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Cover Sheet for In-State Institutions
New Program or Substantial Modification to Existing Program

Institution Submitting Proposal	The Johns Hopkins University

Each action below requires a separate proposal and cover sheet.

- (●) New Academic Program
- ( ) New Area of Concentration
- ( ) New Degree Level Approval
- ( ) New Stand-Alone Certificate
- ( ) Off Campus Program
- ( ) Substantial Change to a Degree Program
- ( ) Substantial Change to an Area of Concentration
- ( ) Substantial Change to a Certificate Program
- ( ) Cooperative Degree Program
- ( ) Offer Program at Regional Higher Education Center

Payment Submitted: (●) Yes ( ) No

Payment Type: ( ) R*STARS # 11980405 (●) Check # 11980405

Payment Amount: $850

Date Submitted: 05/15/202

Department Proposing Program	School of Medicine	
Degree Level and Degree Type	Doctor of Physical Therapy	
Title of Proposed Program	Physical Therapy	
Total Number of Credits	112	
Suggested Codes	HEGIS:	CIP: 51.2308
Program Modality	( ) On-campus ( ) Distance Education (*fully online*) (●) Both	
Program Resources	(●) Using Existing Resources ( ) Requiring New Resources	
Projected Implementation Date	( ) Fall (●) Spring ( ) Summer	Year: 2024
Provide Link to Most Recent Academic Catalog	URL: https://e-catalogue.jhu.edu/	
Preferred Contact for this Proposal	Name: Westley Forsythe	
	Title: Academic Compliance Officer	
	Phone: (410) 516-0188	
	Email: wforsythe@jhu.edu	
President/Chief Executive	Type Name: Stephen Gange	
	Signature: Stephen J. Gange	Date: 05/15/2023
	Date of Approval/Endorsement by Governing Board:	

Revised 1/2021

JOHNS HOPKINS
UNIVERSITY

May 15, 2023

Sanjay Rai, PhD
Secretary
Maryland Higher Education Commission
6 N. Liberty Street, 10th Floor
Baltimore, MD 21201

Dear Dr. Rai:

On behalf of Provost Gange, I write to request your review and endorsement of the enclosed proposal. The School of Medicine proposes a new **Doctor of Physical Therapy.**

The program was crafted to align with the strategic plan for Johns Hopkins Medicine, the Maryland State Plan for Higher Education, and the Excellence Framework in Academic Physical Therapy. The programs' vision is to develop innovative global leaders who drive excellence in physical therapy, transform health care, and serve society. It will create and cultivate a diverse and collaborative community of learners who integrate and advance innovative physical therapy practice, research, and education.

The proposed program is consistent with the Johns Hopkins mission and the State of Maryland's Plan for Postsecondary Education. The proposal is endorsed by The Johns Hopkins University.

Should you have any questions or need further information, please do not hesitate to contact Westley Forsythe at (410) 516-0188 or wforsythe@jhu.edu. Thank you for your support of Johns Hopkins University.

Sincerely,

Janet Simon Schreck, PhD
Senior Associate Vice Provost for Academic Affairs

cc: Dr. Stephen Gange
Dr. Westley Forsythe

Enclosures

A. Centrality to Institutional Mission and Planning Priorities

1. Provide a description of the program, including each area of concentration (if applicable), and how it relates to the institution's approved mission.

The JHU DPT Program was created to support the Education pillar of the PMR strategic plan and crafted to align with the strategic plan for Johns Hopkins Medicine, the Maryland State Plan for Higher Education, and the Excellence Framework in Academic Physical Therapy. The vision of the JHU DPT Program is to develop innovative global leaders who drive excellence in physical therapy, transform health care, and serve society. The mission of the JHU DPT Program is to create and cultivate a diverse and collaborative community of learners who integrate and advance innovative physical therapy practice, research, and education.

The JHU DPT program will be delivered over eight semesters using a hybrid model of instructional delivery. Students will participate in didactic instruction through synchronous and asynchronous online learning and will travel to Johns Hopkins 10 times over the duration of the program for onsite, immersive lab experiences delivered via a face-to-face model of instructional delivery. Each of these immersive lab experiences will take place over the course of 5-10 days. In addition to online and face-to-face classroom instruction, the program will include 35 weeks of full-time clinical education experiences. The JHU DPT Program will be cohort-based, with one cohort entering the program each year and progressing through the program together. The expected cohort size is 70 learners entering the program per year. The program plan includes 15.0 full-time equivalent (FTE) faculty, including the Program Director, Director of Clinical Education, and core faculty to develop, administer, and implement the program. This means that at full capacity, the core faculty to student ratio will be approximately 1:12. In addition to core faculty, adjunct faculty will be hired to fill specialized teaching needs and facilitate onsite lab instruction. JHU DPT is subject to specialized accreditation by the Commission on Accreditation in Physical Therapy Education (CAPTE). The CAPTE accreditation process involves careful internal and external review and reports, onsite visits by qualified reviewers, and demonstrated compliance with established standards and elements. *The CAPTE PT Standards and Required Elements* may be accessed it its entirety at https://www.capteonline.org/about-capte/policies-and-procedures/accreditation-handbook. The eight CAPTE standards include required elements/sub-elements related to program mission and goals, graduate achievement measures, program outcomes & assessment, institutional/programmatic policies & procedures, faculty qualifications, recruitment & admissions, didactic & clinical curriculum plan, curricular content, and program resources. The JHU DPT program will be required to submit evidence of full compliance with all standards prior to program launch, ensuring the program meets the high standards of physical therapist education and that all learners who complete the program will be eligible for licensure. This program is being developed with the full support of the SOM Department of Physical Medicine and Rehabilitation, the Office of the Vice Dean of Education including the Office of Online Education, and the Johns Hopkins Health System.

The SOM educates medical students, graduate students, and postdoctoral fellows in accordance with the highest professional standards; prepares clinicians to practice patient-centered medicine of the highest standard; and identifies and answers fundamental questions in the mechanisms, prevention, and treatment of disease, in health care delivery and in the basic sciences. The formation of a DPT program aligns strongly with the JHM mission and vision to transform health care and advance medical education (https://www.hopkinsmedicine.org/about/mission.html).

2. Explain how the proposed program supports the institution's strategic goals and provide evidence that affirms it is an institutional priority

The JHU DPT program is responsive to four major trends in healthcare that the Johns Hopkins School of Medicine is uniquely positioned to address:

- Evolving approaches to patient care
- Targeted treatment for specialized populations
- Technological advancements, utilization, and data proliferation
- Increasing need for management and leadership skills

The JHU DPT program is created in service of five strategic goals to support the program mission and vision, in alignment with the strategic goals of Johns Hopkins Medicine:

1. **Prepare physical therapists with strong foundational knowledge, clinical expertise, critical thinking skills, and the ability to adapt to evolving health care delivery systems.** We are committed to creating a learning community that fosters the development of master adaptive learners who demonstrate cultural humility, contribute to interprofessional teams, self-reflect and seek opportunities for continuous professional growth and development, use best evidence in providing clinical care, and advocate for equitable access to health care. Our graduates will advance high-value and high-quality health care and will develop and lead the innovative care models of tomorrow. This goal aligns with the JHM strategic goal to *improve the quality and affordability of health care.*
2. **Integrate physical therapy education seamlessly into Johns Hopkins Medicine.** This involves development of a program that provides integrated clinical experiences and interprofessional learning opportunities for all students within the Johns Hopkins Health System, provides the opportunity for JHHS clinicians to teach in the DPT program, gives DPT faculty access to SOM research infrastructure to support their scholarly agendas, and creates pathways to residency and dual degree enrollment for learners to continue their post-graduate education at Johns Hopkins University. This goal contributes to the JHM strategic goals to *work like one organization* and *make Johns Hopkins Medicine easy.*
3. **Create an inclusive learning environment that supports students, faculty, and staff who reflect the diversity of the communities we serve.** Work toward this goal will include development of recruitment and admissions strategies to attract diverse students and faculty, initiatives to create a culture of inclusion and belonging, and a focus on supporting the success and well-being of all members of the DPT program community. This goal aligns with the JHM strategic goal to *support the well-being of our people and our communities*.
4. **Build partnerships to facilitate faculty, student, and alumni engagement in community and global health outreach.** This includes exploration of the needs of our communities, identification of barriers to equity and access to health care, and involvement of multiple stakeholders in co-creating meaningful and sustainable opportunities for community engagement. This goal aligns with the JHM strategic goal to *support the well-being of our people and our communities.*
5. **Achieve recognition for leadership and excellence in physical therapy clinical care, research, and education.** We stand ready to deliver a cutting-edge and rigorous DPT program rooted in current evidence, using data to drive educational decision-making and continuous program improvement. We will support faculty in professional and scholarly leadership and national/international service to ensure the SOM DPT program has a strong presence in the profession and is recognized as a global leader in physical therapist practice, research, and

education. This goal aligns with the JHM strategic goals to *push the boundaries of science and education* and *aim for precision in everything we do.*

3. Provide a brief narrative of how the proposed program will be adequately funded for at least the first five years of program implementation.

This program is being developed with the full support of the School of Medicine (SOM) Department of Physical Medicine and Rehabilitation (PMR), the Office of the Vice Dean of Education including the Office of Online Education, and the Johns Hopkins Health System. While it is projected that the DPT program will be fully supported by tuition revenue by year 2 of the program (FY 2027), the SOM is prepared to fully support the development of the DPT program through hiring faculty and staff, procuring necessary space and supplies, building infrastructure to support graduate education, and providing support in the program's efforts to achieve full accreditation. This includes allocating a dedicated budget for marketing to recruit new students, faculty, and staff to ensure student support and program success, and resources to assist faculty in designing new, cutting-edge online and hybrid courses.

Provide a description of the institution's a commitment to:

a. Ongoing administrative, financial, and technical support of the proposed program

The School of Medicine's commitment to development of hybrid healthcare education is evidenced by the 2016 formation of the Office of Online Education (OOE). The OOE was created to improve access to existing education programs and support the creation of new programs delivered using multi-modal online and hybrid teaching practices. Since its creation, the OOE has grown to include a director, four instructional designers, an instructional technologist, a multimedia specialist, and a business program manager. The launch of a successful new Doctor of Physical Therapy program is seen as a top priority of the OOE; in turn, the success of the OOE is viewed as critical to the wider mission and vision of the School of Medicine. The JHU DPT program has been assigned an instructional designer by OOE, dedicated to its development and ongoing maintenance.

The program receives administrative and technical support from the SOM through existing institutional offices that support graduate, medical, and clinical education. Specific to the DPT program, the Department of Physical Medicine and Rehabilitation has hired and is currently providing salary support for a DPT Program Director, Director of Clinical Education, and program administrator (working title: Director of Academic Affairs). The program budget calls for 4.5 FTEs for administrative staff by program launch in 2025, to include the Director of Academic Affairs, Director of Operations, and program coordinators for oversight of administrative processes related to clinical education, student affairs, and admissions.

This program is not only of interest to the SOM, but to the Johns Hopkins Health System as well. JHHS has a significant internal need for additional PTs to fill not only existing openings but expected future openings due to increased demand. There is a particular interest in developing physical therapists who are top-tier clinicians, global leaders, and scholars across all settings and specialties: acute care, geriatrics, orthopedics, sports, pediatrics, neuro rehab, oncology, pelvic health, and more. To show their commitment to this effort, JHHS has offered a substantial financial gift to the School of Medicine to support the development of the JHU DPT program.

b. Continuation of the program for a period of time sufficient to allow enrolled students to complete the program.

The School of Medicine is committed to ensuring that all enrolled students complete the degree program. Final numbers from the PT Computer Application System (PT-CAS) for the 2021-2022 admissions cycle show that, for the 293 participating DPT programs, there were 94,977 applications from 17,862 unique applicants. The number of unique applicants has remained relatively stable since 2019 and represents approximately 33% more qualified applicants than there are spots for DPT students nationwide. Given the demand for DPT education combined with the hybrid program design, which will attract geographically diverse applicants from across the nation, we expect a robust application pool for the JHU DPT program and do not anticipate that low enrollment will affect the SOM's ability to offer the program. While the SOM is confident the proposed program will be a success, should the program be suspended or discontinued, the SOM will "teach out" the program and provide the necessary courses and resources students need to graduate on schedule. SOM will develop plans for each remaining student to complete the degree and modify course schedules to allow for on-time graduation

B. Critical and Compelling Regional or Statewide Need as Identified in the State Plan

1. Demonstrate demand and need for the program in terms of meeting present and future needs of the region and the State in general based on one or more of the following:

a. The need for the advancement and evolution of knowledge

The physical therapy profession, including The American Physical Therapy Association (APTA), The American Council of Academic Physical Therapy (ACAPT), the Foundation for Physical Therapy, and the Commission on Accreditation in Physical Therapy Education (CAPTE) recognize the need for, and strongly support the development of new knowledge. As science evolves, new knowledge is constantly needed to support evidence-based health policies and educational practices, and to allow physical therapists to provide evidence-based prevention and intervention to individuals and populations.

