View metadata, citation and similar papers at core.ac.uk

brought to you by CORE

provided by NSU Works

Internet Journal of Allied Health Sciences and Practice

Volume 17 | Number 1 Article 1

December 2018

Physical Therapy Faculty, Clinical Instructors, and Employer Expectations for New DPT Graduates in the Acute Care Setting

Leah Nof
Nova Southeastern University, nofl@nova.edu

Claudia Gazsi
Lebanon Valley College, gazsi@lvc.edu

Shari Rone-Adams
Nova Southeastern University, srone@nova.edu

Debra F. Stern
Nova Southeastern University, debras@nova.edu

Follow this and additional works at: https://nsuworks.nova.edu/ijahsp

Part of the Medicine and Health Sciences Commons

Recommended Citation

Nof L, Gazsi C, Rone-Adams S, Stern DF. Physical Therapy Faculty, Clinical Instructors, and Employer Expectations for New DPT Graduates in the Acute Care Setting. The Internet Journal of Allied Health Sciences and Practice. 2018 Dec 14;17(1), Article 1.

This Manuscript is brought to you for free and open access by the College of Health Care Sciences at NSUWorks. It has been accepted for inclusion in Internet Journal of Allied Health Sciences and Practice by an authorized editor of NSUWorks. For more information, please contact nsuworks@nova.edu.

Physical Therapy Faculty, Clinical Instructors, and Employer Expectations for New DPT Graduates in the Acute Care Setting

Purpose: The purpose of this study was to determine how the expectations of new graduate physical therapists held by physical therapy faculty (PTF), clinical instructors (CIs), and employers (PTE) compared in the acute care (AC) setting, and determine if graduates are meeting the entry-level expectations of the three stakeholders in acute care. **Methods**: This mixed method study used Survey Monkey to gather data from participants. Faculty, CIs and PTEs were recruited from CAPTE accredited DPT programs. The current survey used the top 25 characteristics developed by the Delphi study by Gazsi to determine level of agreement of importance among the three participant groups for entry-level performance in acute care. **Results**: The study had 399 participants. Of the 25 characteristics, 7 were ranked most important by more than 75% of all participant groups combined. Two characteristics – safe and reliable – were consistently ranked highest by all 3 participant groups. Four significant differences among groups were for the characteristics of recognition of red flags, critical thinker, problem solver, and team player. A majority (82.4%) reported that new graduates were meeting expectations. **Conclusions**: Although the majority of participants reported that new graduates were meeting expectations, the implication of differences in expectations among some of the participants is that these differences should be considered in curricula development.

Key words: DPT education, employer expectations, DPT entry-level expectations

---

Author Bio(s)

Leah Nof PT, MS, PhD, is a Professor in the Physical Therapy Program, Nova Southreastern University, Fort Lauderdale, Florida.

Claudia Gazsi, PT, MHA, PhD, is an Associate Professor and Director of Clinical Education, Department of Physical Therapy, Lebanon Valley College, Annville, PA

Shari Rone-Adams, PT, MHSA, DBA is an Associate Professor and Chair, Physical Therapy Program, Nova Southreastern University, Fort Lauderdale, Florida.

Debra F. Stern, PT, DPT, MSM, DBA, is the Director of Clinical Education, Physical Therapy Department, Nova Southreastern University in Fort Lauderdale, Florida

---

Acknowledgements

The authors acknowledge the contribution of Kevin Swieboda, who was a DPT student at the time the study was conducted, for assisting with the literature review, Dr. Samuel Cheng, and Dr. Alicia Fernandez- Fernandez for their critical review of the article, and Dr. Cheryl Hill, for copy editing of the article. This study was supported by a grant from Nova Southeastern University, College of Health Care Science and College of Nursing, Faculty Research and Development Grant, number 335565

The Internet Journal of Allied Health Sciences and Practice
Dedicated to allied health professional practice and education
Vol. 17 No. 2 ISSN 1540-580X

Physical Therapy Faculty, Clinical Instructors, and Employer Expectations for New DPT Graduates in the Acute Care Setting

Leah Nof[1]
Claudia Gazsi[2]
Shari Rone-Adams[1]
Debra F. Stern[1]

1. Nova Southeastern University
2. Lebanon Valley College

United States

ABSTRACT
Purpose: The purpose of this study was to determine how the expectations of new graduate physical therapists held by physical therapy faculty (PTF), clinical instructors (CIs), and employers (PTE) compared in the acute care (AC) setting, and determine if graduates are meeting the entry-level expectations of the three stakeholders in acute care. **Methods**: This mixed method study used Survey Monkey to gather data from participants. Faculty, CIs and PTEs were recruited from CAPTE accredited DPT programs. The current survey used the top 25 characteristics developed by the Delphi study by Gazsi to determine level of agreement of importance among the three participant groups for entry-level performance in acute care. **Results**: The study had 399 participants. Of the 25 characteristics, 7 were ranked most important by more than 75% of all participant groups combined. Two characteristics – safe and reliable – were consistently ranked highest by all 3 participant groups. Four significant differences among groups were for the characteristics of recognition of red flags, critical thinker, problem solver, and team player. A majority (82.4%) reported that new graduates were meeting expectations. **Conclusions**: Although the majority of participants reported that new graduates were meeting expectations, the implication of differences in expectations among some of the participants is that these differences should be considered in curricula development.

Key words: DPT education, employer expectations, DPT entry-level expectations

© The Internet Journal of Allied Health Sciences and Practice, 2019

INTRODUCTION

In 2011, Gazsi studied the entry-level characteristics of new Doctor of Physical Therapy (DPT) graduates from the perspectives of physical therapist employers, academic faculty, and clinical instructors. One of the outcomes of this study was a consensus among the three groups regarding the characteristics that were important for treatment of patients in the adult, acute rehabilitation setting.[1] However, according to the literature, investigation regarding transition from student to practicing clinician has been limited.[2] Other than the Gazsi study, there was little information identified in the literature about how the expectations of academic program faculty, clinical instructors, and employers compared to each other, especially in the acute care setting. Based on the American Physical Therapy Association's (APTA) Minimum Required Skills of Physical Therapist Graduates at Entry-level, graduates should be prepared with a myriad of skills for all settings.[3] The Core Competencies for Entry-Level Practice in Acute Care Physical Therapy, a document developed in 2015, specifically "established guidelines to clarify to all acute care stakeholders the unique and overlapping skills required for an entry-level clinician to be independent, safe, and effective on day one of practice."[4 (p2)] The core competencies and minimum skills documents are therefore complementary, with the core competencies clarifying skills specifically needed in the acute care setting. The purpose of this study was to determine how the expectations of new graduate physical therapists held by physical therapy faculty (PTF), clinical instructors (CIs), and employers (PTE) compare to each other in the acute care (AC) setting, and determine if doctor of physical therapy (DPT) graduates are overall meeting the entry-level expectations of the three primary stakeholders in acute care.

The readiness of newly graduated physical therapists (PT) to perform clinically at entry-level is important to all stakeholders: entry-level educational programs, clinical education sites, and potential employers. Practice preparedness is primarily determined by the achievement of entry-level status on the American Physical Therapy Association's Clinical Performance Instrument (CPI) and successful completion of the required three-year doctoral degree program.[5,6] The CPI document is consistent with the categories and categorical skills identified in the acute care core competency document.[4,5] The APTA consensus document drafted between 2008 and 2009 summarized the national input of 1000 participants including educators, clinical coordinators, clinical instructors, and employers regarding expectations of graduate physical therapists.[7]

Acute care practice has changed since 2009 when the APTA consensus document was developed. The Affordable Care Act, value-based purchasing, bundled payments, emphasis on reduction in hospital readmission, and decreased length of stay, as examples, have changed the way acute care facilities work.[8] With the evolving changes in the acute care delivery system, expectations of graduate therapists by academic faculty, CIs, and employers needs re-evaluation to determine which characteristics are important to stakeholders and to determine if new graduates are meeting current expectations. Minimal literature was identified that addressed stakeholder expectations and whether new graduates are meeting the expectations of each stakeholder group.

