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University of North Dakota Physical Therapy Alumni Preferences for a Transitional Doctorate of Physical Therapy Degree

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UNIVERSITY OF NORTH DAKOTA PHYSICAL THERAPY ALUMNI
PREFERENCES FOR A TRANSITIONAL DOCTORATE OF
PHYSICAL THERAPY DEGREE

by

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Submitted to the Graduate Faculty of the

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This Scholarly Project, submitted by Nolan Lubarski, Jessica McDougall, Steven Panos, and Heidi Sites 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 Advisor and Chairperson of Physical Therapy under whom the work has been done and is hereby approved.

(Graduate School Advisor)

(Chairperson, Physical Therapy)

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ABSTRACT

The purposes of this study are to assess whether University of North Dakota Physical Therapy (UND-PT) graduates desire a transitional Doctorate of Physical Therapy (t-DPT) degree and to determine their preferences regarding this proposed educational program.

The survey was sent to 1136 alumni of the UND-PT program spanning from its first graduating class in 1970 to the class of 2002. It consisted of 8 demographic questions and 12 questions regarding areas such as curriculum content, program implementation, and personal views about the Doctorate of Physical Therapy degree. Frequencies for all responses were determined. The respondent data were also analyzed for variation across the demographic groups based on the type of physical therapy degree held, the respondents' American Physical Therapy Association (APTA) membership status, the respondents' primary work position and setting, the number of years of experience, the number of continuing education hours within the past year, and the level of exposure of the DPT degree. Open-ended narrative comments were also analyzed in order to obtain a general idea of alumni's attitudes and feelings toward a t-DPT degree.

There were 635 surveys returned for a response rate of 58%. Of these respondents, 67% were female and 32% were male. Eighty-three percent of the

respondents are between the ages of 26 and 50. Forty-nine percent held a Master's degree with 9% of respondents earning degrees beyond the MPT level. Fifty-four percent of alumni are currently APTA members. Respondents are employed in 43 of 50 states with a large number (46%) employed in either North Dakota or Minnesota. The majority of alumni are staff physical therapists (62%) working in outpatient/private practice settings (49%) treating mostly the orthopaedic population.

Forty percent of respondents are interested in obtaining a t-DPT degree from the University of North Dakota. Respondents indicate online instruction is their preferred mode of delivery (69%). Sixty-one percent of respondents ranked weekend-only classes as their first or second choice. The alumni identify Specialty Physical Therapy, Research/Evidence Based Practice, and Business Management/ Administration as the desired areas of curriculum content. Respondents also indicated family obligations, lack of interest, and time away from work as the potential obstacles preventing them from completing the t-DPT degree. In conjunction with the narrative comments, alumni seem to be unclear about the differences between the t-DPT degree, the advanced clinical doctorate degree, and the clinical specialist certification.

The information from this survey will be used by the UND-PT Department to form a t-DPT program which will attempt to correspond with its alumni's needs. Current program content is subject to change and will take into account the results of this scholarly project.

CHAPTER I

INTRODUCTION AND LITERATURE REVIEW

From the year 1918, when the Office of the Surgeon General of the Army outlined the first formalized training programs for physical therapy, there has been a continuous evolution in the level of education available to physical therapists.¹ In 1928, a minimum course of study was agreed upon by the executive committee of the American Physical Therapy Association (APTA). This "Minimum Standards for Schools of Physical Therapy" identified the subjects to be studied and the minimum number of clock hours to be devoted to the study of theory and to laboratory practice for each individual.¹ At this time, eight institutions were known to be offering programs and others were making plans for implementation of the program. A Certificate of Physical therapy was awarded for completion of this course of study.¹ In 1960, another change in the level of education available to physical therapists occurred when the House of Delegates of the APTA adopted the resolution in which the attainment of a baccalaureate degree was to be considered the minimal educational qualification of a physical therapist.¹ At this level, the expectations in performance demanded that the practitioner not only be skilled in the use of basic procedures of physical therapy but also understand the rationale for application.¹ During the 1970s, there were efforts by a few institutions to award physical therapists with a

Master's degree as the first professional (entry-level) physical therapy degree.¹ A resolution was adopted by the House of Delegates of the APTA in 1979 and revised in 1980 which proposed that entry-level education for the physical therapists be that of a post-baccalaureate degree. Also stated in the resolution was that all educational programs for the physical therapist and all developing programs for the physical therapist shall comply with the policy by December 31, 1990.¹ This proposal resulted in conflicting opinions and subsequent opposition within the physical therapy community. The disagreements focused on issues such as cost to the student and institution, changes in the health care system, and lack of continuity with the program.¹

There has been continued discussion and debate within the physical therapy community concerning the entry-level educational degree for physical therapists. Today, these discussions focus on the clinical doctoral degree. In 2000, the APTA House of Delegates endorsed an APTA Vision Statement for Physical Therapy 2020. A portion of this document states,

Physical Therapy, by 2020, will be provided by physical therapists who are doctors of physical therapy and who may be board-certified specialists. Consumers will have direct access to physical therapists in all environments for patient/client management, prevention, and wellness services. Physical therapists will be practitioners of choice in clients' health networks and will hold all privileges of autonomous practice.¹

The perceived benefits of offering a clinical doctorate degree include recognition of the physical therapist as a fully autonomous health care practitioner who is a point of entry into the health care system, facilitation of interactions with medical colleagues on an equal basis, development of administration and business skills in the area of physical therapy, and consistency with preferred outcomes of evidence-based practice. Some of the perceived liabilities include confusion of patients regarding which medical professional to consult, educational costs for the student and educational institution, and competition with other health care providers.¹ Regardless of the perceptions, educational institutions are implementing entry-level doctoral programs at a rapid pace. In 1996, the first class of physical therapists graduating with doctorate degrees came from Creighton University in Omaha, Nebraska. As of October 2002, 61 professional (entry-level) Doctorate of Physical Therapy (DPT) programs were accredited in the United States.¹ As of July 25, 2002, 85 physical therapist professional education programs have documented their intent to convert to a DPT program. Assuming no unforeseen obstacles, most of these programs will do so by 2005-2006. Due to this entry-level change, physical therapy schools are concerned with the educational opportunity offered to practicing physical therapists. The solution lies in the reality that many universities are establishing transitional doctorate of physical therapy (t-DPT) programs. There are currently 26 higher education institutions that offer a t-DPT program for United States licensed physical therapists. The t-DPT is awarded upon completion of a post-professional educational program

and signifies augmented knowledge, skills, and behaviors that are equivalent to the current professional (entry-level) DPT education standards. This learner-centered augmentation provides the physical therapist with the knowledge, skills, and behaviors that have been added to the professional (entry-level) curricula since the learner's year of graduation.¹ The t-DPT graduate will be prepared to supplement their clinical experience with a strong background of new knowledge designed for the application to patient examination, evaluation, and treatment progression.

The University of North Dakota's Department of Physical Therapy (UND-PT) has kept up with the changing pace of the physical therapy profession. UND-PT graduated its first class in 1970, and physical therapy students fulfilling all of the departmental requirements obtained a Bachelor of Science in Physical Therapy (BSPT) degree. From 1967 through 1993, the Department of Physical Therapy at UND offered a baccalaureate program. Then the department made a transition from this to a Master's degree program. The first physical therapists to graduate with a Master's of Physical Therapy (MPT) degree from UND graduated in 1994. UND-PT also formed an out-of-house, or transitional MPT, program in which physical therapy alumni of UND and physical therapists in the area could obtain a post-entry level MPT degree. UND-PT has been recently approved for providing an entry-level DPT degree beginning with the entering class of 2002.

UND-PT desires to offer a t-DPT program to provide its alumni the chance to receive the degree now being offered by this institution. A t-DPT program is one that 1) allows the US licensed physical therapist to obtain the clinical

doctorate by demonstrating knowledge commensurate with that of current professional (entry-level) DPT program outcomes and 2) takes into account a learner/ applicant's knowledge and experience.¹

A t-DPT program offers education reflecting current DPT standards and changes that have occurred in the last five to ten years.¹ It does not indicate the acquisition of advanced clinical knowledge, skills, and behavior beyond entry-level as an advanced clinical doctorate or a PhD degree would.¹

Prerequisites for entrance into a t-DPT program include: a Certificate of PT, a BSPT degree, or an MPT degree; a valid license to practice physical therapy in the United States; clinical experience; and possibly standardized examination or outcome tools.¹ A t-DPT program may encompass curriculum including, but not limited to:

clinical decision-making, physical therapy diagnostics and screening, diagnostic imaging, pharmacology, health care systems and economics, outcomes measurement, patient/client management, clinical research, principles of evidence-based practice, specific content related to the musculoskeletal, neuromuscular, cardiovascular-pulmonary, and integumentary systems, professional issues, and applied case-based analysis or capstone.¹

A t-DPT program at UND will provide its alumni with a pathway in which to obtain a DPT degree. Physical therapy alumni from UND will be offered the chance to further their personal and professional growth as a physical therapist.

Courses should be offered that include changes in the profession within the last five to ten years, which will bring their knowledge, skills, and behaviors to a level consistent with the current entry-level DPT standards.¹

Problem Statement

Since UND-PT has recently been accredited for delivery of a DPT degree, a t-DPT program needs to be established in order to meet the needs of its physical therapy alumni. To do this, the department must delineate and be responsive to the perceptions, ideas, and wishes of its alumni which will be obtained through a survey.

Purpose of the Study

The purpose of this study is to collect and analyze data from UND-PT alumni regarding their interests, perceptions, and ideas about a t-DPT degree. This information will then be used to customize a t-DPT program to meet the needs of UND-PT alumni.

Significance of the Study

This study is significant for UND and for physical therapy alumni of UND. The survey will be used to obtain information regarding the alumni's interests, perceptions, and ideas about a t-DPT degree. This information will then be used to develop a t-DPT program so UND-PT alumni will have the opportunity to pursue a DPT degree from UND. Obtaining a DPT degree will enhance the alumni's personal and professional growth, as well as help keep them competitive in the health care field. It will also provide the alumni will consistency

between previous curriculum and the course work that will be provided in the t-DPT program at UND.

CHAPTER II

METHODOLOGY

The survey was developed to help UND construct a t-DPT degree program, and therefore was supported by the UND-PT Department. The Institutional Review Board (IRB) approved this scholarly project. Methodology includes survey design, subject selection, procedures, data analysis, and data reporting.

Survey Design

The initial design of the survey instrument was based on input from the UND-PT faculty and a literature review on a t-DPT degree program. The concepts, concerns, and questions from the UND-PT faculty and a review of similar surveys and literature were used to develop the survey.

The initial draft of the survey was reviewed and critiqued by eleven faculty members from the UND-PT Department. Revisions to the survey were made based on their feedback.

A pilot test was conducted with a sample of convenience of 20 physical therapists who had not received their entry-level physical therapy degree from UND and who lived in the Grand Forks, North Dakota area. The therapists were chosen from a list supplied by the UND-PT faculty. The physical therapists who participated in the pilot study practice in various areas in the field of physical

therapy including rehabilitation, home health, pediatrics, outpatient, and acute care.

Survey Instrument

The survey instrument was a self-administered 20-item questionnaire which contained two sections, a demographics section and a section regarding preferences for t-DPT program offered by UND. The demographics sections included subject profiles of age, gender, educational background, and physical therapy practice history. The second section contained questions regarding alumni preferences for the delivery and content of a t-DPT, potential obstacles and primary benefits of a t-DPT, and a question indicating overall interest in obtaining a t-DPT degree from UND. An area at the end of the survey was present for additional comments and concerns of the alumni. See Appendix B for a copy of the cover letter and survey. The completion of the survey was estimated to take 10-15 minutes.

Subjects

The subjects of this survey are the alumni of the UND-PT program. A total of 1136 graduates from the class of 1970 through the class of 2002 were sent surveys. The surveys were sent to each alumnus' current home address that is kept on file at the UND-PT Department. Consent to participate in the study was implied upon return of the survey.

Procedure

The survey was mailed with a return reply envelope to promote a high return rate. A cover letter was sent with the survey to explain the purpose of the

survey, to ensure confidentiality, and to explain the process of disposal of the surveys. The surveys were sent out on August 28, 2002. A reminder post card was sent out three weeks after the initial mailings to all subjects who had not returned the survey at this point. All surveys received a numbered code to monitor the return rate and to facilitate mailing of follow-up post cards. The last date that surveys were accepted was October 31, 2002.

Data Analysis

Data were collected in numerical and narrative forms. Descriptive statistics were run on the data collected using the SPSS computer program on all variables.⁸ Selected analytical statistics were run to identify differences in level of interest and preferences among the alumni. Some variables were re-coded to ease statistical analysis. The narrative comments were recorded in work processing form and coded into categories according to content. Those comments that received more than one code were recorded in each category of the comments.

Data Reporting

The UND-PT Department will review data from the study. They will use this information to help structure a t-DPT program.

CHAPTER III

RESULTS

There were 1136 surveys initially mailed out. Of these surveys, 45 were undelivered, leaving a total of 1091 surveys considered valid for the study. A total of 635 surveys were returned by the due date, generating a return rate of 58%.

Demographics

Respondents from the survey represented every UND-PT graduating class from 1970 through 2002. There was approximately a 50% or greater response rate for every class from 1994 on. The highest response rate was 76% from the class of 2002, and the lowest was a 17% response rate for the class of 1984. See Table 1 for a complete respondent profile on year of graduation and class response rate.

Respondents included 206 males (32%) and 482 females (67%). They ranged in age from 21 to 60 years old with a mean age of 37 ± 8.7 years. Eighty-three percent of the respondents are 26 to 50 years old. See Table 2.