In a national address to the physical therapy profession in 2012, a leader in the profession and editor of its pre-eminent journal (Physical Therapy and Rehabilitation) noted that "Although we know far more today than in the past, we still do not know enough about what works in physical therapy—for what conditions, under what circumstances, and at what cost—to improve the quality of physical therapy care to the greatest extent possible. Effective functioning of the health care marketplace requires that patients, employers, and other consumers have good information for decision making…"[1] Those words are as true today as they were a decade ago. Today there is even greater recognition within society that we need evidence to help support policies to address health disparities as well as disparities in access to care. Additionally, data supporting the need for advancement of knowledge related to rehabilitation is demonstrated by US government funding. Data comes from the rehabilitation category in the NIHs (National Institutes of Health) Research, Condition, and Disease Categorization (RCDC) system, a

[1] Jette AM. Face Into the Storm. *Phys Ther*. 2012;92(9):1221-1229. doi:10.2522/ptj.2012.mcmillan.lecture

computerized process NIH uses to report funding levels for more than 280 RCDC categories. The data for the years 2015 through 2020 show that the number of grants, and total funding for NIH extramural rehabilitation awards increased each year. Specifically, there was a 49-percent increase in overall funding and a 32-percent increase in number of awards.[2]

In recognition of the vital ongoing need for evidence to support policy, education and practice, ACAPT's Excellence Framework for Physical Therapist Education includes criteria calling for academic leadership that invests resources to drive research agendas of the [physical therapy] profession and recruits faculty whose research enables significant progress in science, education and practice.[3] Furthermore, CAPTE requires that all DPT program faculty have scholarly agendas, thus supporting the need for ongoing research in the profession.[4]

The proposed Johns Hopkins (Doctor of Physical Therapy) DPT program, as part of an institution with a long history of important contributions to the science of healthcare, will be in an excellent position to meet the expectations of the profession. The program's stated goals include having a strong presence in the profession and being recognized as a global leader in physical therapy-related research. This goal aligns with Johns Hopkins' School of Medicine strategic goals to: *push the boundaries of science and education* and *aim for precision in everything we do.* DPT program faculty research will be supported and enhanced by access to Johns Hopkins School of Medicine's robust research infrastructure.

b. Societal needs, including expanding educational opportunities and choices for minority and educationally disadvantaged students at institutions of higher education

Johns Hopkins' DPT program has a unique opportunity to address the needs of traditionally minoritized groups through its hybrid format. The format allows individuals to complete large portions of their coursework from their home and does not require relocation to a campus setting. Those who cannot afford to move or who are needed at home for family support will be afforded the opportunity to complete a world-class DPT program. Individuals who might be well served by Johns Hopkins' DPT program include those in Maryland counties distant from Johns Hopkins as well as the existing 2 residential programs in Maryland. Some of these counties have fewer than 30 physical therapists and the residents may not have ready access to healthcare services. At the same time, Johns Hopkins sits in an urban environment with a large population of traditionally marginalized individuals who may also be well served by their proximity to the university. In Baltimore, there are opportunities for community outreach by the Johns Hopkins DPT program to bring information to middle and high school students about physical therapy as a career. The possibility of addressing a need in the profession for a more diversified workforce

[2] U.S. Department of Health and Human Services. *National Institutes of Health (NIH) Research Plan on Rehabilitation*.; 2021. Accessed December 6, 2022. https://www.nichd.nih.gov/sites/default/files/2021-11/NIH_Research_Plan_on_Rehabilitation.pdf

[3] Excellence Framework for Physical Therapist Education. Published online 2022. Accessed December 6, 2022. https://members.acapt.org/resources/Documents/FINAL_ExcellenceFramework_011722.pdf

[4] *Standards and Required Element for Accreditation of Physical Therapist Education Programs*. Commission on Accreditation in Physical Therapy Education; 2020. Accessed December 6, 2022. https://www.capteonline.org/globalassets/capte-docs/capte-pt-standards-required-elements.pdf

by educating physical therapists in communities that are underserved is a compelling opportunity for Johns Hopkins as a new hybrid DPT program.

c. The need to strengthen and expand the capacity of historically black institutions to provide high quality and unique educational programs

Although the Johns Hopkins program will not directly strengthen or expand the capacity of historically black institutions (HCBU), there is an opportunity to explore possible partnerships with these institutions in the state. For example, there may be mechanisms that could be developed for Johns Hopkins and HBCUs in Maryland to collaborate in preparing undergraduates for graduate education in physical therapy. Articulation agreements might also be explored that would support expedited admissions processes or application review for candidates from those HCBUs.

2. Provide evidence that the perceived need is consistent with the Maryland State Plan for Postsecondary Education.

The JHU DPT program embraces the Maryland State Plan for Higher Education (https://dlslibrary.state.md.us/publications/Exec/MHEC/ED11-105(b)(3)(i)_2022.pdf), which centers around three key goals: student access, student success, and innovation.

Student Access: This will be the first hybrid DPT program offered in the state of Maryland, effectively creating an opportunity for every student in Maryland to access DPT in their own community – without moving to Baltimore or the Eastern Shore. This improved access intersects with enhanced affordability – eliminating the requirement for relocation may afford the opportunity for students to control "life costs" by choosing to live with family or in communities where the cost of living may be lower. The tuition structure for the JHU DPT program was thoughtfully and intentionally developed with an eye toward defining "affordability" in DPT education. Specifically, we considered pricing at comparable institutions, Commission on Accreditation in Physical Therapy Education data on average DPT program cost at private institutions, and recent research on the net present value of physical therapist education. To help offset the cost of education, the JHU DPT program is committed to working with the Johns Hopkins Health System (JHHS) to explore innovative financial assistance programs including loan repayment options and income share agreements for students who move into employment opportunities at JHHS after graduation. The program will leverage open educational resources and work with the JHU library to secure subscriptions to electronic book repositories to keep the cost of textbooks down. All this work will be done through an equity lens. The JHU DPT program will develop strategies to recruit students from underrepresented groups in physical therapy education, utilizing holistic admissions to enhance the diversity of the DPT program. Recruitment strategies will include collaboration with undergraduate institutions across the state of Maryland, and specifically the four HBCUs in Maryland, to market the program to its students and create equitable pathways for admissions and student success for all learners.

Student Success: As the first hybrid DPT program in the state of Maryland and the only program that will not require students to be collocated with the institution, the JHU DPT program offers novel opportunities to impact "education deserts" in Maryland. We are committed to leveraging the flexibility of the hybrid environment to meet the needs of students who may experience unanticipated life events that require moving or deceleration of the program, without jeopardizing

the ability to complete the program. Students will have the opportunity to complete full-time clinical experiences in the Johns Hopkins Health System, and – for those who do not live near a Johns Hopkins facility that provides rehabilitation services - the JHU DPT program will work with that student to find a high-quality clinical experience in their own community. Most importantly, the JHU DPT program will ensure that ALL students in Maryland, even those who cannot or do not wish to move to Baltimore or the Eastern Shore, are able to access DPT education in Maryland.

Innovation: We wholeheartedly agree with the Maryland Higher Education Commission that "Maryland cannot afford to continue being grounded in a traditional education paradigm." The JHU DPT program will embrace a culture of risk-taking by being the first DPT program in the state – and the region – to offer a cutting-edge hybrid instructional model. At the time of this writing, the JHU DPT program would be one of only 4 hybrid DPT programs in the nation currently housed in an academic medical center. Within DPT education, it has been demonstrated by well-known institutions such as Tufts University, Baylor University, University of Southern California, Arcadia University, and University of Pittsburgh that rigorous hybrid clinical programs can successfully attain accreditation status through the Commission on Accreditation in Physical Therapy Education. The JHU DPT plans to build upon those successes and expand them by offering the first hybrid DPT program in Maryland, housed in the School of Medicine and built in collaboration with the world-class instructional design team in the Johns Hopkins School of Medicine.

C. Quantifiable & Reliable Evidence & Documentation of Market Supply & Demand in the Region and State

1. Describe potential industry or industries, employment opportunities, and expected level of entry (ex: mid-level management) for graduates of the proposed program.

All physical therapists must graduate from an accredited program with a DPT degree and must then be licensed to practice through examination. 2021 CAPTE data[5] indicate that the average licensure examination pass rate for first-time takers was approximately 92% and mean employment rate for new graduates was 99% within 12 months of graduation. Newly licensed physical therapists are qualified for entry-level positions (staff physical therapist) in any number of settings, including acute-care hospitals, rehabilitation hospitals, schools, home care, skilled-nursing facilities, and out-patient settings. In Maryland, most physical therapists work in out-patient settings (39%); private practices employ the largest proportion of physical therapists (21%); and most physical therapists specialize in orthopaedics and geriatrics. Eighty-five percent of Maryland physical therapists report being satisfied or very satisfied with their work.[6]

[5] Commission on Accreditation in Physical Therapy Education. *Aggregate Program Data. 2021 Physical Therapist Education Programs Fact Sheet*. Accessed December January 31, 2022. https://www.capteonline.org/globalassets/capte-docs/aggregate-data/2021-2022-aggregate-pt-program-and-salary-data.pdf

[6] Maryland Physical Therapy Board of Examiners. *2021 Maryland Physical Therapy Workforce Report*.; 2021. Accessed December 6, 2022. https://health.maryland.gov/bphte/Documents/Index Page/2021 Physical Therapy Workforce Project Report - Final.pdf

2. Present data and analysis projecting market demand and the availability of openings in a job market to be served by the new program.

The job market that will be served by the proposed Johns Hopkins DPT program is local, regional, and national due to its hybrid format. The program format allows individuals to complete large portions of their coursework from their homes without relocating to be on the university campus. Given the selection to study from their home, graduates of the program may choose to stay and practice in their home regions.

Nationally, the U.S. Bureau of Labor Statistics (BLS) cites 238,800 physical therapists employed in 2021.[7] In Maryland, there were nearly 5,500 physical therapist employed in 2020.[8] The current number of physical therapist jobs in the Baltimore-Columbia-Towson area is approximately 2,110.[9] There are approximately 70 hospitals in the state of Maryland that hire physical therapists and the Better Business Bureau lists 862 physical therapy-related practices in Maryland, although some listings may be different offices for the same practice entity.[10] Although it is not possible to know the number of current vacancies for physical therapists in the state, Maryland job postings on Indeed.com in December 2022 revealed approximately 1300 physical therapist job postings statewide.[11] Zippia.com posted approximately the same number of physical therapist jobs in the same time period, although it is highly likely that there are many duplications.[12]

The BLS location quotient is 0.97 for the entire state of Maryland, 0.90 for non-metropolitan Maryland, 0.67 for California-Lexington Park area, and 1.05 for the Baltimore-Columbia-Towson area. These statistics indicate that physical therapist jobs are slightly less concentrated in Maryland than in the US average, more highly concentrated in the urban area, and less concentrated in non-metropolitan areas of the state.[13] In some counties in Maryland (Somerset, Dorchester, Caroll, Kent) there are fewer than 30 licensed physical therapists, and some of those counties include relatively

[7] US Bureau of Labor Statistics. Household Data. Annual Averages. Employed persons by detailed occupation and age. Accessed December 5, 2022. https://www.bls.gov/cps/cpsaat11b.pdf

[8] US Bureau of Labor Statistics. Long Term Occupational Projections (2020-2030). Projections Central. Accessed December 6, 2022. https://projectionscentral.org/Projections/LongTerm?AreaName=Maryland&Name=Physical+Therapist&items_per_page=10

[9] US Bureau of Labor Statistics. Occupational Employment and Wage Statistics. May 2021 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates Baltimore-Columbia Towson, MD. Accessed December 6, 2022. https://www.bls.gov/oes/current/oes_12580.htm#29-0000

[10] Better Business Bureau. Maryland Physical Therapist. Accessed December 6, 2022. https://www.bbb.org/search?find_country=USA&find_entity=60685-000&find_id=60685-000&find_latlng=39.095536%2C-76.802100&find_loc=Maryland%2C MD&find_text=Physical Therapist&find_type=Category&page=6&sort=Distance

[11] Indeed. Physical Therapists - Maryland. Accessed December 7, 2022. https://www.indeed.com/q-Physical-Therapist-l-Maryland-jobs.html?vjk=ceae70f9e5567a23

[12] Zippia. Physical Therapist Jobs in Maryland. Accessed December 7, 2022. https://www.zippia.com/physical-therapist-maryland-jobs/?src=jobint-popup

[13] US Bureau of Labor Statistics. Occupational Employment and Wage Statistics. May 2021 State Occupational Employment and Wage Estimates Maryland. Accessed December 6, 2022. https://www.bls.gov/oes/current/oes_md.htm

higher concentrations of population considered "minority".[14] These data suggest a need for physical therapists in those counties to address inequities.

3. Discuss and provide evidence of market surveys that clearly provide quantifiable and reliable data on the educational and training needs and the anticipated number of vacancies expected over the next 5 years.

The Doctor of Physical Therapy (DPT) degree is the entry-level clinical degree and is the required degree for all accredited physical therapist education programs. No other training or education is required to practice as a physical therapist, nor are there other degree options other than the DPT for individuals who wish to become physical therapists. To take the National Physical Therapy Exam (NPTE), required for licensure in the state of Maryland and every state in the US, one must graduate from an accredited DPT program. To meet accreditation requirements set forth by CAPTE, DPT students must complete a program that is at least six semesters in length, including a minimum of 30 weeks of full-time clinical experiences under the supervision of a licensed physical therapist. The Johns Hopkins DPT program will be eight semesters in length. Johns Hopkins Health System (JHHS) boasts a large rehabilitation network, with hospitals and clinics across the Baltimore/DC region and in Florida. Given the capacity of JHHS, all students seeking clinical placements in the Baltimore/DC region will be placed in Johns Hopkins facilities without compromising current placements at JHHS for other DPT students in the region. Given the hybrid nature of the program, we expect a significant proportion of students to live in other states/regions across the US, and that those students will request clinical placements in their home states/cities. In those cases, we will work with out-of-state clinical partners – vetted for clinical excellence – for clinical placements.

'Maryland occupational projections 2020-2030' data retrieved from the Maryland Department of Labor project physical therapist employment to grow 18.1%, with over 2,423 separations of physical therapists from the Maryland workforce during that time. In total, state workforce projections indicate annual new and replacement needs of 341 physical therapists over the next decade. According to 'Maryland degree trends' data, the 2 existing DPT programs (University of Maryland Baltimore and University of Maryland Eastern Shore) graduate approximately 90 physical therapists per year. This supply is insufficient to meet the demand for physical therapists in Maryland by a ratio of approximately 1:4.

From September-November 2022, representatives from the proposed Johns Hopkins DPT program met with local rehabilitation leaders – both within and outside the Johns Hopkins Medicine System – to gather qualitative data on the current physical therapy job market across the continuum of rehabilitation care in Maryland. Individuals interviewed include Jill Anderson (continuum of inpatient and outpatient rehabilitation at MedStar), Elena Bradley and Tarra Dendinger (Kennedy Krieger Institute), Sam Fierro (Bayview Medical Center), Suzanne Havrilla (Johns Hopkins home care), Ken Johnson (Johns Hopkins outpatient rehabilitation), Annette Lavezza (Johns Hopkins inpatient/acute rehabilitation), and Julie Quinn (Mt. Washington Pediatric Hospital). Without exception, each of these rehabilitation leaders reported that they currently have open positions for physical therapists, and that positions are taking longer to fill with fewer applicants than in the past. One of the rehabilitation leaders interviewed said, "*If we could find 80 physical therapists, we'd hire them tomorrow. There aren't a lot of PT schools in Maryland, so we've been going to other states*

[14] Maryland Physical Therapy Board of Examiners. *2021 Maryland Physical Therapy Workforce Report*.; 2021. Accessed December 6, 2022. https://health.maryland.gov/bphte/Documents/Index Page/2021 Physical Therapy Workforce Project Report - Final.pdf

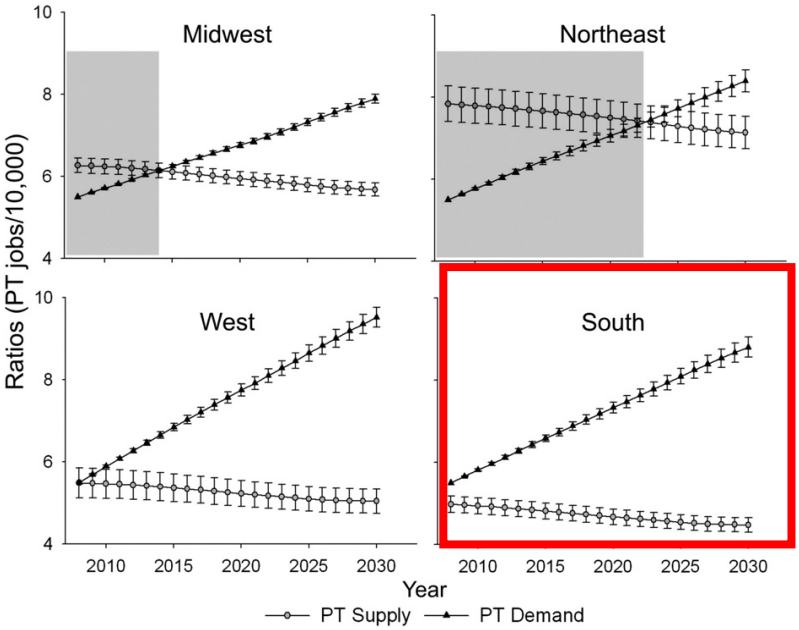
such as Pennsylvania, and Massachusetts and Virginia, where they have more programs, to find new physical therapy graduates to fill our positions."

