



2001

# Physical Therapy Alumni Survey

Laurie Holte  
*University of North Dakota*

Follow this and additional works at: <https://commons.und.edu/pt-grad>



Part of the [Physical Therapy Commons](#)

---

## Recommended Citation

Holte, Laurie, "Physical Therapy Alumni Survey" (2001). *Physical Therapy Scholarly Projects*. 220.  
<https://commons.und.edu/pt-grad/220>

This Scholarly Project is brought to you for free and open access by the Department of Physical Therapy at UND Scholarly Commons. It has been accepted for inclusion in Physical Therapy Scholarly Projects by an authorized administrator of UND Scholarly Commons. For more information, please contact [zeinebyousif@library.und.edu](mailto:zeinebyousif@library.und.edu).

PHYSICAL THERAPY ALUMNI SURVEY

by

Laurie M. Bares Holte  
Bachelor of Science in Physical Therapy  
University of North Dakota, 2000

An Independent Study

Submitted to the Graduate Faculty of the

Department of Physical Therapy

School of Medicine

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Master of Physical Therapy

Grand Forks, North Dakota

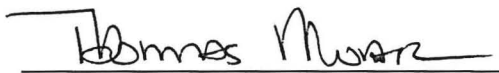
May  
2001



This Independent Study, submitted by Laurie M. Bares Holte in partial fulfillment of the requirements for the Degree of Master of Physical Therapy from the University of North Dakota, has been read by the Faculty Preceptor, Advisor, and Chairperson of Physical Therapy under whom the work has been done and is hereby approved.

  
\_\_\_\_\_  
(Faculty Preceptor)

  
\_\_\_\_\_  
(Graduate School Advisor)

  
\_\_\_\_\_  
(Chairperson, Physical Therapy)

PERMISSION

Title                    Physical Therapy Alumni Study

Department            Physical Therapy

Degree                 Master of Physical Therapy

In presenting this Independent Study Report in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, I agree that the Department of Physical Therapy shall make it freely available for inspection. I further agree that permission for extensive copying for scholarly purposes may be granted by the professor who supervised my work or, in her absence, by the Chairperson of the department. It is understood that any copying or publication or other use of this independent study or part thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be give to me and the University of North Dakota in any scholarly use which may be made of any material in my Independent Study Report.

Signature     *Laurie Holte*    

Date     12/20/00



## TABLE OF CONTENTS

LIST OF FIGURES .....	vi
LIST OF TABLES .....	vii
ACKNOWLEDGMENTS .....	viii
ABSTRACT .....	ix
CHAPTER	
I    INTRODUCTION .....	1
Problem Statement .....	2
Purpose of the Study .....	2
Significance of the Study .....	3
II   LITERATURE REVIEW .....	5
Outcomes Assessment .....	5
University of North Dakota Department of Physical Therapy	9
III  METHODOLOGY .....	14
Subjects .....	14
Instruments .....	14
Procedures .....	15
Data Analysis .....	15
Data Reporting .....	16
IV  RESULTS .....	17

	Respondent Demographics .....	17
	Education Demographics .....	18
	Employment Demographics .....	20
V	DISCUSSION AND CONCLUSION .....	31
	The Results .....	32
	UND-PT Education .....	40
	Conclusion .....	41
	APPENDIX A .....	42
	APPENDIX B .....	48
	REFERENCES .....	50

## LIST OF FIGURES

Figure		Page
1.	Generalist with a rural emphasis .....	10
2.	Program development protocol .....	12
3.	Outcome assessments for program development .....	13

## LIST OF TABLES

Table		Page
1.	Number and Percentages of Alumni Respondents by Graduation Year .....	19
2.	Primary States in Which Alumni are Employed .....	20
3.	Primary Facility Types in Which Alumni are Employed .....	22
4.	Primary Positions Held by Alumni .....	23
5.	Alumni Salaries Categorized by Positions Held .....	24

## ACKNOWLEDGMENTS

I would like to thank my parents, Richard and Peggy, as well as my husband, Rick, for all of their faith, love, and support in the last three years and always. I would not be where I am without the three of you.

I would also like to thank Renee Mabey, Ph.D., P.T., for all of her input and assistance with this independent study and for always asking “How are you doing?”. Your care and concern was much appreciated.

Thank you to Alyson White, typist.

Finally, thank you to all of the faculty and staff of the University of North Dakota Department of Physical Therapy. I will leave here a well-educated therapist and a better person than I was when I entered PT school three years ago. I owe a great deal of that to all of you. My sincerest appreciation for all that you do.

## ABSTRACT

This alumni survey on which this independent study is based was developed and distributed by the University of North Dakota Department of Physical Therapy (UND-PT) as an outcomes assessment tool for program evaluation. The results will be used by the faculty to determine the answer to these three research questions: who are the UND-PT alumni as related to their practice patterns, what is the future of physical therapy as a profession, and how effective is the UND-PT program in educating proficient entry-level therapists. With this information, the department will be able to make curriculum modifications and be better prepared to meet the needs of future physical therapy education. This self study will also be used, in part, to meet accreditation standards set by the Commission on Accreditation of Physical Therapy Education (CAPTE), as the program is up for reaccreditation in 2003.

The survey was sent to 942 alumni of the UND-PT program spanning from its first graduating class in 1970n to the class of 1998. It was a voluntary survey which consisted of six sections of questions which directly related to the three research questions previously mentioned. The data were analyzed and the results are depicted within this independent study.

There were 592 surveys returned for a response rate of 63%. Of these respondents, 72% were female. Forty-four percent hold a Master's degree or

higher. Approximately 37% have some type of specialty certification. Although 42 states employ UND-PT alumni, over 50% of them are employed in the upper Midwest. The majority of the alumni work in hospital settings, are salaried employees, and treat mostly the orthopedic population. Forty-nine percent are APTA members.

Within their own facilities, respondents foresee changes in the number of personnel, either an increase (most prevalent among responses) or a decrease of PTs and PTAs on staff, as well as a department or facility expansion within the next five years. Within the profession in general, respondents foresee a decrease in the number of job openings, a decrease in third-party reimbursements, and diversification within the field.

The alumni reported being satisfied with their education. Ninety-eight percent of them rated the academic and clinical preparation that they received within the UND-PT program as being good to excellent.

The information collected through this alumni survey will be valuable to the UND-PT Department, filling a vital piece of the whole within program evaluation and development. Current curriculum may be retained or discarded as a result. As an outcomes assessment, this process is multidimensional and ongoing.

## CHAPTER I

### INTRODUCTION

Assessment by definition is the act of critically analyzing and judging definitively the nature, significance or value, status, or merit of a person or thing.<sup>1</sup> In this case, the "thing," or rather the subject in question, is the assessment of a higher education program.

There are several reasons for conducting assessment in higher education. For example, there is the need "to demonstrate and improve program quality, to furnish evidence of accountability, to define a unique mission, to bolster declining enrollment through effective recruitment and retention strategies, and to evaluate the effectiveness of innovations."<sup>2(p)</sup>

Educational programs are evaluated according to standards. "A standard is a principle mutually agreed to by people engaged in a professional practice, that, if met, will enhance the quality and fairness of that professional practice."<sup>3(p)</sup> The standards of higher education are constantly being evaluated, reassessed, and modified, in response to changes within the given profession and within society. The complexity of the world around us demands it. Nowhere does this hold truer than in the health care profession. As a health care professional, more specifically, as a physical therapist, one is challenged daily by the cutting



edge of technology, the appearance of more acutely ill patients, and by the decline of insurance reimbursement for services, to name a few.

Because of the many challenges new graduates will face, higher education must take a proactive position, continually monitoring societal changes, and preparing for the future. Program assessment is vital as higher education is responsible and accountable for the preparation of these students as they enter the work force.

#### Problem Statement

Higher education must be ready to embrace changes within society and the profession and incorporate the ability to formulate solutions to these and many other challenges into the knowledge base of its students. To do this, the education program must delineate and be responsive to a changing profession. The problems or shortcomings must be identified and changes implemented. Satisfaction of the student, the professional, the health care facility, the patient, and the community must be met.

#### Purpose of the Study

The purpose of this study is to determine the success of the University of North Dakota Physical Therapy Alumni as related to employment and practice patterns, to gain insight into the profession of physical therapy as it stands today and in the future, as well as to evaluate the University of North Dakota Physical Therapy (UND-PT) program and curriculum through the alumni perspective.

### Significance of Study

The significance of this study is three-fold. First of all, the department would like to know its alumni with regard to their practice patterns. Have they been able to find jobs and, if so, in what types of facilities? Are they working full time, and what kind of salaries are they bringing in? How have their positions and salaries changed relative to managed care? All of this information is valuable in giving an accurate depiction of the job market within the field today and can be used to make adjustments and changes within the educational system for graduates to come.

Secondly, there is significance found in respondent insight to the future of the profession. Where will physical therapy be in five years? This information will give the program direction in planning for the future.

