article (up to 3 points; must have been published during AY)
   First author = 3 points, Second author = 2 points,
   Other than 1st or 2nd = 1 point.
Non Referred Journal Article (up to 2 points; must have been published during AY)
   First author = 2 points, Second or other = 1 point
Book Sole author (10 published),
   outline accepted/contract signed (5)
   at publication (5)
Co-Author (5 published)
   outline accepted/contract signed (2)
   at publication (3)
Chapter in a book (3)
Case study (1)
Newsletter article (1)

Editor
Professional Journal (3)
Book (5)

Reviewer
Book (2)
Journal Article (1)

Presentations (includes workshops, papers, poster, panel)
National (3), State (2), Local (1)

Grant
Submit (1), Approved (1), Approved and funded (1)

Specialty Certification
Initial certification (5), Continuing certification (2)
SERVICE

Committee membership
committee member = 1 point, committee chair = 2 points, including University, College, National (APTA, other), State (PTWA, other)

Graduate Student Committees
outside department = 1 point per committee, 5 points max.)

Consultation
non fee basis  1 point; maximum of 5 points for 5 different facilities

Community Service
1 point for every 10 hours/5 points max.

Advising outside Department
Pre-PT students 1 point for every 10 hours/5 points max.

Professional Organization outside of Physical Therapy
1/organization; max of 5 points (for nonphysical therapist faculty, organizations outside that recognized by your specific area of expertise.

OTHER

Awards Please list giving name of award and organization making award.
National = 10 points, State = 5 points, Local (University or other) up to 5 points depending on the nature of the award.

Conference (convention) Attendance
Funded 1 point per conference ; max. 3 points
Personal resources 2 points per conference; max. 4 points

Profession Product Development
Videos, AV’,s computer program, clinical device, etc. up to 5 points.

It is each faculty member’s responsibility to retain documentation to verify their request to receive points toward a merit award. The documentation will be turned into the Department Chair for purposes of calculation of the distribution of available dollars.
**Policy on Terminal Degree**

The Department of Physical Therapy declares the terminal degree for teaching faculty, to be the Master degree.

Rationale: Physical Therapy as an academic discipline is relatively new within higher education institutions. Approximately 8% of the professional hold a doctorate degree. Doctoral level preparation for the profession has not been readily available. As the number of doctorally prepared faculty rises, the Department will reconsider this policy.

**Personal and Professional Leave**

See College Plan (p. 44) and Collective Bargaining Agreement (IV - 39) for policies related to personal absence, sick leave, professional leave and leave without pay.

**Adjunct Positions**

The procedures for appointment to adjunct positions are described in the College Plan (p. 43-44) and the CAPTE evaluative criteria 4.1.1. (see p. 18). The Department utilizes adjunct appointments for individuals who contribute to the academic program for a small function of time. These individuals may include guest lecturers, center coordinators of clinical education, clinical instructors, and/or research mentors. Evaluation of adjunct faculty is part of the outcome assessment plan of the Department. The assessment forms are available in the Department.

**Administrative Exempt and Classified Staff**

See the College Plan (pp. 44-46) See CAPTE Evaluative Criteria 2.5.

The following is taken from the Evaluative Criteria for Accreditation Handbook of Education Programs for the Preparation of Physical Therapists, Revised August, 2000.

> 2.5. Administrative and Support Services
> The program has, or has access to, administrative, secretarial, and technical support staff to meet its professional education, research, and service goals and objectives, including the specialized needs of physical therapy programs in the areas of admissions and clinical education.

The number and skills of administrative, secretarial and technical personnel assigned to provide supportive services for the program will vary in relation to the operational requirements of the program. The number of supportive personnel required will be determined by the size and activities of the faculty and student body and may include information management, printing/duplication, and assistance with instructional media. The institutions assures that support services facilitate the ability of students and faculty to meet their obligations.
IX Programs and Curricula

The Department of Physical Therapy core faculty are responsible for curriculum development. Input is provided from several different resources to the core faculty. These resources are not limited to, but include adjunct faculty, clinical instructors, students in the program, alumni, and advisory groups.

Curricular changes are impacted by knowledge of current professional practice. Documents are regularly referenced for this purpose such as the Practice Guide of the American Physical Therapy Association and the Normative Model for Physical Therapy Education.

The faculty functions as a committee of the whole regarding curriculum. The Department has in place a curriculum committee consisting of two faculty who monitor curricular issues and concerns.

Student input is provided by course evaluations, regular meetings between the Chair and representatives of each class, exit interviews, and informally throughout the academic year. Students also provide feedback from their clinical education experience. Clinical instructors provide input during site visits, by way of the clinical education assessment tool, through meetings of the Clinical Advisory Committee, and through phone conversations with the ACCE.

The curricular goals seek congruence with the mission and philosophy. The design of the curriculum attempts to build the practitioner’s knowledge and skill base, and enhance the development of professional behavior. As changes in the practice environment become known to the faculty, changes are made to meet those practice requirements.