Three hundred sixty respondents (57%) graduated with an entry-level BSPT degree. The remainder (43%) graduated at the MPT level. Thirty-seven respondents (6%) earned a post entry-level master's degree and 57 respondents

Table 1. Frequencies and Percentages of Respondents by Year of Graduation

Year of Graduation	# in Graduating Class	# of Survey Respondents	% of Class Response Rate	% of Survey Respondents
1970	9	2	22	0.38
1971	12	4	33	0.76
1972	19	11	58	2.08
1973	15	8	53	1.52
1974	17	6	35	1.14
1975	21	10	48	1.89
1976	24	8	33	1.52
1977	30	11	37	2.08
1978	30	13	43	2.46
1979	30	12	40	2.27
1980	29	13	45	2.46
1981	31	16	52	3.03
1982	34	18	53	3.41
1983	36	16	44	3.03
1984	36	6	17	1.14
1985	35	11	31	2.08
1986	35	11	31	2.08
1987	41	13	32	2.46
1988	42	20	48	3.79
1989	44	18	41	3.41
1990	44	12	28	2.27
1991	44	18	31	3.41
1992	48	20	32	3.79
1994	46	25	54	4.73
1995	48	30	63	5.68
1996	45	22	49	4.17
1997	47	22	47	4.17
1998	50	34	68	6.44
1999	47	23	49	4.36
2000	50	33	66	6.25
2001	45	28	62	5.30
2002	45	34	76	6.44
	1129	528		100.00

Table 2. Frequencies and Percentages for Respondent Demographics

	Frequency	Percentage
GENDER		
Female	428	67
Male	206	32
AGE IN YEARS (Mean = 37.4, Standard Deviation = 8.71)		
21-25	50	8
26-30	127	20
31-35	114	18
36-40	90	14
41-45	123	19
46-50	79	12
51-55	44	7
56-60	6	1
ENTRY-LEVEL PT DEGREE		
BSPT	360	57
MPT	272	43
HIGHEST EARNED DEGREE		
BSPT	268	42
MPT	309	49
MS/MA	39	6
Other	18	3
APTA MEMBERSHIP		
Member	343	54
Non-member	291	46
STATE OF EMPLOYMENT		
North Dakota	169	27
Minnesota	123	19
South Dakota	52	8
Washington	30	5
Wyoming	27	4
PRIMARY POSITION		
Staff PT	394	62
Manager/Director	89	14
Owner	43	7

Table 2. Frequencies and Percentages for Respondent Demographics (Cont.)

Supervisor	33	5
Academic Educator	19	3
Other	44	7
PRIMARY PRACTICE SETTING		
Outpatient	245	39
Acute Care	98	15
Private Practice	65	10
Sub-acute Rehab	43	7
Home Health	39	6
YEARS PRACTICING AS A PT		
0- 5	181	29
6-10	119	19
11-15	112	18
16-25	163	26
26+	52	8
CONTINUING EDUCATION HOURS LAST YEAR		
0-20	305	48
21-40	238	38
41-60	47	7
61-80	13	2
81+	20	3
LEVEL OF EXPOSURE TO THE t-DPT		
No Exposure	183	29
Reading Literature	277	44
Working Relationship	25	4
In-service/Staff Meeting	23	4
Other	23	4

(9%) earned degrees beyond the MPT level. These degrees include MS/MA, DPT, MD, PhD, EdD, and JD.

Respondents indicating membership in the APTA are 343 (54.1%). Two hundred ninety-one (45.8%) respondents are not members of the APTA. See Table 2.

Respondents are employed in 43 of the 50 states. Forty-six percent of the respondents are from North Dakota or Minnesota. In order from greatest to least, the five states with the most representation are North Dakota, Minnesota, South Dakota, Washington, and Wyoming. See Table 2.

A majority of the respondents ($n = 394$, 62%) are staff therapists and are employed in various practice settings in the physical therapy profession. By far the greatest percentage (49%) of respondents are employed in outpatient or private practice settings. In order from greatest to least, the five primary practice settings with the most representation are outpatient, acute care, private practice, sub-acute rehabilitation, and home health. See Table 2.

Frequencies and percentages were calculated for every respondent demographic. See Table 2 for complete respondent profiles for all demographics discussed previously and on respondent profiles on years practicing as a physical therapist, continuing education hours last year, and level of exposure to the t-DPT.

Delivery of Program

Under delivery of the program, two questions asked specifically about 1) preferred mode of instruction and 2) class formats. The respondents indicate that online instruction is their preferred mode of delivery for 441 out of a possible 635 respondents ranking online instruction as their first or second choice. Correspondence followed with 381 first or second selections, and on-campus instruction was the least preferred mode of instruction receiving only 73 first or second selections. See Table 3. A Kruskal-Wallis ANOVA demonstrated that

Table 3. Respondents' Preferred Mode of Instruction, Class Format, Curriculum Topics, and Years Willing to Invest Towards a t-DPT Degree

Rank	On campus instruction (n)	Online instruction (n)	Correspondence (n)	Faculty Relocation (n)
#1	40	302	133	98
#2	33	139	248	95
#3	61	83	97	240
#4	322	26	39	53
Total #n	436	330	517	486
Mean Rank	3.49	1.70	2.10	2.51

Rank	Full-time day courses (n)	Full-time evening courses (n)	Part-time day courses (n)	Part-time courses (n)	Weekend only courses (n)
#1	50	11	23	120	302
#2	43	42	48	154	82
#3	19	126	98	35	43
#4	37	100	119	20	9
#5	168	29	19	27	31
Total #n	317	308	307	356	467
Mean Rank	3.73	3.31	3.21	2.10	1.68

Rank	Managed Care/ Insurance Regulations (n)	Business Management/ Administration (n)	Effective Professional Communication (n)
#1	45	82	22
#2	83	96	58
#3	113	117	96
Total #n	241	295	176
Mean Rank	2.28	2.12	2.42

Rank	Research/EBP (n)	Specialty Physical Therapy (n)	Teaching in a physical Therapy education program (n)
#1	141	267	24
#2	158	118	37
#3	84	56	56
Total #n	383	441	117
Mean Rank	1.85	1.52	2.27

# of years willing to invest in a t-DPT degree	Frequency	%
0-1 years	133	21
1-2 years	353	56
3+ years	77	12

residency location influenced rankings for online instruction ($\chi^2_{(15)} = 19.493$, $p = .002$). Alumni from the Southwest states ($n = 59$) ranked online instruction higher than those from the Plains states ($n = 202$) ($p < .05$). Residency location of the alumnus did not influence preferences for correspondence or faculty relocation delivery methods ($\chi^2_{(15)} = 7.918$, $p = .161$ and $\chi^2_{(15)} = 3.813$, $p = .577$, respectively). Finally, residency location did influence rankings for on-campus instruction ($\chi^2_{(15)} = 32.895$, $p < .001$). Alumni from the Plains states ($n = 177$) rated on-campus instruction higher than those from the Southwest ($n = 46$) or Mountain states ($n = 47$) ($p < .05$). See Appendix C for a list of states by region.

Even though on-campus instruction was the least chosen mode of instruction, our survey asked: "If traditional courses were offered at Grand Forks, ND, what format of a t-DPT program would you prefer?" Sixty-one percent of respondents ranked weekend only classes as their first or second choice. Part-time evening courses followed, garnering 43% of the first or second place votes, and full-time day courses received only 11% of the first or second choice rankings. See Table 3.

From a prepared list, respondents were asked to rank their first three choices of topics for inclusion in the t-DPT curriculum. Four hundred forty-one respondents ranked Specialty PT topics as a first, second, or third choice. Course work should be offered in orthopedics ($n = 104$), manual therapy ($n = 59$), geriatrics ($n = 52$), neurology ($n = 52$), and pediatrics ($n = 41$). See Figure 1 for additional curriculum topics suggested by respondents. From the survey's list of topics, 383 respondents would like course work in research/evidence-based

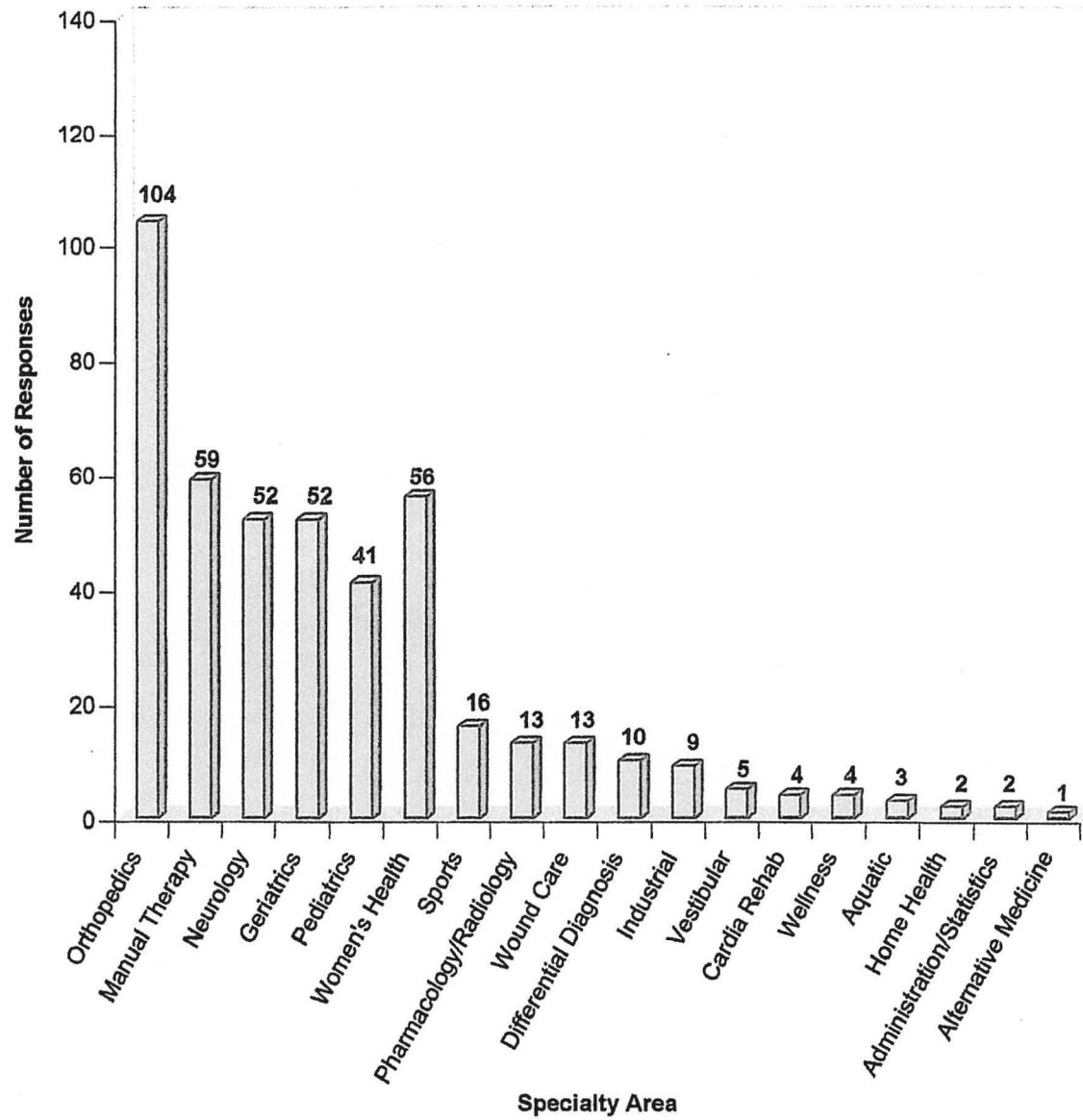


Figure 1. Frequencies of respondents' preferred curriculum topics.

practice, and 295 would like course work in business management/administration.

Seventy-six percent of the respondents are willing to invest up to two years toward receiving the post-professional t-DPT degree. See Table 3. A chi-square analysis demonstrated that the highest degree earned affected the amount of time alumni are willing to invest in a t-DPT degree ($\chi^2_{(4)} = 54.868, p < .001$). Ninety-four percent of alumni with an MPT degree are willing to invest 1 to 2 years to obtain a t-DPT degree and only 6% are willing to invest 3 years. For those with a BSPT degree, 76% are willing to spend 1 to 2 years and 24% are willing to invest 3 or more years to obtain the t-DPT. Chi-square analysis also demonstrated that the physical therapists' ages influenced the number of years they are willing to invest in a t-DPT degree ($\chi^2_{(12)} = 65.138, p < .001$). Younger therapists (ages 21-30 years, $n = 173$) are willing to invest only one year to obtain a t-DPT degree, whereas those between the ages of 36 and 50 ($n = 245$) are willing to invest three or more years to obtain a t-DPT degree ($p < .05$).

Travel Preferences

Seventy percent of the respondents report that they are willing to travel to Grand Forks, ND, up to 3 to 4 times per year. If courses were available at a location other than Grand Forks, ND, 73% of the respondents indicate that they would travel up to 200 miles to meet at a designated central location. See Table 4.

Table 4. Frequencies and Percentages of Respondents' Travel Preferences

# of times willing to travel to Grand Forks, ND, in one year	Frequency	%
1-2 times	301	47
3-4 times	147	23
5-6 times	52	8
7+ times	55	9

Distance willing to travel to a central location	Frequency	%
0-100 miles	299	47
101-200 miles	166	26
> 200 miles	113	18

# of times willing to travel to a central location in one year	Frequency	%
1-2 times	167	26
3-4 times	233	37
5-6 times	98	15
7+ times	67	11

Potential Obstacles/Primary Benefits

Respondents were asked to rank their top three obstacles to the completion of a t-DPT program. Out of nine potential obstacles, Lack of Interest was a factor for 161 respondents. After this, Family Obligations (n = 339, mean rank = 1.68), Time Away from Work (n = 328, mean rank = 1.99), and Distance (n = 337, mean rank = 2.01) were the greatest obstacles. See Table 5.

Table 5. Respondents' Potential Obstacles and Primary Advantages to Obtaining a t-DPT Degree from UND

Rank	Distance (n)	Tuition (n)	Program Length (n)	Financial Aid (n)	Lack of Interest (n)
#1	115	72	18	1	95
#2	104	87	59	11	27
#3	118	91	94	5	39
Total #n	337	250	171	17	161
Rank Mean	2.01	2.08	2.44		2.24 1.65

Rank	Availability of Distance Ed. (n)	Family Obligations (n)	Time Away from Work (n)
#1	24	173	91
#2	50	101	148
#3	62	65	89
Total #n	136	339	328
Rank Mean	2.28	1.68	1.99

Primary Advantage of a DPT Degree	Frequency	%
Career Advancement	49	8
Personal Growth	164	26
Professional Growth	331	52
Financial Gains	13	2
Other	39	6

Out of the five choices as the primary advantage of obtaining a t-DPT degree, 52% of the respondents thought that professional growth would be the primary advantage. Twenty-six percent believe personal growth would be the main advantage of acquiring the degree and only 2% of the respondents consider financial gains as the major advantage of obtaining a t-DPT degree. See Table 5. Chi-square analysis showed that a physical therapist's gender ($\chi^2_{(3)} = 1.217, p = .749$), highest degree earned ($\chi^2_{(6)} = 2.207, p = .900$), years practicing physical therapy ($\chi^2_{(6)} = 7.623, p = .267$), and number of continuing education hours ($\chi^2_{(6)} = 8.008, p = .238$) did not influence his or her perceptions of the primary advantage to obtaining a t-DPT degree. Chi-square analysis could not be used to analyze other relationships as there were greater than 20% of the cells with an expected count of less than 5.