Lastly, satisfaction of the UND-PT program, as cited by alumni from the 1997 and 1998 graduating classes, will be used by the department to evaluate and modify future curriculum. Focus of this evaluation will be on whether or not the education that the students are receiving at UND is meeting their needs as they are entering the work force.

This alumni study will also be used as a partial requirement for program accreditation in 2003 by the Commission on Accreditation of Physical Therapy Education (CAPTE).<sup>4</sup> Areas of change from the alumni survey of 1994, gathered in conjunction with the accreditation of that year, although not addressed in this thesis, will be the focus of the department in determining where curriculum changes may be in the best interest of the student. Outcomes assessment,

which will be discussed shortly, is a large part of the development of a program, and therefore is closely evaluated.

## CHAPTER II

### LITERATURE REVIEW

The literature review will delineate outcomes assessment as a tool for higher education evaluation as well as introduce the reader to the University of North Dakota Physical Therapy Program (UND-PT). The core curriculum of this program is one of the three main focuses of the alumni survey, on which this student's independent study is based.

#### Outcomes Assessment

Education standards are assessed in a number of ways. The most common method is through outcomes assessment.<sup>5</sup> Whether or not an educational program is achieving its goals can be evaluated through its outcomes. Are its graduates knowledgeable, employable, proficient, and successful? These questions can be answered by various forms of outcomes assessment tools as delineated shortly. Outcomes assessment may be either short or long term.<sup>6</sup> Short term data are much easier to collect and to link back to outputs that can be controlled by institutional decision makers. However, because outcomes assessment is most valuable when monitored over time, long term outcomes have the greatest potential for influencing public perception of the value of higher education as a whole. In a 1992 publication by the American Association for Higher Education, *The 9 Principles for Good Practice for*

*Assessing Student Learning*,<sup>7</sup> Principle 2 states: *Assessment is most effective when it reflects an understanding of learning as multidimensional, integrated, and revealed in performance over time. Principle 5: Assessment works best when it is ongoing, not episodic.* Thus, assessment experts recommend that students be tracked over time to achieve the most effective and valid results. Outcome studies may use subjects who are aware or unaware, depending upon the objectives of the study.<sup>6</sup> They may use direct or indirect methods, and they may have results that are intended or unintended. Outcomes to be assessed should be consistent with the program's mission and objectives.<sup>2</sup>

Outcomes assessment of institutions and their programs really did not get going until about the mid 1970s with groups such as the Joint Committee on Standards, which maintained their focus on the evaluation of programs, projects, and materials.<sup>6</sup> Another group, the National Center for Higher Education Management Systems (NCHEMS), also “began an effort to define and measure the outcomes of higher education.”<sup>6(p23)</sup> Regarding this subject, the president of NCHEMS said in 1977:<sup>6(p23)</sup>

Certainly it is necessary to measure impacts of higher education even if some embarrassments result. If higher education is in fact doing less than an adequate job with the resources it is granted, the first step toward impelling and motivating forward movement is to document the shortcomings, and there will be shortcomings. But, if the ability is acquired to measure comprehensively the wide range of the outcomes of higher education, the shortcomings will

be overwhelmed by the documentation of an array of benefits of every sort which now, in varying degrees, go unacknowledged.

The Standards set by the Joint Committee were reevaluated and updated in 1989 and provide a working philosophy for evaluation.<sup>6</sup> Although these standards alone cannot ensure quality of any evaluation, the joint committee is confident that the standards will continue to be useful in the conduction of sound, feasible, and ethical program evaluations.

There are many means of assessment that institutions will use to analyze student/program/institution outcomes, such as by grading and reporting of results, standardized exams, licensure exams, and self studies, just to name a few.<sup>8</sup> One such mean of self study is an attitudinal assessment.

Although an institution cannot teach students everything that they will need to know in their profession for the rest of their lives, they will, however, leave strong impressions, or attitudes, towards the field as well as towards the institution at which they have been instructed.<sup>8</sup> The determination of the students' attitudes about their field, their courses of study, as well as the effectiveness of the institution, are often analyzed through graduating student surveys. These surveys can be either in written or verbal form.

The most common type of attitudinal assessment are alumni surveys.<sup>8</sup> These surveys provide valuable information regarding alumni employment, salaries, higher education achievements, feedback on the curriculum of the program (what was relevant to what they are doing, and what was not), and whatever else might be of interest to the researcher. This information can be

used for satisfying requirements for program accreditation, for determining which programs are meeting student needs, to gain public confidence and support of higher education, to validate student and program accomplishments, and in disbursement of funds to programs and institutions, to name a few.

One shortcoming of an alumni attitudinal assessment is in identifying attitudes of unbiased alumni.<sup>8</sup> There is always the possibility that the subjects may respond in an “expected” or “socially acceptable” manner. Also, it may occur that those who respond to the assessment may do so secondary to strong feelings one way or the other towards the institution. This may inaccurately skew information gathered. Another difficulty is collecting, evaluating, and implementing the results within a time frame which reflects programs and procedures that remain current. Other disadvantages are the considerable cost and labor involved in the creation, administration, collection, and analysis of the data.

Although every higher education institution and program utilizes these assessment tools, one of the primary focuses of this alumni survey is an assessment the University of North Dakota Physical Therapy (UND-PT) program. The UND-PT department utilizes many forms of outcomes assessment to evaluate its program standards.<sup>9</sup> A portion of the alumni survey being evaluated in this independent study will be used by the department to modify and strengthen the program's core curriculum.

## University of North Dakota Department of Physical Therapy

At the time that this survey was implemented, it was decided that the class of 1999 would not be surveyed secondary to their very recent entry into the work force. Thus, the survey was sent to 942 graduates of the UND-PT program, spanning from the first graduating class in 1970 to the class of 1998. The UND-PT program was a baccalaureate program until the 1993 school year. It was accredited as a Master's program in 1995, ahead of an upcoming mandate that would implement an entry level Master's Degree in 2002 (R. Mabey, oral communication, January 2000). The program was reaccredited as such in 1995 and will be up for accreditation again in 2003. As stated, outcomes assessment, as it relates to improving and updating curriculum in compliance with a changing profession, is a large part of accreditation. The department has strived to develop a program that falls in line with the mission statement of the University,<sup>10</sup> the School of Medicine, and the Physical Therapy Department, the accreditation standards (as set by the Committee on Accreditation of Physical Therapy Education or CAPTE), the needs of the student and community, and within the practice expectations of the clinicians and the patients. The Practice Model, *Generalist with Rural Emphasis*, depicted in Figure 1, delineates the core curriculum of the program.<sup>11</sup> The graduate is expected to meet practice standards, as measured by the licensure exam, alumni surveys, employer and patient surveys, and will be the focus of the outcome assessment. This information will be returned to the UND-PT Curriculum Committee, and the departmental Committee of the Whole, and will