REVIEW OF LITERATURE

The success of new graduate physical therapists working in acute inpatient settings is dependent on a variety of academic and clinical preparatory experiences. Theisen et al indicated in their 2013 study, that patient acuity was increasing, demanding complex skills and competence from healthcare professionals.[9] Gorman et al described distinct knowledge, skills, and behaviors specific to acute care.[10] The results demonstrated that PTs in the acute care setting must be able to prioritize examination and treatment planning. These findings are consistent with the APTA's 2007 and 2010 updated consensus findings.[7] The acute care core competency document specifically supports the need for entry-level PTs to be able to make "complex decisions for any patient regardless of diagnosis" or changing medical status with the immediacy needed in acute care.[4] The difference between other settings and acute care is the high acuity and rapidly changing environment which includes "potential medical instability and unpredictability."[4] The Acute Care Core Competencies were developed by the acute care special interest group of the APTA. The individuals responsible for developing the document were specialists practicing in acute care settings. Both the APTA consensus findings and the acute care core competency document support the need for distinct skills in the acute care environment.

Each educational institution determines practice readiness in the most common practice venues, which may include the acute care setting at the discretion of the academic program. When PT programs transitioned to the DPT degree, the number of total clinical education hours increased with the increase in overall length of the academic programs. According to the Federation of State Boards of Physical Therapy (FSBPT) in 2011, clinical education program components ranged from 22 to 55 weeks.[11] The actual placement venues are determined by each individual institution, which may or may not include acute care. As of 2015, 30 full-time weeks is the minimum required by CAPTE.[6]

Although there is research that identifies entry-level competencies of graduate level PTs based on standard assessment tools, primarily the APTA CPI, there is skepticism (as identified by Manns et al) regarding gaps in the ability to transition from student to practitioner upon licensure.[12] The difficulty with this transition may be a result of challenges with time management and managing

complex patients with specialized needs including management of lines and tubes, use of specialized lifting equipment, and handling emergencies such as activating emergency response systems.[4] The findings of Manns et al could be based on the fact that CPI competency is never determined by full, independent decision making or performance on the part of the student, as the CI is always responsible for student oversite.[12,13] The results of Manns et al are consistent with Jette et al who explored CI perceptions of student behavior in a variety of settings characterized as "entry-level."[12,14] A final theme emerged in the Jette et al study suggesting a definition of entry-level performance as "mentored independence," indicating that the student can perform without the CI immediately present, but available.[14]

The role of the academic program and required clinical experiences is to foster development of entry-level skills in all settings as identified by the APTA's Minimal Required Skills document.[3] Authors have explored behaviors in novice therapists that were consistent with the skills outlined in the Minimal Required Skills document.[2,15,16] They determined that in some of the competency areas outlined on the Minimal Required Skills document, such as communication, history taking, and subsequent decision-making, there were deficiencies. These findings may account for the transition from supervised performance as a student to independence as practitioner, which may not meet employer expectations of new graduate hires.

King et al showed that levels of motivation and complexity of work experiences are primary factors in the process of transitioning from novice to expert therapist.[17] An experienced therapist is better able to demonstrate appropriate management when handling a complex case. Introducing increasing patient complexity early may benefit a novice physical therapist on the path to expertise.[18] A study by James exploring clinical reasoning in novice and expert physical therapists showed that novice therapists recruit significantly less knowledge when evaluating and treating patients compared to experts.[13] The researchers for this study were unable to identify, in the PT literature, any comprehensive study in the acute hospital setting that encompassed employer expectations for new graduate PTs. However, new graduates are novice practitioners, and the readiness of graduate physical therapists to practice in acute inpatient settings is dependent on their preparation through the academic curriculum and clinical education. The purpose of this study was to determine how the expectations of new graduate physical therapists held by physical therapy faculty (PTF), clinical instructors (CIs), and employers (PTE) compare to each other in the acute care (AC) setting and determine if DPT graduates are overall meeting the entry-level expectations of the three primary stakeholders in acute care.

METHODS

Subjects

After Institutional Review Board (IRB) approval from Nova Southeastern University (NSU) and Lebanon Valley College (LVC), participants for the three stakeholder groups were recruited using a combination of purposive sampling (CIs and PT program directors) and snowball recruitment (PTF and PTEs). The PTF group was developed from a list of Commission on Accreditation in Physical Therapy Education (CAPTE) accredited PT education programs offering the DPT in May 2014 (228 programs) obtained from the CAPTE web site; CI and PTE groups were developed from the combined acute care CI databases from NSU and LVC (>2800 CIs). Additionally, a request to participate in the study was posted through the nationwide cardiovascular/pulmonary and acute care APTA special interest group listservs: "acutept listserv," "cardiopulm listserv," and "PTinICU listserv." Membership or subscription to the listservs was unknown to the researchers; therefore, we cannot determine the percentage of individuals from the list serves that responded. Inclusion criteria were specific to each participant group: full time PT academic faculty with ≥ 1-year experience from accredited DPT program with ≥ 1 completed DPT student cohort; clinical instructors with at least 1-year experience who were CIs for final DPT affiliations (most relevant to new graduate status); and PT employers with hiring responsibilities and ≥1 year in current supervisory/management position. Potential participants who did not meet inclusion criteria were excluded from the survey prior to ranking characteristics.

Research Design

A mixed method explanatory design with concurrent quantitative data and a component of qualitative data collection was utilized.[19] Quantitative data determined characteristic importance while qualitative data informed response preference and perception of currently met and unmet expectations. The survey instrument with instructions was developed by the researchers using SurveyMonkey (Appendix 1). The survey was modeled after an original Delphi study survey (4-round) where the 25 entry-level characteristics were determined.[1] Purposive sampling and participation from interested stakeholders supports content validity; face validity of the survey was achieved by the high level of characteristic importance. Content validity of the characteristics that are aligned with the Minimum Required Skills of Physical Therapist Graduates at Entry-level document and Core Competencies for Entry-Level Practice in Acute Care Physical Therapy document has been achieved based on the review of literature and professional standard documents that also include the APTA Code of Ethics, the Normative Model for Physical Therapist Education, and the CPI. [3,4,5,20,21] The survey employed in this study was also previously used in a similar study of outpatient practice settings with results reported regionally and nationally.[22]

A web-link to the survey was sent via e-mail to educational program directors and CIs. Instructions to forward the e-mail to each program's PT faculty and facility rehabilitation managers/directors were included. Listserv dissemination contained a brief overview of the study's purpose with the web-link. Consent to participate was assumed by return of completed surveys. The survey was open for 85 days (5/19-8/11/2014). Completed surveys from participants meeting inclusion criteria requested participant demographic information and rankings of importance for the characteristics in the first 90 days of clinical practice on a 5-point Likert scale ranging from "very unimportant" to "very important" or 1 to 5, respectively. Narrative feedback was requested for each characteristic especially if the participant found the characteristic to be unimportant. Participants were also asked if new DPT graduates were meeting or not meeting expectations and why. Study characteristics and definitions can be found in Appendix 1 (items 19 to 28).

Data Analysis
Quantitative survey results were analyzed using Microsoft Excel. Descriptive statistics were used to analyze participant demographic data in the aggregate and by participant group. Importance rankings were analyzed as percent of total responses for each point of the Likert scales in the aggregate and by individual participant groups. Results across the 5 response categories were condensed into two categories: *Important*, which included responses in the important and very important categories, and *Not Important*, which included responses in the neither important nor not important, unimportant, and very unimportant categories. RSTATS Chi Square Calculator was used to calculate chi square statistics for all characteristics to determine differences among group rankings.[23]

Summative content analysis was used to analyze the qualitative statements related to meeting or not meeting expectations. A table of all the statements, grouped by key words and themes, was created. Themes were identified, refined, and re-examined to determine if the initial themes were valid and if the statements were categorized appropriately.