Interest Level

Forty percent ($n = 257$) of the UND alumni who responded to the survey are interested in obtaining a t-DPT degree through UND-PT. Thirty percent ($n = 188$) of respondents expressed a neutral opinion and 27% ($n = 175$) are not interested in a t-DPT at UND-PT. See Table 6.

When demographics were compared to UND-PT alumni's interest level in obtaining a t-DPT degree, a Kruskal-Wallis ANOVA demonstrated that gender ($\chi^2_{(1)} = 1.372, p = .242$), physical therapists' primary positions ($\chi^2_{(3)} = 3.829, p = .281$), and continuing education hours ($\chi^2_{(3)} = 1.566, p = .667$) did not influence the level of interest in obtaining a t-DPT degree at UND-PT. APTA membership did influence the interest level ($\chi^2_{(1)} = 11.985, p = .001$). Alumni ($n =$

Table 6. Frequencies and Percentages of Respondents' Level of Interest in Obtaining a d-DPT Degree Administered by UND

Interest Level	Frequency	%
Strongly Agree	103	16
Agree	154	24
Neutral	188	30
Disagree	91	14
Strongly Disagree	84	13

340) belonging to the APTA are more interested in obtaining a t-DPT degree than nonmembers ($n = 279$) of the APTA ($p < .05$).

Analysis also indicated that physical therapists' ages influenced their level of interest in obtaining a t-DPT degree ($\chi^2_{(6)} = 38.546, p < .001$). Those alumni between the ages of 21 and 25 ($n = 50$) are more interested in obtaining a t-DPT degree than those between 41 and 60 years old ($n = 245$) ($p < .05$). Twenty-six to 30-year-olds ($n = 127$) are also more interested in obtaining a t-DPT degree than those between 51 and 60 years old ($n = 49$) ($p < .05$). A physical therapist's highest degree earned ($\chi^2_{(3)} = 42.238, p < .001$) and the number of years they have been practicing ($\chi^2_{(4)} = 30.562, p < .001$) also influenced the interest level. Physical therapists with an entry-level Master's degree ($n = 308$) are more interested in obtaining a t-DPT than those with an entry-level Bachelor's degree ($n = 259$) ($p < .05$). Those alumni practicing physical therapy for five years or

less (n = 179) are more interested in obtaining a t-DPT degree than those practicing for greater than 11 years (n = 434) (p < .05).

Further analysis revealed that residency affected the physical therapists' level of interest ($\chi^2_{(5)} = 12.041$, p = .034). Physical therapists residing in the Plains states (n = 225) are more interested in obtaining a t-DPT from UND-PT than those from the Pacific Northwest (n = 78), Mountain (n = 59), and Midwest states (n = 158) (p < .05). Primary practice setting also influenced the interest level in obtaining a t-DPT degree from UND-PT ($\chi^2_{(9)} = 26.395$, p < .001). Physical therapists practicing in an outpatient setting (n = 243) are more interested in pursuing a t-DPT degree than those practicing in acute care (n = 98), home health (n = 39), or long-term care settings (n = 34) (p < .05). Practicing pediatric physical therapists (n = 17) and physical therapists in private practice (n = 64) are also more interested than those practicing home health (n = 39) (p < .05). Finally, the alumni's level of exposure to the t-DPT degree influenced his or her interest in pursuing a t-DPT degree ($\chi^2_{(4)} = 15.755$, p = .003). Physical therapists who have had exposure to the t-DPT degree through reading literature (n = 273) are more interested in obtaining this degree than those who have had no exposure to the t-DPT (n = 179) (p < .05).

Narrative Comments

Alumni expressed their feelings, concerns, and opinions regarding the t-DPT degree via an open-ended comment section at the end of the survey. Three hundred five comments were grouped into 14 categories based on the general theme of the response. See Table 7 for a summary of the 14 categories

Table 7. Summary of Narrative Categories with Brief Overview

Category	n	%	Brief Overview of Category Content
Course work concerns	42	14	Mode of administration of t-DPT courses offered and relevance of clinical experience and continuing education
PT professional concerns	41	13	Relevance of a t-DPT degree for clinical practice
Travel/distance/ setting location	39	13	Ability to access t-DPT
Faculty/new profession/ different t-DPT program	32	11	Ineligible prospective enrollees, graduating physical therapists with new professions, and selection of more convenient t-DPT programs
Positive comments	22	7	Expression of support for survey, approval of UND's move toward a DPT, and statements of interest in obtaining the degree through UND
Financial gain/status	22	7	Anticipated financial gain and/or reference to degree as a status-seeking ploy
New grad/career length	21	7	Recent graduates' concerns and/or length of practicing physical therapists' careers
Time constraints	17	6	Time commitment toward completion of a DPT program
Financial gain/tuition	16	5	Comparisons of tuition and lack of foreseeable financial gain
Tuition	14	5	Cost of tuition in relation to potential benefits or non-benefits of DPT
Reimbursement/direct access	13	4	Reimbursement issues and level of autonomy with direct access
Family obligations	10	3	Family commitments
BS degree concerns	8	3	Steps required for bachelor degree graduates prior to entering a DPT program
Age/retired/not working	8	3	Physical therapists' age, closeness to retirement or whether physical therapists currently possess an inactive license

listed in order from greatest to least number of responses, along with a brief overview of the themes of each category.

The 305 comments taken from the surveys were analyzed with time and consideration spent on the four categories with greater frequencies of responses. In general, comments in these categories either displayed a level of interest or disinterest with obtaining a DPT or gave reasons why the respondents would/would not be interested in the degree. The following samples of the “most frequent” categories give insight into making this assumption. For a complete listing of all comments contained in each category, refer to Appendix D.

The Course work Concerns category consists of comments in which practicing physical therapists stated how they would like the t-DPT to be administered and what courses they would like to be offered. This category also included respondents’ concerns of whether their clinical experience and continuing education would be considered prior to entering the program. Convenience for category. Supportive statements towards this theme included: “A DPT program must ‘deserve; to be a DPT program. It must have a significant advancement over an MPT program.” “Currently leaning more toward specialized DPT vs. t-DPT, but if more time and cost effective, if I could get strong orthopedic evidence-based practice, and business management information, I’d definitely consider UND.” “I also think that when obtaining a transitional DPT, years of experience and continuing ed. courses should somehow be factored into what it will take for an individual to actually earn their DPT.” “I would be interested in the DPT program but feel it would work the best

if course work could be done on weekends or on-line so I could continue to work full-time.” “I am not interested in obtaining a DPT for a number of reasons. I have consistently participated in continuing education that is of interest/benefit to the work setting of employment.” “I would only consider getting a DPT if it had a very strong clinical base to the course work that could be applied in my practice setting.” “In order for me to go for a transitional DPT, the program would/should be highly specialized - not information I can learn by just going to continuing education courses. Also, I'd like to have the opportunity to choose a specialty track. Without those provisions, I have a hard time justifying the financial and time investment, since obtaining the title doesn't cause us to advance in job pay or title.”

The Physical Therapy Professional Concerns category consists of comments whereby alumni question whether a DPT will be of any clinical benefit and whether it is in the best interest of the practice of physical therapy. Supportive statements regarding the questions of clinical benefit include: “At this time, a DPT program has no benefits clinically. I work with a DPT and she was no better prepared for clinical practice than I was and only had 2 weeks more internship experience.” “Clinically, I believe this would help no one. I do think it may help us navigate the business side of things if that's the focus, but continuing ed., experience, and self-study are more than adequate for clinical improvement.” Regarding the doubts of professional relevance, supportive statements included: “In speaking with other clinicians, I have often heard discussion which questions whether a DPT earned by further classroom time is

going to improve the qualifications of new DPT grads.” “I am not convinced that DPT as entry-level degree is good for physical therapy generally. We price ourselves out of the market, making physical therapy less affordable and less available for people who benefit from our services.” “I am unsure how the DPT would benefit me at this time. I don’t feel this degree will benefit our profession unless it would mean direct access or give us the ability to order x-rays, etc. I question the need for this degree in the real world.” “I feel a DPT would be beneficial for those interested in working at a university and/or business owner. For the majority of physical therapists, I do not feel it is necessary.”

The next most frequent response category was Travel/Distance/Setting Location, which consists of comments regarding distance from Grand Forks and travel to Grand Forks as major areas of concern. This category also contains comments from practicing physical therapists in rural settings who could not leave work due to lack of staff. The general theme that emerged from this category was that unless the mode of instruction was online or correspondence, alumni would not pursue the t-DPT due to their location. Supportive statements of this theme included: “If the program is available and I can continue to work and/or live where I do now, I would further my education at UND-PT program.” “My greatest obstacle would be frequent travel to North Dakota as I now live 1200+ miles away.” “Distance is a big issue. I live in Oregon, too far to travel.” “I am in a rural setting with no other physical therapists in my community, leaving work would be difficult.” “I feel UND-PT would offer an outstanding DPT

program, however, it would not be my first choice due to distance unless online or correspondence.”

The final most frequent response category was Faculty/New Profession/Different t-DPT Program and consists of comments from UND Department of Physical Therapy faculty who are not eligible to complete the DPT at the University. It also consists of comments from previous physical therapists who have changed professions (i.e., MD) and practicing physical therapists who expressed interest in receiving a DPT closer to their home/work place. The general themes that emerged from this category were that some alumni cannot pursue the t-DPT at UND, choose not to pursue the degree because of change in profession, or will choose a DPT program they feel is more convenient for them. Supportive statements regarding these themes included: “Because I live near EWU and they have a DPT program in place beginning this year, if I decide to do it, I’d choose EWU.” “My input from here is not appropriate. As faculty, I will be teaching courses. As a UND employee in physical therapy, I am ineligible to get the degree from UND.” “Simmons College in Boston, MA, has an entirely online program for \$5,000.” “Since I have a DSc degree in orthopaedic PT, I doubt that I would also pursue a DPT degree.” “I worked as a physical therapist for 4 years prior to starting medical school. I have not practiced PT since 1980.”

The categories with the least frequent amount of responses, yet recorded in Appendix D, were: Positive Comments (n = 22), Financial Gain/Status (n = 22), New Grad/Career Length (n = 21), Time Constraints (n = 17), Financial Gain/Tuition (n = 16), Tuition (n = 14), Reimbursement/Direct Access (n = 13),

Family Obligations (n = 10), Bachelor Degree Concerns (n = 8), and Age/Retired/Not Working (n = 8).

In summary, Course work and Physical Therapy Professional Concerns, Travel/Distance/Setting Location, and Faculty/New Profession/Different t-DPT program were the categories in which 51% of 154 narrative comments were included.

CHAPTER IV

DISCUSSION AND CONCLUSION

Demographics

Respondent demographics are similar to demographics at the national level. Relative to gender, 67% are females and 32% are males, which is similar to the national representation (64% female and 36% male).⁹ A majority of the respondents (71%) are between the ages of 26 and 45 years with a mean of 37 years, which is again similar to the national average (40 years). See Figure 2 for a comparison of UND-PT alumni respondents to a national profile in areas of gender, degrees, primary practice settings, and years practicing as a physical therapist.

Construction of a t-DPT Program

Overall, respondents would like to see a t-DPT program available through online instruction. This, along with the choice of weekends only format for traditional courses held at UND, suggests that respondents prefer a method of instruction and course format that would have minimal disruption to their professional and personal lives. Likewise, respondents from the Plains states preferred on-campus instruction more than did those from other states. This may be because their residency location allows them access to UND in a more convenient, less costly manner.

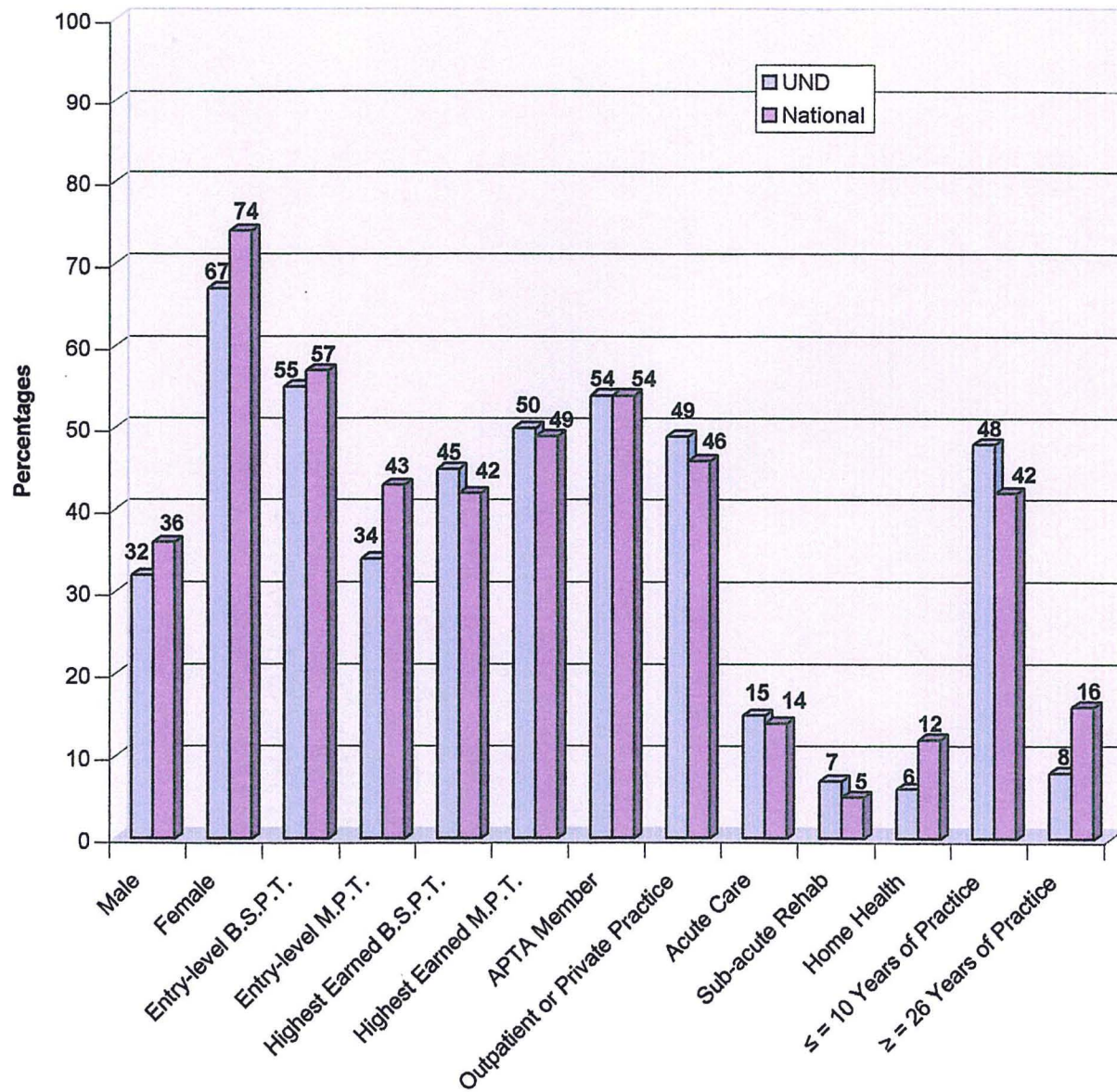


Figure 2. Comparison of UND alumni respondents to the national PT profile.