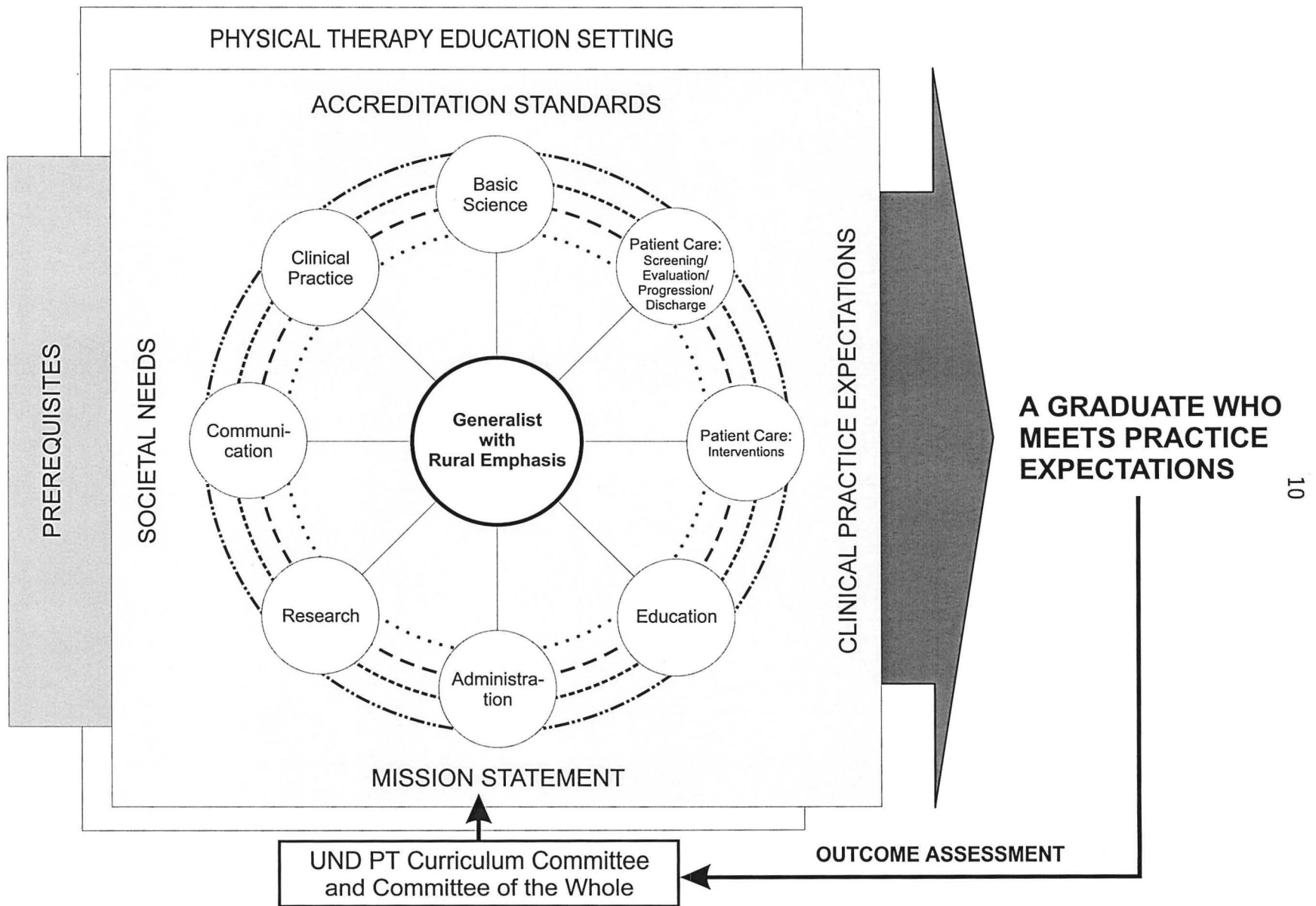


Figure 1. Practice Model incorporated into the the “Consensus Model of Physical Therapist Professional Education”.

be used to identify areas within the curriculum that should be highlighted as they become increasingly more important, as well as those that are outdated or that are no longer applicable in the clinic. See Figure 2.<sup>9</sup>

There are many areas of outcomes assessment utilized by the UND-PT department, as illustrated in Figure 3.<sup>11</sup> From Pre-PT students to enrolled students to clinical instructors to alumni--all of these groups are assessed and the information gathered feeds into the various committees that will use it for application and modification of the student curriculum. Most of the assessments are ongoing as suggested by the assessment experts in the field of education<sup>7</sup> for gathering valid and conclusive results.

The UND-PT alumni survey that was originally sent out in 1994 and again in 1999 is a very important part of the program's outcomes assessment. It too is ongoing, and will not only be used as an evaluation of the field and of the alumni at one point in time, but also as an evaluation of such as time goes on. Changes that have occurred over the last five years will be evaluated in a further study by the department, while this independent study will focus only on alumni responses from 1999.

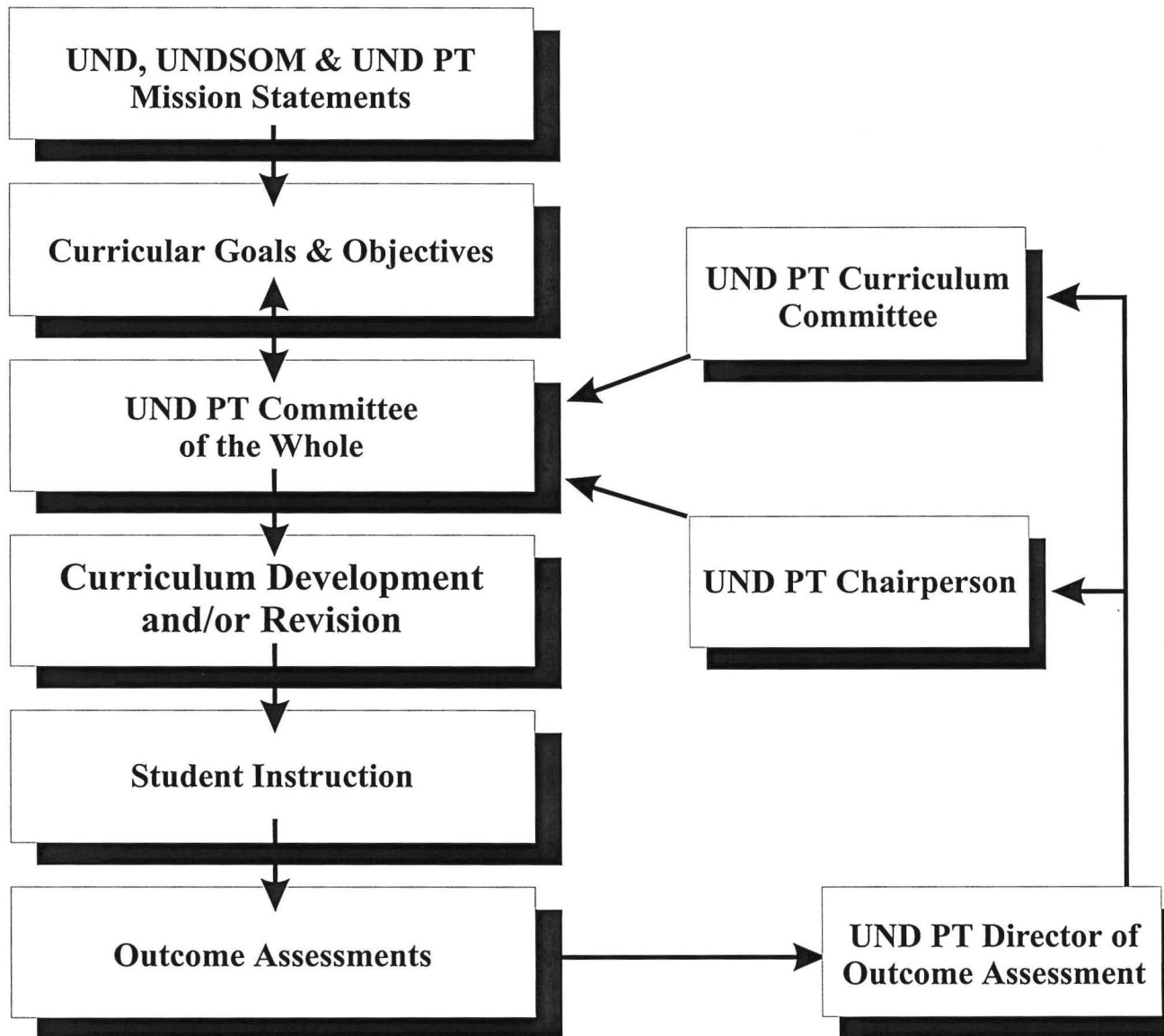


Figure 2. Flow Chart of Outcome Assessment Program at UND PT.