Tables 1 and 2 summarize the shortfall in supply of new physical therapists relative to the demand in Maryland.

National BLS data indicate a projected increase in jobs for physical therapists of approximately 17% over the next decade, greater than the average for all occupations.[15] BLS data suggest an annual average attrition of 2.4%,[16] and an average of 15,400 physical therapy job openings per year during the same time period.[15] Other workforce model projections published in 2016 indicated that with an attrition rate of 2.5%, there would be a continued shortage of physical therapists up to 2025.[17] Given the effects of the pandemic on attrition of healthcare workers, the attrition rate for physical therapists may be greater than anticipated.

A study based on 2008 BLS data and published in 2010 predicted that the region of the country that includes Maryland and 15 other states would have a shortage by 2020 that would worsen by 2030. In Maryland, specifically, the shortage would be 1,513 jobs in 2030.[18] See Figure 1. These data suggest the need to educate additional physical therapists in the state and region.

Figure 1. PT Supply and Demand Ratios (from Zimbelman, et al). MD is part of the **South** region.



[15] US Bureau of Labor Statistics. Occupational Outlook Handbook-Physical Therapists. Accessed December 5, 2022. https://www.bls.gov/ooh/healthcare/physical-therapists.htm

[16] US Bureau of Labor Statistics. Employment Projections. Occupational Separations and Openings. Accessed December 5, 2022. https://www.bls.gov/emp/tables/occupational-separations-and-openings.htm

[17] Landry MD, Hack LM, Coulson E, et al. Workforce Projections 2010–2020: Annual Supply and Demand Forecasting Models for Physical Therapists Across the United States. *Phys Ther*. 2016;96(1):71-80. doi:10.2522/ptj.20150010

[18] Zimbelman JL, Juraschek SP, Zhang X, Lin VWH. Physical Therapy Workforce in the United States: Forecasting Nationwide Shortages. *PM&R*. 2010;2(11):1021-1029. doi:https://doi.org/10.1016/j.pmrj.2010.06.015

Table 1: Total annual graduations in Physical Therapy doctorates from Maryland institutions 2009-2021[19]

School name	Degree level	Program name	CIP	Add/ discontinue	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Univ. of Md, Baltimore	Doctorate (professional practice)	Physical therapy	512308	Redesignated app-00	58	65	77	51	58	54	61	55	56	61	61	61	66
Univ. of Md Eastern Shore	Doctorate (professional practice)	Physical therapy	512308	Redesignated app-01	21	14	23	26	30	26	28	29	27	29	29	32	25
Total annual graduations					**79**	**79**	**100**	**77**	**88**	**80**	**89**	**84**	**83**	**90**	**90**	**93**	**91**

Table 2: Maryland employment projections 2020-2030[20]

Occ Code	Occupational Title	Occupation level	Employment	Separations		Total	Education Value	Work Experience Value	Job Training Value
			%. Change	Exits	Transfers				
29-1123	Physical Therapists	4	18.1%	1,182	1,241	3,415	Doctoral or professional degree	None	None

[19] 'Maryland Degree Trends', Retrieved on January 9, 2023, from https://data.mhec.state.md.us/mac_Trend.asp

[20] Maryland Department of Labor, 'Maryland occupational projections 2020-2030', retrieved on 24 October 2022 from https://www.dllr.state.md.us/lmi/iandoproj/maryland.shtml

In four states regionally (Pennsylvania, Delaware, Virginia, New Jersey) and the District of Columbia, the projections for employment growth in physical therapy from 2020 to 2030 range from 19.3% in Virginia to 24.5% in Delaware. Predicted average annual openings in those states range from 40 in D.C. to 770 in Pennsylvania with a total of approximately 1800. In Maryland an approximately 18% increase is expected in physical therapy jobs by 2030 with projected average annual openings for 340 physical therapists for the next decade.[21] The existing DPT programs in the bordering states and D.C. graduates approximately 1,700 in 2020 and the 2 existing programs in Maryland graduate approximately 85 physical therapists per year. Even if all the programs' students were to stay in Maryland or the region, the number of graduates would be insufficient to meet the existing yearly needs of the state for physical therapists.

Population demographics support the validity of the employment projections and need for additional physical therapists in the state to address the healthcare needs of its residents. Maryland population has grown nearly 7% in the last 10 years, and the percentage of the state's population aged 65 or older is currently more than 16% and increasing.[22] The older population is most likely to require and use physical therapy services due to conditions associated with aging, including the cumulative effects of chronic health conditions. In 2019 (the latest data available), 11.1% of the adult population of Maryland had documented diabetes and 32.9% had obesity.[23] The overall prevalence of coronary heart disease in Maryland was 3.1%, heart attack was 3.5%, and stroke was 3.1%. The overall rate of disability among residents of Maryland less than 65 years old was 7.6%.[20] The movement disorders associated with these conditions may require management by physical therapists, and research has shown that disability is a predictor of use of physical therapy services.[24] More recently, the prevalence and effects of COVID-19-related post-viral syndrome, or "long-haul-COVID" have been increasingly recognized. The symptoms are many and varied, however, they include cardiovascular-pulmonary, neurological, and musculoskeletal systems, all affecting individuals' movement. A recent systematic review of the literature indicated the value of rehabilitation to improve patients' strength and exercise capacity.[25] It is unknown at this time how much impact the effects of the pandemic will have on demand for physical therapy services. Additionally, having health insurance is known to increase demand for services such as physical therapy. In Maryland, a greater proportion of the population (92.9%) has health insurance as compared to the total US population, suggesting a potentially greater use of physical therapy services.[22]

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[21] US Bureau of Labor Statistics. Long Term Occupational Projections (2020-2030). Projections Central. Accessed December 6, 2022. https://projectionscentral.org/Projections/LongTerm?AreaName=Maryland&Name=Physical+Therapist&items_per_page=10

[22] United States Census Bureau. QuickFacts. Garrett County, Maryland; Dorchester County, Maryland; Baltimore County, Maryland; Maryland; United States. Accessed December 6, 2022. https://www.census.gov/quickfacts/fact/table/garrettcountymaryland,dorchestercountymaryland,baltimorecountymaryland,MD,US/RHI725221#RHI725217

[23] Maryland Department of Health. Prevalence of Chronic Disease Risk Behaviors and Outcomes. Published 2019. Accessed December 6, 2022. https://health.maryland.gov/phpa/ccdpc/Reports/Documents/2019 MD BRFSS - Chronic Disease Risk Behaviors and Outcomes.pdf

[24] Freburger JK, Holmes GM. Physical Therapy Use by Community-Based Older People. *Phys Ther*. 2005;85(1):19-33. doi:10.1093/ptj/85.1.19

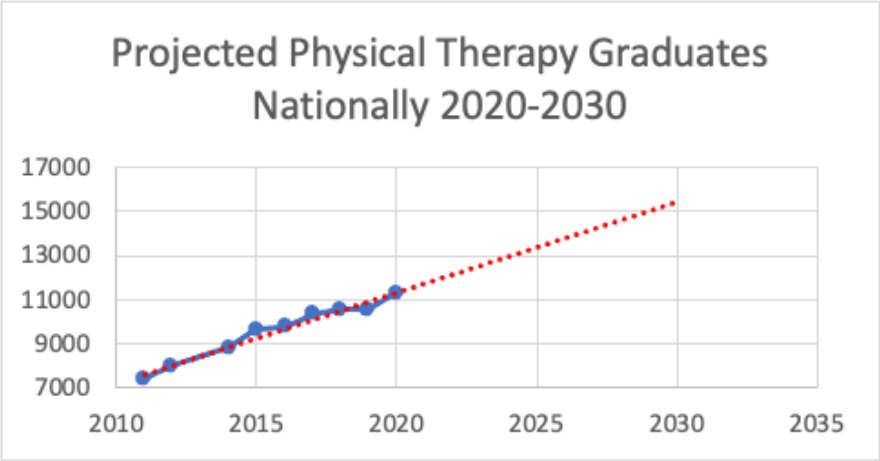
[25] Aiyegbusi OL, Hughes SE, Turner G, et al. Symptoms, complications and management of long COVID: a review. *J R Soc Med*. 2021;114(9):428-442. doi:10.1177/01410768211032850

4. Provide data showing the current and projected supply of prospective graduates.

Tables 1 and 2 in the previous section summarize the shortfall in supply of new physical therapists relative to the demand in Maryland. Maryland Degree Trends' data indicate that the two existing DPT programs, University of Maryland Baltimore and University of Maryland Eastern Shore, graduated an average of 86 physical therapists per year from 2009-2021 (range: 79-100). Data retrieved from the Physical Therapist Centralized Application Service (PTCAS) Programs Directory (https://ptcasdirectory.apta.org/) indicate that the size of the most recent class and the size of the anticipated class for the University of Maryland Baltimore and University of Maryland Eastern Shores DPT programs were 70 and 34, respectively. This suggests that, in total, both programs plan to admit 104 DPT students per year for current and future cohorts. Anticipating an attrition rate of approximately 10%, these programs would produce 936 physical therapists over the 10 years from 2020-2030. This is insufficient to meet the projected new and replacement needs in the state of Maryland of approximately 3,415 physical therapists during that same period.

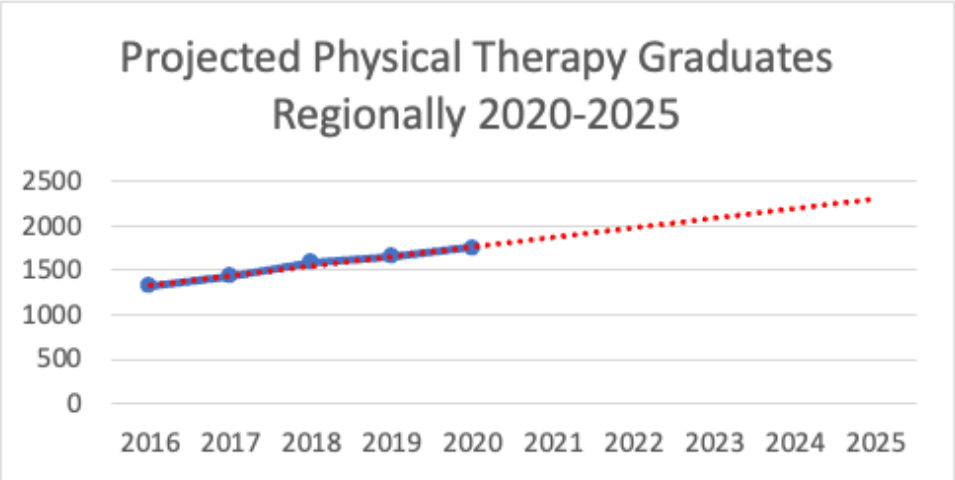
In 2020 there were 11,331 DPT degrees conferred nationally. Based on CAPTE data from the past several years, that number is expected to rise to slightly more than 15,000 by 2030 (Figure 2). In the region, four states (Pennsylvania, Delaware, New Jersey, Virginia) and the District of Columbia graduated approximately 1,700 DPT students in 2020. That number can be expected to rise if additional DPT programs begin in those states, or existing programs increase their class sizes (Figure 3).

Figure 2. Projected Physical Therapy Graduates through 2030 based on CAPTE Data[26]



[26] Commission on Accreditation in Physical Therapy Education. *Aggregate Program Data. 2020 Physical Therapist Education Programs Fact Sheet*. Accessed December 6, 2022. https://www.capteonline.org/globalassets/capte-docs/aggregate-data/2020-2021-aggregate-pt-program-and-salary-data.pdf

Figure 3. Projected Physical Therapy Graduates from Pennsylvania, New Jersey, Delaware, Virginia, and District of Columbia through 2025 based on National Center for Education Statistics data.[27]



Potential graduates come from the pool of potential applicants for which there are some limited data. Data from 293 physical therapist education programs in the Physical Therapy Centralized Application Service (PTCAS) for the 2021-2022 admissions cycle, indicate high interest in pursuing a degree in physical therapy, with 17,862 applicants.[28] Approximately 30% of applicants were not accepted into any program, indicating unmet demand for new career prospects. CAPTE data for 2021 indicate that the average number of qualified applicants for each program was 268, yet the average planned class size was 45.[29] These data also suggest a surplus demand for the DPT.

In 2017-18 (the last year aggregated PTCAS data were publicly provided), nearby New Jersey, Pennsylvania, and Virginia were among the top 10 permanent states of residency for PTCAS applicants, suggesting demand in the region.[30] Maryland residents ranked 17th in number of applications in PTCAS in 2017-2018. On a more granular level, the data revealed opportunities for a new physical therapist education program in the state. Data on number of applicants from 5 universities in Maryland with the largest number of applicants to DPT programs (Salisbury University, 53; Towson 68; University of Maryland, College Park, 85; University of Maryland, Baltimore County, 23; University of Maryland, Eastern Shore, 13) demonstrated demand from graduates of local universities who may see value in staying in the area to pursue their DPT. PTCAS data also showed that 377 applicants (~2% of all applicants) had permanent addresses in Maryland, and only 211 (56%) were admitted to a program.[30] Combined, the 2 DPT programs in the state of

[27] National Center for Education Statistics. College Navigator. Accessed December 7, 2022. https://nces.ed.gov/collegenavigator/

[28] PTCAS Applicant Overview. ACAPT News. Published 2022. Accessed December 6, 2022. https://acapt.org/news/news-detail/2022/09/27/ptcas-applicant-overview

[29] Commission on Accreditation in Physical Therapy Education. *Aggregate Program Data. 2021 Physical Therapist Education Programs Fact Sheet*. Accessed December January 31, 2022. https://www.capteonline.org/globalassets/capte-docs/aggregate-data/2021-2022-aggregate-pt-program-and-salary-data.pdf

[30] Physical Therapist Centralized Application Service. *2017-2018 Applicant Data Report*. American Physical Therapy Association; 2019. Accessed June 13, 2019. http://www.ptcas.org/uploadedFiles/PTCASorg/About_PTCAS/PTCASApplicantDataRpt.pdf

Maryland offer approximately 105 seats per cohort. Both are traditional residential programs. These data suggest a potential pool of applicants for a new program in Maryland, in addition to a potentially untapped pool of hybrid program applicants.

D. Reasonableness of Program Duplication

1. Identify similar programs in the State and/or same geographical area. Discuss similarities and differences between the proposed program and others in the same degree to be awarded.