As previously noted, clinical specialty topics should be part of the t-DPT course work, with the most interest expressed in orthopaedics, manual therapy, geriatrics, neurology, and pediatrics. The selections identified in this survey differ very slightly from the distribution of specialists currently certified by the American Board of Physical Therapy Specialties.¹⁰ Most APTA certifications are held in orthopaedics, followed by geriatrics, pediatrics, sports, and neurology. If the UND-PT survey responses of orthopaedics and manual therapy were combined, orthopaedics would rank first, geriatrics second, neurology third, and pediatrics fourth, closely reflecting APTA certification data. Requests for Research/Evidence-Based Practice and Business Management/Administration courses are also closely tied to the recommended topics within the APTA Preferred Curricular Model for the Transitional Clinical Doctorate Program and Learner.¹¹ The most frequently stated areas of interest involved in this survey will be taken into consideration by the Department in developing the required and elective courses offered to prospective enrollees.

It is yet to be determined if the t-DPT program will deliver course work by distance learning, on-campus education, instruction at a central regional location, or a combination of these delivery methods. Thus, traveling between work, home, school, and/or a central location is a possibility for the t-DPT students. Analyzing the respondents' travel preferences is essential to the success of a program. Results indicate the majority of alumni are willing to travel to Grand Forks, ND, up to 3 to 4 times in one year. If UND faculty members instruct classes at a central regional location, the respondents prefer traveling a distance

of less than 200 miles, 4 or fewer times per year. Finally, although the UND-PT Department will strive to develop a program that will facilitate alumni needs, it must be understood that traveling to Grand Forks may also be required.

According to the APTA, the purposes of developing entry-level DPT programs are to increase educational preparation of new graduates, meet societal expectations of a fully autonomous health care provider, and meet professional goals consistent with other clinical doctorate degree holders.⁵ Professional growth is the APTA's primary goal for supporting the transition to establish physical therapy at the doctoral level. Respondents' ratings were consistent with the APTA's vision for the future of physical therapy. The majority of respondents indicated professional growth as the primary advantage to obtaining a t-DPT degree.

Our results show that 40% of UND alumni are interested in obtaining a t-DPT degree administered by UND-PT. These findings indicate that there is greater interest in obtaining a t-DPT degree among UND physical therapy alumni from their alma mater than those findings reported by Lombardo, et al¹² and Detweiler, et al.¹³ This suggests greater sense of loyalty by alumni wanting to obtain a t-DPT degree from UND. Interest levels were influenced by a number of factors. Physical therapists belonging to the APTA and who have had exposure to the DPT degree are more interested in obtaining a t-DPT degree suggesting they are more aware of the potential benefits for the individual and for the profession. Degree level, age, and years of practice influenced interest in the t-DPT degree. In retrospect, these variables are interrelated. More recent

graduates, those most interested in the t-DPT degree, received the MPT, are younger, and have less practice experience. These individuals have more incentive to obtain a doctorate level degree as established by the APTA's Vision 2020. They will be practicing longer and much more will be expected of them, as an entry-level doctorate degree will be the profession standard. Physical therapists from the Plains states are most interested in obtaining a t-DPT degree at UND-PT, once again due to the proximity and convenience of a program offered by UND. Physical therapists practicing in outpatient settings are more interested in pursuing a t-DPT degree because there are increased expectations with the rapid changes in the health care system.⁵ For example, entry-level physical therapists need to be proficient with the direct and indirect (direct access, physician status, reimbursement/insurance regulations, and business management) aspects of patient care.

Narrative Comments

Many respondents chose to write personal comments at the completion of the survey and a majority of these comments were based on concerns with the course work to be offered and concerns with the movement of the profession towards granting an entry-level doctorate degree. In general, practicing physical therapists seem uninformed as to the purpose of a t-DPT and they are confused between a transitional degree, an advanced clinical doctorate degree, and a clinical specialist certification. In order for the UND-PT Department to market a t-DPT program and promote the attainment of the degree, a thorough definition regarding the specifics of a transitional doctorate degree apart from an advanced

clinical doctorate degree and a clinical specialist certification must be accomplished. The prospective enrollees need to be aware of exactly what the education entails and how it may be of use to them in the future.

The t-DPT degree does not reflect the acquisition of advanced clinical skills (i.e., specialization); rather, it reflects an augmentation in the physical therapist professional body of knowledge and practice over the last 5 to 10 years.⁵ The outcome competencies of the graduate of a t-DPT program are most analogous to those of current professional (entry-level) DPT standard. The t-DPT degree is available to anyone with a US license to practice as a physical therapist and who has earned a professional baccalaureate, certificate, or master's degree in physical therapy. Thus, physical therapist practitioners, educators, administrators, managers, and researchers can pursue a t-DPT degree. Specific requirements for t-DPT graduation may vary depending upon the entry-level degree, current knowledge, skills, and experiences, and the specific t-DPT program elected to complete. Prospective enrollees need to understand that, with this degree, they will be perceived as possessing all of the rights, privileges, and obligations associated with being a member of a doctoring profession.

Because of the direction the physical therapy profession is moving, direct access and related practitioner qualifications for reimbursement are areas whereby a doctorate degree will be required. Therefore, when respondents state, "I would only consider getting a DPT if it had a very strong clinical base to the course work that could be applied in my practice setting," they must realize

that obtaining a t-DPT will bring them up to entry-level and allow them to practice and be reimbursed under direct access. The degree will not provide specialization, although electives relevant to their work setting may be offered.

In contrast, a clinical specialization in physical therapy responds to a specific area of patient need and requires knowledge, skill, and experience exceeding that of the physical therapist at entry to the profession and unique to the specialized area of practice.⁵ It was established to provide formal recognition for physical therapists with advanced clinical knowledge, experience, and skills in a special area of practice and to assist consumers and the health care community in identifying these physical therapists. Seven clinical specialty areas are currently established with 3996 people possessing clinical specialist certification. Minimum eligibility requirements include 1) current license to practice physical therapy in the United States, Puerto Rico, the District of Columbia, or the Virgin Islands and 2) evidence of a minimum of 2000 hours of direct patient care in the specialty area within the last 10 years. Twenty-five percent of these hours must have occurred within the last three years. Direct patient care must include examination, evaluation, diagnosis, prognosis, and intervention. Once deemed eligible, prospective specialists must complete a 200-question examination constructed by the Specialty Council.

Also in contrast to the transitional doctorate degree, the post-professional advanced clinical doctorate reflects the acquisition of advanced level knowledge and skills associated with specialization, certification, clinical residencies, fellowships, etc.⁵ Eligibility requirements for this type of degree vary depending

upon the institution, but each individual must complete a number of courses in his/her specified area and must have a number of direct patient care hours in the specialty field. In addition, either a doctoral dissertation or a peer-reviewed paper regarding the individual's area of interest must be completed. It is also noted that a clinical specialty certification may assist in the completion of an advanced clinical doctorate.

The differences between the three programs can clearly be seen and each has distinct advantages for the practitioner. The comment section of this survey was meant to provide physical therapy alumni an outlet to vent their concerns, feelings, and opinions regarding the t-DPT degree. To them, it was a form of expression. To the UND-PT Department, the comments provided an opportunity to take a deeper look into where any misconceptions or disinterest may be thriving. It was found that the most frequent comments represented a closer match to the goals and objectives of the clinical specialist or advanced clinical doctorate programs than of the t-DPT program. In order for UND-PT to publicize and advocate the t-DPT degree, more clear lines of distinction between the t-DPT, clinical specialist certification, and advanced clinical doctorate degree need to be established. Once practicing clinicians become educated on this distinction, the expectations for a t-DPT program may be clarified and clinicians may gain a better understanding of the direction toward which the profession of physical therapy is moving.

Limitations and Recommendations for Future Research

There were several limitations to the present study. Although there was an adequate response rate, 42% of the surveys were still not returned, representing a large portion of the population studied. This may have biased the survey results by implying a higher interest in obtaining a t-DPT degree from UND than what exists. After data and comments were analyzed, it became apparent that some of the survey questions implied interest in coming back to UND for the t-DPT, even if the person really was not interested in obtaining the t-DPT degree. The last question: "I would be interested in obtaining a t-DPT degree from UND" could have been placed under the demographic portion of the survey so that if the respondent was not interested in the degree, the result of the survey pertaining to program preferences could have been omitted. The survey could have also been improved with the addition of comments pertaining to the way in which a person answered a question. On hindsight, because most physical therapists preferred online instruction, the question about course format for on-campus instruction could have been restructured. The survey should have also included a question regarding interest in obtaining a t-DPT degree, and not just asking the question about obtaining a t-DPT degree from UND. This would have provided a clearer picture of how many of UND-PT alumni are interested in obtaining the degree. Finally, this survey sample was representative of only those PT alumni from UND, so the results of this study cannot be generalized to other t-DPT programs. Also, it did not take into account

those who did not initially graduate from UND-PT, but who are interested in pursuing the t-DPT degree from UND.

Conclusion

It appears that there is interest among UND-PT alumni in obtaining a t-DPT degree from UND. It is apparent from study findings that the physical therapists prefer a flexibly-designed t-DPT program that allows the therapist to maintain employment and provides opportunity for specialization in an area of physical therapy. Indirect and direct aspects of patient care were emphasized curricular topics by UND-PT alumni. Two common expectations of the t-DPT degree that emerged from the respondents were enhancement of professional and personal growth. Survey responses also demonstrated alumni's confusion between the t-DPT degree, post-professional physical therapy degrees, and/or specialty certifications. Education to clear up the physical therapists' misunderstandings should outline the different degree programs or specialization programs in physical therapy as well as the benefits or advantages of obtaining post-professional degrees or acknowledgment of specialty certifications. This study will assist UND-PT to develop and implement a t-DPT program that will take the ideas, wishes, and perceptions of UND alumni into consideration.

APPENDIX A

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REPORT OF ACTION: PROTOCOL CHANGE
University of North Dakota Institutional Review Board

Date: August 8, 2002 **Project Number:** IRB-200207-011
Name: Lubarski, Nolan; McDougall, Jessica; Panos, Steven; Sites, Heidi **Department/College:** Physical Therapy
Project Title: University of North Dakota Physical Therapy Graduates Preferences Regarding a Transitional
Doctorate of Physical Therapy Degree

The above referenced project was reviewed by a designated member for the University's Institutional Review Board on August 27, 2002 and the following action was taken:

Protocol Change approved. **EXPEDITED REVIEW** Category No. _____
Next scheduled review must be before: _____

**Copies of the attached consent form dated _____ must be used
in obtaining consent for this study.**

Protocol Change approved. **EXEMPT REVIEW** Category No. 2
 This approval is valid until June 1, 2003 as long as approved procedures are followed. No periodic review scheduled unless so stated in the Remarks Section.

**Copies of the attached consent form dated _____ must be used
in obtaining consent for this study.**

Minor modifications required. The 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.)

Protocol Change approval deferred. **This study may not be started until final IRB approval has been received.** (See Remarks Section for further information.)

Protocol Change denied. (See Remarks Section for further information.)

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

Any changes in protocol and/or consent forms must receive IRB approval prior to being implemented. You must submit a memo with a copy of the Consent Form and a revised Human Subjects Review Form, with the appropriate signatures, to the Office of Research and Program Development for review and approval.

PLEASE NOTE: Requested revisions for student proposals MUST include adviser's signature. All revisions MUST be highlighted.

Education Requirements Completed. (Project cannot be started until IRB education requirements are met.)

cc: Renee Mabey, Adviser

Jon P. Madden 8-27-02
Signature of Designated IRB Member Date
UND's Institutional Review Board

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.
(Revised 2/2001)

University of North Dakota Human Subjects Review Form

Please Note: The policies and procedures of the University of North Dakota apply to all activities involving the use of Human Subjects performed by faculty, staff and students conducting such activities under the auspices of the University. No activities are to be initiated without prior review and approval as prescribed by the University's policies and procedure governing the use of human subjects. When preparing your Human Subjects Review Form, use the attached "IRB Checklist".

Please provide the information requested below:

Principal Investigator: Nolan Lubarski, Jessica McDougall, Steven Panos and Heidi Sites

Telephone: 701-777-2831 Address: UND Dept of Physical Therapy PO Box 9037

E-mail address: nlubarsk@medicine.nodak.edu, jmcdouga@medicine.nodak.edu and hsites@msn.com

School/College: UND/Medicine Department: Physical Therapy

Student Adviser (if applicable): Renee Mabey

Telephone: 701-7774854 Address: UND Dept of Physical Therapy PO Box 9037 attn: Renee Mabey

E-mail address: rmabey@medicine.nodak.edu

School/College: UND/Medicine Department: Physical Therapy

University of North Dakota Physical Therapy Graduates Preferences Regarding a Transitional
Project Title: Doctorate of Physical Therapy Degree.

Proposed Project Dates: Beginning Date: 6/15/02 Completion Date: 6/1/03

Funding agencies supporting this research: N/A

(A copy of the funding proposal for each agency identified above MUST be attached to the proposal when submitted.)