Curriculum development is dependent on the evaluation process. The Department guidelines for assessment include the following.

The curriculum is considered to be the heart of the educational program. Components of the curriculum include:

- **STRUCTURE:** physical plant, material resources, goals and objectives, courses, human resources (faculty, staff, students).
- **PROCESS:** implementation of the curriculum including the teaching/learning process, budget implementation and daily operations.
- **OUTCOMES:** student performance and indicators that reflect achievement of the academic mission.

The following assumptions exist:

A. Full-time faculty have the final responsibility for additions, deletions, changes or modifications to the curriculum in all areas of structure and process as well as decisions related to outcomes. No changes of a substantive nature will be made without an opportunity for all full-time faculty to input.
B. A Curriculum Committee will be the vehicle through which formal input occurs, and through which formal changes will be instituted.

C. The curriculum will be evaluated informally throughout the academic year by the full time faculty, and formally at sessions following each quarter in faculty meetings. An annual session will be scheduled for the purpose of addressing curriculum issues.

D. Full time faculty believe that the curriculum, as implemented, requires the full time attention of all communities of interest. All communities of interest will be afforded opportunities to give both formal and informal input related to areas of structure, process and/or outcomes as appropriate. Communities of interest include the following:

- academic full-time faculty
- academic part-time faculty
- alumni
- enrolled students
- internal University administrators
- administrators external to the University
- academic faculty from external Departments
- adjunct faculty
- guest lecturers
- center coordinators of clinical education (CCCE)
- clinical educators
- physical therapist practitioners
- Professional Advisory Committee
- Clinical Education Advisory Committee (CEAC)
- employers of graduates
- peers of graduates
- consumers of graduate services (clients)
- consumers of physical therapist services
- community health care providers (nonphysical therapist)
- State of Washington
- the profession through CAPTE

E. All communities of interest are encouraged to give input on an informal basis at anytime.

F. The policy will undergo an annual review. A table listing the communities of interest and mechanisms that are available to those communities of interests for input to the curriculum is available in the Department.
Accreditation

The Department of Physical Therapy maintains full accreditation through the Commission of Accreditation in Physical Therapy Education. That process is managed through the American Physical Therapy Association. On site visits occur every eight years. The Department was last visited in November 1998.

The evaluative criteria, which form the basis of standards for education of a physical therapist are found in the CAPTE Accreditation Handbook within the Department, Section 3.

The Department is also bound by the guidelines of the Northwest Association of Schools and Colleges as applied to Eastern Washington University. Those guidelines are located in the office of the Provost.

Program Review/Program Discontinuance

The Department is a willing participant in internal program reviews as directed by College or University governance. The Department that such reviews could be held for discontinuance according to the College policy outlined in the College Plan (p. 47 - 49) and the Collective Bargaining Agreement (V 44 - 47).

Graduate Programs

The Department is a graduate program. Appointments to graduate faculty status are made annually. Each fall, the Chair sends a letter of recommendation and a vita for each faculty member seeking graduate faculty status, to the Dean of the Graduate School. The appointment is made by that Dean.

Distance Education/Outreach

The Department works with the DE/O program on campus when such offerings are deemed appropriate.

Student Policies

Student policies are contained in the Department of Physical Therapy Student Handbook. Each student is sent a handbook prior to enrollment in the program. The student signs to indicate that the contents have been read and the intent is understood. Those papers are filed within the Department.
DEPARTMENT AND COMMUNITY

Clinical Education Contracts

The Department develops formal contractual agreements with institutions, agencies or facilities in which our students intern. Those contracts are reviewed and signed by appropriate officials within those facilities as well as the appropriate University officials. The contracts are on file within the Department.

The clinical Education component complies with CAPTE criteria 3.5 and 3.6. The following is taken from the Evaluative Criteria for Accreditation Handbook of Education Programs for the Preparation of Physical Therapists, Revised August, 2000.

3.5. Clinical experiences selected by the program reflect a variety of practice settings and provide the students with professional role modeling and access to patients representative of those commonly seen in practice.

Clinical experiences required of students are planned based on student progression in the curriculum and are based on the type of supervision required, the variety of experiences needed, and the complexity of clinical problem solving to be accomplished. In planning clinical education programs, the collective experiences provided allow opportunities in patient care and teaching, as well as opportunities for students to learn through observation of and participation in administrative activities, quality assurance activities, clinical research, and supervision of physical therapist assistants and other supportive personnel.

3.6. The clinical experiences selected by the program ensure that the type and amount of clinical supervision are appropriate for the student’s experience, ability and point of progression in the program, and that appropriate guidance and feedback are provided to the student.

The program provides a formally designed program of clinical education coordinated with all course work in the program. This is communicated to the clinical education faculty to facilitate their planning of appropriate clinical experiences for students and to ensure that the clinical education faculty appreciate the level of supervision needed by individual students at various phases throughout the curriculum. The program establishes policies and procedures with the clinical education faculty which assure that students receive planned guidance and formal and regular assessment of their clinical performance.