The national accrediting body for DPT programs in the United States is the Commission on Accreditation in Physical Therapy Education (CAPTE). The most recent CAPTE aggregate data report that as of December 2021, there were 268 accredited DPT programs and 15 candidate programs in the US.[31] At present, there are only two accredited DPT educational programs in Maryland: University of Maryland Baltimore and University of Maryland Eastern Shore.

It is estimated that the existing DPT programs in Maryland graduate approximately 90 DPTs annually. This is insufficient to meet the projected 341 new and replacement physical therapists needed annually to meet the need in the state's health systems and medical practices (see Tables 1 and 2).

Although nationally there are increasing numbers of DPT programs being offered in the hybrid format, it is still considered an innovative approach to physical therapy professional education. The existing DPT programs in Maryland are traditional, residential programs; therefore, the introduction of a hybrid program in the state will contribute to the Maryland State plan vis à vis innovation. Importantly, the hybrid nature of the proposed program will improve access to Maryland residents desiring a career in physical therapy. Students will be able to conduct most of their coursework from their communities. Students will avoid having to move to be near the campus in a relatively high-priced urban area, making the program more affordable than a traditional residential program. Additionally, the format will allow students to remain at home to provide support to family for whom they may be responsible. The hybrid program may, therefore, appeal more than the two existing residential programs in Maryland to those with lower socio-economic background, older students returning to school, such as veterans, or those planning a second career, thus providing access for non-traditional students and underserved groups. It has been shown that being a member of an underserved group or growing up in an area with underserved healthcare needs are factors in medical graduates returning to practicing in underserved areas.[32] This may be true of other healthcare professionals as well.

Provide justification for the proposed program.

Workforce data indicate a need for more physical therapists over the next 5-10 years. This need has accelerated since the COVID-19 pandemic – over 22,000 physical therapists are estimated to have

[31] Commission on Accreditation in Physical Therapy Education. *Aggregate Program Data. 2021 Physical Therapist Education Programs Fact Sheet*. Accessed December January 31, 2022. https://www.capteonline.org/globalassets/capte-docs/aggregate-data/2021-2022-aggregate-pt-program-and-salary-data.pdf

[32] Hooker RS. Working with the medically underserved. *Can Fam Physician*. 2013;59(4):339-340

left the work force as of Q4 2021.[33] Job opportunities are expected to be good for licensed physical therapists in all settings, particularly in acute care hospitals, skilled nursing facilities, and orthopedic settings where older adults are most often treated. Job prospects are relatively higher in rural areas because many current physical therapists live in urban and suburban areas. There are currently only two doctor of physical therapy programs in the state of Maryland (University of Maryland Baltimore and Eastern Shore). Recently available data show that these programs graduate about 90 physical therapists (DPT) annually, but state workforce projections indicate an annual new and replacement needs of 341 physical therapists per year. This indicates a supply-demand imbalance of 1:4, approximately 250 more open positions than graduating physical therapists annually. The proposed Johns Hopkins DPT program would graduate an estimated 65 physical therapists per year, closing the gap by addressing over 25% of this imbalance.

Clinical leaders in the region surrounding Johns Hopkins have told us they have difficulty filling physical therapy positions and consistently report they have more physical therapist openings than they have in many years. In addition to filling general orthopedic needs, local outpatient leaders continue to seek therapists who fulfill a particular niche or specialty (lymphedema, pediatrics, sports, vestibular, hand rehabilitation, etc.). In inpatient settings, there is a need for physical therapy graduates who have experience in acute care. Students who have completed clinical experiences at a level I trauma hospital with particular emphasis on the acute care services are highly desirable. As a leader in acute care physical therapy as well as numerous ambulatory specialty care programs (e.g., sports, spine, neuro rehab, etc.), Johns Hopkins will provide outstanding experiences to students and contribute to the workforce in this area. Further, there exists a shortage of physical therapy faculty and researchers. The Johns Hopkins University DPT program's integration within JHU and JHM may create pathways to residency and dual degree enrollment for learners to continue their post-graduate education at Johns Hopkins, preparing the next generation of leaders in physical therapy. A hybrid program may draw from a pool of candidates who have not had sufficient access to residential DPT education programs, resulting in a pipeline of diverse physical therapy professionals to address needs within the Johns Hopkins Health System, as well as the region and across the nation.

DPT students at the Johns Hopkins University School of Medicine will combine the highest levels of academic achievement with a passion to excel in biomedical research, practice, and patient care. The DPT program will draw on the rich array of medical educational resources within the School of Medicine and in the Hopkins Medicine health system. Specifically, DPT students in the clinical year of the program will have access to clinical training rotations at the Johns Hopkins Hospital, the Bayview Campus, Sibley Hospital in Washington, D.C. as well as the wide network of outpatient clinical facilities such as the medical campus at Greenspring.

E. Relevance to High-demand Programs at Historically Black Institutions (HBIs)

1. Discuss the program's potential impact on the implementation or maintenance of high-demand programs at HBI's.

[33] Definitive Healthcare. *Addressing the healthcare staffing shortage*. Accessed January 31, 2023. https://www.definitivehc.com/resources/research/healthcare-staffing-shortage

The proposed program would not affect the implementation, maintenance, uniqueness, identity, or mission of these institutions.

F. Relevance to the identity of Historically Black Institutions (HBIs)

1. Discuss the program's potential impact on the uniqueness and institutional identities and missions of HBIs.

It is not anticipated that this program will have any impact on HBCUs' identity.

G. Adequacy of Curriculum Design, Program Modality, and Related Learning Outcomes

1. Describe how the proposed program was established, and also describe the faculty who will oversee the program.

In 2016 the Department of Physical Medicine and Rehabilitation (PMR) and Office of Online Education (OOE) came together to explore the development of a DPT program in the Johns Hopkins University School of Medicine. The idea of establishing a hybrid Physical Therapy program was developed in consultation with leadership from the School of Medicine and was based on data from an extensive analysis conducted by an external consulting firm, EY-Parthenon. PMR and OOE hired a consultant with expertise in physical therapist education to conduct a full needs assessment, including identification of opportunities and challenges. Ultimately, the decision was made to move forward with development of a hybrid DPT program. In 2020, PMR submitted notification of intent to develop a program and seek accreditation to the Commission on Accreditation in Physical Therapist Education and launched a national search for a Director for the DPT Program.

In August 2022, Kendra Gagnon, PT, PhD, joined the Johns Hopkins School of Medicine as the founding Director of the DPT program. Dr. Gagnon is an Associate Professor (PAR) within PMR. She received her Master of Physical Therapy Degree at the University of Missouri-Columbia in 2001, and her Ph.D. in Rehabilitation Science from the University of Kansas Medical Center in 2009. She is a 2020 graduate of the American Physical Therapy Association Fellowship in Higher Education Leadership. She has been a physical therapist educator since 2005, teaching pediatric and professional development curricular content at both entry- and post-professional levels. Prior to joining Johns Hopkins, Dr. Gagnon served as the Chair of the Physical Therapy Department at Baylor University, which is home to one of the first fully hybrid DPT programs in the United States.

Under Dr. Gagnon's leadership, the program will be supported and delivered by 15 core faculty (or full-time equivalent). This includes Dr. Gagnon (Program Director), a full-time Director of Clinical Education responsible for oversight and coordination of the clinical education portion of the curriculum, and 13 additional core faculty (or full-time equivalent). This means that at full implementation, the expected student to faculty ratio will be 12:1. In addition to core faculty, adjunct faculty will be hired to fill specialized teaching needs and facilitate onsite lab instruction. As required by the Commission on Accreditation of Physical Therapy Education (CAPTE), all core faculty will have doctoral preparation, demonstrated expertise in assigned teaching areas, demonstrated effectiveness in teaching, an ongoing scholarly agenda, and a record of professional and/or institutional service. At least 50% of the core faculty will have an earned academic doctoral degree

(PhD, EdD, DSc, etc.). All faculty (core and adjunct) will have evidence of contemporary expertise in their assigned areas of teaching

2. Describe educational objectives and learning outcomes appropriate to the rigor, breadth, and (modality) of the program.

JHU DPT is subject to specialized accreditation by the Commission on Accreditation in Physical Therapy Education (CAPTE). The CAPTE accreditation process involves careful internal and external review and reports, onsite visits by qualified reviewers, and demonstrated compliance with established standards and elements. The eight CAPTE standards include required elements/sub-elements related to program mission and goals, graduate achievement measures, program outcomes & assessment, institutional/programmatic policies & procedures, faculty qualifications, recruitment & admissions, didactic & clinical curriculum plan, curricular content, and program resources.

In accordance with CAPTE Standard 7D, *the physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of physical therapy.* The list below reflects required elements and sub-elements for physical therapist education as described in Standard 7D. All elements and sub-elements will be introduced and reinforced throughout the didactic and clinical curriculum. Content delivered via online asynchronous learning, engagement with material during online live synchronous class sessions (case discussions, breakout rooms, etc.), practice and role-playing during face-to-face lab immersions, simulation experiences, integrated and full-time clinical experiences. Evidence of mastery will be demonstrated via formative and summative assessment as described in the sections below, including written exams, practical exams and skills checks, and comprehensive written exams, and competency-based assessment via the Clinical Internship Evaluation Tool (CIET).

Professional Ethics, Values, and Responsibilities

- 7D1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
- 7D2 Report to appropriate authorities suspected cases of abuse of vulnerable populations.
- 7D3 Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.
- 7D4 Practice in a manner consistent with the APTA Code of Ethics.
- 7D5 Practice in a manner consistent with the APTA Core Values.
- 7D6 Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.
- 7D7 Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.
- 7D8 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.
- 7D9 Access and critically analyze scientific literature.
- 7D10 Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.
- 7D11 Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.

- 7D12 Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.
- 7D13 Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.
- 7D14 Advocate for the profession and the healthcare needs of society through legislative and political processes.
- 7D15 Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students.

Patient/Client Management

- 7D16 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.
- 7D17 Obtain a history and relevant information from the patient/client and from other sources as needed.
- 7D18 Perform systems review.
- 7D19 Select, and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status.
- 7D20 Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.
- 7D21 Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations.
- 7D22 Determine a diagnosis that guides future patient/client management
- 7D23 Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.
- 7D24 Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other professionals and other appropriate individuals.
- 7D25 Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on (a) the needs of the patient/client, (b) the role, education, and training of the PTA, (c) competence of the individual PTA, (d) jurisdictional law, (e) practice guidelines policies, and (f) facility policies.
- 7D26 Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care.
- 7D27 Competently perform physical therapy interventions to achieve patient/client goals and outcomes.

Management of Care Delivery

- 7D28 Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.
- 7D29 Delineate, communicate, and supervise those areas of the plan of care that will be directed to the PTA.
- 7D30 Monitor and adjust the plan of care in response to patient/client status.
- 7D31 Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status, and participation.

- 7D32 Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.
- 7D33 Respond effectively to patient/client and environmental emergencies in one's practice setting.
- 7D34 Provide physical therapy services that address primary, secondary, and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.
- 7D35 Provide care through direct access.
- 7D36 Participate in the case management process.

Participation in Health Care Environment

- 7D37 Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team
- 7D38 Participate in activities for ongoing assessment and improvement of quality services.
- 7D39 Participate in patient-centered interprofessional collaborative practice.
- 7D40 Use health informatics in the health care environment.
- 7D41 Assess health care policies and their potential impact on the healthcare environment and practice.

Practice Management

- 7D42 Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.
- 7D43 Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.

To meet and exceed the standards set forth above and prepare excellent physical therapists, the JHU DPT program will deliver a spiral, integrated curriculum rooted in contemporary learning theory and best practice for hybrid teaching and learning. We will take advantage of the long history of health education expertise in the SOM by using the framework of renowned *Curriculum Development for Medical Education: A Six Step Approach*. We will mirror the SOM's *Genes to Society* medical education curriculum by offering a "Body to Society" physical therapist education curriculum within the DPT program. The DPT curriculum will be organized into four horizontal strands: Movement System Science, Clinical Science, Professional Science, and Health Systems Science. Learners will demonstrate mastery of these domains through formative and summative assessment embedded in didactic online and face-to-face learning experiences.

In addition to didactic online and lab-based learning, the curriculum will include three full-time clinical experiences (CE). Each CE will be 8-15 weeks in length, for a total of 35 weeks. As required by CAPTE standard 6L, the curriculum plan for CE must include settings in which physical therapy is commonly practiced, management of diseases/conditions commonly seen in PT practice across the lifespan, interprofessional practice, and direction/supervision of support personnel. All learners will demonstrate entry-level clinical performance by the end of their last CE, prior to graduation (CAPTE standard 1C4). Each student will be supervised during CE by a clinical instructor. Clinical instructors are licensed physical therapists with a minimum of one-year of full-time post-licensure clinical experience (CAPTE standard 4O). Clinical Faculty will assess student performance using standards in

the Clinical Internship Evaluation Tool (CIET), a validated instrument that assesses student performance across domains of professional behaviors (safety, ethics, initiative, communication) and patient management (examination, evaluation, diagnosis/prognosis, intervention). For each full-time clinical experience, learners will be required to meet/exceed benchmarks for each standard to be given a "pass" and allowed to progress in the program. To demonstrate entry-level clinical performance at the end of their final CE (CE III), students will be required to meet or exceed the following: (1) Professional Behaviors standards: "Most of the Time" or "Always" as benchmark, (2) Patient and Management standards: Should progress from midterm to final assessment, with expectation of "At That Level for All Patients" as benchmark, (3) Global Rating of Competency standard: 7 as benchmark (above "level of a competent clinician). The determination of pass/fail for each CE will be determined by the Director of Clinical Education based on 1) mid-term and final CIET standards and benchmarks, 2) verbal or written input from the clinical faculty, 3) a review of any student assignments, and 4) collaboration with core faculty as needed. Students who do not pass CE will not be allowed to progress in the program until the CE is successfully repeated/remediated and passing performance is achieved. The CIET is not available as a download to PDF but is included in its entirety as an appendix in the article, Validation of the Clinical Internship Evaluation Tool.[34]

3. Explain how the institution will:

a. Provide for assessment of student achievement of learning outcomes in the program

Student progress will be assessed through both formative and summative assessment and measured via course grades, written and practical examinations, performance assessments in small groups and individual exercise such as laboratory skills checks, and assignments such as presentations and research projects. During onsite intensives, formative learning will be measured using a formal skills assessment checklist, which will align with the evaluative components of the clinical rotations to monitor summative mastery of critical skills.

Formative assessment is an intrinsic component of the DPT curriculum, as learners will be assessed for mastery of key competencies as they progress through the program. Across all didactic courses, learners will be given multiple opportunities to check their understanding of, and progress toward achieving, course learning objectives through informal, low-stakes knowledge checks, online synchronous and asynchronous discussion, reflective writing, and self- and peer reviews. Learners' efforts to accomplish course learning objectives will be scaffolded using appropriately designed learning activities to ensure paced progression and increasing independence until the learner is able to successfully achieve mastery. Throughout this process, faculty will provide substantive feedback, suggestions for improvement, and guidance via rubrics, narrative written, verbal, and video commentary, and/or synchronous online meetings with individual students. Onsite intensives and clinical education experiences will provide similar opportunities for students to check their understanding and to receive regular feedback from faculty via multiple modalities, including rubrics, checklists, and narratives. In addition, these in-person learning experiences will offer faculty the ability to give real-time feedback and guidance to learners as they demonstrate knowledge and application of competencies and course objectives during simulations and clinical activities.