YES or NO Does the Principal Investigator or any researcher associated with this project have a financial interest in the results of this project? If yes, please submit on a separate piece of paper an additional explanation of the financial interest (other than receipt of a grant)

If your project has been or will be submitted to another Institutional Review Board (s), Please list those boards below along with the status of each proposal.

	Date Submitted: <input type="checkbox"/>	Status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending
	Date Submitted: <input type="checkbox"/>	Status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending

Type of Project: Please Check Yes or No to the following.

YES or NO New Project

YES or NO Dissertation/Thesis

YES or NO Continuation/Renewal

YES or NO Student Research Project

YES or NO Protocol Change for previously approved project

(resubmit "Human Subjects Review Proposal" with changes bolded or highlighted and signed)

Cooperating Institution: _____

YES or NO **Will any institution of agency personnel assist in the Proposed Project?**

Copies of letters indicating the willingness of the institution/agency to cooperate in the study and an understanding of the study MUST be attached. Letters must include the name and title of the individual signing the letter and, if possible, should be printed on letterhead.

Subject Classification: This study will involve subjects who are in the following special populations: Check all that apply.

- Minors (<18 years)
 Prisoners
 Pregnant Women/Fetuses
 Persons with impaired ability to understand their involvement and/or consequences of participation in this research
 UND Students
 Other _____

For information about protections for each of the special populations please refer to the protected populations section on the Office of Research and Program Development website.

This study will involve: Check all that apply.

- New Drugs (IND)
 Non-approved Use of Drug(s)
 Recombinant DNA
 Fetal Tissue
 Stem Cells
 Other (Discarded tissue, fluids, blood, etc.)
 None of the above will be involved in this study

I. Project Overview

Please provide a brief explanation (limit to 200 words or less) of the rationale and purpose of the study, introduction of any sponsor(s) of the study, and justification for use of human subjects and/or special populations (e.g., vulnerable populations such as minors, prisoners, pregnant women/fetuses).

The University of North Dakota Physical Therapy Department has been in place since 1970. As the profession has evolved so has the physical therapy program. In 1994, the Department changed from an entry level Bachelor of Science in Physical Therapy degree to a Master of Science Physical Therapy degree. Again we are restructuring our program by offering a entry level Doctorate of Physical Therapy degree. This will allow us remain in the forefront of the physical therapy profession. The purposes of this survey are to assess whether University of North Dakota Physical Therapy graduates desire a transitional Doctorate of Physical Therapy degree (D.P.T.) and determine their expectations for such a program and future benefits they may expect from pursuing their educational endeavors. A survey of eight demographic questions and twelve questions regarding areas such as curriculum content, program implementation, and personal views about the D.P.T. degree will be distributed to each UND PT graduate. Results will be analyzed as surveys are returned. Faculty of the Department of Physical Therapy at the University of North Dakota will then take this information and design a transitional D.P.T. program to correspond with its alumni needs.

II. Protocol Description

Please provide a succinct description of the procedures to be used by addressing the instructions under each of the following categories. Individuals conducting clinical research please refer to the "Guidelines for Clinical-Research Protocols" on the Office of Research and Program Development website.

1. Subject Selection.

- a) Describe recruitment procedures (i.e., how will subjects be recruited, who will recruit them, where and when they will be recruited and for how long) and include copies of any advertisements, fliers, etc., that will be used to recruit subjects. All physical therapists that obtained their entry level physical therapy degree from the University of North Dakota will be sent a survey.
- b) Describe your subject selection procedures and criteria, paying special attention to the rationale for including subjects from any of the categories listed in the "Subject Classification" section above. Subject's home addresses will be obtained via University of North Dakota Department of Physical Therapy alumni databases.
- c) Describe your exclusionary criteria and provide a rationale for excluding subject categories.
N/A
- d) Describe the estimated number of subjects that will participate and the rationale for using that number of subjects. The survey will be sent to approximately 1200 physical therapists as this includes all of the University of North Dakota's physical therapy alumni.
- e) Specify the potential for valid results. If you have used a power analysis to determine the number of subjects, describe your method.
The number of responses will be determined by decisions to return the survey. The survey has been revised and refined in order to help achieve a greater response rate. Follow-up postcards will be sent at three weeks and again at six weeks.

2. Description of Methodology.

- a) Describe the procedures used to obtain informed consent.
Each subject will receive a cover letter with survey that will introduce him or her to the study and invite him or her to participate. Return of the survey will be viewed as implied consent.
- b) Describe where the research will be conducted.
University of North Dakota Department of Physical Therapy.

- c) Indicate who will carry out the research procedures.
The research will be carried out by the participating students of this project with the guidance of and communications with the University of North Dakota Physical Therapy faculty.
- d) Briefly describe the procedures and techniques to be used and the time required to complete them.
Surveys will be distributed by mail beginning in August 2002. The survey and cover letter will be sent to individuals along with a pre-addressed business envelope. Reminder cards will also be sent out at three weeks and six weeks for those subjects who haven't returned the survey. Data will be entered into S.P.S.S. and descriptive and analytical statistics with an alpha level of .05 will be used to compile the data. Results from the survey will be reported in the independent study, which will be placed in University of North Dakota School of Medicine and Health Sciences Library upon completion. The University of North Dakota Physical Therapy faculty will use the results to design a transitional D.P.T. program. Any subjects interested in results will also be encouraged to contact University of North Dakota Department of Physical Therapy at their convenience or monitor the progress of the doctorate program at www.med.und.nodak.edu/depts/pt/home.htm.
- e) Describe audio/visual procedures and proper disposal of tapes.
N/A
- f) Describe the qualifications of the individuals conducting all procedures used in the study.
Participating students in this research study have obtained a Bachelor of Science in Physical Therapy and are projected to obtain a Master's degree in Physical Therapy in May 2003. The students will work with the advice and guidance offered by the University of North Dakota Physical Therapy faculty.
- g) Describe compensation procedures (payment or class credit, etc.)
This project is supported and funded by the University of North Dakota Department of Physical Therapy. The participating students will receive class credit upon completion of this research project.

Attachments Necessary: Copies of all instruments (such as survey/interview questions, data collection forms completed by subjects, etc.) must be attached to this proposal.

3. Risk Identification.

- a) Clearly describe the anticipated risks to the subject/others including any physical, emotional, and financial risks that might result from this study.
The greatest risk to our subjects is confidentiality. (no physical or emotional risks...).
- b) Describe precautions you will take to minimize potential risks to the subjects (e.g., sterile conditions, informing subjects that some individuals may have strong emotional reactions to the procedures, debriefing, etc.).
All surveys will be completed anonymously and reported in aggregate.
- c) Indicate whether there will be a way to link subject responses and/or data sheets to consent forms, and, if so, what the justification is for having that link.
An identification code will be put on each return reply envelope linking a person to a survey in efforts to send reminder cards to those who don't reply within three weeks and then again at six weeks. Only sending reminder cards to those who don't return the survey will help to cut costs associated with this project.

4. Subject Protection

- a) Describe procedures you will implement to protect confidentiality (such as coding subject data, removing identifying information, reporting data in aggregate form, etc.).
All surveys will be completed anonymously and reported in aggregate.
- b) Indicate that the subject will be provided with a copy of the consent form and how this will be done.
There will be no consent form for this study. Each subject will receive a cover letter with survey that will introduce him or her to the study and invite him or her to participate. Return of the survey will be viewed as implied consent.
- c) Describe the protocol regarding record retention. Please indicate that research data from this study and consent forms will both be retained in separate locked locations for a minimum of three years following the completion of the study. All surveys including cover letters will kept in a confidential file, in the office of our advisor Renee Mabey, a locked room, at University of North Dakota Department of Physical Therapy for three years following completion of the study. After three years, all data will be shredded.
Describe: a) the storage location of research data (separate from consent forms and subject personal data)
b) who will have access to the data
c) how the data will be destroyed
d) the storage location of consent forms and personal data (separate from research data)
e) how the consent forms will be destroyed
- d) Describe procedures to deal with adverse reactions (referrals to helping agencies, procedures for dealing with trauma etc.).
N/A
- e) Include an explanation of medical treatment available if injury or adverse reaction occurs and responsibility for costs involved.
N/A

III. Benefits of the Study

Clearly describe the benefits to the subject and to society resulting from this study (such as learning experiences, services received, etc.). **Please note:** payment is not a benefit and should be listed in the Protocol Description section under Methodology. The results of the survey will be analyzed and interpreted by participating students of this project. Faculty of the

Department of Physical Therapy at the University of North Dakota will then take this information and design a transitional D.P.T. program to correspond with its alumni needs.

IV. Consent Form

A copy of the Consent Form must be attached to this proposal. If no Consent Form is to be used, document the procedures to be used to protect human subjects. Refer to the ORPD website for further information regarding Consent Form Regulations.

There will be no consent form for this study. Each subject will receive a cover letter with survey that will introduce him or her to the study and invite him or her to participate. Return of the questionnaire will be viewed as implied consent.

Please note: Regulations require that all Consent Forms, and all pages of the Consent Forms, be kept for a minimum of 3 years after the completion of the study, even if subject does not continue participation. The Consent Form must be written in language that can easily be read by the subject population and any use of jargon or technical language should be avoided. It is recommended that the Consent Form be written in the third person (please see the examples on the ORPD website). A two inch by two inch blank space must be left on the bottom of each page of the consent form for the IRB approval stamp. The consent form must include the following elements:

- a) An introduction of the principal investigator
- b) An explanation of the purposes of the research.
- c) The expected duration of subject participation.
- d) A brief summary of the project procedures.
- e) A description of the benefits to the subject/others anticipated from this study
- f) A paragraph describing any reasonably foreseeable risks or discomforts to the subject.
- g) Disclosure of any alternative procedures/treatments that are advantageous to the subject
- h) A description of how confidentiality of subjects and data will be maintained. Indicate that the data and consent forms will be stored separately for at least three years following the completion of the study. Indicate where, in general, the data and consent documents will be stored and who has access. Indicate how you will dispose of the data. Be sure to list any mandatory reporting requirements that may require breaking confidentiality.
- i) An explanation of compensation/medical treatment available if injury occurs

- j) The names, telephone numbers and addresses of two individuals to contact for information (generally the student and student adviser). This information should be included in the following statement: "If you have questions about the research, please call (insert Principal Investigator's name) at (insert phone number of Principal Investigator) or (insert Adviser's name) at (insert Adviser's phone number). If you have any other questions or concerns, please call the Office of Research and Program Development at 777-4279."
- k) If applicable: an explanation of who to contact in the event of a research-related injury to the subject.
- l) If applicable: an explanation of financial interest must be included.
- m) RE: Participation in the study:
 - 1) An indication that participation is voluntary and that no penalties or loss of benefits will result from refusal to participate.
 - 2) An indication that the subject may discontinue participation at any time without penalty with an explanation of how they can discontinue participation.
 - 3) An explanation of circumstances which may result in the termination of a subject's participation in the study.
 - 4) A description of any anticipated costs to the subject.
 - 5) A statement indicating whether the subject will be informed of the findings of the study.
 - 6) A statement indicating that the subject will receive a copy of the Consent Form.

By signing below you are verifying that the information provided in the Human Subjects Review Form and attached information is accurate and that the project will be completed as indicated.

Signatures:

Date: 06-11-02

(Principal Investigator)

Date: 06-11-02

(Student Advisor)

Requirements for submitting proposals:

Additional information can be found at Office of Research and Program Development website at www.und.nodak.edu/dept/orpd

Original Proposals and all attachments should be submitted to: Office of Research and Program Development (ORPD), P. O. Box 7134, Grand Forks, ND 58202-7134, or drop off at Room 105, Twamley Hall.

The criteria for determining what category your proposal will be reviewed as is listed on page 3 of the IRB Checklist. Your reviewer will assign a review category to your proposal. Should your protocol require Full Board review, you will need to provide additional copies. Further information can be found on the ORPD website regarding required copies and IRB review categories or you may call the ORPD office.

In cases where the proposed work is part of a proposal to a potential funding source, one copy of the completed proposal to the funding agency (agreement/contract if there is no proposal) must be attached to the completed Human Subjects Review Form if the proposal is non-clinical; 7 copies if the proposal is clinical-medical. If the proposed work is being conducted for a pharmaceutical company, 7 copies of the company's protocol must be provided.

Please Note: Student Researchers must complete the attached "Student Consent to Release of Educational Record".

Federal regulations require that key personnel involved in human subject research complete educational training. The UND IRB has chosen an online educational course, which can be found at www.miami.edu/citireg, for this training. The online Educational Modules must be completed before approval is granted for a proposal. In addition, Principal Investigators must provide a list of the key personnel involved in the project to ORPD, so the office can maintain records of those individuals that have completed training.

Revised 7/27/2001

APPENDIX B

Dear UND Physical Therapy Graduate,

Our names are Heidi Sites, Jessica McDougall, Steven Panos, and Nolan Lubarski, and we are working on our Master of Physical Therapy degrees at the University of North Dakota. In partial fulfillment of the requirements for that degree and with full support and guidance of the UND Physical Therapy Department, we are conducting a research project and asking for your participation.

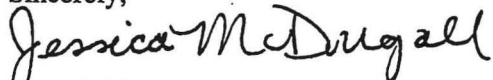
The purpose of the study is to determine the level of interest in a transitional Doctorate of Physical Therapy (D.P.T.) degree and to obtain information on how alumni would like to see a transitional D.P.T. program structured at the University of North Dakota. As you will notice, the survey contains questions regarding personal views, time frames, and delivery of courses. A survey is being sent to every UND Physical Therapy graduate. We would greatly appreciate your completing the enclosed survey and returning it in the pre-addressed envelope in a timely manner. Since the validity of the results depend on obtaining a high response rate, your participation is crucial to the success of this study. The questionnaire will take approximately 10 minutes to complete.

Your return of the survey indicates your consent to participate in the study. Please be assured that your responses will be held in strict confidence and reported in aggregate. You may notice that the survey will be identified by a coded number on the return envelope. This will enable us to help cut postage costs in sending follow-up messages. The returned surveys will be safely held in the department for 3 years following the study and subsequently destroyed.

The potential benefit to yourself and the University of North Dakota Physical Therapy Program is that the department will be able to assemble a transitional D.P.T. program that will hopefully be of greatest convenience and meet the needs of all alumni who wish to pursue their educational endeavors.

Your time and feedback are appreciated very much. If you have any questions or are interested in the outcomes of our research project, please feel free to contact any of us at your convenience.