RESULTS
All but three program director surveys were successfully delivered (225 out of 228) for a 98.7% delivery rate. Approximately 500 of the 2826 CI/Director of Rehab surveys were returned as undeliverable for an 82% delivery rate. Out of the 584 completed surveys received, 399 met the inclusion criteria: 128 PTFs, 207 CIs, and 65 PTEs. Three times as many females than males responded to the survey, with means for age of 43.1 years (range 25 to 67) and experience of 18.9 years (range 2 to 45, median 17). Only 21.8% of participants held the entry-level DPT degree, the majority being CIs, which was anticipated, based on their younger mean age and years of experience. This was also true for highest earned degree. Bachelor and master entry-level degrees were equally distributed in the aggregate; however, there were more employers and faculty with bachelors degrees, likely reflecting older age and greater experience levels. All but three participants who held a terminal academic degree were faculty, which again is anticipated based on their role and academic requirements. Detailed demographic data is presented in Table 1 and are similar to those reported by the 2013 APTA member demographic profile.[24]

All 9 U.S. geographic census regions were represented by participant groups.[25] The largest proportion of participants came from regions closest to the researchers' institutions. Four states were not represented (Alaska, Hawaii, Mississippi, and Montana). This may be explained by lack of clinical sites, the lack of PT programs in Alaska and Hawaii, and only one academic program each in Mississippi and Montana.

Characteristics
Survey responses were ranked based on percentage of participants who agreed that the characteristic was important. Data were examined to identify a natural breakpoint of importance within the data.

The 75% rating criteria by all participants was a break point in the ranking of the 25 characteristics. The 75% cut-off follows a natural breakpoint where the greatest separation in ranking occurred. The first two characteristics, safe and reliable, demonstrated the greatest level of agreement among all three participant groups: CIs, PTEs, PTFs at 75%. The remaining five characteristics demonstrating over 75% agreement were within 2% to 5% of agreement of each other. However, a greater drop in level of agreement (close to 5%) is seen between characteristics above 75% agreement (characteristics 1 through 7) and below the 75% agreement (characteristics 8 through 25). See Table 2 for the list of characteristics. This drop in agreement level led to the natural breakpoint between characteristics demonstrating strong agreement (above 75%) and those with a lesser level of agreement (below 75%).

Of the 25 characteristics, 7 characteristics were ranked important by more than 75% of all participant groups combined: safe, reliable, integrity, ethical, responsible, teachable, and recognition of red flags. Safe and reliable were consistently ranked the highest in all 3 stakeholder groups (Table 2). Four statistically significant differences among groups were found in the following

© The Internet Journal of Allied Health Sciences and Practice, 2019

characteristics: recognition of red flags (.05$X^2$2df =9.728; p=.0077) with importance ranging from 83.3% for the PTF group and 63.1% for the PTE group; critical thinker (.05$X^2$2df=10.329; p=.0057) ranging from 68.9% for PTF group; and 51.3% for CI;s; problem solver (.05$X^2$2df=11.432; p=.0033) ranging from 68.8% for PTF to 49.7% for CIs; team player (.05$X^2$2df =6.667; p=.035) ranging from 58.2 for PTF to 76.6 for PTE. (Table 2).

Stakeholder Expectations and Identified Themes

The final survey question (#29 in Appendix 1) was, "Are current Doctor of Physical Therapy graduates meeting your expectations?" was answered by 386 participants. A majority, 318/386 or 82.4%, reported that new graduates were meeting expectations; 68 or 17.6% reported that they were not meeting their expectations. Statistically significant differences, (.05)$X^2$2df=6.162; p=.046, among groups were demonstrated with the employer group responding more frequently (25%) than CIs (19.2%) and PTFs (11.3%) that new graduates were not meeting expectations (Table 3).

All three groups offered narrative feedback to describe how new graduates were or were not meeting expectations (Table 4). Comments were grouped based on the themes or categories identified. Each group indicated that "most" new graduates met expectations while there were other individuals who did not. The strongest themes indicating that new graduates are meeting expectations by all three stakeholder groups were in willingness or eagerness to learn followed by knowledge and skills. CIs noted more often than PTFs and PTEs that some new graduates were not meeting expectations in willingness to learn, critical thinking/problem solving, and communication skills.

DISCUSSION

The acute care hospital environment and related venues that care for high acuity or acutely ill patients require a combination of skills and behaviors common to all physical therapy practice as well as skills that are unique to the acute care environment. This study explored the expectations of new graduate physical therapists held by PTF, CIs, and PTE and how they compare to each other in the acute care (AC) setting and determined if DPT graduates are overall meeting the entry-level expectations of the three primary stakeholders in acute care. The behaviors and characteristics used as the baseline in the study were determined in a previous study by Gazsi and are consistent with the skills in the acute care core competencies document.[1,4] Review of the data presented illustrates several themes that are important both to academic institutions and healthcare employers.

Top 7 Ranked Characteristics

The top 7 ranked characteristics were safety, reliability, integrity, ethical, responsible, teachable, and recognition of red flags. These 7 characterizes are consistent with the acute care core competencies document, the CPI, the Minimal Skills for Entry-level Physical Therapy, and APTA Code of Ethics.[3,4,5,20] From a professional practice perspective, these are behaviors that if not demonstrated, may result in risk management and professional liability issues. Each stakeholder may have a slightly different reason for the selection, but ultimately upholding these behaviors is important for the overall well-being of the patient and compliance with standards of practice both for the profession and for the organizational setting.

While the APTA Code of Ethics identifies professional ethical behaviors for PTs, personal ethics may differ.[20] Based on the findings, regardless of the basis for one's ethical behavior, the importance to all three groups was consistent. Hayes et al identified unprofessional behaviors related to personal and work ethics.[15] New graduates must have the ability to make ethical decisions that show integrity and responsibility, with little time to reflect on the situation in an unpredictable environment such as acute care. The core competencies for acute care define the environment as high acuity and rapidly changing, where instant decisions must be made.[4]

Although the top 7 ranked characteristics apply to all settings, two of the 7 have more critical implications in acute care: safety and recognition of red flags. The quickly changing patient status in acute care dictates the importance of being able to make rapid decisions and recognize red flags in order to promote safe practice with immediate integration of data such as lab values and changes in cognition. In the Hayes et al study, CIs identified safety-related issues in students on clinical rotations.[15] The authors identified 3 subcategories of safety related behaviors, any of which could result in harm to a patient (inadequate knowledge and psychomotor skill, unprofessional behavior, and poor communication).

Required CI supervision facilitates safe practice. Student physical therapists in their clinical education experiences are never without some level of CI supervision.[14] As students are unlicensed personnel, the CI is responsible for the safety of the patient/client management. It is critical in an environment, especially where the patient status is rapidly changing, that new graduates are able to identify when red flags are present and when they need assistance in managing the patient.