[34] Fitzgerald, L. M., Delitto, A., & Irrgang, J. J. (2007). Validation of the clinical internship evaluation tool. *Physical therapy*, *87*(7), 844-860.

Summative evaluation will be determined based on course learning objectives and competencies, as well as any applicable CAPTE standards or requirements. In some cases, written and multiple-choice exams will be used to assess learners' understanding of content presented in a course, with an emphasis on applying knowledge to case-based scenarios rather than retention and recitation of basic facts. For courses with behavioral and psychomotor learning objectives and competencies, summative assessment in the appropriate clinical environment or simulated experience with an associated evaluative tool such as a checklist or rubric, as well as narrative commentary from observing faculty, will be used to assess students and measure achievement of such performance-based objectives.

The School of Medicine (SOM) boasts an Office of Assessment and Evaluation (OAE) whose mission is to enhance education programs through evidence-based best practices in the assessment of learners and the evaluation of programs. The OAE partners with faculty and staff, administrators, and learners to design, launch, and maintain assessment and evaluation initiatives in in all aspects of education at the SOM. The OAE will support the assessment of learners and evaluation of programs through selection, design, and implementation of assessment and evaluation tools. After data collection, their staff can provide statistical analysis of data and comment on themes of qualitative data. Finally, they offer faculty development activities in areas related to learner assessment and program evaluation.

At least once per semester, a DPT Curriculum program committee will convene to review course evaluations and other faculty and student feedback, recommending and implementing course changes as necessary. Annually, the collective faculty will meet to review the curriculum, including learner and program outcomes, curriculum committee recommendations, and feedback from various stakeholders. Based on these data, the program will implement changes as necessary.

b. Document student achievement of learning outcomes in the program

Student achievement will be documented via grades provided to the Johns Hopkins School of Medicine Registrar by faculty overseeing each course. Determination of grades will follow the DPT program grading scale and will be assigned using clear grading criteria including rubrics assessing achievement of learning outcomes and competencies. The grading scale and rubric for each course will be available to students as part of the syllabus.

4. Provide a list of courses with title, semester credit hours and course descriptions, along with a description of program requirements

A full course listing with course titles and descriptions is provided in Appendix A.

The proposed program will require successful completion of a minimum of 27 courses, 10 onsite intensives, and three full-time clinical experiences (35 weeks total) for a total of 112 credit hours for the Doctor of Physical Therapy degree. Full-time students will complete the program in eight semesters (approximately 32 calendar months).

Year 1 - Fall		
Course Title	*Credit Hours*	*Course Number*
Movement Science I	6	ME.716.801

Health Equity and Access	4	ME.716.821
Professional Formation I	4	ME.716.841
Foundations of Patient/Client Management	4	ME.716.860
Total	**18**	
Year 1 - Spring		
Course Title	*Credit Hours*	*Course Number*
Movement Science II	6	ME.716.802
Professional Formation II	3	ME.716.842
Evidence-based Practice	3	ME.716.851
Management of Musculoskeletal Health Conditions I	6	ME.716.861
Total	**18**	
Year 1 - Summer		
Course Title	*Credit Hours*	*Course Number*
Movement Science 3	4	ME.716.803
Professional Formation 3	3	ME.716.842
Management of Musculoskeletal Health Conditions II	5	ME.716.862
Total	**12**	
Year 2 - Fall		
Course Title	*Credit Hours*	*Course Number*
Movement Science 4	4	ME.716.804
Health Systems	2	ME.716.822
Management of Cardiopulmonary Health Conditions	4	ME.716.864
Clinical Education I	4	ME.716.900
Total	**14**	
Year 2 - Spring		
Course Title	*Credit Hours*	*Course Number*
Health Policy & Advocacy	3	ME.716.823
Capstone I	2	ME.716.852
Management of Neuromuscular Health Conditions	6	ME.716.864
Management of Integumentary & Lymphatic Health Conditions	6	ME.716.865
Total	**17**	
Year 2 - Summer		
Course Title	*Credit Hours*	*Course Number*
Clinical Education II	6	ME.716.910
Total	**6**	

Year 3 – Fall		
Course Title	*Credit Hours*	*Course Number*
Capstone II	2	ME.716.853
Management of Health Conditions Across the Lifespan	6	ME.716.866
Management of Multi-System Health Conditions	5	ME.716.867
Elective I	2	ME.716.88X
Elective II	2	ME.716.88X
Total	**17**	
Year 3 – Spring		
Course Title	*Credit Hours*	*Course Number*
Capstone III	2	ME.716.854
Clinical Education III	8	ME.716.8920
Total	**10**	
Year 1 Total	**48**	
Year 2 Total	**37**	
Year 3 Total	**27**	
Program Total	**112**	

5. Discuss how general education requirements will be met, if applicable.

Not applicable.

6. Identify any specialized accreditation or graduate certification requirements for this program and its students.

JHU DPT is subject to specialized accreditation by the Commission on Accreditation in Physical Therapy Education (CAPTE). The CAPTE accreditation process involves careful internal and external review and reports, onsite visits by qualified reviewers, and demonstrated compliance with established standards and elements (attached). The eight CAPTE standards include required elements/sub-elements related to program mission and goals, graduate achievement measures, program outcomes & assessment, institutional/programmatic policies & procedures, faculty qualifications, recruitment & admissions, didactic & clinical curriculum plan, curricular content, and program resources. The JHU DPT program will be required to submit evidence of full compliance with all standards prior to program launch, ensuring the program meets the high standards of physical therapist education and that all learners who complete the program will be eligible for licensure.

Approval from the Maryland Higher Education Commission is required for JHU DPT to seek accreditation from CAPTE. Following state-level approval, the anticipated timeline for seeking CAPTE accreditation is as follows:

- March 2024: Submit of Reconfirmation of Intent to Seek Accreditation
- June 2024: Submit Application for Candidacy (AFC)
- July 2024: Candidacy visit

- Fall 2024: Candidacy decision
- August 2025: Matriculate students

7. If contracting with another institution or non-collegiate organization, provide a copy of the written contract.

Not applicable.

8. Provide assurance and any appropriate evidence that the proposed program will provide students with clear, complete, and timely information on the curriculum, course and degree requirements, nature of faculty/student interaction, assumptions about technology competence and skills, technical equipment requirements, learning management system, availability of academic support services and financial aid resources, and costs and payment policies.

At orientation, students enrolled in the program will receive a digital handbook providing information on the curriculum, course and degree requirements, program policies and procedures, nature of faculty/student interaction, learning management system, availability of academic support services and financial aid resources, and cost and payment policies. Links to this information as well as websites that provide information about Johns Hopkins University and the School of Medicine will be provided on the program website.

The School of Medicine is made up of several academic departments and institutes. All graduate programs fall under the Vice Dean of Education in the School of Medicine. The Office of the Registrar oversees all educational programs including the medical students, residents, clinical fellows, graduate students, postdoctoral research fellows, as well as other learners in the School of Medicine. Offices supporting graduate education in the School of Medicine include:

- Office of Online Education
- Office of Assessment and Evaluation
- Office of Information Technology
- Office of Financial Affairs (Business Office)
- Office of Financial Aid
- Office of Graduate Biomedical Education
- Office of Graduate Medical Education
- Office of the Registrar
- Professional Development and Career Office

The School of Medicine is committed to investing in graduate education. Academic support websites involve:

- Course catalog
- Course registration
- New Innovations
- Canvas
- Student Information System (SIS)
- SIS course search
- Welch Library Access and Informationists

The School of Medicine is part of East Baltimore Medical Campus, which hosts:

- School of Nursing
- Bloomberg School of Public Health
- William H. Welch Medical Library
- Johns Hopkins Hospital
- Kennedy Krieger Institute

9. Provide assurance and any appropriate evidence that advertising, recruiting, and admissions materials will clearly and accurately represent the proposed program and the services available.

The description of the program will be listed on the website, once approval is received, as follows:

Doctor of Physical Therapy

Purpose

The vision of the JHU DPT Program is to develop innovative global leaders who drive excellence in physical therapy, transform health care, and serve society. The mission of the JHU DPT Program is to create and cultivate a diverse and collaborative community of learners who integrate and advance innovative physical therapy practice, research, and education. Our hybrid DPT program aims to prepare exceptional physical therapists to become the next generation of leaders in rehabilitation.

Program

The Johns Hopkins University DPT Program (JHU DPT) is delivered over eight semesters (three academic years) using a hybrid model of instructional delivery. Students participate in didactic instruction through synchronous and asynchronous online learning and travel to Johns Hopkins ten times over the duration of the program for onsite, immersive lab experiences delivered via a face-to-face model of instructional delivery. Each of these immersive lab experiences take place over the course of 5-10 days and include hands-on lab instruction, small and large group learning, experiential learning including simulation, and integrated clinical experiences. In addition to online and face-to-face classroom instruction, the program includes 35 weeks of full-time clinical education experiences. The JHU DPT Program is cohort-based, with one cohort entering the program each year and progressing through the program together. The expected cohort size is 70 learners per year.

Admission Prerequisites

Program admissions requirements will include the following:

- Completion of a baccalaureate degree from a regionally accredited institution prior to program start date.
- Completion of all required prerequisite courses with a minimum cumulative grade point average of 3.00 or greater on a 4.00 scale.
- A passing grade (C- or above) in all prerequisite courses. Prerequisite courses will include anatomy, physiology, chemistry, biology, physics, statistics, and psychology.

- Proficiency in written and spoken English with at least one course in English Composition (GRE or TOEFL scores may substitute).

Application Process

1. All applicants must meet admissions requirements and technical standards.
2. Applicants should complete their application via the American Physical Therapy Association's (APTA) Physical Therapist Centralized Application Services (PTCAS) website https://www.apta.org/cas/ptcas.
3. Applicants must also complete a supplemental application via the Johns Hopkins School of Medicine. Once we have received your application from PTCAS and determine that you meet the program requirements, you will be sent a link to the secondary application.
4. Applications for admission will not be processed until you have submitted your online secondary application.

Estimated Program Cost

	Per semester/year	Total
Tuition	$17,000/semester	$136,000
Fees: • **Matriculation fee** • **Health Insurance Premium*** • **University Health Service Fee** • **Dental Insurance***	 $740 (one-time) $4536 (years 1 & 2), $3402 (year 3) $850/year $147/year	$16,205
Books & supplies	$1,000/year	$3,000
APTA membership	$90/year	$270
Total (including insurance premiums)		$155,475

*Student may waive enrollment in the school plan if covered by a plan that is comparable to that offered by the University.

Contact Information

Doctor of Physical Therapy Program
Department of Physical Medicine and Rehabilitation
The Johns Hopkins University School of Medicine
600 N. Wolfe St
Baltimore, MD 21287
Telephone: 410.502.2441
Email: dpt@jhmi.edu

Accreditation status

Graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; phone; 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

Johns Hopkins University is seeking accreditation of a new physical therapist education program from CAPTE. The program is planning to submit an Application for Candidacy, which is the formal application required in the pre-accreditation stage, on June 1, 2024. Submission of this document does not assure that the program will be granted Candidate for Accreditation status. Achievement of Candidate for Accreditation status is required prior to implementation of the professional phase of the program; therefore, no students may be enrolled in professional courses until Candidate for Accreditation status has been achieved. Further, though achievement of Candidate for Accreditation status signifies satisfactory progress toward accreditation, it does not assure that the program will be granted accreditation.

The Johns Hopkins Medicine Marketing and Communications department (https://www.hopkinsmedicine.org/administrative/marcomm.html) offers many services: media relations, editorial services, web strategy, development and digital media, design, video production, marketing, and market analysis and planning. In addition, the Office of Online Education offers supplies marketing services, such as designing creative and social media advertisements.

As a complement to the Marketing and Communications team, Johns Hopkins Medicine leadership have created the Use of Name Committee to, "interpret and administer the principles outlined in the Potts report. The committee reviews proposals and requests to use the marks, as well as managing other matters related to use of the Johns Hopkins name." They are responsible for balancing brand recognition and awareness with the protection of the marks and ensuring marketing is consistent with the interests, policies, and mission.

H. Adequacy of Articulation

a. If applicable, discuss how the program supports articulation with programs at partner institutions. Provide all relevant articulation agreements.

Not applicable.

I. Adequacy of Faculty Resources

1. Provide a brief narrative demonstrating the quality of program faculty. Include a summary list of faculty with appointment type, terminal degree title and field, academic title/rank, status (full-time, part-time, adjunct) and the course(s) each faulty member will teach in the proposed program.

In August 2022, Kendra Gagnon, PT, PhD, joined the Johns Hopkins School of Medicine as the founding Director of the DPT program. Dr. Gagnon is an Associate Professor (PAR) within PMR. She received her Master of Physical Therapy Degree at the University of Missouri-Columbia in 2001, and her Ph.D. in Rehabilitation Science from the University of Kansas Medical Center in 2009. She is a 2020 graduate of the American Physical Therapy Association Fellowship in Higher Education Leadership. She has been a physical therapist educator since 2005, teaching pediatric and professional development curricular content at both entry- and post-professional levels. Prior to joining Johns Hopkins, Dr. Gagnon served as the Chair of the Physical Therapy Department at Baylor University, which is home to one of the first fully hybrid DPT programs in the United States.

Under Dr. Gagnon's leadership, the program will be supported and delivered by 15 core faculty (or full-time equivalent). This includes Dr. Gagnon (Program Director), a full-time Director of Clinical Education responsible for oversight and coordination of the clinical education portion of the curriculum, and 13 additional core faculty (or full-time equivalent). In addition to core faculty, adjunct faculty will be hired to fill specialized teaching needs and facilitate onsite lab instruction. As required by the Commission on Accreditation of Physical Therapy Education (CAPTE), all core faculty will have doctoral preparation, demonstrated expertise in assigned teaching areas, demonstrated effectiveness in teaching, an ongoing scholarly agenda, and a record of professional and/or institutional service. At least 50% of the core faculty will have an earned academic doctoral degree (PhD, EdD, DSc, etc.). All faculty (core and adjunct) will have evidence of contemporary expertise in their assigned areas of teaching.

Johns Hopkins Medicine is fortunate to employ expert rehabilitation professionals who are available to teach and advise in the program. The DPT program can draw on a pool of highly qualified and experienced practitioners and researchers in the JHM network to serve as adjunct faculty and support delivery of the program as needed. Administration and implementation of the DPT program will require a team of core faculty and staff who will be hired as detailed in the table below.

All core faculty will be hired via a national search. Given the hybrid nature of the program, faculty may live remotely if they are willing to travel and stay in Baltimore regularly.