Sincerely,



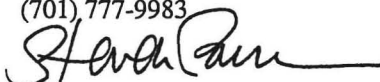
Jessica McDougall, B.S.P.T.
jmcdouga@medicine.nodak.edu
 (701) 746-4135



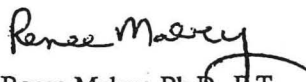
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 (701) 777-9612



Renee Mabey, Ph.D., P.T.
rmabey@medicine.nodak.edu
 (701) 777-2831



Please answer each question. Some items will require an X; others will require written response.

1. Gender: Male Female
2. Age _____
3. Entry-level Physical Therapy degree
 - B.S.P.T.
 - M.P.T.
 - Year graduated _____
4. Highest earned degree
 - B.S.P.T
 - M.P.T
 - M.S./M.A.
 - Ed.D.
 - Ph.D.
 - M.D.
 - J.D.
 - Other _____
5. APTA member
 - Yes
 - No
6. Indicate the state where you do most or all of your work (indicate the state of residence if retired or unemployed)

7. Indicate your primary and secondary practice settings

<u>PRIMARY</u> (check one)		<u>SECONDARY</u> (check all that apply)
_____	Acute care	_____
_____	School system	_____
_____	Private practice	_____
_____	Outpatient	_____
_____	Sub-acute Rehabilitation	_____
_____	Home health	_____
_____	College/University	_____
_____	Industrial	_____
_____	Long term care	_____
_____	Pediatrics	_____

Primary
other _____

Secondary
other _____

8. Indicate your primary position
- Staff physical therapist
 - Manager/Director
 - Owner
 - Supervisor
 - Academic educator
 - Other _____

9. How many years have you practiced physical therapy?

- 0-5
- 6-10
- 11-15
- 16-25
- 26 or more

10. How many hours of continuing education did you complete in the last year?

- 0-20
- 21-40
- 41-60
- 61-80
- 81 or more

11. What is your level of exposure to the transitional D.P.T. degree? (**check all that apply**)

- None
- Reading literature
- A working relationship
- In-service/Staff meeting
- Other _____

12. If a transitional D.P.T. program were offered by U.N.D., what mode of instruction would you prefer? (**Rank the choices with '1' being your most preferred mode of instruction**)

- ___ On campus instruction (Grand Forks, ND)
- ___ Online
- ___ Correspondence
- ___ Faculty relocation (3-5 days workshops at a "central" location)
- ___ Other

13. How many times are you willing to travel to Grand Forks, North Dakota, in one year to obtain a D.P.T. degree?

- 1-2
- 3-4
- 5-6
- 7 or more visits

14. How many years are you willing to invest in achieving a transitional D.P.T. degree?

- up to one
- 1-2
- 3 or more years

15. If traditional courses were offered at Grand Forks, ND, what format of a transitional D.P.T. program would you prefer? (**Rank the choices** with '1' being your most preferred format)

- Full time daytime courses
 Full time evening courses
 Part time daytime courses
 Part time evening courses
 Weekends only
 Other _____

16. If courses were available at a location other than Grand Forks, ND, what is the farthest distance you would be willing to travel?

- 0-100 miles
 101-200 miles
 201-300 miles
 301 or more miles

How many times would you be willing to travel to this location in one year?

- 1-2
 3-4
 5-6
 7 or more visits

17. What topics would you like a transitional D.P.T program to include? (**Rank three choices** with '1' being your most preferred topic)

- Managed care and/or insurance regulations
 Business management/administration
 Effective professional communication
 Research/Evidence Based Practice
 Specialty physical therapy;
 Area of interest: _____

- Teaching in a physical therapy education program

Other _____

18. What do you see as the primary advantage of obtaining a transitional D.P.T. degree? (**check one only**)

- Career advancement
 Personal growth
 Professional growth
 Financial gains
 Other

19. What do you foresee as a potential obstacle(s) in whether you choose to complete a transitional D.P.T. degree? (Rank **three** choices with '1' being the largest foreseen obstacle)

- Distance
- Cost of tuition
- Program length
- Availability of tuition assistance
- Lack of interest
- Availability of distance education
- Family obligations
- Time away from work
- Other _____

20. I would be interested in obtaining a transitional D.P.T. degree administered by U.N.D.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Comments: _____

Comments: _____

If you have any questions regarding the survey, please contact us at the Physical Therapy Department, University of North Dakota School of Medicine and Health Sciences, (701) 777-2831.

If you are interested in the results of our research project, please contact Renee Mabey at the Physical Therapy Department, (701) 777-2831.

As U.N.D. develops a traditional D.P.T. degree, you can monitor the progress at: www.med.und.nodak.edu/depts/pt/home.htm

Thank you for completing our survey.

APPENDIX C

Table. U.S. regions breakdown

Pacific Northwest

Alaska
 Idaho
 Oregon
 Washington

Southwest

Arizona
 California
 Hawaii
 Nevada
 New Mexico
 Texas

Mountain States

Colorado
 Montana
 Wyoming
 Utah

Plain States

Kansas
 Nebraska
 North Dakota
 Oklahoma
 South Dakota

Midwest

Illinois
 Indiana
 Iowa
 Michigan
 Minnesota
 Missouri
 Ohio
 Wisconsin

East

Alabama
 Arkansas
 Georgia
 Florida
 Kentucky
 Louisiana
 Mississippi
 North Carolina
 South Carolina
 Tennessee
 Delaware
 Maryland
 New Jersey
 New York
 Pennsylvania
 Virginia
 West Virginia
 Connecticut
 Maine
 Massachusetts
 New Hampshire
 Rhode Island
 Vermont

APPENDIX D

Narrative Comments by Category
(n = 305)

Coursework Concerns (42)

If it was predominately online study with 1-2 trips to UND/year. Thanks.

I would very much like to pursue the DPT at UND, but would need a portion of classes to be distance education.

A DPT program must "deserve" to be a DPT program. It must have a significant advancement over an MPT program.

Currently leaning more toward specialized DPT vs t-DPT, but if more time and cost effective, if I could get strong ortho and EVP and bus. management info, I'd definitely consider UND.

Curriculum would certainly be a factor also.

Depending on courses offered and location/length of curriculum. Many blessings on your group project!

Depends if on line "sign me up". I am looking at transitional DPT programs now (clinical) composition based

DPT is a great idea and I gladly support your efforts. If I could further my education through the DPT program, I would do so. My only concern is it would have to be via mail or online with only 1-2 trips to Grand Forks per year.

I also think that when obtaining a transitional DPT, years of experience and cont. ed courses should somehow be factored into what it will take for an individual to actually earn their DPT.

I am not interested in obtaining a DPT for a number of reasons. I have consistently participated in continuing education that is of interest/benefit to the work setting of employment.

I am primarily interested in an advanced degree in case I decide to become involved with instructing at a PT program. I debate whether obtaining a DPT would be necessary since I'd likely pursue a Ph.D. once instructing. However, a DPT may be useful if it involves the topic of teaching in a PT program.

I believe that making the DPT online would be the most convenient way, especially for those with families and who work fulltime.

I do not think salaries will be higher and I think it is more beneficial clinically to obtain specialty licensure through cont. ed. as you gain experience!

I feel UND-PT would offer an outstanding DPT program, however, it would not be my first choice due to distance unless online or correspondence. Good luck!

I have heard of programs being offered where the students do the majority of their education via correspondence and then have short, intense 1-2 week sessions on campus. This would be the most feasible for me. Thank you for this survey!

I think it's great for those who wish, but for me, I'm ready to learn in a clinic setting, reading on my own, continuing ed, etc. This is an interesting study! Hope all goes well!

I would be interested in DPT program but feel it would work the best if course work could be done on weekends or on-line so I could continue to work full-time.

I would be very interested if it was pediatric based.

I would hope that with the DPT program there would be a stronger emphasis specialty area (i.e. manual therapy, pediatrics, geriatrics, etc.) as this would be useful information that intern could benefit clinical skills. Also would like to see "differential diagnosis" classes in regard to CA and other disease processes.

I would if I can go from BSPT to DPT and I was able to take courses online.

I would need to do it either by correspondence or over the internet.

I would only consider getting a DPT if it had a very strong clinical base to the coursework that could be applied in my practice setting.

I would some day like to teach in a PT or PTA school. That would be my only reason for pursuing this.

If I were to enter a DPT program, I would want to concurrently satisfy the requirements for getting my clinical specialist "exam" in pediatrics.

If the price were right and the program could be completed via correspondence/online.

If UND could set up a program similar to theirs with an emphasis on specialty PT, I know of 5 UND grads that would sign up immediately vs. Simmons.

In order for me to go for a transitional DPT, the program would/should be highly specialized—not information I can learn by just going to continued ed courses. Also, I'd like to have the opportunity to choose a specialty track. Without those provisions, I have a hard time justifying the financial and time investment, since obtaining the title doesn't cause me to advance in job pay or title.

The state of WA requires 40 hours of CE every 2 years. Does participation in a DPT program satisfy this requirement?

In our facility, I don't think it would be a benefit to me and would not change how I practice. I would rather spend money and time pursuing man. therapy certification.

It is much more valuable for us to spend our time and money getting certified in a specialty.

It only makes sense if we learn diagnosis (x-ray—physical diagnosis) otherwise it's just more of the same!
It would depend on the course work available/presented. It would have to advance my clinical skills and professional growth.

Many clinicians have expressed the thought that a DPT which required increased clinical work in an area of specialty would be more respected and more hireable.

My opinion about a transitional DPT is very low. A doctorate signifies expertise and effort. My experience with current transitional programs is they do not stretch the professional to their limits to merit a doctorate, such as those with "full" doctorates. Good luck!

The DPT should be a PhD in research and education.

Am not able to rank the other choices because A: I do not own a computer, therefore, online coursework would be an obstacle and B. 3-5 days away from work would not be possible especially if others are also pursuing the DPT.

The idea of a DPT without a research focus is ridiculous. The program outlines on the UND site seems to be the same classes as a BS just spread out with more affils. It is a big assumption to think clinicians want students any longer than already expected.

The transitional DPT program will have to benefit and pertain to my current ortho practice! Ortho specialty physical therapy students would benefit from radiology, pharmacology, diff. diagnosis, insurance/coding, business adm./management, anatomy refresher, and advanced manual (hands-on) therapy classes!

This would depend upon the format/cost and the ability to continue working while doing it.

Under the right conditions. Where does our clinical experience and continuing education fit in? I would find it difficult to return to school for continued education. I feel our (those in practice for several years) experience and CEU's should apply. What about a standardized test to allow for advancement?

Will the DPT course work count towards CEU?

With the advancements in technology, the DPT program should be available online and/or correspondence and distance shouldn't be a factor.

Would be interested if doctorate not a redundant degree. Needs to offer more than "being a PT, practicing as PT" which is what I already do.

PT Professional Concerns (41)

A DPT is a disservice to those who are not in outpatient services. A DPT doesn't address the trend towards limited and socialized health care any more than the current model.

Again, I don't think a DPT degree is going to benefit PT's unless they teach. Most clinics and hospitals with whom I have been in contact are unwilling to pay more for a PT with a DPT degree.

Although the DPT will help bridge the gap between other "doctorate" professions, it will add a lot of responsibility to physical therapists without compensation. PT has become a high burn-out profession. It will also give us independence some of us want. Thanks for the survey.

As a manager and a staff PT, I do not see the benefits of someone with a DPT vs. a MPT. People can learn skills, it's the other values (communication, time management, team-working, self-leadership) that make a great therapist.

At this time a DPT program has no benefits clinically. I work with a DPT and she was no better prepared for clinical practice than I was and only had 2 weeks more internship experience.

Clinically, I believe this would help no one. I do think it may help us navigate the business side of things, if that's the focus, but continuing ed, experience and self study are more than adequate for clinical improvement.

Curious on how critical this is for future employment opportunities as a staff physical therapist. What requirement will be needed to be CI to DPT students?

For a professional based on "function", I don't see how a DPT does anything functional for the patient, or the individual PT but I do see how it advances universities and P.T. programs.

Forcing DPT's will force employers to hire more PTA's and quality of care will decrease. I feel DPT has been forced on us and we've had no input!

Great idea, with all of the changed with reimbursement (all issues) and research based outcomes—for practice → DPT vs. chiro. Issues

I also have doubts about whether having a DPT degree makes you more marketable over another PT with more years of experience, or if salaries will increase to make having a DPT degree worthwhile.

I also think the market is not conducive to needing DPT vs. MPT vs. BSPT.

I am not convinced that DPT as entry-level degree is good for PT generally. We price ourselves out of the market, making PT less affordable and less available for people who benefit from our services.

I am not positive I would pursue a DPT, but would like it available for my colleagues.

I am unsure how the DPT would benefit me at this time. I don't feel this degree will benefit our profession unless it would mean direct access or give us the ability to order x-rays, etc. I question the need for this degree in the "real world".

I do not feel a DPT would be of benefit in my present position. I am concerned that an entry-level DPT degree would not benefit the PT profession and at this point would not support such a change.

I don't see a DPT as necessary for competency in the field and don't believe salaries would increase significantly.

I don't think it would make me more appealing as I believe experience is more appealing in outpts/spine care where I've worked.

I feel a DPT would be beneficial for those interested in working at a university and/or business owner. For the majority of P.T.'s, I do not feel it is necessary.

I feel that P.T.'s do not need more schooling to be effective. I don't agree with additional schooling.

I feel while having a DPT degree looks good, the education and knowledge can and should be obtained as an ethical duty by all PT's through daily experience, continuing education and learning with fellow colleagues.

I guess I personally don't see the advantage of a DPT degree. UND has such an excellent program that the MPT degree is sufficient for entry-level. If someone wants more schooling, it should be an option, not mandatory. Good Luck!

I haven't seen much difference between MPT and MSPT or BSPT graduates in the work force. Therefore, I don't feel that I would be interested in going to the extra efforts (decreased money, decreased time with family, distance to travel, etc.) to get a DPT degree.

I plan on staying in a direct patient care position vs. research or full administration. I would like to see how the DPT degree enhances, if so, a practitioner's abilities before undertaking such a task. This will only be seen after the new DPT grads are practicing awhile.

I think already having a Master's degree has not been of any personal benefit to me. I think by someone having a DPT that most valuable experience to them is going to be actually practicing and going to cont. ed. courses.