Students must remain being teachable as they are acquiring progressive entry-level competence. Until the student is without direct supervision, however, they never act independently. New graduates may require assistance in new situations. New graduates must be able to identify when they need help managing a patient or need further training. Appropriate self-reflection should lead to recognition of the need for ongoing learning and acceptance of teaching by more experienced PTs and others from an interprofessional perspective. The inability to recognize knowledge and performance deficiencies may result in safety issues and risk to the patient. In the Jette et al study, when participating CIs were asked about students and entry-level practitioners, they specifically identified the importance of safety in all matters.[14]

Recognition of red flags in PT was the other characteristic rated in the top 7 for all groups and also showed statistical significance (see Table 2). Although the researchers acknowledge a relationship between safety and recognition of red flags, there were differences between the three stakeholder groups. The PTF and CI groups were consistent in their ranking of importance of this behavior. The consistency between the PTF and CI groups may be because the CI and faculty recognize patient safety as a direct patient care function. In the acute care setting, a patient's status can change quickly, requiring the PT to critically think and make decisions with very little time. With a new graduate and minimal experience in this setting, there is clinical concern regarding decision-making appropriateness. As indicated in the results of the study by James, exploring clinical reasoning in novice and expert physical therapists showed that novice therapists recruit significantly less knowledge when evaluating and treating patients compared to experts.[13] This difference may equate to the inability of a new graduate to appropriately identify red flags in an acutely ill patient because of weaknesses in clinical reasoning which could result in negative consequences. Employers may rank it lower because there are other professionals managing the same patients who they view as more responsible for identifying red flags such as nurses and physicians. The fact that recognition of red flags was ranked lower by employers may also be related to the definition provided in the survey. The definition defines the terms as relating to differential diagnosis skills, which employers may see as PT specific skills and not directly related to safety or risk management. (See appendix 1 for full definition)

Characteristics with Significant Differences in Ranking

Three characteristics (in addition to recognition of red flags) demonstrated statistically significant group differences: critical thinker, problem solver, and team player (Table 2). Being a critical thinker and problem solver were ranked 19th and 20th of 25 characteristics respectively by combined study participants. Although the characteristics of critical thinker and problem solver were not ranked highly, they were noted to be reasons for graduates not meeting overall expectations, and both were statistically significant. Critical thinker and problem solver was ranked lowest by the CIs. CIs may view these skills as inherent in standard expectations and not separate and distinct. From an academic perspective, emphasis throughout the curriculum is on being a critical thinker and problem solver with these behaviors included in the CPI. Academic faculty ranked critical thinker and problem solver highest among the three groups. Academic faculty and employers may view these skills as separate and distinct skills that are critical to success of the graduate. Theisen and Sandau found in their literature review that critical thinking skills were very important to employers.[9] They concluded, based on a review of the nursing literature, new graduates have difficulty with clinical decision-making. They were less confident in their "critical thinking and ability" to make decisions with critically ill patients.[9]

The other characteristic that was statistically significant was team player. While the CIs and faculty did not view team player as a critically important skill, the employers did. Although interprofessional practice is currently being stressed in acute care, faculty and CIs may feel that the new graduate could gain skills in this area with exposure to the team. From an employer perspective, being a team player may be considered critical to overall organizational success, allowing a new employee to effectively and quickly integrate with co-workers. With the quick changing status of patients in acute care and the need for reliance on the experts, the employer may see this as a critical skill, that when not developed, may result in risk to the patient. Team player is inherent in the Core Competencies for Acute Care Physical Therapy.[4]

Other Characteristics with Lower Rankings

The remaining 18 characteristics included in the study survey do have importance from academic and clinical perspectives, although they had lower combined stakeholder rankings. The behaviors include the following: respectful, motivated, communication, inquisitive, demonstrates initiative, dedicated, patient centered, appropriately cautious, compassionate, competent, flexible, punctual, professional, knowledgeable, clinical excellence. As a group of behaviors, all play important roles in the development of a physical therapist. From a CPI perspective, several of these behaviors are addressed, such as appropriately cautious (indicated in the safety category of the CPI), professional, competent, knowledgeable, punctual and flexible (indicated in the professionalism category of the CPI), compassionate, and clinical excellence as evidenced by stating performance is beyond entry-level. The other characteristics in the group, while clinically relevant, may be interpreted as implied in the CPI, which is used by most academic programs for assessment of students by CIs.

Meeting and Not Meeting Expectations

The employer group identified statistically significant higher frequency of new graduates not meeting expectations, relative to the CIs and faculty. This may be related to differences in goals between employers and CIs/faculty. CIs and faculty goals are focused on skill acquisition and performance with supervision and discussion which focuses on the transfer of knowledge and psychomotor performance from the didactic component to the clinical component of the curriculum. Employer goals are focused on independence in the workplace. Employers are concerned about performance and independent decision making. Graduates continue to need availability of resources and some guidance when faced with a new situation.

All three groups offered narrative feedback to describe how new graduates were meeting or not meeting expectations (Table 4). Comments were grouped based on themes identified. Each group indicated that “most” new graduates met expectations. New graduates most often meet the expectations of all three stakeholders in the areas of knowledge and skills, and willingness/eagerness to learn. Knowledge was ranked 24th overall. This may show that stakeholders expect that graduates will come with the requisite knowledge needed for the acute care setting and therefore did not consider this a characteristic that should be ranked highly. CIs commented with statements indicating new graduates sought assistance when faced with new or challenging experiences. PTEs supported meeting expectations with comments reflecting new graduates as team players, demonstrating communication and good “people” skills, and having a patient-centered approach to providing services. Employers ranked team player the highest among the three groups. Communication and team player were ranked 14th and 15th respectively, overall, although communication was also mentioned as a reason that graduates were not meeting expectations. This may account for this characteristic being ranked 14 out of 25.

In general, faculty formulate their opinions of new graduate practice based on classroom interaction, student progress, skill acquisition, and assessments by clinical instructors. Two thirds of the PTF supported their responses of students meeting expectations, with comments reflecting themes of critical thinking/problem solving, valuing patient-centered care, and demonstration of ethical and evidence-based practice behaviors, all of which are heavily integrated and reinforced in PT curricula. This was expected as measurement of program outcomes and expectations is required for CAPTE accreditation.

There were participants in all three groups that reported that new graduates are not meeting expectations. The demographics of students currently in PT schools is generally in the generation Y group. Areas noted for not meeting expectations included overconfidence, entitlement, demanding, and respect. These are characteristics relatively consistent with the literature on generation Y.[26] CIs noted more often than the other stakeholders that new graduates were not meeting expectations in willingness to learn, critical thinking/problem solving, and communication skills. According to the Pew Report Executive Summary, one of the few legitimate studies on the generation Y, generation Y students are willing to learn but not willing to take negative feedback.[26] Any input that is not perceived as praise may be construed as negative versus constructive by this demographic group. This may explain why CIs indicated that students were not meeting expectations in willingness to learn. Giving feedback in the area of “willingness to take feedback” is also more difficult than giving feedback on other areas. Additionally, generation Y shows below-average skills in critical thinking as they enter the workforce.[26] In previous research, communication has also been found to be a competency deficit in novice therapists.[2,9,15,16]

Limitations

There are several limitations to this study. Although invited to provide comments, many participants did not include narrative feedback to explain their rankings. Limitations during the recruitment phase included inability to know how many participants were recruited from the listservs. Although over 2800 invitations to participate were sent to CIs and directors of acute care physical therapy services, approximately 18% (~500) emails were either blocked by companies’ Fire Wall settings (“Delivery request rejected e-mail message by policy”) or failed delivery because of an unknown recipient or undeliverable address. The characteristics that were included in the ranking were established in a previous study by Gazsi from a population in the acute rehabilitation setting.[1] Although the research team for this study deemed the characteristics appropriate, there is a possibility that if the Delphi research method had been done with acute care physical therapists, the characteristics may have been different. Because the characteristics used on the survey in the study by Gazsi were aligned with those in the CPI instrument and the APTA minimal skills document, face validity was assumed.[1] Further reliability analysis is recommended to strengthen the results of future studies.

Recommendations for Future Studies

Further research is needed to understand the differences in entry-level characteristic expectations in the various settings and to determine how best to prepare new graduates to meet the common expectations of educators and employers in a changing healthcare environment. The next step in this research would be to specifically assess practice readiness in new graduates based on setting and number of full-time clinical education hours. Additional research looking at the integration of combined clinical

education experiences (ICE) could provide information on the value that these experiences bring to preparing students for future practice.