Hiring plan:

	Core faculty	Highest/terminal Degree	Title/rank	Status	Courses taught
1	**Kendra Gagnon** (date of hire: 8/22/22)	PhD	Program Director, Clinical Associate Professor (PAR)	Full time	Professional Formation II, Capstone I-III
2	**Hiring in progress** (planned date of hire: no later than 6/1/23)	Clinical doctorate in physical therapy required	Director of Clinical Education, rank commensurate with experience	Full time	Foundations in Patient/Client Management, Clinical experiences I-III
3	**To be hired upon state approval (FY24)**	Doctoral preparation required (clinical or academic terminal doctorate)	Rank commensurate with experience	Full time	Movement Science I, Movement Science III
4	**To be hired upon state approval (FY24)**	Doctoral preparation required (clinical or academic terminal doctorate)	Rank commensurate with experience	Full time	Professional Formation I, Professional Formation III, Management of Integumentary and Lymphatic Health Conditions

5	**To be hired upon state approval (FY24)**	Doctoral preparation required (clinical or academic terminal doctorate)	Rank commensurate with experience	Full time	Health Equity and Access, Management of Cardiopulmonary Health Conditions
6	**To be hired upon state approval, prior to program launch (FY25-26)**	Doctoral preparation required (clinical or academic terminal doctorate)	Rank commensurate with experience	Full time	Management of Musculoskeletal Conditions I & II
7	**To be hired upon state approval, prior to program launch (FY25-26)**	Doctoral preparation required (clinical or academic terminal doctorate)	Rank commensurate with experience	Full time	Evidence-Based Practice, Capstone I-III
8	**To be hired upon state approval, prior to program launch (FY25-26)**	Doctoral preparation required (clinical or academic terminal doctorate)	Rank commensurate with experience	Full time	Movement Science II, Movement Science IV
9	**To be hired upon state approval, prior to program launch (FY25-26)**	Doctoral preparation required (clinical or academic terminal doctorate)	Rank commensurate with experience	Full time	Health Systems, Management of Neuromuscular Health Conditions
10	**To be hired upon state approval, prior to program launch (FY25-26)**	Doctoral preparation required (clinical or academic terminal doctorate)	Rank commensurate with experience	Full time	Health Policy and Advocacy, Management of Integumentary and Lymphatic Health Conditions
11	**To be hired upon state approval, at full program implementation (FY27)**	Doctoral preparation required (clinical or academic terminal doctorate)	Rank commensurate with experience	Full time	Management of Musculoskeletal Health Conditions I & II
12	**To be hired upon state approval, at full program implementation (FY27)**	Doctoral preparation required (clinical or academic terminal doctorate)	Rank commensurate with experience	Full time	Electives, Management of Neuromuscular Health Conditions

13	**To be hired upon state approval, at full program implementation (FY27)**	Doctoral preparation required (clinical or academic terminal doctorate)	Rank commensurate with experience	Full time	Electives, Management of Cardiopulmonary Health Conditions
14	**To be hired upon state approval, at full program implementation (FY27)**	Doctoral preparation required (clinical or academic terminal doctorate)	Rank commensurate with experience	Full time	Electives, Management of Health Conditions Across the Lifespan
15	**To be hired upon state approval, at full program implementation (FY27)**	Doctoral preparation required (clinical or academic terminal doctorate)	Rank commensurate with experience	Full time	Electives, Management of Multi-System Health Conditions

2. Demonstrate how the institution will provide ongoing pedagogy training for faculty in evidenced-based best practices, including training in:

a. Pedagogy that meets the needs of the students

Faculty support for the development of online courses is provided by several offices, including the Office of Online Education, the Office of Assessment and Evaluation, and the Office of Information Technology. Instructors have access to multi-media specialists, instructional technologists, instructional designers, and other institutional support staff to assist them in their role as online instructors. Some of the services provided include instructional technology training, course design support, pedagogical best practices in online courses, learning management system training, course production support (i.e., recording studio), video production, and a faculty support help line and email.

Faculty in this program will work directly with an instructional designer to develop their courses. This partnership between faculty and an instructional designer will ensure that course content and assessments are aligned with course and program learning objectives, and that instruction is delivered in an effective and engaging way according to pedagogical best practices. Instructional designers will offer guidance regarding recommended instructional methods and assessment design to facilitate the creation of courses and the delivery of content that best meets the needs of learners. Furthermore, instructional designers will identify learning technologies that may be integrated into courses to enhance the learning experience for students and provide ongoing training to faculty in using these tools.

Moreover, the Institute for Excellence in Education was established in 2009 to better prepare physicians and scientists for roles as educators. The Institute emphasizes the notion that patient care, research, and education must occur together and reinforce each other. This mission is outlined in four pillars:

- Improving teaching
- Inspiring and supporting research, scholarship, and innovation in education
- Valuing and recognizing teaching and education
- Fostering a community of educators

b. The learning management system

Faculty have multiple opportunities to receive training in the learning management system, and pedagogy of online learning; these opportunities are presented at various times throughout the year at numerous events. Once an instructor has been identified to develop an online course, they are given access to a set of web-based resources that cover a broad range of topics on online pedagogy, use of instructional technologies, and learning management system tutorials. Throughout the online course development, the instructor receives direct support and guidance from their assigned instructional designer on a variety of online learning related topics.

As mentioned in the previous section, faculty in this program will work directly with an instructional designer when designing and developing their courses. Throughout this partnership, they will receive ongoing one-on-one support and training in the use of the learning management system and integrated or complementary learning technologies from the instructional designer. Moreover, the instructional designer will take primary responsibility for designing the course within the learning management system, ensuring faculty approve of the design, understand how to navigate the course, and facilitate instructional content delivered via the learning management system. Special attention will be given to best practices in engaging and motivating students in a hybrid graduate learning environment and building student community via the learning management system.

c. Evidenced-based best practices for distance education, if distance education is offered.

Faculty support services include classroom instruction on teaching online, an assigned instructional designer, teaching assistants, technical help desk support as well and extensive technical support for their specific course sites. In addition, there are learning opportunities available through the Institute for Excellence in Education (IEE). These include online courses, educational Grand Rounds, in-person workshops, and a Summer Teaching Camp.

In designing and developing their courses with the assistance of an instructional designer, faculty will receive ongoing training in evidence-based best practices for distance education. The learning environment will guide all aspects of course design, and instructional designers will discuss differences between classroom, hybrid, and online teaching and learning with faculty prior to beginning the course design process.

The institution is committed to providing students with a superior learning experience in all settings and believes that this begins with ensuring that faculty are well-prepared to teach their content using research-based practices and methods. In addition to having access to the resources available in the offices and the support of dedicated instructional design staff, faculty may choose to enhance their knowledge of best practices in online pedagogy, specifically, by enrolling at no cost in the recently released Coursera course, “Excellence in Online Teaching”, developed by Johns Hopkins.

J. Adequacy of Library Resources

1. Describe the library resources available and/or the measures to be taken to ensure resources are adequate to support the proposed program.

The Welch Medical Library (http://welch.jhmi.edu/) serves the faculty, students, and staff of the SOM, the School of Nursing, the Bloomberg School of Public Health, and the Johns Hopkins Health System and its hospitals. The Welch Service Center provides in-person circulation and document retrieval, reference and searching assistance, and reserves services. Informationists offer a variety of professional tailored services, including individual and group consultations, searching-from general reference and evidence-based precision to full-scale systematic review participation citation management; curriculum, classroom, and online instruction; and collaborations on grants and research projects from beginning to end, as they evolve. Informationists are experts at navigating the publishing landscape to respond to complex requests related to research impact, scholarly output, and dissemination.

The library collects current scholarly information that supports the research, clinical, administrative, and educational needs of the Johns Hopkins School of Medicine, School of Nursing, School of Public Health, and Health System. Because the library's emphasis is on providing materials at the point of need, the collection is primarily in electronic format. It covers health, the practice of medicine and related biomedical and allied health care disciplines, public health and related disciplines, nursing, research literature, methodological literature, reviews or state-of-the-art reports, and in-depth, authoritative analyses of areas influencing biomedicine and health care. The Welch online collection includes more than 7,200 electronic journals, over 400 databases, more than 13,000 e-books, and more than 2,500 videos.

The collections accessible to students and faculty are not only those licensed directly by the Welch Medical Library, but also licensed by all the libraries at Johns Hopkins including the university library (the Sheridan Libraries). Students and faculty have access to both the print and online collections of the collective Johns Hopkins libraries including over 150,000 journals and just under a million e-books. Consortia agreements and a robust network of medical and other libraries allows for access to additional content through interlibrary loan and document delivery services. As part of the course design process, instructional designers from the Office of Online Education coordinate with Welch Library informationists and faculty to make reading materials accessible in Canvas via e-reserves. This ensures that students have access to course readings directly within their Canvas course site.

K. Adequacy of Physical Facilities, Infrastructure, and Instructional Equipment

1. Provide an assurance that physical facilities, infrastructure, and instruction equipment are adequate to initiate the program, particularly as related to spaces for classrooms, staff and faculty offices, and laboratories for studies in the technologies and sciences.

Didactic instruction will occur online. Live classes and small group sessions will be conducted virtually using Zoom and Canvas.

Onsite lab immersion experiences will occur in person at the Johns Hopkins School of Medicine (SOM). The School of Medicine is part of the major academic health-center, which includes the

School of Nursing, the School of Public Health, the Welch Medical Library, and the Johns Hopkins Hospital, which are all connected via a free shuttle. In person instruction will take place in teaching labs and classrooms, with experiential learning occurring in various rehabilitation units across JHM and utilizing the Simulation Center.

As part of the ongoing space management process, the dean's office provides departments with both funding and space assignment data at the department and faculty level through a space density dashboard, which has been created on the Tableau platform. The dashboard provides objective calculations of total sponsored expenditures in the previous fiscal year (Modified Total Direct Costs plus Indirect Costs) divided by the assigned research space. This "space density" metric is calculated at the school, department, and faculty level, and the SOM aggregate space density number is used for comparison purposes to determine that space allocations are equitable, transparent, and responsive to department needs throughout the SOM. Space assignments are not designated in perpetuity and the space density metric is a critical measure in evaluating current and future strategic space needs and utilization.

The SOM currently has 1,072,965 square feet of research space which is tracked through Archibus Space Inventory software. This space is overseen by the dean's office in the SOM. All research space is assigned to departments and space allocations are managed by department leadership. As part of the space management process, research space is strategically assigned to faculty and/or programs based on the specific needs. With a wide range of research initiatives, SOM faculty conduct both experimental (wet lab) and computational (dry lab) research which dictates the type and amount of research space assigned.

The Johns Hopkins East Baltimore Campus includes the Armstrong Medical Education Building (AMEB). Learning spaces within the AMEB including two large auditoriums, each with a capacity of approximately 170; a state-of-the-art anatomy lab that consists of several bays, each of which contains six dissection tables, computers, pivoting lamps, whiteboards, and sinks; six teaching labs, each with whiteboards, computers, Smartboards, and wall-mounted flat screen monitors; and several large and small group classrooms. These classrooms, when not in use, are available to students for individual or group studying. The Academic Computer Center has large numbers of computers with wide screens, and a spacious floor plan. The fourth floor offers a quiet "reading room" which provides a place for intensive study, and wonderful views of the downtown skyline.

The Simulation Center spaces used in the pre-clerkship medical curriculum are shared with medical students, graduate medical education, Johns Hopkins Hospital, and the School of Nursing. The SOM needs are placed on the calendar prior to processing requests from other parties. The JHM Simulation Center has two locations. The first is a 10,000 square foot space in the Johns Hopkins Outpatient Center. It includes 12 dedicated Objective Structures Clinical Examinations (OSCE), or outpatient exam rooms used for teaching clinical skills and OSCEs. Each of these includes an anteroom for pre- and post-encounter exercises. There are three in-patient rooms to simulate general ward and intensive care unit rooms, and an operating room. There are also two small debriefing rooms and a large classroom that can be divided into two smaller classrooms.

The second Simulation Center location is a 13,000 square foot space located within the hospital. This is referred to as the "Sim Hospital" which includes eight simulated in-patient spaces. These include two med-surg general ward rooms, two large operating rooms with eight scrub sinks, two rooms that can be used as either intensive care units or trauma bay rooms, a nurse's station with a

medication room, a supply room, and a large room with two open patient spaces that can be used as either labor and delivery with a mother and baby area, emergency room, or post-anesthesia care unit. There are five dedicated debriefing rooms of varying sizes.

All simulation rooms in both locations have dedicated observation rooms, and both have state-of-the-art audio-visual systems to enable video debriefing, performance assessments, and/or calculation of inter-rater reliability. In the spring of 2021, the audio-visual system of the original JHM Simulation Center location in the Johns Hopkins Outpatient Center was replaced to enable continued capture of data for use in training, assessment, and research.

There are 25 high-fidelity manikin simulators and hundreds of partial task simulators. The spaces are equipped with appropriate medical equipment in each clinical space that are the same make and model as those used within the hospital. In addition, there are ~80 standardized patients, physical exam training associates, and genitourinary training associates dedicated to teaching and assessing clinical and procedural skills and for teaching effective and compassionate communication. The goal is for all procedures to be "practiced on plastic first." In addition, simulation enables students to have a standardized exposure to specific clinical entities. Given this essential part of the curriculum, there are policies and protocols in place that prioritize the SOM simulation activities. Only after the SOM simulation requests have been fulfilled on the calendar does the Simulation Center scheduling team start to schedule the other users. Occasionally there are two SOM requests for the same resources at the same time. In these situations, there is a pre-specified procedure to resolve these issues and find suitable alternatives to meet all educational objectives.

The School of Nursing, which added 40,000 square feet of space in 2021, houses flexible, dynamic, and future-oriented spaces. It can accommodate interdisciplinary events and has an expansive atrium with meeting areas, study rooms, and dining options. Clinical facilities include laboratory spaces, patient care stations, and hospital equipment. The Bloomberg School of Public Health is currently undergoing a major renovation to add public spaces for students to meet and study, including two large reading areas lit by skylights. These spaces will join the network of existing public spaces in the school. Welch Medical Library has several spaces open to students on the East Baltimore Medical Campus. These include silent study areas, reading rooms, group & open space study areas, and carrels with wired & wireless connectivity. Welch also maintains study spaces at the nearby School of Nursing and School of Public Health.

Faculty office space is adequate and administrative office space is handled similarly to the approach used for research space. Departments are assigned space by the dean's office, and strategically manage and allocate office space based on the specific needs of the faculty and the staff supporting those faculty. The size and type of office space for faculty is determined by several factors such as availability of department office space, faculty rank, availability of office space close to research labs, and co-location with collaborators.