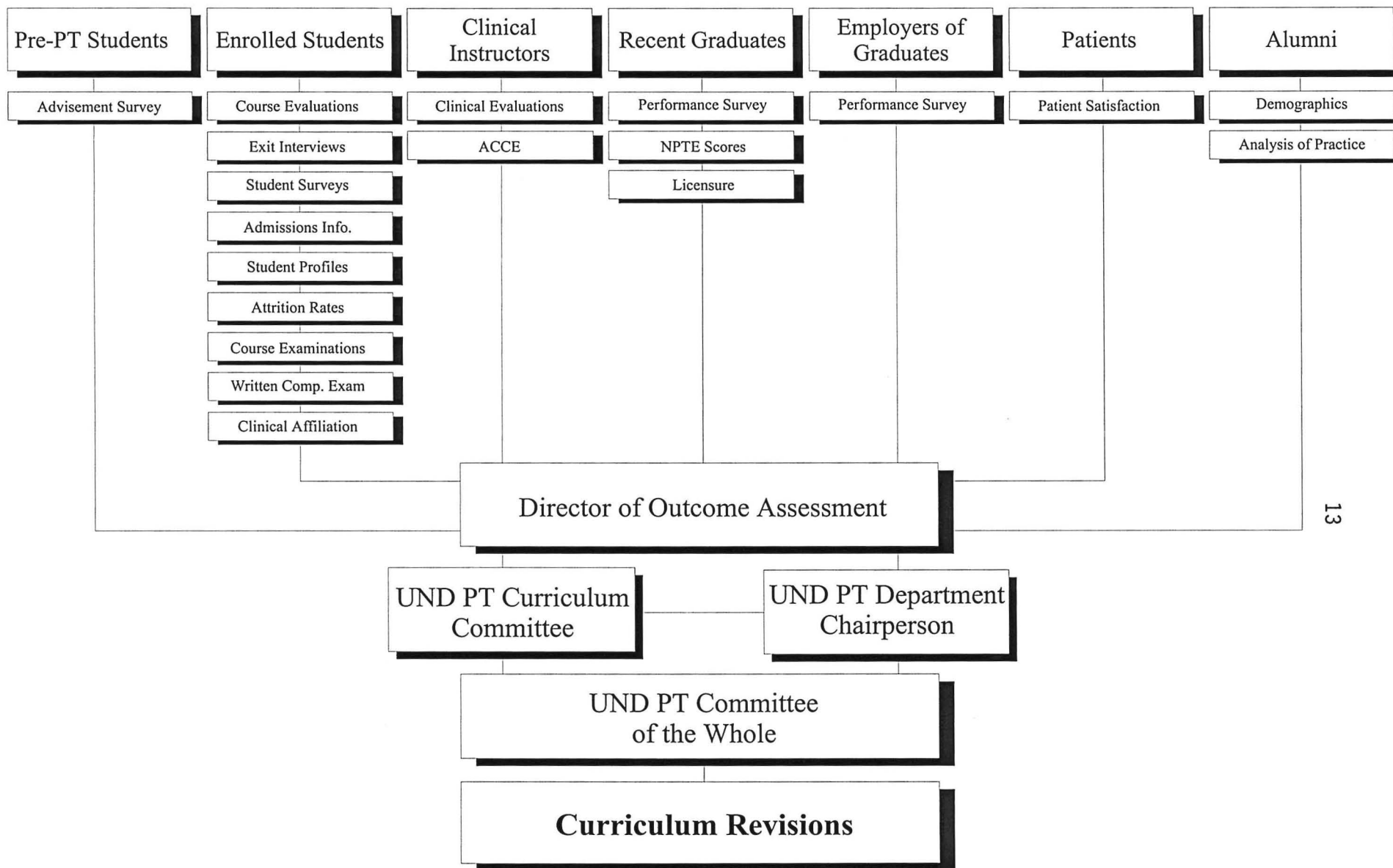


Figure 3. Flow Chart of Assessment Tools.

## CHAPTER III

### METHODOLOGY

This alumni survey has been developed and administered by the University of North Dakota Physical Therapy Department as an outcomes assessment tool. It will be used to answer three general questions. Who are the alumni of the UND-PT program; what does the future hold for the profession of physical therapy; and is the current UND-PT curriculum adequate in educating proficient physical therapists as they enter the work force? The research project has been approved by an Institutional Review Board (IRB) as an independent study for this physical therapy student. Methodology for the study included subject selection, instrumentation, procedures, data analysis, and data reporting.

#### Subjects

The subjects of this survey study were the alumni of the University of North Dakota Physical Therapy Program. There were 942 alumni surveyed, from the first graduating class of 1970 to the class of 1998. The class of 1999 was not included in the survey due to their recent graduation and lack of work experience. Completion of the survey implied respondent consent to participate.

#### Instruments

The instrument used in this study was a common outcomes assessment tool: the alumni survey. The survey consisted of six sections of questions. The

six areas of focus in the survey were: Demographic Information, Educational History, Employment History, Professional Involvement, Future Societal Needs, and Curriculum Information. The last section regarded feedback on curriculum which was currently being used within the program, and was designated for the 1997 and 1998 graduates only. All survey questions were to be answered by circling one of a given set of responses or by generating a written response.

### Procedures

The questions in the survey were devised by the department with the three basic research questions in mind. The original survey was mailed out in December of 1999. It included a cover letter explaining the significance of the survey and how and what kind of information would be generated from the responses. The letter explained that all information would be kept confidential and that participation was voluntary. Responses were then to be mailed back to the Department of Physical Therapy for analysis. Subsequent reminder postcards were sent in February and again in June of 2000 to all non-respondents. Upon receipt of completed surveys, the multiple choice answers generated were loaded into a data file for statistical analysis. Written responses were categorized or grouped according to information given.

### Data Analysis

Data were collected in both numerical and narrative form. Descriptive statistics were run using the SPSS computer program<sup>12</sup> on all multiple choice responses, reflecting questions posed by the researcher. Selected analytical statistics were run to identify differences between groups of alumni. Frequency

and descriptive tables were generated. Alpha = .05 for all tables. Narratives were sorted according to answers given. Trends or findings of significance to the research questions were reviewed and highlighted.

#### Data Reporting

Analyzed data will be reviewed by the Department of Physical Therapy and used as a tool for program development and improvement. Results from this outcomes assessment can also be requested by CAPTE during accreditation procedures.

## CHAPTER IV

### RESULTS

The Physical Therapy Alumni Survey was sent to 942 graduates spanning from 1970 to 1998. Of those 942 graduates, 592 completed and returned the survey, generating a 63% return rate.

The multiple choice answers were fed into a computer and were sorted and analyzed according to descriptive statistics. The written responses generated were also recorded, sorted, and categorized. The following illustrates the results of this survey relative to the three main research questions. All percentages reported have been rounded to the nearest percent. Some survey questions were not answered by all respondents; thus, certain tables and numbers may indicate missing data.

#### Respondent Demographics

Relative to respondent demographics (n=566), 72% (n=407) were female and 28% (n=159) were male. Their ages spanned from 25 to 56, with every age between represented. Ninety-seven percent (n=501) of those who responded (n=519) are Caucasian, the remaining 3% (n=18) represent all minority groups.

**Research Question 1: Who are the graduates of the UND-PT Program in relation to their practice patterns?**



## Education Demographics

There were responding representatives from every graduating class from 1970 through 1998. See Table 1. Of these alumni, 56% (n= 320) hold a bachelor's degree, 42% (n=238) hold a master's degree, 1% (n=4) hold a Ph.D., 1% (n=5) have acquired an M.D. degree, and .5% (n=3) hold some other type of advanced degree. The majority of alumni, 91% (n=495), hold their highest degree in Physical Therapy. However, there are a wide variety of fields in which graduates of the UND-PT program have their advanced degrees. These areas include business administration, education, exercise physiology, biomechanics, and psychology. Respondents were asked to list any APTA specialty certifications that they possess. Only about 7% (n=29) hold one or more of these certifications which included Clinical Instructor, Sports PT, Neurology, Neuro Clinical Specialist, Cardiopulmonary, and Orthopedics. Certifications held in other areas included Neuro-Development Technique (NDT), McKenzie, Certified Strength and Conditioning Specialist, Functional Capacity Assessment, Athletic Training, Clinical Instructor, and Lymphedema.

Citing future educational plans, 59% (n=249) of respondents indicate continuing education, 7% (n=31) indicated going on for a Master's degree, 5% (n=19) will pursue a Ph.D. or an Ed.D., one person plans to become an M.D., and 4% percent (n=16) will be leaving the field of Physical Therapy to explore other areas.

Table 1. Number and Percentages of Alumni Respondents by Graduation Year

Year	Frequency	Percent	Cumulative %
1970	6	1.0	1.1
1971	3	.5	1.6
1972	8	1.4	3.0
1973	7	1.2	4.3
1974	9	1.5	5.9
1975	13	2.2	8.2
1976	11	1.9	10.2
1977	18	3.0	13.4
1978	12	2.0	15.6
1979	12	2.9	18.6
1980	15	2.5	21.3
1981	17	2.9	24.4
1982	23	3.9	28.5
1983	23	3.9	32.6
1984	17	2.9	35.7
1985	25	4.2	40.1
1986	20	3.4	43.7
1987	24	4.1	48.0
1988	29	4.9	53.2
1989	19	3.2	56.6
1990	29	4.9	61.8
1991	28	4.7	66.8
1992	26	4.4	71.5
1993*	0	0	0
1994	32	5.4	71.5
1995	36	6.1	77.2
1996	32	5.4	89.4
1997	34	5.7	95.5
1998	24	4.1	99.8
1999	1	.2	100.0
TOTAL	558		

\*No entry level graduates in 1993. The program was in transition from B.S.P.T. to M.P.T.

### Employment Demographics

The currently working alumni of the UND-PT program represent 42 of the 50 states. See Table 2 for the breakdown of the states in which alumni do all or most of their work. The health systems of North Dakota employ the largest number of alumni, at approximately 25% (n=146), followed by Minnesota and South Dakota. Interestingly, 72% (n=373 of 517 respondents) practice in a community with a population of less than 100,000 people. However, 12% (n=62) work in populations of 101,000-250,000 and 16% (n=82) service communities of 251,000 or more.

Table 2. Primary States in Which Alumni Are Employed

STATE	FREQUENCY	%
North Dakota	146	24.7
Minnesota	96	16.2
South Dakota	67	11.3
Wyoming	24	4.1
Washington	21	3.5
Other	222	38.5
TOTAL	576	

When entering the program as students, alumni reported the top three states of residency to be North Dakota, with the largest representation at 58% (n=333), South Dakota at 12% (n=69), and Minnesota at 11% percent (n=62).

Upon graduation, 63% (n=365) of graduates found their first job in North Dakota, Minnesota, or South Dakota. When cross-tabulating state of residency as a student and state in which first employed as a PT, it was found that 346 out of 369 ND residents were first employed in ND, 30 out of 62 MN residents were first employed in MN, and 84 out of 141 SD residents were first employed in SD.