CONCLUSIONS

Ultimately, the academic and clinical education experiences together prepare students for their first jobs and forays into practice as physical therapists. Participants were presented with 25 characteristics established in a previous study by Gazsi and asked to rank them on a Likert scale in order of importance.[1] While only seven characteristics met the 75% level of agreement in importance, this does not diminish the overall importance of any of the characteristics in practice context. What needs consideration is if all stakeholder needs are being met by what is currently identified as minimal entry-level skills. Ultimately, as demonstrated by Hayward et al, novice physical therapists gain confidence and independent practice competence during their second year of practice and beyond, regardless of setting.[27] Overall, this study demonstrated that the expectations of the three groups are being met.

Moving forward in a changing healthcare environment and recognizing that in acute care settings patient stays are short and characterized by high medical acuity is a challenge for all stakeholders. The findings of this study are relevant to new graduates themselves as well as the academic programs and employers. It is critical that all participant groups recognize that affective/professional, cognitive, and direct patient care skills are important in the early stages of employment and as a PT becomes increasingly experienced. It is also important to recognize that all 3-participant groups place different values on the characteristics addressed in this study. From an academic perspective, it is important that educators prepare students to meet the expectations of all stakeholders.

ACKNOWLEDGMENTS

The authors acknowledge the contribution of Kevin Swieboda, who was a DPT student at the time the study was conducted for assisting with the literature review and Dr. Sameul Cheng and Dr. Alicia Fernandez-Fernandez for their critical review of the article.

DECLARATION OF INTEREST SECTION

This study was supported by a grant from Nova Southeastern University, College of Health Care Science and College of Nursing, Faculty Research and Development Grant number 335565, awarded December 9, 2013.

REFERENCES

1. Gazsi CC. *Expectations of Physical Therapist Employers, and Academic and Clinical Faculty Regarding Entry-level Knowledge, Skills, and Behavior of Physical Therapist Graduates in Acute Rehabilitation Practice* [dissertation]. ProQuest Dissertations Publishing (3490479), Nova Southeastern University; 2012.
2. Black LL, Jensen GM, Mostrom E, et al. The first year of practice: an investigation of the professional learning and development of promising novice physical therapists. *Physical Therapy.* 2010;90:1758-1773.
3. American Physical Therapy Association. *Minimum Required Skills of Physical Therapist Graduates at Entry-level.* Alexandria, VA: American Physical Therapy Association;2005.
4. Acute Care Section Minimum Skills Task Force. *Core Competencies for Entry-Level Practice in Acute Care Physical Therapy.* Academy of Acute Care Physical Therapy;2015.
5. American Physical Therapy Association. Physical Therapist Clinical Performance Instrument. Alexandria, VA: American Physical Therapy Association; 2006.
6. Commission on Accreditation in Physical Therapy Education. *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists.* Alexandria, VA: American Physical Therapy Association; Revised 8/2014 2014.
7. American Physical Therapy Association. *Physical Therapist Clinical Education Principles.* Alexandria, VA: American Physical Therapy Association;2010.
8. American Hospital Association. *The role of post-acute care in new care delivery models.* Washington DC: American Hospital Association; December 2015 2015.
9. Theisen JL, Sandau KE. Competency of New Graduate Nurses: A Review of Their Weaknesses and Strategies for Success. *The Journal of Continuing Education in Nursing.* 2013;44:406-414.
10. Gorman SL, Hakim EW, Johnson W, et al. Nationwide Acute Care Physical Therapist Practice Analysis Identifies Knowledge, Skills, and Behaviors That Reflect Acute Care Practice. *Physical Therapy.* 2010;90:1453-1467.
11. Ingram D, Roesch R. *Physical Therapist Clinical Education Models — Overview.* Federation of State Board of Physical Therapy;2012.
12. Manns PJ, Norton AV, Darrah J. Cross-Sectional Study to Examine Evidence-Based Practice Skills and Behaviors of Physical Therapy Graduates: Is There a Knowledge-to-Practice Gap? *Physical Therapy.* 2015;95:568-578.
13. James G. Modeling diagnosis in physical therapy: a blackboard framework and models of experts and novices. *Ergonomics.* 2007;50:335-351.
14. Jette DU, Bertoni A, Coots R, Johnson H, McLaughlin C, Weisbach C. Clinical Instructor's perceptions of behaviors that comprise entry-level clinical performance in physical therapist students: a qualitative study. *Physical Therapy.* 2007;87:833-843.
15. Hayes KW, Huber G, Rogers J, Sanders B. Behaviors that cause clinical instructors to question the clinical competence of physical therapist students. *Physical Therapy.* 1999;79:653-671.
16. May S, Withers S, Reeve S, Greasley A. Limited clinical reasoning skills used by novice physiotherapists when involved in the assessment and management of patients with shoulder problems: a qualitative study *The Journal of Manual & Manipulative Therapy.* 2010;18:84-88.
17. King G, Currie M, Bartlett DJ, et al. The development of expertise in pediatric rehabilitation therapists: Changes in approach, self-knowledge, and use of enabling and customizing strategies *Developmental Neurorehabilitation.* 2007;10:223-240.
18. King G, Currie M, Bartlett DJ, Strachan D, Tucker MA, Willoughby C. The development of expertise in paediatric rehabilitation therapists: the roles of motivation, openness to experience, and types of caseload experience. *Australian Occupational Therapy Journal.* 2008;55:108-122.
19. Creswell JW, Clark VLP. *Designing and Conducting Mixed Methods Research.* Thousand Oaks: Sage Publications; 2007.
20. American Physical Therapy Association. *Code of ethics for the physical therapist.* Alexandria, VA: American Physical Therapy Association;2009.
21. American Physical Therapy Association. *A Normative Model of Physical Therapist Professional Education.* Alexandria, VA: American Physical Therapy Association; 2004.
22. Gazsi CC, Nof L, Rone-Adams S. Do physical therapist employers, faculty, and clinical instructors have the same expectations of new DPT graduates in outpatient practice? Paper presented at: Combined Sections Meeting2015; Indianapolis, IN
23. Daniel T, Kostic B. RSTATS Chi Square Calculator Missouri State University 2015.

© The Internet Journal of Allied Health Sciences and Practice, 2019

24. American Physical Therapy Association. *Physical Therapist Member Demographic Profile 2013.* Alexandria, VA: American Physical Therapy Association;2013.
25. United States Department of Commerce GD. *Census regions and divisions of the United States.* United States Census Bureau;2011.
26. Pew Research Center. *Millennials: Confident. Connected. Open to Change* 2010.
27. Hayward LM, Black LL, Mostrom E, Jensen GM, Ritzline PD, Perkins J. The first two years of practice: a longitudinal perspective on the learning and professional development of promising novice physical therapists. *Physical Therapy.* 2013;93(3):369-383.