2. Provide assurance and any appropriate evidence that the institution will ensure students enrolled in and faculty teaching in distance education will have adequate access to:

a. An institutional electronic mailing system, and

Students enrolled in this program will have access to all central information technology (IT) resources available to on-campus students. This includes an Office 365 account, including email capabilities, online storage, and other tools for collaboration. The email account is accessible from a variety of browsers on both Mac and PC. Central IT already supports remote access for faculty, staff, and students, and provides other resources for connectivity from offsite locations. Students in the School of Medicine are assigned an individual email account with an "@jhmi.edu" address before their first day of class begins. Furthermore, this email account can be integrated with the Outlook mobile app on Android and iPhone mobile devices so students can access their email via their phone, if they prefer.

b. A learning management system that provides the necessary technological support for distance education

The School of Medicine (and all of Johns Hopkins University apart from the School of Public Health) uses Canvas for their learning management system (LMS). An LMS is used by students and instructors to create, distribute, and access course materials, submit assignments, and interact with others involved in the course. According to Instructure:

> *Canvas LMS is an open and reliable web-based software that allows institutions to manage digital learning, educators to create and present online learning materials and assess student learning, and students to engage in courses and receive feedback about skill development and learning achievement.*

Used by 34% of institutions nationwide, Canvas is the leading LMS provider in higher education today. Canvas boasts an uptime of 99.9%, ensuring a reliable and consistently accessible experience for learners. Canvas includes a web-based platform, as well as mobile access via several applications.

Various learning technologies are integrated with SOM's instance of Canvas to provide a richer learning experience. For example, the Ally Course Accessibility report guides instructors in building a more inclusive learning environment by identifying course content that does not meet accessibility standards and suggesting steps to fix known issues. Zoom video conferencing, used to facilitate synchronous online sessions between faculty and students, also integrates with Canvas and is supported by the Office of Information Technology. These systems provide password-protected online course sites that enable ongoing collaborative exchange and provide convenient channels for synchronous and asynchronous learning.

Canvas' course sites serve as the primary hub for course content, eliminating the need for students to search for or log in to multiple systems to locate or access their materials. Within a course site, students and faculty have access to all the tools necessary for meaningful distance education, including Panopto, a lecture/presentation recording application, Zoom videoconferencing, library materials via Ares e-reserves, and Microsoft OneDrive via Canvas Collaborations.

Students and faculty have access to multiple channels of support for using Canvas and its integrated technologies. Johns Hopkins Central IT provides a collection of video and text resources for students and faculty, via canvas.jhu.edu. A robust "Help" menu is also available once students and faculty are logged into Canvas, including options to view JHU Canvas Help

Documentation, “Search the Canvas Guides”, “Report a Problem”, and “Ask Your Instructor a Question”, among others. Students and faculty may submit requests for help to the SOM’s Office of Information Technology (OIT) via email; these requests are triaged via OIT’s Jira Service Management system, which allows issues to be quickly identified and assigned to the appropriate office/person for support. Moreover, instructions for accessing course support from OIT are posted on the front/welcome page of all Canvas course sites, making them easily visible to all students and faculty.

This program will be supported by the Office of Online Education (OOE), which includes a director, four instructional designers with remote learning expertise, an instructional technologist, and a multimedia specialist. The instructional designers provide expertise and support in rapidly recording, editing, and facilitating content development and ensure all materials meet requirements for accessibility. The OOE operates a professional-quality green screen studio to produce high quality pre-recorded lectures to facilitate online curriculum and has a second flexible studio space available, as well as the ability to conduct on-site recordings. The OOE team is responsible for the development, management, & administration of online courses, programs & degrees, support & management of the Canvas learning management system, and support & management of an external-facing learning management system. The team works closely with faculty and staff on new and existing programs, centralizing information about online education and providing learning opportunities for instructors. Over the six years the OOE has been in place, it has expanded from a single member supporting a few courses to supporting the entire School of Medicine in addition to its continuing education offerings. Through this experience, the team have been able to implement new software, technologies, workflows, infrastructure, and standards to all the courses.

L. Adequacy of Financial Resources with Documentation

1. Complete Table 1: Resources and Narrative Rationale. Provide finance data for the first five years of program implementation. Enter figures into each cell and provide a total for each year. Also provide a narrative rationale for each resource category. If resources have been or will be reallocated to support the proposed program, briefly discuss the sources of those funds.

Projected Enrollment					
Term	**August 2025**	**August 2026**	**August 2027**	**August 2028**	**August 2029**
Total	70	70	70	70	70

Projected Graduates					
Term	**May 2028**	**May 2029**	**May 2030**	**May 2031**	**May 2032**
Total	65	65	65	65	65

Table 1: Resources					
	Year 1 2025-2026	**Year 2 2026-2027**	**Year 3 2027-2028**	**Year 4 2028-2029**	**Year 5 2029-2030**
Allocated funds	$0	$0	$0	$0	$0
Tuition Revenue	$3,570,000	$7,091,550	$9,648,885	$9,938,352	$10,236,502

Students	70	135	200	200	200
Tuition	$17,000 per semester	$17,510 per semester	$18,035 per semester	$18,575 per semester	$19,133 per semester
Fees	$740 (one-time) $850 annual	$740 (one-time) $850 annual	$740 (one-time) $850 annual	$740 (one-time) $850 annual	$740 (one-time) $850 annual
Other sources	$0	$0	$0	$0	$0
Total	$3,681,300	$7,258,100	$9,870,685	$10,160,152	$10,458,302

Allocated funds: No reallocation of funds is necessary for this proposed program.

Tuition: The tuition rate for this program for year 1 is $17,000/semester, with ~3% inflation anticipated each year. Students in the first and second years of the program will enroll in 3 semesters each year (total annual program cost of $51,000 in tuition in year 1). Students in year 3 will enroll in 2 semesters (total annual program cost of $36,070 in tuition for third-year students in Year 3).

Fees: Matriculation fees are $740 per student, paid one time at the time of entry into the program. There are no additional fees associated with the DPT program. All School of Medicine students are required to pay an annual $850 University Health Service Fees. Full-time students are automatically enrolled in a university student-sponsored health benefits plan. The plan premium is automatically charged to the student's university account unless the student waives this fee by providing proof of comparable health coverage. Because the health premium fee is not required and may be waived, it is not included in the table above.

2. Complete Table 2: Program Expenditures and Narrative Rationale. Provide finance data for the first five years of program implementation. Enter figures into each cell and provide a total for each year. Also provide a narrative rationale for each expenditure category.

Table 2: Expenditures					
	Year 1 2025-2026	**Year 2 2026-2027**	**Year 3 2027-2028**	**Year 4 2028-2029**	**Year 5 2029-2030**
1. Faculty (b+c below)	$1,856,815	$2,841,037	$2,925,968	$3,013,447	$3,103,551
a. Number of FTE	10	15	15	15	15
b. Total Salary	$1,367,952	$2,091,645	$2,154,094	$2,218,417	$2,284,670
c. Total Benefits	$488,683	$749,392	$771,874	$795,030	$818,881
2. Admin Staff (b+c below)	$539,412	$550,200	$561,204	$572,428	$583,877
a. Number of FTE	4.5	4.5	4.5	4.5	4.5
b. Total Salary	$396,626	$404,559	$412,650	$420,903	$429,321
c. Total Benefits	$142,785	$145,641	$148,554	$151,525	$154,556
3. Support Staff (b+c below)	0	0	0	0	0
a. Number of FTE	0	0	0	0	0

b. Total Salary	0	0	0	0	0
c. Total Benefits	0	0	0	0	0
4. Technical support and equipment/lab supplies	$325,0000	$415,400	$424,616	$432,254	$440,122
5. Library	0	0	0	0	0
6. New or Renovated Space	$80,000	$160,000	$200,000	$200,000	$200,000
7. Other Expenses	$551,750	$772,900	$841,125	$826,375	$826,375
Total (Add 1-7)	$3,352,977	$4,689,537	$4,952,913	$5,044,504	$5,153,925

1. Faculty: 10.0 FTE faculty at program launch, increasing to 15.0 FTE at full implementation. 3% estimated annual merit increase on base salary. Annual fringe estimated at 36%.
2. Admin support: 4.5 FTE administrative support staff. 2% estimated annual merit increase on base salary. Annual fringe estimated at 36%.
3. Support staff: None
4. Technical support: Includes SOM Office of Online Education course development and delivery costs, program equipment and supplies, technology including program computers and AV equipment, clinical education management software.
5. Library: Existing library facilities are sufficient to meet the needs of the program.
6. New or renovated spaces: Facilities expenses estimated at $20,000 per lab immersion experience (4 immersions year 1, 8 immersions year 2, 10 immersions year 3 and each year thereafter).
7. Other expenses: Includes faculty and staff recruitment and development, program marketing, consulting services, travel costs, professional association dues, accreditation fees, and funds to support JHM clinicians in providing lab instruction during immersions.

M. Adequacy of Provisions for Evaluation of Program

1. Discuss procedures for evaluating courses, faculty, and student learning outcomes.

Learners will complete an evaluation for each course, including evaluation of the faculty teaching each course, at the end of each term. At the program level, the DPT program will administer an anonymous program evaluation survey to students at the end of each year to assess student satisfaction and provide an opportunity for feedback related to program leadership, student support, admissions, curriculum, clinical education, facilities, and supplies, and learning environment (including the online experience/ component of the program). The DPT program will consult with the Office of Assessment and Evaluation for the development and delivery of all student surveys used to evaluate the program. The DPT program will participate in administration of the PT-GQ, a national survey of DPT graduates, to get data that will allow benchmarking with other DPT programs across the United States.

CAPTE standard 2 requires that *the program is engaged in effective, on-going, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement.* The collective core, associated, and clinical faculty engage in program assessment, curriculum assessment, and strategic planning. Program faculty will meet annually to review all relevant data and assess the program curriculum, course content and sequence, student feedback (course and

program evaluations), student retention, graduate employment outcomes, and similar aspects related to program improvement.

An Advisory Committee will be formed to assist the program director in periodically reviewing appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change. The Advisory Committee may include representatives from each of the following communities of interest: students, graduates, faculty, administration, employers, clinicians, and the public.

2. Explain how the institution will evaluate the proposed program's educational effectiveness, including assessments of student learning outcomes, student retention, student and faculty satisfaction, and cost-effectiveness.

The director of the program will have annual development meetings with students to discuss progress through the program and any concerns regarding the curriculum. Student perspectives on the curriculum will also be obtained through formal evaluations of each course and at the end of each academic year.

Faculty will review the entire program annually to evaluate how the curriculum meets program objectives, and to consider modifications based on student course and program evaluations, and faculty recommendations.

Outcomes of the annual faculty curriculum review meeting and of student evaluations will be discussed with the program Advisory Committee. Student retention, satisfaction of student and faculty, and cost-effectiveness of the program also will be discussed.

N. Consistency with the State's Minority Student Achievement Goals

1. Discuss how the proposed program addresses minority student access & success, and the institution's cultural diversity goals and initiatives.

The community of Johns Hopkins is dedicated to promoting diversity and inclusion to allow everyone to achieve and maintain excellence. We firmly believe we can best foster excellence by recruiting and retaining a diverse student body, staff, and faculty through a respectful and supportive climate. This climate for diversity, inclusion, and excellence is critical to attaining the vest research, scholarship, teaching, health care, and other strategic goals of the Health System and the University. Taken together, these values are recognized and supported fully by the Johns Hopkins Institutions leadership at all levels. Further, we recognize that the responsibility for excellence, diversity, and inclusion lies within all of us at the Institutions: leadership, administration, faculty, staff, and students. Any students meeting the admissions requirements can apply to the program, which will work to help all accepted students reach their professional goals, an aim consistent with the State's minority student achievement goals. Financially disadvantaged or underrepresented candidates will be encouraged to apply and matriculate. They can request a waiver of the application fee. Additional tuition support may be available through the Office of Financial Aid.

O. Relationship to Low Productivity Programs Identified by the Commission

1. If the proposed program is directly related to an identified low productivity program, discuss how the fiscal resources (including faculty, administration, library resources and general operating expenses) may be redistributed to this program.

   Not applicable.

P. Adequacy of Distance Education Programs

1. Provide affirmation and any appropriate evidence that the institution is eligible to provide Distance Education.

   The institution is approved by its institutional accreditor to offer distance education programs. Please see Statement of Accreditation Status at https://www.msche.org/institution/0168/.

2. Provide assurance and any appropriate evidence that the institution complies with the C-RAC guidelines, particularly as it relates to the proposed program.

   JHSOM and the Johns Hopkins University comply with C-RAC guidelines for the Evaluation of Distance Education (on-line Learning). Johns Hopkins is a member of the State Authorization Reciprocity Agreement (SARA) and has received approval for delivering online education in all 50 states.

   The School of Medicine Graduate Clinical Education Committee (GCEC) provides internal oversight of the hybrid DPT program, ensuring programmatic alignment with the School's mission to "educate medical students, graduate students, and postdoctoral fellows in accordance with the highest professional standards; to prepare clinicians to practice patient-centered medicine of the highest standard; and to identify and answer fundamental questions in the mechanisms, prevention, and treatment of disease in health care delivery and in the basic sciences."

   The SOM uses the Canvas learning management system. Each course has its own course site, and course coordination is provided. The Office of Online Education (OOE) provides expertise on pedagogy, instructional design, and multimedia production, working with faculty and staff to transition in-person courses to an online format, with a focus on utilizing Canvas more effectively. The OOE employs a fulltime instructional technologist dedicated to Canvas support and education. Blackboard Ally is currently being implemented within Canvas to create a learning environment that is more inclusive and accessible. Additional expertise is available through Office of Assessment and Evaluation, which can provide expertise on evidence-based practices to use when evaluating programs and assessing learning outcomes.

Appendix A

Course List and Descriptions

- ### Movement System Science

  This series of courses will provide a comprehensive understanding of how the human body moves. Learners will gain an understanding of the biological and physical mechanisms underlying movement and will apply learning to patient cases.

  - #### ME.716.801 – Movement Science I (6)

    Movement Science I focuses on fundamental principles of motor control, motor learning, and motor development, with an emphasis on task analysis and the body systems underlying these concepts. This course uses a combination of synchronous and asynchronous online learning, face-to-face lab instruction, and practice-based learning, including cased-based learning, small and large group discussion, psychomotor practice, and team-based learning.

  - #### ME.716.802 – Movement Science II (6)

    Movement Science II focuses on fundamental principles of motion assessment and analysis, exercise prescription, and gait, with an emphasis on applied anatomy, kinesiology, and biomechanics. This course uses a combination of synchronous and asynchronous online learning, face-to-face lab instruction, and practice-based learning, including cased-based learning, small and large group discussion, psychomotor practice, and team-based learning.

  - #### ME.716.803 – Movement Science III (4)

    Movement Science III focuses on fundamental principles of neuroscience and sensorimotor aspects of movement, with an emphasis on applied neuroscience and pain science. This course uses a combination of synchronous and asynchronous online learning, face-to-face lab instruction, and practice-based learning, including cased-based learning, small and large group discussion, psychomotor practice, and team-based learning.

  - #### ME.716.804 – Movement Science IV (4)

    Movement Science IV focuses on cardiovascular response to movement and exercise, with an emphasis on applied physiology. This course uses a combination of synchronous and asynchronous online learning, face-to-face lab instruction, and practice-based learning, including cased-based learning, small and large group discussion, psychomotor practice, and team-based learning.