Since graduation, 58% (n=336) of 579 responding alumni have worked in three or fewer practice settings, while 97% (n=562) have worked in nine or less. It is not known exactly how this question was interpreted by each respondent. The results that it generated will be further explored in the discussion chapter.

Hospitals employ the greatest percentage of UND-PT alumni, followed by private PT practices, outpatient clinics, extended care facilities, and inpatient rehabilitation centers. See Table 3. Currently, 79% (n=452) of respondents are salaried employees, 8% (n=44) are self-employed, and 4% (n=20) are unemployed. Seventy-four percent (n=428) report being full-time employees, while 16% (n=90) work part-time. Over half of the alumni respondents are clinical PT staff, with the remainder taking part in ownership or administration. A small percentage of alumni are found in academic facilities. See Table 4.

Sixteen percent (n=84) of responding alumni have had their position reclassified within the last two years secondary to internal restructuring. Of the 84 alumni who have had their positions reclassified in the last two years secondary to internal restructuring, 57 of those cited how their positions had changed. Thirty-two percent (n=18) of responding alumni had been demoted; 19% (n=11) had been promoted; 16% (n=9) had some sort of facility change,

Table 3. Primary Facility Types in Which Alumni Are Employed

FACILITY	FREQUENCY	%
Hospital	204	35.8
Private P.T. Office	87	15.3
Outpatient Clinic	50	8.8
Extended Care	41	7.2
Inpatient Rehabilitation Center	41	7.2
Home Health Agency	36	6.3
School System	28	4.9
Academic Institution	23	4.0
Other	60	10.5
TOTAL	570	

such as a change in ownership, an expansion, or a downsizing; 9% (n=5) of departments underwent a complete reorganization of positions; 9% (n=5) reported being required to take on more duties; 7% (n=4) reported that their department had become more managed; and the remaining 11% (n=6) reported various other changes within their departments and institutions.

Also within the last two years, the number of full-time positions have increased in 35% (n=169) of respondent settings, decreased in 27% percent (n=130) of settings, and remained the same in 37% (n=178) of settings.

Currently, 9% (n=46) of alumni indicated at least one PT opening of either part-

Table 4. Primary Positions Held by Alumni

POSITION	FREQUENCY	%
Clinical PT Staff	331	58.3
Clinical Supervisor	59	10.4
Clinical Administrator	52	9.2
PT Practice Owner	34	6.0
Other	92	16.2
TOTAL	568	

time or full-time status in their facilities, while 88% (N=470) reported having no PT openings at this time.

Having learned that 79% of respondents are salaried employees, it is interesting to note that currently full-time (>30 hrs/week) salaried Physical Therapists report earning an average of \$51,000 per year (to the nearest thousand). Part-time (<30 hrs/week) salaried PTs indicated an average earning of \$26,000 per year. Self-employed respondents reported earning an average of \$86,281 per year for full-time work and \$29,000 per year part-time. Table 5, which does not include respondents who are retired, are temporarily unemployed, or have left the field, illustrates the salary means, complete with minimums and maximums, for six of the main facets of physical therapy that were represented by responding UND-PT alumni.

Table 5. Alumni Salaries Categorized by Positions Held

	Full-time (> 30 hours per week)					Part-time (< 30 hours per week)				
	n	$\bar{x}$	SD	Minimum	Maximum	n	$\bar{x}$	SD	Minimum	Maximum
Clinical Staff PT	234	46,287	8,203	12,000	75,000	74	27,853	17,311	2,000	140,000
Clinical Supervisor	53	56,170	8,624	38,000	80,000					
Sole Owner PT Practice	26	87,772	52,937	24,000	250,000					
Clinical Administrator	47	60,739	13,296	35,000	90,000					
Partner in PT Practice	16	58,429	9,645	45,000	75,000					
Academic Faculty	14	48,357	8,252	32,000	65,000					
Academic Administrator	5	65,000	9,354	55,000	80,000					

When asked how annual salaries have been adjusted during the past two years, 355 respondents reported that their salaries had been increased by a mean of \$3,200, a standard deviation of \$5,800, a minimum increase of \$1.00, and a maximum of \$50,000. The other 85 who responded to this question reported that their salaries had decreased by a mean of \$13,000, with a standard deviation of \$13,000, a minimum decrease of \$300, and a maximum of \$50,000.

Respondents reported that 75% (n=405) of their practice settings serve orthopedic clientele, 28% (n=152) serve neurological patients, 16% (n=86) serve geriatrics, 13% (n=67) serve pediatrics, 10% percent (n=54) care for cardiopulmonary patients, and 5% (n=29) serve sports clientele.

In response to the question: Does your practice fit the criteria for a minority or disadvantaged clientele setting? 28% (n=147) replied "yes," 34% percent (n=182) replied "no," and 38% (n=201) replied "do not know." Lastly, of all the respondents who answered this question (n=440), 98% (n=429) of them reported that their practice did not include student education. This number appears rather low and will be further explored in the discussion chapter.

Forty-nine percent (n=282) of respondents are presently members of the American Physical Therapy Association (APTA). Eighty-nine percent (n=436) have been involved in some form of continuing education. With regard to political involvement, 21% (n=102) have been involved as a state committee or task force member. Nine percent (n=45) have been a member of a state board of directors. Seven percent (n=36) have been a state officer. Three percent



(n=14) of respondents have been a national committee or task force member and .4 percent (n=2) have been involved as a national officer.

With regard to continuing education, 10% (n=52) have given at least one poster presentation and 3% (n=17) of responding alumni have given four or more poster presentations since graduation. Of the poster presentations delivered by respondents, 53% (n=26) were given locally, 4% (n=2) were given at the state level, 20% (n=10) were given at the national level, and 22% (n=11) were given at more than one level. Six percent (n=31) of respondents have been published in professional magazines or journals. One and a half percent (n=8) have published one or more chapters in edited volumes and 2% (n=23) have written or edited at least one book, manual, or monograph. Three percent (n=16) of respondent population have published one or more position statements, editorials, abstracts, or book reviews.

The alumni were then asked to list any other activities in which they have participated that have promoted the profession of Physical Therapy. Out of 389 responses to this question, 51% (n=200) have given wellness talks; 45% (n=176) have participated in career fairs; 28% (n=109) have written or been interviewed for newspaper or magazine articles, television or radio shows regarding health topics; and 17% (n=67) have participated in health fairs. Twenty percent (n=78) of alumni have done some promoting of the profession in high school and college classrooms and 6% (n=22) have done some promotion in coaching youngsters. Seven percent (n=27) have given in-services, 4% (n=16) have given health seminars, and 4% (n=15) have done some promotional talks with

physicians and other health care professionals. Other promotional activities such as PT Month Activities (n=22), support group talks (n=22), and fitness screenings (n=15) were among the other responses given.

Finally, alumni were asked to indicate any professional honors or awards that they have received. Twelve percent (n=45) have received one honor or award, 3% (n=11) received two, and 1% (n=5) have received three.

### **Research Question 2: What does the future hold for the field of Physical Therapy?**

Four hundred thirty-six alumni responded to the question: what changes do you foresee in your facility in the next five years? Thirty-two percent (n=139) cited personnel changes. Sixty-five percent (n=91) of these personnel changes were the addition of PTs and PTAs to current staff. Thirty-five percent (n=48) cited a decrease in the number of PTs, PTAs, and PT aides on staff. Twenty-six percent (n=113) of respondents reported that there would be an expansion within their department or facility within the next five years. The remaining 65% (n=283) were dispersed amongst the following responses: anticipation of downsizing within their institution, an increase in the amount of workload bestowed upon current staff members, an increase in patient load, changes in management within their facilities, greater efficiency within the practice, a decrease in reimbursement, personal changes, such as the acquisition of new skills or of a higher academic degree, an increase in the use of PTAs for daily treatments, a decrease in patient time and/or number of visits, an increase in

outpatients, a decrease or stagnancy of salaries, an increase in the number of on-call or "as needed" staff, a decrease in continuing education funds, and an increase in PT specialization. Finally, some respondents cited no anticipated changes within their facility within the next five years.

Alumni were then asked for their insight as to what changes would occur within the profession of Physical Therapy in the next five years. Of the 383 responses to this question, 21% (n=83) foresee a decrease in the number of job openings. Eleven percent (n=43) anticipate a decrease in third party reimbursements. Eleven percent (n=42) also foresee diversification within the field. The remaining 57% (n=223) were dispersed amongst the following responses: increased job availability, a decrease in salaries and benefits for PTs, more PTA use, more specialization, less patient time and/or fewer visits, market saturation, a rebound of the profession with regard to job availability and overall prosperity. Other foreseen changes are an increase in accountability, more accurate documentation, an increase in research and in lobbying, more unemployment, an increase in PT school closings, and an increase in Doctor of Physical Therapy degrees within the profession.