I think it is great that UND is considering a transitional DPT program. I think the survey covered most areas of questions/concerns I have about DPT degree. Am concerned, although in literature information states that the future will not require DPT degrees, that if I don't pursue this degree I may not remain as marketable and as able to get/maintain another job, should the need arise in the future.

I would like to see a DPT be able to perform tasks that P.T.'s in the military do—order x-rays, prescribe over the counter meds, change medicated dressings as needs (change topical meds), etc.

I'm not yet convinced that transitional DPT is the way to proceed. I feel the APTA specialties may provide appropriate advance training. If I was looking to obtain my PT training now (rather than in 1977) I would look for a DPT program.

If I wanted to have a doctor behind my name, I would become a physician. Doctorates may be good for the people doing research, but for a staff P.T., I feel it is ridiculous. We are driving up the cost of healthcare, driving ourselves out of the market and creating redundancy in the medical field. I want to be a part of a health care team with M.D.'s ruling out problems and then giving us the patients to do what we do best—patient evaluations and treatments.

If your goal is to be a clinician, I don't feel that a DPT would produce a better student/clinician than the MPT program.

In speaking with other clinicians, I have often heard discussion which questions whether a DPT earned by further classroom time is going to improve the qualifications of new DPT grads.

It is my feeling that additional education at the college level would continue to deplete an already undermanpowered profession. This will result in other professions moving into the physical therapy field and eventually weakening the profession. More education does not always make a better therapist from a hands-on standpoint, but it does prolong students from entering the field.

It will not bring in more referrals. The drs. don't care if you're BSPT, MPT, or DPT. They just care if you're a competent P.T. Having a DPT doesn't make you a more effective P.T. or practice owner. Good luck! In the private sector this would not help my business grow. The drs. don't care.

My greatest concern with the DPT degree is the lack of experience a new DPT graduate would have to function as a "doctor". The internships will need to be more rigorous and diagnostic training more thorough. Yet, it would be nice to be recognized for the skills P.T.'s uniquely offer. Also, professionally, most medical doctors don't give PT a diagnosis, when ordering therapy so to have a degree that shows that may be beneficial.

Not sure there is one (primary advantage) except for teaching. DPT's should NOT be given additional money for clinic settings. Need to be careful about overpricing themselves in the work place. DPT's are not necessary except for research/teaching.

Speaking mostly out of ignorance, but I would question people's interest degree, lack of increased financial gain (as evidenced by B.S. making more money than M.S./M.P.T.), questionable advantage for career advancement, and for those interested in academic and/or research, how would this degree (DPT) compare with a Ph.D.? Unfavorable, is my opinion.

Talk to me about the whys: how does it compare to a MA or Ph.D.? I would appreciate information/discussion as the benefits of the DPT. Why should PT's consider this as part of their future?

Thus far I haven't seen any real difference in level of maturity, clinical skills, or management skills than any other PT coming in as a new grad. Also, as I have a part in the hiring process, I know that the DPT isn't what makes our decision between candidates. The difference between applicants remains the same – level of motivation, attitude and personality. You can assist learning clinical skills, but you can't change a personality – no matter the degree.

Unless we can become independent practitioners, the DPT is worthless. The masters has not changed our profession.

We as a profession are deluding ourselves if the powers that be of APTA think by calling ourselves DPT's now instead of MPT's or PT's or LPT's or RPT's as previously, will change how MD's or 3rd party payors treat us.

Would a Masters in Health Care Administration bring me closer to the DPT or would only the BSPT apply?

Travel/Distance/Setting Location (39)

Considering program closer to my home.

Depending on courses offered and location/length of curriculum. Many blessings on your group project!

Distance and family responsibilities are obstacles, but also since I am in a rural setting with no other PT's in my community, leaving work will be difficult.

Distance and I have a young family are major obstacles.

Distance is a big issue. I live in Oregon; too far to travel.

Fargo would be a good site for classes that required travel to your facility. GF is much more inconvenient. Bismarck is too far.

I am interested in a transitional DPT degree, but UND is too far away for me. I have a program available to me within the state of Wisconsin that is 1 hour away.

I could pursue a DPT more easily through the U of MD at Baltimore.

I don't see any advantage for me. I love treating my patients and job opportunities (teaching/administration) are not available in my rural community.

I feel UND-PT would offer an outstanding DPT program, however, it would not be my first choice due to distance unless online or correspondence. Good luck!

I live in Texas. If I could get a DPT online, I would sign up today. If UND is the only place to receive a DPT and I must fly to classes, at this time I do not think that would be a possibility. I am very interested in online classes or video conferencing.

I am not sure that I answered #19 correctly. I am very interested, but could only do it by distance education. My current plans are to pursue a Ph.D. after completing my MS, unless the transitional DPT is offered.

I live out-of-state and am not interested in pursuing a DPT. I answered the questions as if I may be interested and live in-state but it would be doubtful that I would.

I live too far away to get a DPT from UND.

I work in a small town and have traveled to other rural areas. We are short on therapists and have a hard time getting PT's to come here.

I would have to choose a closer university, since I live in Idaho, even though UND would be my choice of preference.

I would if I can go from BSPT to DPT and I was able to take courses online.

I would love to complete a transitional DPT degree but my main concern is being able to complete the degree from a distance.

I wouldn't travel outside Grand Forks to obtain a DPT.

If available by some form of distance learning.

If I was to obtain a DPT degree, I would want to through UND; however, since I no longer live in ND and work full time, I would need to do it either by correspondence or over the internet. I believe these considerations need to be taken into account for many previous UND graduates. Thank you!

If it is made available for those of us who live in far away states.

If the program is available and I can continue to work and/or live where I do now, I would further my education at UND-PT program.

In my current setting all PT degrees are treated equally as far as wage and responsibility. Years of service is recognized more than a degree. It would be of no advantage, other than prof/pers satisfaction, for me to obtain a DPT.

Living in Rapid City is of concern. If this problem was overcome, I would be much more interested. Thanks.

Maybe, but too far to travel and I own my own business and difficult to focus on DPT.

My answers are hypothetical—answered as if I lived and worked near UND—ND or Minn.

My greatest obstacle would be frequent travel to ND as I now live 1200+ miles away.

Not willing to relocate to ND.

Therefore, I don't feel that I would be interested in going to the extra efforts (decreased money, decreased time with family, distance to travel, etc.) to get a DPT degree.

This survey is slanted to people who still live in the UND area.

Too far away and too much time away from my family.

I would consider DPT but being out of state for the next 2 years would make it very difficult to do more than online and 1-2 visits back to ND.

Too far away.

Type of transitional DPT does not apply to me since I am not longer living in the region.

Unfortunately, it probably wouldn't greatly change my current position, salary, etc. so it's cost may outweigh my desire for personal growth. It would distinctly enhance my options if we choose to leave here. Will look forward to the results of your survey.

With the rising costs of health care and a lot of our small rural hospitals getting lower reimbursements than larger hospitals, I'm not certain a DPT will be fiscally possible for our rural hospitals. This will force our clients who live in the small rural settings to go to larger facilities further away which they probably won't do) so they will go without.

Would be difficult to live in California, owning a home, and leaving to relocate to ND.

Would like to see it offered like the Master's program was as outreach program that rotated educational weekends in the 4 larger cities.

Faculty/New Profession/Different t-DPT program (32)

I am in an administrative position that is very demanding. I am highly supportive of the DPT and would love to find a way to make this work.

Unable to receive t-DPT from UND because of employment status.

Am not working in the field presently. Instead I am raising my children as a full time homemaker. Also, I do not even have a Master's in physical therapy.

As I was injured on the job and no longer can perform this profession, my answers are skewed.

Because I live near EWU and they have a DPT program in place beginning this year, if I decided to do it, I'd choose EWU.

Do not need a DPT as I am a MD. However, I am still not convinced PT's need a DPT as this level of education may not be financially reimbursed or rewarded in health care in future. Interesting debate with changing health care.

Don't believe in a doctorate degree for PT.

Don't feel a DPT degree is needed.

Fearful DPT would do me no good. Not sure if I would benefit.

Have a Ph.D.—don't plan to do anymore education

I am currently enrolled in a MBA program.

I am currently enrolled in the Ola Grimsby Institute DPT program, completing in December.

I am enrolled in a Ph.D. program at this time.

I am no longer practicing PT so there would be little benefit for me.

I am not currently working as a PT, although I am still in the healthcare field. I would not personally be interested in a DPT degree, but I believe the 3 choices I marked in #17 would be a very important part of a PT curriculum.

I am not interested in obtaining a transitional DPT degree.

I am presently a stay at home mom having given up my PT position a year ago. I would like to return to work in the future, but am not sure I'd have the time for a DPT program now.

I answered this questionnaire as if I had a choice, but unfortunately I would not be able to take the DPT at UND since I teach there.

I have since graduating started a business with my husband that has retired me from P.T. all but 1 day/month to keep my license current. You get paid on performance in life not schooling.

I honestly don't see any advantage to DPT. I think it's human nature to strive for improvement. The big wigs are bored so they come up with the idea of DPT and will force it on everyone. I see no real benefit.

I see no advantage to this program for me.

I'm no longer a practicing RPT and I do not believe a DPT is the route I'd choose if I were still practicing.

It is difficult to give positive feedback to this Ph.D. program when Bud bluntly did not allow SD PT to participate in the MPT program. He had a burr in his pocket regarding USD's starting of a PT school.

Just not sure how it could help me in my current role as a part time PT collecting data by evaluating patients.

My input from here is not appropriate. As faculty, I will be teaching courses. As a UND employee in PT, I am ineligible to get the degree from UND.

Not interested. At this time, I would not gain anything for the time/cost required.

Other programs are closer to where I live and work. (Twin Cities)
Poorly written survey assumes that clinicians have interest in obtaining the credentials of DPT.

Simmons College in Boston, MA, has an entirely online program for \$5000.

Since I have a DSc degree in orthopaedic PT, I doubt that I would also pursue a DPT degree.

Would need more info (re: curriculum, content emphasis, etc.)

I worked as a physical therapist for 4 years prior to starting medical school. I have not practiced PT since 1980.

Your questions are written assuming therapists want to get a DPT. There are many that feel it is not necessary.

Positive Comments (22)

Good luck with the project.

Good luck. I am not feeling as I will participate in the DPT transition, but feel you are doing the right thing. All my best wishes.

Good survey format

Hello to Mr. Moore. I believe all other instructors have moved. I will always have respectful and positive memories of the BSPT experience.

Hi fellow faculty members and all new students at UND-PT: Sounds like the P.T. program at UND continues to grow. I am proud of graduating from UND.

I am in favor of optimal doctorate programs for those interested in research, teaching, etc., but it is not necessary for the practicing clinician.

I am proud to be a UND alumni and would like to get my DPT through the university!

I am very interested in a DPT degree offered by UND. I strongly feel the instruction I received at UND is superior to other schools. Also, I appreciate the aspect of UND being an affordable university. I looked in to a transitional DPT program less than 100 miles from my house. However, cost of tuition and time obligations were large barriers for me. I was very pleased to learn in a recent newsletter from UND about a potential DPT program being offered. I am eagerly awaiting more info (re: format), so I can make some choices about my next phase of professional growth. Good luck on your research project!

Excited to see what the transitional DPT program becomes!

Good luck guys!

Good luck on your research project!

Please hurry!

I do know I would benefit professionally from a knowledge base standpoint.

I feel it would be great to have it offered for new PT students just starting out in the program. I feel that this questionnaire have been put together very beautifully and with great care. These students should be rewarded for the time and effort placed forth here. Hope you study is successful and changes the world.

I strongly hope this materializes and assists UND in developing a transitional DPT. There are many schools which offer transitional DPT degrees, but non that I feel have the caliber of UND.

I thought the structure, time commitment, etc. of the transitional MPT was doable!

I will look forward to more information (re: transitional DPT opportunities)

I would be very interested in pursuing a DPT at this time. I would be interested in research as well as hands-on/refreshers on basics that have been updated since my graduation.

I'm interested to learn more about any program that's established. Go Sioux!

Thank you for your survey. Good luck on your project.

There are many programs already available. I'm holding out for UND, hurry.

UND-PT provides quality education—I applaud any further advancements in the programs.

Financial Gain/Status (22)

As of now I would be paid the same amount of money to perform the same job regardless of whether or not I had a DPT. As future plans change perhaps I would be more interested if there would be more benefit.

Don't feel a DPT is needed. Our employer has already stated his intentions that a DPT will be no greater financial advantage than MSPT or BSPT in our facility.

Due to above obstacles and no anticipated financial gain or career change/advancement as a result of having a DPT, the professional growth becomes secondary.

I also have doubts about whether having a DPT degree makes you more marketable over another PT with more years of experience, or if salaries will increase to make having a DPT degree worthwhile.

I am still struggling to find strong reasoning for switching from a MPT to a DPT. For one, I don't see any significant financial gains, second, will it change access and reimbursement?

I disagree with APTA push towards DPT. I think the longer schooling will turn some good candidates away from the profession. I do not see a financial benefit, as presently there really is no difference between BSPT and MSPT in regards to salary.

I do not see the benefit to our profession of an entry level DPT degree in regards to financial gain or career advancements.

With managed care, salaries will never be good for P.T.'s, no matter what the schooling. Bottom line is P.T. doesn't provide enough to support your family. A doctorate degree won't change that.

In the area I work, they don't pay more for a higher degree unless you are in the school district.

The entry level DPT is not needed and would not increase pay for PT's. Our pay is driven by 3rd party payers and Medicare is paying less, visits are limited. In addition, it takes more time to treat patients as we need to document well, keep track of authorization and the 30 day referral.

The new DPTs being hired at the facility I work are not getting paid anymore than I did coming in with an MPT and only have an avg. of 3 more weeks of clinical experience than I got at UND (36 vs. 39).

I don't see a DPT as necessary for competency in the field and don't believe salaries would increase significantly.

A DPT sounds good, but will it change how I practice or will I see any financial or professional reward. Hard to say.

I have not heard of any real benefits of obtaining a DPT vs. having an MPT; no increase in pay, career advancement, etc.

I'm not sure of the benefit—would it affect the way I currently practice or create job advancement and higher salary?

A DPT would probably NOT significantly impact my income.

An academic degree does not make me a better clinician or offer any financial advantage to me. I think the DPT was initiated for reasons of status and don't think it will improve patient care unless it involves clinical research.

Getting my MPT many years after my BSPT has made no difference professionally or financially, so I see no change with the DPT either.