Table 1: Demographics of Survey

	Total N (%)	CI n (%)	PTE n (%)	PTF n (%)
Participants	399	206	65	128
Gender				
Female	303 (75.9%)	160 (77.7%)	49 (75.4%)	94 (73.4%)
Male	96 (24.1%)	46 (22.3%)	16 (24.6%)	34 (26.6%)
Age in years				
Mean/Range	43.1 (25-67)	38.4 (25-63)	46.3 (30-66)	48.9 (28-67)
Experience in years				
Mean/Range	18.9 (2-45)	12.7 (1-40)	22.7 (8-44)	24.7 (2-44)
Median	17	11	22.5	24
Entry-level degree				
Post Bac Certificate	11 (0.03%)	3 (1.5%)	2 (3.1%)	6(4.7%)
BS	157 (39.3%)	52 (25.2%)	40 (61.5%)	65 (50.1%)
MS	144 (36.1%)	76 (36.9%)	21 (32.3%)	47 (36.7%)
DPT	87 (21.8%)	75 (36.4%)	2 (3.1%)	10 (2.3%)
Highest earned degree				
BS	50 (12.5%)	31 (15.1%)	18 (27.7%)	1 (0.008%)
MS	102 (25.6%)	62 (30.1%)	25 (38.5%)	15 (11.7%)
DPT	176 (44.1%)	113 (54.8%)	19 (29.2%)	44 (34.4%)
PhD (or equivalent)	71 (17.8%)	0	3 (4.6%)	68 53.1%)
Country of entry-level degree				
US	386 (96.7%)	204 (99.0%)	61 (95.4%)	121 (94.5%)
Australia	1 (0.3%)	0	0	1 (0.8%)
Ireland	1 (0.3%)	0	0	1 (0.8%)
India	3 (0.8%)	1 (0.5%)	0	2 (1.6%)
Philippines	6 (1.5%)	1 (0.5%)	3 (4.6%)	2 (1.6%)
Canada	1 (0.3%)	0	0	1 (0.8%)
Argentina	1(0.3%)	0	1 (1.5%)	0

© The Internet Journal of Allied Health Sciences and Practice, 2019

Table 2: All Characteristics Ranked by Clinical Instructors (CI), Employers (PTE), and Faculty (PTF) Combined Stakeholders with Statistical Differences Among the 3 Stakeholder Groups

Characteristic	Rank	No.	All Stakeholders, %	CI	PTE	PTF	X^2_{2df}	*P*
Safe	1	392	88.27	174 (86.6%) (n=201)	57 (87.7%) (n=65)	118 (91.3%) (n=126)	1.67836	0.43206
Reliable	2	399	83.42	165 (80.1%) (n=206)	57 (87.5%) (n=65)	111 (86.7%) (n=128)	3.42141	0.18074
Integrity	3	392	78.57	151 (74.8%) (n=202)	52 (81.3%) (n=64)	105 (83.3%) (n=126)	3.71947	0.15571
Ethical	4	394	78.43	151 (74.8%) (n=202)	50 (76.9%) (n=65)	108 (84.4%) (n=127)	4.98086	0.08287
Responsible	5	393	77.35	152 (75.3%) (n=202)	57 (87.7%) (n=65)	95 (75.4%) (n=126)	4.75301	0.09287
Teachable	6	398	76.63	154 (75.2%) (n=205)	51 (78.5%) (n=65)	99 (77.3%) (n=128)	0.27734	0.87051
Recognition of Red Flags	7	392	76.28	153 (76.1%) (*n*=201)	41 (63.1%) (*n*=65)	105 (83.3%) (*n*=126)	9.728*	0.007
Respectful	8	384	71.88	141 (68.5%) (n=206)	49 (76.6%) (*n*=64)	92 (74.8%) (*n*=123)	2.30684	0.31556
Motivated	9	399	70.18	140 (68.0%) (*n*=206)	53 (81.5%) (*n*=65)	87 (68.0%) (*n*=128)	4.79036	0.09116
Inquisitive	10	399	70.18	122 (59.2%) (*n*=206)	34 (53.13%) (*n*=64)	84 (66.14%) (*n*=127)	3.28696	0.19331
Dedicated	11	397	68.51	133 (64.88%) (*n*=205)	47 (72.31%) (*n*=65)	92 (72.4%) (*n*=127)	2.5978	0.27283
Patient-centered	12	392	68.11	129 (64.5%) (*n*=200)	49 (75.1%) (*n*=65)	89 (70.41%) (*n*=127)	3.01042	0.22197
Appropriately Cautious	13	388	65.98	125 (62.81%) (*n*=199)	44 (67.7%) (*n*=65)	87 (70.2%) (*n*=124)	1.939	0.3792
Communication	14	386	63.47	123 (62.1%) (*n*=198)	38 (59.4%) (*n*=64)	84 (67.74%) (*n*=124)	1.59427	0.45062
Team Player	15	384	62.5	120 (60.6%) (*n*=198)	49 (76.6%) (*n*=64)	71 (58.2%) (*n*=122)	6.667*	0.0357
Compassionate	16	394	61.17	124 (61.39%) (*n*=202)	40 (61.17%) (*n*=65)	78 (61.42%) (*n*=127)	0.0447	0.9779

© The Internet Journal of Allied Health Sciences and Practice, 2019

Characteristic	Rank	No.	All Stakeholders, %	CI	PTE	PTF	X^2_{2df}	P
Initiative	17	398	60.80	115 (56.1%) (*n*=205)	43 (66.2%) (*n*=65)	84 (65.63%) (*n*=128)	3.934	0.13986
Competent	18	389	60.41	118 (59.0%) (*n*=200)	36 (55.4%) (*n*=65)	81 (65.32%) (*n*=124)	2.104	0.3493
Critical Thinker	19	389	58.87	102 (51.3%) (*n*=199)	41 (63.1%) (*n*=65)	86 (68.8%) (*n*=125)	10.329*	0.005
Problem Solver	20	389	57.33	99 (49.7%) (*n*=199)	38 (58.5%) (*n*=65)	86 (68.8%) (*n*=125)	11.432*	0.003
Flexible	21	385	56.10	106 (53.81%) (*n*=197)	26 (40.91%) (*n*=64)	66 (53.23%) (*n*=124)	4.995	0.0823
Punctual	22	385	50.13	93 (46.97%) (*n*=198)	34 (53.13%) (*n*=64)	65 (52.85%) (*n*=123)	1.68556	0.43051
Professional Appearance	23	385	44.42	86 (43.43%) (*n*=198)	29 (46.03%) (*n*=63)	56 (45.2%) (*n*=124)	0.1718	0.91768
Knowledgeable	24	388	40.46	77 (38.69%) (*n*=199)	27 (41.54%) (*n*=65)	53 (42.7%) (*n*=124)	0.557	0.7568
Clinical Excellence	25	389	39.59	69 (34.67%) (*n*=199)	33 (50.81%) (*n*=65)	52 (41.6%) (*n*=125)	5.619	0.0602

*Critical Value $_{(.05)}X^2_{2df}$=5.991, *p*=.05.
%= percent ranking characteristic importance level

Table 3: Are Students Meeting Expectations?

	All (%) 386	CI (%) 198	PTE (%) 64	PTF (%) 124	X^2_{2df}	p
Yes	318 (82.4%)	160 (80.8%)	48 (75%)	110 (88.75)	**6.162***	**0.04591**
No	68 (17.6%)	38 (19.2%)	16 (25%)	14 (11.35)		

*Critical Value $_{(.05)}X^2_{2df}$=5.991, *p*=.05.

Table 4: Themes for Meeting and Not Meeting Expectations

Themes	Number and % of participants identifying the following themes		
Themes for Meeting Expectations			
	CI (%)	PTE (%)	PTF (%)
Seeks assistance	14/69 (20.3)	2/27 (7.4)	3/22 (13.6)
Team player	8/69 (11.6)	5/27 (18.5)	3/22 (13.6)
Knowledge (and skills)	24/69 (34.8)	8/27 (29.6)	7/22 (31.8)
Willingness/eager to learn -accepts feedback -self-directed learner	35/69 (50.7)	12/27 (44.5)	8/22 (36.4)
Problem-solve/critical thinker	8/69 (11.6)	4/27 (14.8)	5/22 (22.7)
Professional	7/69 (10.1)	4/27 (14.8)	3/22 (13.6)
Safe	1/69 (1.5)	2/27 (7.4)	2/22 (9.1)
Interactions/people skills -communication skills	2/69 (2.9)	4/27 (14.8)	2/22 (9.1)
Patient-centered	3/69 (4.4)	5/27 (18.5)	5/22 (22.7)
Ethical	3/69 (4.4)	0/27 (0)	3/22 (13.6)
Motivated	7/69 (10.1)	2/27 (7.4)	1/22 (4.5)
Evidence-based practice	5/69 (7.3)	2/27 (7.4)	4/22 (18.2)
Themes for Not Meeting Expectations			
Ego, cocky, over confident, not respectful of experience, expecting higher pay for DPT	7/35 (20)	5/13 (38.5)	1/12 (8.4)
Not a team player	1/35 (2.9)	0/13 (0)	1/12 (8.4)
Lack of knowledge (and skills)	21/35 (60)	4/13 (30.8)	2/12 (16.7)
Not willing/eager to learn -rejects feedback -dependent learner	8/35 (22.9)	2/13 (15.4)	0/12 (0)
Lack of problem-solving/critical thinking -	13/35 (37.1)	1/13 (7.7)	2/12 (16.7)
Unprofessional dress, lack of professionalism, responsibility x 2, altruism, and accountability	0/35 (0)	1/13 (7.7)	3/12 (25)
Poor interactions/people skills -poor communication skills	4/35 (11.4)	2/13 (15.4)	1/12 (8.4)
Lack of patient-centered focus	0/35 (0)	0/13 (0)	1/12 (8.4)
Entitled, demanding/expecting respect instead of earning	1/35 (2.9)	4/13 (30.8)	1/12 (8.4)
Job vs career (poor work ethic)	3/35 (8.6)	1/13 (7.7)	5/12 (41.7)