**Research Question 3: Is the current UND-PT curriculum adequate in the training of a competent entry-level Physical Therapist?**

The last portion of the survey was to be completed by the 1997 and 1998 graduates (n=60), clinical instructors (n=24), supervisors (n=4), or colleagues (n=9) of one of these recent graduates only. The most recent graduates of the

UND-PT program were asked if they thought that the liberal arts education they had received was adequate for their needs as an entry-level PT. Of those who responded to this question (n=73), 99% (n=72) replied yes. This specific group of alumni were also asked if they felt that a Doctor of Physical Therapy (DPT) degree would have given them a better preparation for practice. Ninety-two percent (n=68) of 74 respondents to this question said no, 4% (n=3) said yes, and 4% (n=3) were unsure. Of the 68 respondents who said that the DPT degree would not have given them a better preparation for practice, 38% (n=26) felt that they had enough education to be a proficient entry-level PT, 37% (n=25) felt that the clinical experience they received after graduation was the most important aspect of their "education," and 12% (n=8) did not feel that the DPT degree was beneficial in regard to salary and job opportunity. Of the three respondents who said that the DPT degree would be beneficial in preparation for practice, two of them reasoned that more information is always beneficial and one thought that it may provide a better opportunity to enter private practice. The three respondents who were unsure said that it would be beneficial if it were geared toward pediatrics, but in general, not beneficial. It would be beneficial if more manual course-work was offered, but not if the degree was just research based. Finally, it would be beneficial, but in light of declining reimbursement, it will not be valuable if the PTs already practicing are not upgraded in their education levels as well.

Ninety-eight percent (n=95) of those who replied (n=97) cited that the quality of preparation they received at UND for becoming a PT was good to

excellent. The remaining 2% (n=2) cited preparation as being adequate.

Overall, out of 97 respondents, 98% (n=95) would recommend UND-PT to those interested in a PT career.

## CHAPTER V

### DISCUSSION AND CONCLUSION

Over the last 20 years, the standards of higher education have been continually evaluated and modified in response to changes within the given field of study and within society. With each modification, the expectations of the institution have been brought to a new and higher level. Outcomes assessment is an integral part of institutional and program evaluation. Assessment can consist of many things, such as standardized exams, licensure exams, and self studies. Results can be used to gain public support for higher education, to allocate scarce resources, and for program accreditation purposes. The alumni survey, such as the one used by the UND-PT program, is an important outcomes assessment tool that will be used not only for accreditation purposes, but for the modification of the program's core curriculum in response to a changing profession and a changing society.

All questions posed within the survey were related to the purpose of the study. The purpose of this study was three-fold. The first research question asked who are the alumni of the UND-PT Program, as related to their practice patterns? The second research question asked alumni for their insight as to where the profession of physical therapy will be in five years. And finally, to the recent UND-PT graduates (1997 and 1998), is the UND-PT Program effectively

educating proficient entry-level physical therapists? The results of the survey have been delineated in Chapter IV, and a further discussion of the UND-PT alumni survey results as compared to national averages as well as any future implications of the results of this study will be explored directly.

## The Results

### Demographics

Relative to respondent demographics, 72% of respondents were female and 28% male, which compares very closely to the national PT average of 68% female and 32% male.<sup>13</sup> Three percent of the responding population of UND-PT alumni was of a minority race, which is 7% lower than the national average of 10% minority representation within the field of PT. In a 1997 study by the APTA, it was found that 13.5% of nationwide PT students were non-white.<sup>13</sup> This is an issue that certainly deserves attention. One problem is that the University of North Dakota is found in a geographical area that does not have a large Asian American and African American population. It is also difficult to recruit students to such a cold, northern climate with so many other PT schools found in the milder southerly states. However, there is a relatively large Hispanic and Native American population within the Dakotas.

The University of North Dakota houses a federally funded program called Indians in Medicine (INMed). The INMed Program recruits Native American students in North Dakota, South Dakota, Montana, Nebraska, and Wyoming. It targets junior and senior high school students by running summer programs on the reservations, which focus on teaching students the higher level sciences that

they do not receive within their regular curriculum. This gives these students a better chance to succeed if they happen to attend college. The program has also worked with the School of Medicine and the Department of Physical Therapy to add seven seats to the Medicine Program and two seats to the Physical Therapy Program each year at selections time that are designated for Native American students. The Native American students are also allowed to compete for any of the other spots during selections. In interviewing Eugene DeLorme (October, 2000), the director of the INMed Program, it was discussed that one reason that more Native Americans do not go into physical therapy is due to the fact that they have no exposure to the therapies on the reservation. Mr. DeLorme proposed that if a representative of physical therapy would accompany the INMed representatives when they go out to the reservations and give the students some information and demonstration on what physical therapists do, there would most likely be more Native American students applying for the PT program. The same is true for the Hispanic American population. A solution may be in organizing career fairs within the schools where the students would have better access as opposed to a mall or a university setting. This way, the students who need the information and influence the most will have a better chance of being exposed to this particular field.

#### Education Demographics

Fifty-six percent of responding UND-PT have earned a bachelor's degree as their highest academic degree. Interestingly, according to a recent study done by the American Physical Therapy Association (APTA),<sup>13</sup> 56% of the



national APTA member population has also earned a bachelor's as their highest degree. Forty-two percent of alumni have earned a master's degree, compared to 40% of the national APTA population, and 2% have earned some type of doctorate degree as compared to 3% within the national APTA population.

Only about 7% of alumni hold one or more APTA specialty certifications. Because the majority of respondents practice in such rural populations, perhaps these certifications are not necessary. Patients who need more specialty care probably do so in the larger cities around the country. These certifications are also very difficult to get, and many therapists do not want to or are unable to work with one patient population for eight hours a day, seven days a week. Many prefer to be "generalist" PTs for the variety that comes along with it.

Citing future educational plans, almost 60% of respondents indicated continuing education, approximately 13% will be pursuing a higher degree, and 4% will be leaving the field of PT. Three percent of alumni had already left the field when they responded to this survey. This 3% compares with 8% of member and non-member samples surveyed by the APTA<sup>13</sup> in April of 2000, not including retirees, who have left the field of PT on the national level.

#### Employment Demographics

Although the majority of alumni (72%) report working in cities with populations of 100,000 or less, 28% work in cities of 101,000 or more. Thus, although the focus at UND-PT is on the rural general practitioner who must be able to evaluate and treat all patient populations, in the larger cities, specialty areas may be crucial to survival as a PT. There has been some discussion as to

whether these specialty areas should be part of the core content of entry level preparation as opposed to continuing education. However, with the vast number of specialties out there, it would be impossible to proficiently educate students on all of them. Thus, the students are introduced to all of the areas within the core curriculum, but it is up to the individual to choose areas of interest and pursue them with continuing education and certifications.

Sixty-three percent of UND-PT responding alumni got their first jobs in the ND, MN, SD tri-state area. At this time, 54% of alumni can be found working in this region.

Although approximately 70% of respondents reported working in four or fewer practice settings, 3% reported working in nine or more settings, and one person reported working in 50 settings. It is unclear to the researcher just how this question was interpreted and answered. Perhaps some respondents interpreted the question to ask for many different employers had they worked and some interpreted it to ask how many sites on which they had practiced. In the rural community where many communities and institutions are served by one large health care system, this number could be very high.

Of responding alumni, 36% work in a hospital setting as compared to 15% of the national population.<sup>13</sup> This large representation within the hospital setting may be due partially to the nature of a general practitioner based education, the fact that so few respondents have acquired specialty certifications, and more likely due to the large number of alumni who practice in smaller communities where the hospital is the only health care facility available. Most of these smaller

communities could not even support an additional private practice along with a hospital. Fifteen percent of alumni work in private PT offices as compared to 21% of the national population. Ten percent work in hospital based rehabilitation centers as compared to 19% nationally. Seven percent of alumni work in extended care facilities as compared to 10% of the national population of PTs. Six percent of alumni work in home health compared to 14% of the national population. Only 4% of alumni are faculty members within an academic institution as equal to 4% nationally.

Approximately 74% of alumni are full time employees, while 16% work part-time. This is compared to 78% and 16%, respectively, on a national level.<sup>13</sup> Ninety-four percent of responding males are full-time employees, while only 71% of females are full-time employees. This may be due to choice, such as having other family obligations, or any number of other reasons. Interestingly, of the full time employees who responded, those with bachelor's degrees earned approximately \$10,000 more per year than did their Master's degree holding counterparts. This may be due primarily to the number of years in the field. Because a Master's degree was first offered at UND-PT as entry level in 1994, those who graduated before that time and hold only their bachelor's degree have been in the field many more years than those who graduated with Master's degrees. Those with Ph.D.s earned about \$7,000 more per year than those with a Bachelor's degree, and about \$17,000 more per year than those with a Master's degree. Although only 8% of alumni reported a job opening within their facility, it is interesting to note that only 4% of the responding UND-PT alumni

and only 3% of the national PT population<sup>13</sup> is unemployed and actively searching for a PT position.