Clinical Education Evaluation Tool

The Department of Physical Therapy utilizes the Clinical Performance Instrument developed by the American Physical Therapy Association. It is the document utilized for evaluation of student performance in the clinic. A copy is located in the Department.
Clinical Education Handbook

The Department of Physical Therapy Clinical Education Handbook contains the guidelines for students and clinical instructors related to experiential education. Included in those guidelines are the policies and/or procedures for the implementation of the experiential curriculum including:

- health requirements (vaccination or tests required)
- malpractice insurance requirements.

A copy is located with the Department.

CAPTE criteria for rights and privileges of clinical education faculty are adhered to in 1.3.1.3.

The following is taken from the Evaluative Criteria for Accreditation Handbook of Education Programs for the Preparation of Physical Therapists, Revised August, 2000.

1.3.1.3. The rights and privileges of clinical education faculty and policies and procedures related to clinical education are delineated and communicated to all program faculty.

The rights and privileges of clinical education faculty are appropriate for their participation in the program and are similar to the rights and privileges afforded those people with similar responsibilities in other programs throughout the institution. Policies and procedures related to clinical education are provided to clinical education faculty. Clinical education faculty participation in program activities and curriculum review is consistent with institutional policy.

The Clinical Education Consortium

The Department of Physical Therapy participates as a full member of the Northwest Intermountain Consortium. The purpose of the Consortium is to maximize collaborative efforts in the Region for the enhancement and promotion of quality clinical education. The schools within Washington, Montana, Idaho, Oregon, Utah, New Mexico, and Colorado participate in the Consortium. The Consortium regularly rotates the Presidency of the group and shares responsibility for education opportunities as well as networking and exchange of communication.

The By-Laws of the Consortium are found in the Department.

Grants and Contracts

The Department of Physical Therapy concurs with the philosophy of development outlined in the College Plan (p. 54 - 55). All grants and contracts written by the Department will solicit the advice and counsel of appropriate resources within the University. They will be developed, implemented and evaluated according to current University procedures.

Alumni

The Department keeps a current list of alumni within the Department and continues to update that list on a regular basis.
Endowed Professorship

Background

The Department of Physical Therapy is the named recipient of an Endowed Distinguished Professorship from the Consortium of Spokane Area Hospitals. The memorandum of understanding was reached on June 20, 1991 between the consortium of Spokane Area Hospitals (Consortium) and the Eastern Washington University Foundation (EWU). A gift of $250,000 was pledged over a three year period as an irrevocable gift and the State of Washington matched the funds.

The gift established a Distinguished Professorship in Physical Therapy to be used to attract and retain a faculty member with expertise in Physical Therapy. The Professorship is the property of EWU per RCW 28B. 10.87. The following Department policy addresses that Distinguished Professorship.

Policy Statement

The title Distinguished Professor shall be held by a full time faculty member who is a licensed Physical Therapist in the Department of Physical Therapy. That member shall be tenured or in a tenure track at the time of appointment.

Appointment Procedure

1. The Chair shall request that the Department Personnel Committee (a minimum of 2 people) develop and carry out a search for candidates.
2. The Department Personnel Search Committee shall write the job description after seeking input from all full time faculty, and other interested parties.
3. Following University and College guidelines, the Department Personnel Search Committee shall submit to the Chair, the name or names of persons whom they feel are qualified for the position.
4. The Chair shall conduct a faculty meeting in which the candidates are placed in priority of choice.
5. The Chair shall carry the name of the candidate selected to the Dean of the College for concurrence of the selection.
6. If affirmed, the Chair shall contact the individual with notification of the award.
7. The title will be automatically relinquished upon retirement or if the holder leaves full time status.
8. If the holder retires and the faculty grant the holder the title Emeritus Professor, this faculty will be entitles to use the title “Distinguished Professor Emeritus”.

Other Policies

1. Current faculty may apply.
2. The Department Personnel Search Committee may close, extend or modify the application time frame to maximize the fit of the candidate for the office.
3. Funds to support the search can be charged to the Endowed Chair fund.
4. University guidelines of hiring will be followed (i.e. Affirmative Action Guidelines)
5. The Actual fiscal award will vary from year to year depending on income generated from the fund, however the holder will have the discretion to divert the use of the funds for the purpose of enabling the Department to carry out special projects, conferences, and professional activities that further the goals of the Department, College and University.

**Grievance**

The Department of Physical Therapy will operate on a doctrine of fairness to faculty, staff and students. The grievance procedures found in the Collective Bargaining Agreement (VI p. 48) and the College Plan (p.44) will be followed in order to assure due process for all concerned.

**XI Evaluation of Department Plan**

The Department Plan will be reviewed annually. As need for modification occurs, that change will be proposed to all full time faculty. Following a majority vote of the full time faculty the proposal will be implemented.
Listed below is a summary of the requested criteria for the Department Plan and the page number the specific criteria is located.

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