APPENDIX 1: Survey Instrument

You are invited to participate in a research study to determine important entry-level expectations in acute care and to determine if current graduates are meeting your entry-level expectations. You are invited to participate in this study because you are a physical therapy (PT) classroom teacher (PTF), a clinical instructor of PT students (CI), or hire new graduate PTs to work in acute care. By completing this survey, you agree to participate. The survey will collect information about your education and work experience, ask you to rank the importance of entry-level characteristics of new Doctor of Physical Therapy (DPT) graduates, and ask if new DPT graduates are or are not meeting your expectations. Survey completion should take less than 10 minutes.

Risks /Benefits to the Participant: There are no direct benefits to you from participating in the study. An indirect benefit from your participation may be a better understanding of expectations of new DPT graduates.

There are minimal risks to you. You may feel slight stress answering the survey questions, such as when you are asked to rank the list of expectations. There are no physical risks involved. If you have any concerns about the risks or benefits of participating in this study, you can contact the researchers, or the university's human research oversight board (the Institutional Review Board or IRB) at the numbers indicated above.

Costs and Payments to the Participant: There are no costs to you or payments made for participating in this study.
Confidentiality and Privacy: Your confidentiality will be kept to the degree permitted by the technology being used. No guarantees can be made regarding the interception of data sent via the Internet by any third parties. The data collected by the survey will not be identifiable to any participants. All survey responses will be kept in an electronic file in the researchers' password protected computers. Only the researchers may view individual survey responses. After the study has been completed, electronic files of survey responses will be saved by the researchers for a 36 month minimum after the end of the study. All information obtained in this study is strictly confidential unless disclosure is required by law. The university's human research oversight board, the Institutional Review Board (IRB) and regulatory agencies may review research records.

Protected Health Information (PHI): This study does not require the disclosure of any PHI.

Participant's Right to Withdraw from the Study: You have the right to refuse to join or leave this study at any time without penalty. If you choose to leave this study, your data will be kept for the length of this study plus 36 months.

Voluntary Consent by Participant: You have read the preceding description and consent, and fully understand the content of this document and voluntarily consent to participate in the research study entitled "Expectations of Physical Therapist Employers, and Academic and Clinical Faculty Regarding Entry-level Knowledge, Skills, and Behavior of Physical Therapist Graduates in Acute Care." All of your questions concerning the research have been answered. If you have any questions about this study they will be answered by the researchers. Completion and submission of the survey implies your consent to participate in this research. This consent ends at the conclusion of this study.

Dr. Claudia Gazsi, Lebanon Valley College, Physical Therapy Program, gazsi@lvc.edu
Dr. Leah Nof, Nova Southeastern University, Physical Therapy Program, nofl@nova.edu
Dr. Shari Rone-Adams, Nova Southeastern University, Physical Therapy Program, srone@nova.edu
Dr. Debra Stern, Nova Southeastern University, Physical Therapy Program, stern@nova.edu

IRB, Lebanon Valley College, IRB@lvc.edu (03-14-2014)
IRB, Nova Southeastern University, Office of Grants and Contracts,(954)262-5369, IRB@nsu.nova.edu (#CHCS-SC-03-2014-4)

*1. What is your professional discipline?
- A. PT
- B. PTA
- C. Other
- D. Other (please specify)

*2. Which of the following best describes your current job function?
- A. Physical therapist educator
- B. Physical therapy or rehab manager/director
- C. Physical therapist providing patient care
- D. Physical therapist assistant providing patient care

*3. In your current position, do you have management responsibilities (e.g. administrative oversight of a facility or department)?
- A. Yes
- B. No

*4. How long have you had management or supervisory responsibilities?
- A. Less than one year
- B. One year or longer

*5. In your current position, do you have hiring responsibilities (make or recommend hiring decisions)?
- A. Yes
- B. No

*6. Which of the following best describes the type of academic institution in which you currently do all or most of your work (primary position)?
- A. Public, DPT entry-level, > 1 cohort graduated
- B. Public, DPT entry-level, no program graduates
- C. Private, DPT entry-level, >1 cohort graduated
- D. Private, DPT entry-level, no program graduates

*7. Which of the following best describes the type of patient care facility in which you currently do all or most of your work (your primary position)?
- A. Acute care/inpatient – adult focus
- B. Acute care/inpatient – pediatric focus
- C. Acute/sub-acute rehab
- D. Other practice setting
- E. Other (please specify)

*8. Which of the following best describes the ownership of the patient care facility in which you currently do all or most of your work (your primary position)?
- A. For profit acute care facility (corporate ownership)
- B. Not-for-profit acute care facility (private ownership)

*9. Describe the type of diagnoses typically receiving care at your facility.

	<25%	25-49%	50-74%	>75%
Musculoskeletal				
Neuromuscular				
Cardiovascular pulmonary				
Integumentary				

*10. How many times have you been the primary Clinical Instructor (CI) or Co-CI for a physical therapist student in their final clinical affiliation or internship?

© The Internet Journal of Allied Health Sciences and Practice, 2019

A. Never
B. 1-2 times
C. More than 2

*11. How long have you been employed in this setting (e.g. education, patient care, physical therapy/rehab manager/director)? If you have changed employers/facilities in the past 12 months yet primary job function remained the same, answer one year or longer.

A. Less than one year
B. One year or longer

*12. What was your first (entry-level) physical therapy degree, prior to taking the licensure exam?

A. Baccalaureate degree
B. Post baccalaureate certificate
C. Master's degree
D. DPT
E. Other
F. Other (please specify)

*13. What is the highest earned degree (or degrees) you hold in any area of study? (Select only one.)

A. Baccalaureate degree
B. Master's degree
C. PhD (or equivalent, e.g., EdD or ScD)
D. DPT
E. Other
F. Other (please specify)

*14. What year did you receive your first (entry-level) physical therapy degree? (Provide month and year if known in the following form: MM/YYYY.)

____

*15. Where did you receive your first (entry-level) degree?

A. United States
B. Other (please specify)

*16. In which state do you currently practice?

State: ______________

*17. Please indicate your gender.

A. Female
B. Male

*18. Please indicate your age in years at your last birthday.

____

Carefully read the definitions for each of the characteristics prior to ranking their importance. Please rank ALL characteristics. Entry-level denotes the new graduate defined as a physical therapist who has recently graduated and earned the DPT degree and has been employed for 90 days or less.

*19. Indicate your ranking of importance of the characteristics for entry-level practice listed below. Use the text box to justify ratings of unimportant or highly unimportant.