Because most of the responding alumni are general practitioners, it is safe to assume that most probably see many types of patients on a daily basis. The fact that respondents report serving mainly the orthopedic population (75%), and not as much the neurological, geriatric, pediatric, and cardiopulmonary patient populations, may very well be due to the area of the country in which most of them practice. Most specialty area patients, such as the neurological and pediatric populations, would probably be treated in larger numbers in the larger cities of the country. Because of the relatively large number of senior citizens in the Midwest,<sup>14,15</sup> the low representation within the geriatric and neurological populations leads the researcher to believe that the question may have been interpreted differently by respondents. Perhaps many answered this question as if the population designated was the facility's specialty as opposed to just one population that they treat.

Approximately 50% of alumni are APTA members as compared to 65% of the national PT population. An interesting study done by the APTA<sup>13</sup> found that in regard to employment status, nearly 20% more APTA members than non-members were of full-time employment status (78% vs. 58%). Suzann Campbell, Ph.D., PT, FAPTA, who delivered the 30th Mary McMillan Lecture, *PT 2000: Nurturing the Profession*,<sup>15</sup> wrote that recruitment for membership to the APTA was vital and that each non-member PT within every state should be called and urged to join the association. Although APTA membership is required

as a student, perhaps the benefits, and moreso, the relative importance of participation within the professional association as well as the value of political involvement should be more vehemently stressed within the curriculum.

### Future of Physical Therapy

It is difficult to look into the future and predict outcomes within a profession with any certainty. There are many factors that will play into this picture, such as future government legislation, insurance company reimbursement issues, and the decision about whether or not to mandate a Doctor of Physical Therapy degree as entry level status for PTs in the future.

The responding alumni had much to say about the future. Interestingly, while alumni anticipated positive changes in their own facilities within the next five years, such as increases in the number of positions available (21%) and department and facility expansions (26%), their outlook for the profession in general was not as positive. Twenty-one percent anticipate decreased job openings nationwide, 11% foresee decreases in reimbursement, and 11% see job diversification as a main mean of survival. One source stated that PTs will be in oversupply by the year 2005.<sup>17</sup> However, there was a 19% decrease in the number of students applying to PT school from 1995 to 1997,<sup>18</sup> and that trend seems to have continued in the last three years as well. This fact, along with optimism found within individual facilities regarding new job openings and expansion, seems to point to a field that is cycling on the upswing, and although the future is never certain, physical therapy remains a much needed profession.

While the Doctor of Physical Therapy (DPT) degree is currently a hot topic within the field, the majority of responding alumni do not view it as beneficial to the profession at this time. The APTA has done its part in increasing public awareness about PT.<sup>18</sup> The profession has also benefited from increased media coverage and increased public access to community based programs focused on health, wellness, and prevention. However, there are many factors to consider in the implementation of an entry-level DPT degree. One such factor is the need of society. "The needs of society are essential in determining the demand or need for PT services as well as the social status of PTs as a profession, reflected in the reward system for practitioners."<sup>18(p569)</sup> It is not yet known if society can support DPTs, orthopedic physicians, and chiropractors.

With changes in society, such as an aging population, the onset of many chronic disease processes, increasing number of minority non-English speaking clientele, as well as an increase in the study of genetics with regard to health, the profession of Physical Therapy must keep up with these demands. Classes such as genetics, molecular biology, histology, bio-ethics, and health policy could be implemented into a PhD curriculum.<sup>19</sup>

Another question is whether or not the DPT degree will be beneficial to graduates in the way of job availability as well as salary and benefits.<sup>18</sup> Data from DPT graduates are quite limited secondary to the small population. However, one Creighton University survey taken less than two years after graduation indicated that the majority of DPT graduates were in clinical staff positions. Only six of these graduates were working in a nonstandard market

niche, such as in a research institute or a post doctoral fellowship. Several graduates were working in academic faculty positions. A study done by the APTA on salaries found that average salaries for DPT graduates were approximately \$10,000 per year greater than their Master's degree holding counterparts, and only about \$3,000 per year greater than their Bachelor's degree holding counterparts. A study at Creighton University found that DPT graduates were earning between \$30,000 to \$100,000 per year, with 66% earning from \$40,000 to \$60,000 and 19% earning from \$61,000 to \$100,000 per year.

There are positive points on both sides of the argument; however, more studies need to be done regarding the benefits of this degree for the profession as well as for the patients that it will serve. Also, because physical therapy services are not reimbursed without an MD referral by many insurance companies, much lobbying must be done, with the results of this research in hand, to convince these companies of DPT competency. Government lobbying is also important. The adoption of the DPT degree may impart an advantage in the quest for federal funding of student loan programs, such as those granted to medical students.<sup>20</sup>

#### UND-PT Education

With 98% of respondents citing the quality of their preparation to becoming competent therapists as good to excellent, it would appear as if alumni of the UND-PT Program are genuinely satisfied with the education that they received. Also, and perhaps more importantly, 95% (n=21/22) of responding

clinical instructors, 100% of responding supervisors (n=4/4), and 100% (n=9/9) of responding colleagues of UND-PT alumni rated the quality of the UND-PT alumni preparation of being good to excellent. These results are excellent, but keep in mind that they may be biased due to the fact that those who responded may have been the ones with something positive to say. Thus, the results are only one part of the evaluation process. They will be combined with the results of other means of data collection, such as the year out survey.

#### Conclusion

Outcomes assessment is a tool that is ongoing. The UND-PT Department will continue to assess the field of PT, the future of PT, and the proficiency of its curriculum. The next five years may hold many changes within the field, such as the DPT degree, field diversification, reimbursement changes, and others. New graduates will need to be prepared for these changes. The department will continue to modify its curriculum accordingly, educating students with all of the new information that is available. Alumni surveys are only one part of outcomes assessment. Other parts of evaluation are through faculty surveys, graduate surveys, patient surveys, clinical supervisor surveys, or individual department outcome studies to name a few. Together, all of these parts are analyzed as a whole and give the department the information needed to maintain and improve quality physical therapy education now and in the future.



## APPENDIX A



## Physical Therapy Alumni Survey

942 Graduates!  
1970 - 1998

Physical Therapy Department  
University of North Dakota  
School of Medicine & Health Sciences  
501 N. Columbia Rd.  
P.O. Box 9037  
Grand Forks, ND 58202-9037

Renee Mabey, Ph.D., P.T.  
(701) 777-4854  
rmabey@medicine.nodak.edu

December, 1999

*Please answer each question. Some items will require an X; others will require that you circle the desired response. Some questions will require a written response.*

### EMPLOYMENT HISTORY

Indicate the state (include D.C. and P.R.) in which you do all or most of your work. (Indicate your state of residence if retired or unemployed.) \_\_\_\_\_

Indicate your state of residency as a student in the entry level program: \_\_\_\_\_

Indicate the state in which you were first employed as a PT: \_\_\_\_\_

Indicate the number of practice settings in which you have been employed since graduation: \_\_\_\_\_

Indicate the longest time, in months, you have remained in a given practice setting:  
\_\_\_\_\_

Indicate the time, in months, you have been in your current practice setting: \_\_\_\_\_

Indicate your current physical therapy employment status:

1. Salaried
2. Self-employed
3. Both salaried and self-employed
4. Unemployed
5. Retired

Indicate your employment classification:

1. Full time (>30 hrs/week)
2. Part time (<30 hrs/week)
3. Full time, with secondary contracts
4. More than one part time contract
5. Retired
6. Temporarily not employed in PT  
Reason: \_\_\_\_\_  
How long do you foresee this temporary leave lasting: \_\_\_\_\_
7. Have left the field of PT  
Reason: \_\_\_\_\_  
How long did you practice in PT prior to leaving the field: \_\_\_\_\_

Indicate the population of the city or community in which you do all or most of your work: \_\_\_\_\_

Indicate your current PT annual income, to the nearest \$5,000: \_\_\_\_\_  
Is this salaried? \_\_\_ per diem? \_\_\_ Both? \_\_\_

How has your annual salary been adjusted during the last two years?

Increased \$ \_\_\_\_\_/year  
Decreased \$ \_\_\_\_\_/year

Indicate which one of the following best describes the type of facility or institution in which you do all or most of your work.

1. Hospital
2. Rehab center with inpatient beds
3. Rehab center without inpatient beds
4. Private PT office
5. Physician's office
6. Extended care facility/nursing home
7. Home health agency
8. School system (preschool/primary/secondary)
9. Academic institution
10. Prepaid health care organization (HMO/PPO)
11. Research center
12. Other: \_\_\_\_\_
13. Not applicable

Does your practice fit the criteria for a "minority or disadvantaged" clientele setting? Yes No Don't know

Indicate your primary clientele (orthopedic, neurological, cardiopulmonary, etc.):  
\_\_\_\_\_

Indicate which of the following best describes your current (primary) position:

- 1. Sole owner of PT practice or business
- 2. Clinical administrator or director of PT
- 3. Clinical supervisor or coordinator of PT
- 4. Clinical PT staff
- 5. Partner in PT practice or business
- 6. Academic administrator or director of PT/PTA education program
- 7. Academic faculty
- 8. Other: \_\_\_\_\_
- 9. Not applicable

**FUTURE SOCIETAL NEEDS**

Has your position with the PT department been reclassified within the past two years secondary to internal restructuring?