As a director of Rehabilitation, I can't say that I would hire somebody with a DPT (or pay them more) just because of their title. Experience is much more important. Personally, what I learned on clinicals helped me for more than the school work.

At this point I do not see where the DPT will benefit me in my current job and why programs are moving toward DPT professions. I would look at the information or the program when available. I did not go into the field to do research or have a title as many people like having the title or initials behind name.

If the point of a DPT is to gain "acceptance" and be just like a chiropractor than be a chiropractor!

Unless some rule or regulation makes a DPT mandatory to practice PT, I most likely will not be pursuing another degree. It's not the initials behind your name that make you a good therapist.

New Grad/Career Length (21)

As a practicing PT for 20 years with an advanced masters degree and considering the current state of our profession, job availability, insurance issues, Medicare, etc., I see no advantage to having a DPT in my specific situation so it would be highly unlikely I would pursue this.

As a new graduate, I am more interested and concerned with establishing a strong clinical background and strong skills. I don't feel a DPT would benefit me at this time, but possibly it would in the future as I advance in my career. It may provide more opportunities.

I've been a working therapist for over 20 years. I see no point in pursuing this program unless it was for personal growth. Other commitments in my life are now priority.

Starting the back side of my career! Will be retiring in two years.

I have worked for 8 years as a PT and 6 of those years in an administration level position. I was not the strongest student academically in my class. I have to say though, of all the PT's I've met in my work environment (the students or PT's) are much more skilled, rounded and clinically sound.

Already have Ph.D. and only plan to work another 8-10 years, so really not pertinent to me. I'd be very interested if I didn't have a Ph.D. or planned to work 10+ years. Timing isn't just right for me.

As an already established PT, it would be only for personal growth that I would want to complete the DPT degree.

I really do not know the advantage/benefit of a DPT with obtaining a MPT recently. I don't think the time, effort, and money involved is worth it for recent grads. It's just the prestige of being a "doctor".

Recently graduated and am still in the process of getting my license. Therefore, it is difficult for me to think about DPT program.

I have been working as a PT for 30 years.

I have been a practicing PT for 31 years and have always had more than 20 hours of c.e. per year. I don't feel that I should need to return to get my doctorate.

At the present time I am not interested in the DPT program. I am glad you are offering it to those interested.

Plan to transition out of PT within 5 years.

At this point in my career, the cost benefit ratio (cost meaning mostly time and effort) seems relatively low.

At this stage in my life and career, a DPT degree is a low priority. Hands-on patient care is what I want to do and my BSPT is adequate.

I am not at a point in my life where a more advanced degree is of use to me nor do I have time or monetary resources to spend on it. However, I am always interested in further learning. So, in the future, who knows? Good luck with your thesis. Ultimately, it is well worth the struggle.

I would have to think about it as I have a nice job now and really would not change with a DPT. So what are my advantages?

I would need more information before I could say I'd be willing to take part in a transitional DPT program. I would think it's an excellent idea for all those interested, I guess. I don't know whether it would be for me at this time in my life/career, at least.

Not feasible at this point in my life and also it would not advance my career in my practice setting (of interest). I think questions #20 and 19 should be #12 and more because realistically I couldn't participate in DPT course. Subsequent questions would be n/a. I answered these questions as if I could participate.

This is a good start for a new program. I wish UND much success with the DPT program. If I were much younger in a PT career, I would pursue this opportunity.

I do not see advantages for myself, however I believe that personal growth and professional growth would be the primary advantages. As a physical therapy of 10 years, I have worked with BSPT's, MPT's, and DPT's. From a clinical standpoint, I see very little difference in the skill levels of these three groups. I personally feel that the push to obtain a DPT is overrated and from a career standpoint, one would probably be better off obtaining an MBS, if the goal is career or financial advancement. I would be more interested once I've had a little more field experience. I'd be interested in whether UND-PT school ever has class reunions, where this topic could be brought up to be discussed.

Time Constraints (17)

As it would be necessary for me to remain employed, my most significant request is that the program is held on weekends.

Concerned about time and money and if that would outweigh the potential benefits. Fearful it wouldn't benefit me to have DPT.

Depending on courses offered and location/length of curriculum. Many blessings on your group project!

Due to family commitments and having children entering college, I don't feel I have the time or money to pursue further education with PT, especially with limited job opportunities in central North Dakota.

I have difficulty imagining taking on yet another time obligation at this point in my life—depends on the time commitment.

I would be interested in DPT program but feel it would work the best if course work could be done on weekends or on-line so I could continue to work full-time. I do not feel I could take time off from work to obtain this degree.

I would like to do it if the cost was relatively low, time duration compact, and travel amount low.

I would love to pursue the DPT, however, would not be able to take time away from my current full time job due to "real world" obligations. Would only be able to do a "non traditional" format and would be willing to stretch out duration as long as needed.

I would seriously have to weigh the benefits of putting time and money into a DPT vs. a Phd. or Dsci. Even if I got a DPT in a specialty area or in research, would it be looked upon by the profession as an entry-level degree, or would it be considered an

advanced degree? Would I be better off putting time and money into such endeavors as becoming NOT certified for example? These are just the things I would consider.

Must be able to continue to work full time in Oregon while pursuing DPT degree.

My interest is based on specific access: how accommodating the program would be to my work and personal affairs.

My only concern would be the time and money put into the degree with little to no recognition in the field. Currently MPT is being disregarded/not recognized differently than the BSPT degree.

The monetary compensation is not there and I feel it is a waste of time and money. I may not be the best person to include in this grad survey.

This is due to being in Oregon and working full time so time away from work is limited.

Use IVN facilities for evening classes to decrease time people need to take off from work and minimize travel time.

Would need to continue full time employment.

Would need to determine costs/benefits/time commitment.

Financial Gain/Tuition (16)

There would be no financial gain and the stress/strain it would put on me, my family and place of employment and money would not be worth the gain.

While I don't know a lot about the DPT program, I don't think it will have an impact on my salary, while the costs are prohibitive.

While I see the benefit to our profession, the DPT would bring, in general the average PT salary does not justify the cost. I don't see those with DPT getting higher salaries.

It will be very difficult to interest current P.T.'s or potential students in a DPT program unless salaries significantly increase. We don't get paid nearly enough to attend school that long.

It won't change my current paycheck/salary so why should I invest large amounts of money to obtain it to get nothing in return.

How can we afford to pay some one with a DPT if we can't even get staff PT's? How can college students afford 6 years of college?

For myself, I see a large obstacle to a transitional DPT is the cost of the program with no foreseeable change in pay after completion. I would love the learning opportunity though!

Also those of us out 15+ yrs., give me good reasons why we should spend large sums on tuition for another initial to our titles than go back and do our same jobs for the same pay.

I have yet to see the advantage of obtaining this degree other than having students pay tuition longer to UND. I do not think salaries will be higher and I think it is more beneficial clinically to obtain specialty licensure through cont. ed. as you gain experience!

I live in Colorado where there is a MSPT at CU. I have been a CI for people who come out of collect with a MSPT \$80,000 in dept. That is nearly a house to pay off. The salary does not overcome the cost of all the extra college cost/time. Once this degree becomes popular then people will just be creating jobs and job titles for themselves in the real (nonacademic) world.

I feel that a DPT is a great idea if you are teaching at a college level, but I am concerned of costs and how it will truly affect clinical PT's. It will not increase financial pay and years of experience will continue to go above a degree in the clinical practice.

I would probably not spend the money for a DPT as I would not foresee any financial benefits.

If a program was available which could impart practical knowledge relatively easily and inexpensively, I would be interested. Since the DPT would not increase financial reimbursement, I would do it only for personal professional growth. I would like to do it if the cost was relatively low, time duration compact, and travel amount low. Thanks for considering to offer it. I think it helps the autonomy of our profession.

I think it is good that UND is making efforts to keep up with changing times, but the reality is the DPT is extra time, effort and money for something that is not going to affect the salary or position you get. I live in a large city with huge hospital systems. Your salary is basically set from a former staff PT position. It's hard to see the benefits.

No advantage except more money to schools. Facilities will not pay more salary to a DPT—same as they did not for MSPT—all are paid the same as BSPT. That's real life unless someone does research/teaching at a university. I graduated as the MSPT program started the planning stage. Of our class of 40+ students, only two stated they would apply to such a program if it was available. The rest of us saw no benefit (monetary, respect, enhanced treatment knowledge or ability). I feel even more strongly against the DPT

program. The only benefit is to the egos of APTA and more money from students; it's a poor investment for their future! I would rather see a transitional program for PTA's becoming PT's.

The DPT seems to be largely driven by the educational system. If I can spend the same amount of time and money that would have a higher paycheck, what are the advantages of the DPT?

Tuition (14)

At present, the cost of tuition for a DPT program appears to outweigh its financial benefits.

I am not at a point in my life where a more advanced degree is of use to me nor do I have time or monetary resources to spend on it.

Concerned about time and money and if that would outweigh the potential benefits. Fearful it wouldn't benefit me to have DPT.

Due to family commitments and having children entering college, I don't feel I have the time or money to pursue further education with PT, especially with limited job opportunities in central North Dakota.

I feel this in another example of academic inflation.

I would seriously have to weigh the benefits of putting time and money into a DPT vs. a Phd. or Dsci. Even if I got a DPT in a specialty area or in research, would it be looked upon by the profession as an entry-level degree, or would it be considered an advanced degree? Would I be better off putting time and money into such endeavors as becoming NOT certified for example? These are just the things I would consider.

I would be interested if tuition assistance exists, and if my employer would consider covering some of this expense.

How are people going to pay these student loans on a PT salary? Who is going to treat the patients? Are PT's going to be psychiatrists?

I am very uncertain at this point whether the benefits would exceed the costs (not just financial).

If the price were right and the program could be completed via correspondence/online.

My only concern would be the time and money put into the degree with little to no recognition in the field. Currently MPT is being disregarded/not recognized differently than the BSPT degree.

The monetary compensation is not there and I feel it is a waste of time and money. I may not be the best person to include in this grad survey.

Therefore, I don't feel that I would be interested in going to the extra efforts (decreased money, decreased time with family, distance to travel, etc.) to get a DPT degree.

Would need to determine costs/benefits/time commitment.

Reimbursement/Direct Access (13)

A DPT degree should not be the entry level. A DPT degree, in my opinion, is intended to advance revenue/reimbursement politics and will have no bearing on the science or application of physical therapy.

Another advanced title will not change how we take care of patients. Only pure autonomy of practice would do this. Insurance/Medicare doesn't care if DPT or BSPT takes care of the patient. They won't pay anymore.

I am still struggling to find strong reasoning for switching from a MPT to a DPT. For one, I don't see any significant financial gains, second, will it change access and reimbursement?

I don't see the benefit to our profession or patients to have all PT programs move to a doctorate level. The reimbursement is just not there.

I don't think reimbursement for PT services is going to increase because people have a DPT degree.

I fail to see the benefit of DPT in any form. I do not believe the DPT will provide a higher quality of care or be of greater acceptance for reimbursement. It just drives up the salary expectations, unrealistically. Bottom line is, salaries are paid from revenue generated. A DPT will not be able to treat more patients, more efficiently than a BSPT. Reimbursement is limited by the carriers.

I will take the necessary steps in achieving my DPT degree as I feel it will benefit the profession for advancement in insurance coverage of direct PT Rx. Vs. M.D. referral.

There will be no more reimbursement for PT regardless of the letters behind your name.

Direct access is not appealing either. I do not want to be responsible for people medical conditions/meds.

Hawaii does not have direct access, therefore DPT not helpful, still require referrals from MD's.

I am not sure if this would advance my ability for more autonomy with direct access. I would hope that it would.

If I was allowed more freedom (i.e. able to read an x-ray, prescribe an anti-inflammatory or change anything we currently do), the interest would be greater!

The doctorate can change this if recognized by insurers, and we are allowed greater control—order diagnostics, practice without referral.

Family Obligations (10)

But not for several years as I have small children.

Distance and family responsibilities are obstacles, but also since I am in a rural setting with no other PT's in my community, leaving work will be difficult.

Due to family commitments and having children entering college, I don't feel I have the time or money to pursue further education with PT, especially with limited job opportunities in central North Dakota.

Had a DPT been offered before, instead of a MPT, I would have been much more interested – now, with my new family, it would be incredibly more difficult to obtain.

However, family must always come first and I will have to highly consider them in my decision to pursue further education. Thanks so much.

I am currently a stay at home mother with three children. I plan to return to my career someday, and I may be more interested at that time.

I have too many family obligations to do DPT currently.

My priorities are my children and family.

Therefore, I don't feel that I would be interested in going to the extra efforts (decreased money, decreased time with family, distance to travel, etc.) to get a DPT degree.

Too far away and too much time away from my family.

Bachelor Degree Concerns (8)

I would like our past credit history to be taken into account. If I have taken 5 fewer classes than a DPT graduate, I should only have to be responsible for those credits to earn a DPT.

No one ever contacted me regarding the Master's program that was offered some years back (it was for us graduating with BSPT).

Having not earned my MPT, I'm not sure if I would ever qualify.

I am concerned about being able to continue to practice with my BS degree as time goes by. Want to ensure that I continue to provide quality therapy to my clients. Will have to see what you come up with.

I would if I can go from BSPT to DPT and I was able to take courses online.

I'm from the dinosaur age and still only have my BSPT. My first goal needs to be obtaining my master's and I'm unsure if this is available without returning to school full time.

What about those who have a BSPT? Do they/we have to transition to a MPT 1st? Is a DPT that beneficial compared to 15-20 yrs. of experience?

Would have to obtain masters first.

Would need master's first; don't know if this is offered via long distance/online.

Age/Retired/Not Working (8)

Not at my age. Hopefully retiring before too long.

At my age, I don't think so! What our profession needs is more hands on experience instead of more credentialed experience. I don't feel this would benefit me at my age when I plan to retire at 55 or 56.

I currently have no desire at this point in my life. If I were younger I would consider it!

By the year 2020, I plan on being retired. I will be busy as a clinician providing supervision of those enrolled in DPT programs. I am looking to retire in a few years and have no interest in further ed. at this point in my life.

This close to retirement, I do not know what I would gain by proceeding with this degree.

I am currently not working and do not see the need to obtain a transitional DPT.

I currently have an inactive P.T. license and am unsure if I will return to the P.T. profession.

All for it if I was still practicing. Excellent format for a survey—keep up the good work UND!! Sorry, but my survey won't be of much assistance.

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