	Very Unimportant	Unimportant	Neither Important nor Unimportant	Important	Very Important

RELIABLE - Does what he/she says they will do and does a good job/ownership of actions, asks for help when needed; completes assigned tasks in timely manner.					
MOTIVATED - Eager to learn from all experiences/experienced peers, never settles for status quo/current knowledge; goal oriented skill development; seeks information independently; hard worker, carries full load in 3-4 months, accommodates patient's schedule; progresses patients/programs based on learning.					
INQUISITIVE - Seeks further knowledge/learning experiences, researches when needed; not afraid to ask questions (not embarrassed). Realizes always something to learn, initiative to further education through cont. ed., specialization, residency, evidence/literature related to patient care, yet too early to assess 'life-long' commitment.					
TEACHABLE - Willing to adapt to clinic's practices and learn from those around; not set in their ways; open to performance feedback, constructive criticism/other expertise/new approaches.					
INITIATIVE - Self-starter, sees what needs to be done without being asked or told, proactive in process improvement opportunities to provide good customer service and smooth health care process; looks for clinical/ operational answers independently, seeks own learning opportunities to grow professionally.					
DEDICATED - Strong work ethic; takes time to perform job well, specifically patient care without watching a clock; finishes the task related to patient care; Committed to organization's mission, profession, professional growth.					

20. Please provide justification for "very unimportant" or "unimportant" rankings in this group.
   A. Reliable
   B. Motivated
   C. Inquisitive
   D. Teachable
   E. Initiative
   F. Dedicated

Carefully read the definitions for each of the characteristics prior to ranking their importance. Please rank ALL characteristics. Entry-level denotes the new graduate defined as a physical therapist who has recently graduated and earned the DPT degree and has been employed for 90 days or less.

*21. Indicate your ranking of importance of the characteristics for entry-level practice listed below. Use the text box to justify

ratings of unimportant or highly unimportant.

	Very Unimportant	Unimportant	Neither Important nor Unimportant	Important	Very Important
ETHICAL - Applies legal and profession's ethical standards for patient/practice management, including under pressure/in dilemma.					
ETHICAL - Applies legal and profession's ethical standards for patient/practice management, including under pressure/in dilemma.					
INTEGRITY - Doing what is right, without self-interest, even when difficult. Abiding by moral and ethical codes of conduct in all aspects of PT practice; going beyond bare minimum expectations.					
COMPASSIONATE - Demonstrates concern/respect and dignity for all; genuine understanding/ability to relate to patient's problem ('in their shoes') while remaining independent of patient's problem and not meeting individual needs; willing to help others as needed.					
RESPONSIBLE - Can be counted on to do what needs to be done; meets expectations/completes job duties/job description independently; care of their patients, advocate for their patients.					
PATIENT CENTERED - Listens and establishes specific individual plan of care to meet patient needs; facilitates patient/ situation to desired outcome.					

22. Please provide justification for "very unimportant" or "unimportant" rankings in this group.
   A. Ethical
   B. Integrity
   C. Compassionate
   D. Responsible
   E. Patient-centered

Carefully read the definitions for each of the characteristics prior to ranking their importance. Please rank ALL characteristics. Entry-level denotes the new graduate defined as a physical therapist who has recently graduated and earned the DPT degree and has been employed for 90 days or less.

*23. Indicate your ranking of importance of the characteristics for entry-level practice listed below. Use the text box to justify ratings of unimportant or highly unimportant.

	Very Unimportant	Unimportant	Neither Important nor Unimportant	Important	Very Important
SAFE - Safe patient care/practice and decision making - knows when to ask for help; utilizes good body mechanics to					

protect self.					
RECOGNITION OF RED FLAGS TO PT - Use of differential diagnosis skills to identify contraindications/indications for PT and refer to another medical provider as needed.					
COMPETENT - Entry-level psychomotor/ technical skills and knowledge of patient care skills (exam, POC, interventions, manual skills, documentation) to meet patient's needs/standard of care, without supervision; ready to get to work.					
APPROPRIATELY CAUTIOUS - Aware of limitations, seeks assistance and clarification from colleagues when needed, especially regarding patient safety issues and if chosen treatment is optimal; to examine/treat unfamiliar diagnoses.					

24. Please provide justification for "very unimportant" or "unimportant" rankings in this group.
    A. Safe
    B. Recognition of red flags to PT
    C. Competent
    D. Appropriately cautious

Carefully read the definitions for each of the characteristics prior to ranking their importance. Please rank ALL characteristics. Entry-level denotes the new graduate defined as a physical therapist who has recently graduated and earned the DPT degree and has been employed for 90 days or less.

*25. Indicate your ranking of importance of the characteristics for entry-level practice listed below. Use the text box to justify ratings of unimportant or highly unimportant.

	Very Unimportant	Unimportant	Neither Important nor Unimportant	Important	Very Important
CLINICAL EXCELLENCE - Commitment to provide the “best care”; uses appropriate outcome tools. Good clinical skills; positive outcomes; effective.					
KNOWLEDGEABLE - Current academic and clinical foundational knowledge to build on; patient/client management medical knowledge of precautions to handle non-complex cases independently, assistance required for moderate to highly complex cases; strong theory foundation for critical thinking/problem solving.					
PROBLEM SOLVER - Analyzes data and synthesizes for logical patient management decisions (determine POC and appropriate progression), includes thinking on one's feet. Defines problem, looks for and implements solutions when in conflict, asks for assistance if needed; demonstrates sound rationale for all decisions.					

CRITICAL THINKER - Analyzes issues/applies evidence using scientific method; able to assess own thinking and identify flaws in thinking for effective problem-solving; able to self-critique personal performance.					

26. Please provide justification for "very unimportant" or "unimportant" rankings in this group.
    A. Clinical excellence
    B. Knowledgeable
    C. Problem solver
    D. Critical thinker

Carefully read the definitions for each of the characteristics prior to ranking their importance. Please rank ALL characteristics. Entry-level denotes the new graduate defined as a physical therapist who has recently graduated and earned the DPT degree and has been employed for 90 days or less.

*27. Indicate your ranking of importance of the characteristics for entry-level practice listed below. Use the text box to justify ratings of unimportant or highly unimportant.

	Very Unimportant	Unimportant	Neither Important nor Unimportant	Important	Very Important
PROFESSIONAL - Appearance: appropriate dress/grooming.					
COMMUNICATION - Articulates clear verbal and written message and gauges non-verbal communication to appropriate level for audience – patients, peers, health care team, in all venues; includes active listening/focus on a discussion.					
RESPECTFUL - Respect for patient/family wishes, value and experience of peers/superiors and other members of health care team.					
PUNCTUAL - On time with documentation and attendance.					
FLEXIBLE - Quickly adapts to practice settings/situations to meet scheduling/staffing needs, team/patient needs, and modifies patient care.					
TEAM PLAYER - Works well with others to achieve system goals; enjoys collaboration, supports colleagues; appreciates/respects interdisciplinary team similarities/differences/overlap with PT scope of practice.					

28. Please provide justification for "very unimportant" or "unimportant" rankings in this group.
    A. Professional
    B. Communication
    C. Respectful
    D. Punctual
    E. Flexible

F. Team player

The new graduate is defined as a physical therapist who has recently graduated and earned the DPT degree and has been employed for 90 days or less.

*29. Are current Doctor of Physical Therapy graduates meeting your expectations?
A. Yes
B. No

30. If new Doctor of Physical Therapy graduates are meeting your expectations, please explain how or why they are meeting your expectations. The new graduate is defined as a physical therapist who has recently graduated and earned the DPT degree and has been employed for 90 days or less.

____

____

31. If new Doctor of Physical Therapy graduates are NOT meeting your expectations, please explain how or why they are NOT meeting your expectations. The new graduate is defined as a physical therapist who has recently graduated and earned the DPT degree and has been employed for 90 days or less.

____

____

© The Internet Journal of Allied Health Sciences and Practice, 2019