Yes No

If yes, describe its change in classification.

\_\_\_\_\_  
\_\_\_\_\_

How have the number of full-time physical therapist positions within your facility changed within the last two years? \_\_\_\_\_

\_\_\_\_\_

Indicate the current number of PT openings at your facility. \_\_\_\_\_

What changes to you foresee in your *facility* in the next five years? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What changes do you foresee for the *PT profession* in the next five years? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL INVOLVEMENT**

Are you presently a member of the APTA?  
Yes No

If a present or past member of the APTA, indicate all levels of involvement:

- 1. Attendance at continuing ed
- 2. State Committee or Task Force member
- 3. Member, State Board of Directors
- 4. State Officer
- 5. National Committee or Task Force member
- 6. Member, National Board of Directors
- 7. National Officer

Indicate the number of continuing education seminars you have presented during your career: \_\_\_\_\_

Level(s): Local State National

Please list any other activities in which you have participated which have promoted the profession (career fairs, wellness talks, newspaper columns, etc.). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the number of poster presentations you have given: \_\_\_\_\_

Level(s): Local State National

Indicate the number of research articles you have published in professional magazines or journals: \_\_\_\_\_

Indicate the number of chapters you have published in edited volumes: \_\_\_\_\_

Indicate the number of books, manuals, or monographs you have written or edited, alone or in collaboration: \_\_\_\_\_

Indicate the number of position statements, editorials, abstracts, or book reviews you have published: \_\_\_\_\_

Indicate all professional honors and awards you have received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL HISTORY**

Indicate the year you graduated from PT school (entry level degree): \_\_\_\_\_

Indicate highest earned academic degree:

- 1. Bachelor's
- 2. Master's
- 3. Ed.D.
- 4. Ph.D.
- 5. M.D.
- 6. J.D.
- 7. Other \_\_\_\_\_

Indicate the year this degree was completed: \_\_\_\_\_

In what field is your highest degree? \_\_\_\_\_  
\_\_\_\_\_

List any APTA specialty certifications you may hold: \_\_\_\_\_  
\_\_\_\_\_

List any certifications you may hold in other areas (FCA, ACSM, Cyriax, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the number of continuing education contact hours you accumulated last year.

\_\_\_\_\_

Indicate your future educational plans:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Gender: Male Female

Birth month and year: \_\_\_\_\_

Racial/ethnic group: \_\_\_\_\_

**CURRICULUM EVALUATION**

*Please complete this section ONLY if you are a 1997 or 1998 GRADUATE:*

Was your liberal arts education adequate for your needs as an entry-level physical therapist? \_\_\_\_\_

Do you feel a Doctor of Physical Therapy (DPT) degree would have given you a better preparation for practice? \_\_\_\_\_

Why or why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please complete this section ONLY if you are, or have had close professional contact with a 1997 OR 1998 UND-PT graduate.*

For students interested in a physical therapy career, I would recommend UND-PT.

- 4. Strongly agree
- 3. Agree
- 2. Disagree
- 1. Strongly disagree

The overall quality of my preparation for being a physical therapist was:

- 5. Excellent
- 4. Good
- 3. Adequate
- 2. Fair
- 1. Poor

I am completing the PT Curriculum Evaluation portion of the survey as:

- a. a 1997 or 1998 graduate of UND-PT
- b. a clinical instructor of a recent UND-PT graduate
- c. a supervisor of a recent UND-PT graduate
- d. a colleague of a recent UND-PT graduate
- e. other \_\_\_\_\_

*Thank you for completing this questionnaire in a timely manner! Your participation is greatly appreciated!*

## APPENDIX B

**REPORT OF ACTION: EXEMPT/EXPEDITED REVIEW**  
 University of North Dakota Institutional Review Board

**Date:** November 13, 2000 **Project Number:** IRB-200011-104  
**Name:** Laurie Holte **Department/College:** Physical Therapy  
**Project Title:** University of North Dakota Physical Therapy Alumni Survey: A Five Year Update

The above referenced project was reviewed by a designated member for the University's Institutional Review Board on November 21, 2000 and the following action was taken:

- Project approved. **EXPEDITED REVIEW** Category No. \_\_\_\_\_  
 Next scheduled review is on: \_\_\_\_\_
- Project approved. **EXEMPT REVIEW** Category No. 2
- This approval is valid until May 10, 2001 as long as approved procedures are followed. No periodic review scheduled unless so stated in the Remarks Section.
- Project approved **PENDING** receipt of corrections/additions. These corrections/additions should be submitted to ORPD for review and approval. **This study may NOT be started UNTIL final IRB approval has been received.** (See Remarks Section for further information.)
- Project approval **deferred**. **This study may not be started until final IRB approval has been received.** (See Remarks Section for further information.)
- Project **denied**. (See Remarks Section for further information.)

**REMARKS:** Any changes in protocol or adverse occurrences in the course of the research project must be reported immediately to the IRB Chairperson or ORPD.

**PLEASE NOTE:** Requested revisions for student proposals **MUST** include adviser's signature.

cc: Renee Mabey, Adviser  
 Chair, Department of Physical  
 Therapy  
 Dean, School of Medicine

  
 \_\_\_\_\_  
 Signature of Designated IRB Member  
 UND's Institutional Review Board

11-21-00  
 \_\_\_\_\_  
 Date

If the proposed project (clinical medical) is to be part of a research activity funded by a Federal Agency, a special assurance statement or a completed 310 Form may be required. Contact ORPD to obtain the required documents.



## REFERENCES

1. *Webster's Third New International Dictionary Unabridged*. Springfield, Mass: G & C Merriam Company; 1971.
2. Banta TW. Use of outcomes Information at the University of Tennessee, Knoxville. In: Ewell PT (ed). *Assessing Educational Outcomes - New Directions for Institutional Research No. 47*. San Francisco, Calif: Jossey-Bass; 1985. Cited by: Thompson C, Bartels J. Outcomes assessment: implications for nursing education. *J Professional Nurs*. 1999;15(3):170-178.
3. The Joint Committee on Standards for Educational Evaluation. *The Program Evaluation Standards*. 2<sup>nd</sup> ed. Thousand Oaks, Calif: Sage Publications; 1994:2.
4. Commission on Accreditation in Physical Therapy Education. *1997-1998 Accreditation Handbook*. Department of Accreditation. Alexandria, Va: American Physical Therapy Association.
5. Berk R, Rossi P. *Thinking About Program Evaluation 2*. Thousand Oaks, Calif: Sage Publications; 1999:1-8.
6. Ewell P. *Information on Student Outcome: How to Get it and How to Use It*. Boulder, Colo: National Center for Higher Education Management Systems; 1983.

7. Astin A, Banta T, Cross K, et al. Principles of good practice for assessing student learning. AAHE Assessment Form (1992). Available at:  
<http://www.aahe.org/principl.htm>.
8. Nichols J. *The Departmental Guide to Implementation of Student Outcomes Assessment and Institutional Effectiveness*. Bronx, NY: Agathon Press; 1991.
9. University of North Dakota Department of Physical Therapy. Self Study Report (1995). Revised 1999.
10. University of North Dakota Department of Physical Therapy. Self Study Report. 1995.
11. University of North Dakota Department of Physical Therapy. Progress Report to CAPTE. 1996.
12. *SPSS 10.0.7*. Chicago, Ill: SPSS Inc; 2000.
13. Multiple American Physical Therapy Association Links. Available at:  
<http://www.apta.org>. Accessed July 10, 2000.
14. Friedman E. Health care's changing face: the demographics of the 21<sup>st</sup> century. *Hospitals*. 1991;65(7):36-40.
15. Frank-Stromberg M. Changing demographics in U.S.: implications for health professionals. *Cancer*. 1991;67:1772-1778.
16. Campbell S. PT 2000: nurturing the profession. *Phys Ther*. 1999;79(11):
17. 2000 and beyond: the work force study. *PT Magazine of Phys Ther*. 1998;6(1):46-52.

18. Threlkeld A, Jensen G, Royeen C. The clinical doctorate: a framework for analysis in physical therapy education. *Phys Ther.* 1999;79(6):567-581.
19. Purtilo R. Educational goals for the 21<sup>st</sup> century. *PT Magazine of Phys Ther.* 1993;1(11):115-116.
20. Beran R, Lawson G. Medical student financial assistance. *JAMA.* 1998;280:819-820.