- ### Health Systems Science

  This series of courses will provide an overview of health care delivery organizations and systems. Learners will gain an understanding of the personal, social, organizational, and political contexts the influence health care delivery.

  - #### ME.716.821 –Health Equity and Access (4)

Health Equity and Access provides an understanding of the social context of health care, with an emphasis on epigenetics, health disparities, community health, and disability studies. This course uses a combination of synchronous and asynchronous online learning, including cased-based learning, small and large group discussion, and team-based learning.

- ME.716.822 – Health Systems (2)

  Health Systems provides an understanding of the structural context of health care, with an emphasis on infrastructure, finances, capacity, care processes, and quality improvement. This course uses a combination of synchronous and asynchronous online learning, including cased-based learning, small and large group discussion, and team-based learning.

- ME.716.823 – Health Policy and Advocacy (3)

  Health Policy and Advocacy provides an understanding of the political context of health care, with an emphasis on regulatory and legislative issues, health policy, and advocacy. This course uses a combination of synchronous and asynchronous online learning, including cased-based learning, small and large group discussion, and team-based learning.

- Professional Science

  This series of courses will foster the professional formation of the physical therapist. Learners will develop personal leadership and clinical reasoning skills as they begin their trajectory to life-long learning.

  - ME.716.841 – Professional Formation I (4)

    Professional Formation I provides learners with the opportunity to begin developing their professional identity, with an emphasis on the roles of the physical therapist, professional ethics and values, communication skills, and cultural humility. This course uses a combination of synchronous and asynchronous online learning, including cased-based learning, small and large group discussion, reflection, individual and group projects, and team-based learning.

  - ME.716.842 – Professional Formation II (3)

    Professional Formation II provides learners with the opportunity to develop their skills as a member of a health care team, with an emphasis on team science, interprofessional practice, and personal leadership. This course uses a combination of synchronous and asynchronous online learning, including cased-based learning, small and large group discussion, reflection, individual and group projects, and team-based learning.

  - ME.716.843 – Professional Formation III (3j)

    Professional Formation III provides learners with the opportunity to build their professional skills, with an emphasis on practice management, leadership, personal finance, and supervision of support personnel. This course uses a combination of synchronous and asynchronous online learning, including cased-based learning, small and large group discussion, reflection, individual and group projects, and team-based learning.

  - ME.716.851 – Evidence-based Practice (3)

Evidence-based Practice provides students with an opportunity to develop critical inquiry skills, with an emphasis on applied statistics and use of evidence for clinical decision-making. This course uses a combination of synchronous and asynchronous online learning, including cased-based learning, small and large group discussion, reflection, individual and group projects, and team-based learning.

- ### ME. 716.852 (2) Capstone I

  Capstone I provides learners with the opportunity to begin a mentored scholarly project. Learners will work collaboratively with peers and faculty to identify a project and create a plan for implementation and completion.

- ### ME. 716.853 (2) Capstone II

  In Capstone II, learners will complete and present their capstone project at the DPT Program level.

- ### ME. 716.854 (2) Capstone III

  In Capstone II, learners submit their final Capstone project, culminating in a deliverable (e.g., a paper, website, video, online modules, etc.).

- ## Clinical Science

  Using the International Classification of Disability, Functioning, and Health (ICF) as a guiding framework, this series of courses will provide a comprehensive understanding of the management of cardiopulmonary, neuromuscular, musculoskeletal, integumentary, and lymphatic health conditions across the lifespan. Using cases, active learning strategies, and practice-based learning, learners will develop skills in physical therapy examination, evaluation, diagnosis, prognosis/plan of care, and interventions.

  - ### ME.716.860 – Foundations of Patient/Client Management (4)

    Foundations of Patient/Client Management focuses on fundamental principles of patient care, with an emphasis on population-based health, prevention, health promotion, wellness, and behavior science. This course introduces the ICF to describe body functions and structures, activities, participation, and contextual factors related to movement. This course uses a combination of synchronous and asynchronous online learning, face-to-face lab instruction, and practice-based learning, including cased-based learning, small and large group discussion, psychomotor practice, and team-based learning.

  - ### ME.716.861 – Management of Musculoskeletal Health Conditions I (6)

    Management of Musculoskeletal Health Conditions I involves application and integration of knowledge of the movement system and ICF framework to develop skills in examination/screening, evaluation, diagnosis/prognosis, and intervention – including pathology, pharmacology, diagnostic imaging, and differential diagnosis – for patients with musculoskeletal health conditions affecting upper and/or lower extremities. This course uses a combination of synchronous and asynchronous online learning, face-to-face lab instruction, and practice-based

learning; including cased-based learning, small and large group discussion, psychomotor practice, and team-based learning.

- ## ME.716.862 – Management of Musculoskeletal Health Conditions II (5)

  Management of Musculoskeletal Health Conditions II involves application and integration of knowledge of the movement system and ICF framework to develop skills in examination/screening, evaluation, diagnosis/prognosis, and intervention – including pathology, pharmacology, diagnostic imaging, and differential diagnosis – for patients with musculoskeletal health conditions affecting the head, neck, and/or spine. This course uses a combination of synchronous and asynchronous online learning, face-to-face lab instruction, and practice-based learning, including cased-based learning, small and large group discussion, psychomotor practice, and team-based learning.

- ## ME.716.863 – Management of Cardiopulmonary Health Conditions II (6)

  Management of Cardiopulmonary Health Conditions involves application and integration of knowledge of the movement system and ICF framework to develop skills in examination, evaluation, diagnosis/prognosis, and intervention – including pathology, pharmacology, diagnostic imaging, and differential diagnosis – for patients with cardiopulmonary health conditions. This course uses a combination of synchronous and asynchronous online learning, face-to-face lab instruction, and practice-based learning, including cased-based learning, small and large group discussion, psychomotor practice, and team-based learning.

- ## ME. 716.864 – Management of Neuromuscular Health Conditions (6)

  Management of Neuromuscular Health Conditions involves application and integration of knowledge of the movement system and ICF framework to develop skills in examination, evaluation, diagnosis/prognosis, and intervention – including pathology, pharmacology, diagnostic imaging, and differential diagnosis – for patients with neuromuscular health conditions. This course uses a combination of synchronous and asynchronous online learning, face-to-face lab instruction, and practice-based learning, including cased-based learning, small and large group discussion, psychomotor practice, and team-based learning.

- ## ME. 716.865 – Management of Integumentary & Lymphatic Health Conditions (6)

  Management of Integumentary & Lymphatic Health Conditions involves application and integration of knowledge of the movement system and ICF framework to develop skills in examination, evaluation, diagnosis/prognosis, and intervention – including pathology, pharmacology, diagnostic imaging, and differential diagnosis – for patients with integumentary and lymphatic health conditions. This course uses a combination of synchronous and asynchronous online learning, face-to-face lab instruction, and practice-based learning, including cased-based learning, small and large group discussion, psychomotor practice, and team-based learning.

- ## ME. 716.866 – Management of Health Conditions Across the Lifespan (6)

  Management of Health Conditions Across the Lifespan involves application and integration of knowledge of the movement system and ICF framework to develop skills in examination, evaluation, diagnosis/prognosis, and intervention – including pathology, pharmacology, diagnostic imaging, and differential diagnosis – for pediatric patients and aging populations This

course uses a combination of synchronous and asynchronous online learning, face-to-face lab instruction, and practice-based learning, including cased-based learning, small and large group discussion, psychomotor practice, and team-based learning.

- ME. 716.867 – Management of Multi-System Health Conditions (5)

  Management of Multi-System Health Conditions involves application and integration of knowledge of the movement system, ICF framework, and clinical sciences to develop skills in examination, evaluation, diagnosis/prognosis, and intervention – including pathology, pharmacology, diagnostic imaging, and differential diagnosis – for patients with complex health conditions. This course uses a combination of synchronous and asynchronous online learning, face-to-face lab instruction, and practice-based learning, including cased-based learning, small and large group discussion, psychomotor practice, and team-based learning.

- ME. 716.88X – Advanced Practice Elective (2)

  Learners will have the opportunity to take two, 2-credit elective courses on a variety of topics relevant to advanced practice, professional development, and lifelong learning. Elective courses will use a combination of synchronous and asynchronous online learning, including cased-based learning, small and large group discussion, and team-based learning. Planned topics for elective courses with align with potential post-professional career pathways for physical therapists, and may include: neurologic physical therapy, orthopaedic physical therapy, acute care physical therapy, pediatric physical therapy, sports physical therapy, rehabilitation of the performing artist, women's health physical therapy, cardiovascular and pulmonary physical therapy, business/health administration, research, and education.

- Clinical Experiences

  In this series of courses, learners will spend a minimum of 30 weeks in full-time clinical education experiences. Experiences will encompass, but are not limited to: health and wellness, prevention, management of patients and clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care; and in practice settings representative of those where physical therapy is practiced.

  - ME. 716.900 – Clinical Education I (4)

    Clinical Education I is the first full-time clinical experience. This supervised experience will span 8 weeks.

  - ME. 716.910 – Clinical Education II (6)

    Clinical Education I is the second full-time clinical experience. This supervised experience will span 12 weeks.

  - ME. 716.920 – Clinical Education III (8)

Clinical Education I is the second full-time clinical experience. This supervised experience will span 12 weeks.

Appendix B

Evidence of Compliance with the Principles of Good Practice (as outlined in COMAR 13B02.03.22C)

1. Curriculum and Instruction

a. A distance education program shall be established and overseen by qualified faculty.

JHU DPT is subject to specialized accreditation by the Commission on Accreditation in Physical Therapy Education (CAPTE). The CAPTE accreditation process involves careful internal and external review and reports, onsite visits by qualified reviewers, and demonstrated compliance with established standards and elements.

To achieve and maintain accreditation, all faculty for the hybrid Johns Hopkins Doctor of Physical Therapy (DPT) program must meet the same qualifications as those teaching in a residential program. As outlined in the Commission on Accreditation in Physical Therapy Education (CAPTE) Standard 4, each core faculty member must have doctoral preparation, contemporary expertise in assigned teaching areas, demonstrated effectiveness in teaching and student evaluation, a well-defined scholarly agenda, and a record of institutional or professional service. At least 50% of the collective core faculty must hold an academic doctoral degree (PhD, EdD, DSc, or equivalent).

b. A program's curriculum shall be coherent, cohesive, and comparable in academic rigor to programs offered in traditional instructional formats.

As set forth by CAPTE Standards 6 and 7, "the program has a comprehensive curriculum plan" and "the curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment." CAPTE element 6K specifically addresses distances education and requires that if the curriculum plan includes distance education courses, the program must provide evidence that program faculty, educational rigor, student performance expectations, test security, student privacy, and student services are equivalent to those offered by residential programs/courses.

Standards for curricular content are further defined in element 7D, "the physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of physical therapy." All sub-elements of 7D will be introduced and reinforced throughout the didactic and clinical curriculum, which will include synchronous and asynchronous online learning, face-to-face lab experiences, experiential learning including simulation and integrated clinical experiences, and full-time clinical experiences. To meet and exceed the standards set forth above and prepare excellent physical therapists, the JHU DPT program will deliver a spiral, integrated curriculum rooted in contemporary learning theory and best practice for hybrid teaching and learning. We will take advantage of the long history of health education expertise in the SOM by using the framework of renowned *Curriculum Development for Medical Education: a Six Step Approach*.

We will mirror the School of Medicine's *Genes to Society* medical education curriculum by offering a "Body to Society" physical therapist education curriculum within the DPT program. The DPT curriculum will be organized into four horizontal strands: Movement System Science, Clinical Science, Professional Science, and Health Systems Science. Learners will demonstrate mastery of these domains through formative and summative assessment embedded in didactic online and face-to-face learning experiences.

In collaboration with the School of Medicine Office of Online Education (OOE), a formal online course development process is used to support faculty in the development and maintenance of new online courses. All course content will be mapped to CAPTE criteria described above. The online course development process incorporates research-based standards for quality online course design to ensure the academic rigor of the online course is comparable or better to the traditionally offered course.

c. A program shall result in learning outcomes appropriate to the rigor and breadth of the program.

CAPTE Standard 7D outlines the required curricular elements and sub-elements for physical therapist education. The elements and sub-elements of standard 7D are listed in full in section G2 of the main proposal. Each sub-element will be mapped to at least 2-5 course-level objectives throughout the curriculum with learning outcomes that reflect introduction, reinforcement, and mastery of each skill. Course objectives and program learning outcomes will be developed by program faculty with contemporary expertise in their assigned area of teaching with input from key stakeholders including physical therapists and other health professionals, clinical instructors, students/graduates, and other program advisors. Evidence of mastery will be demonstrated via formative and summative assessment as described in the sections below, including written exams, practical exams and skills checks, and comprehensive written exams, and competency-based assessment via the Clinical Internship Evaluation Tool (CIET).

d. A program shall provide for appropriate real-time or delayed interaction between faculty and students.

The Johns Hopkins DPT program will be housed and delivered within Canvas, JHU's learning management system. All students and faculty will also have full access to Zoom and the Microsoft Office365 suite of online productivity tools, including Outlook email and Microsoft Teams. These platforms support both synchronous and asynchronous interaction text- and video-based interaction between and among faculty and students.

e. Faculty members in appropriate disciplines in collaboration with other institutional personnel shall participate in the design of courses offered through a distance education program.

Development of all courses will be overseen by 1-2 core faculty who meet accreditation and institutional requirements to have doctoral preparation, contemporary expertise in assigned teaching areas, and demonstrated effectiveness in teaching and student evaluation. Faculty will be supported in course development by the instructional design team in the School of Medicine's Office of Online Education and will complete required online teaching and learning training developed and delivered by the OOE team.

2. Role and Mission

a. A distance education program shall be consistent with the institution's mission.

Refer to Section A.1 in the main body of the proposal.

b. Review and approval processes shall ensure the appropriateness of the technology being used to meet a program's objectives.

The development of online courses is supported by SOM's Office of Online Education staff, which includes instructional designers, instructional technologists, and other supporting staff. Each online course development is assigned an instructional designer. The course instructor(s) consults with the instructional designer during the course design process to determine the most effective learning technologies and strategies needed to meet the course learning objectives. The course design goes through multiple reviews by the instructional designer and program chairs. The program chairs are responsible for making sure the course design meets the program's expectations for online courses and that the course learning objectives reflect what your program expects students to achieve after completing this course. Once the online course launches, the assigned instructional designer continually monitors the courses, and consults with the instructor(s) to adjust the course, if needed. All courses participate in a mid-term and end-of-term course evaluation process. The mid-term feedback is used to determine if any midpoint term corrections are needed. The end-of-term feedback is used to assess whether further course refinements are needed prior to the next time the course is offered.

3. Faculty Support

a. An institution shall provide for training for faculty who teach with the use of technology in a distance education format, including training in the learning management system and the pedagogy of distance education.

In accordance with CAPTE Element 6K, if the curriculum includes courses offered by distance education, the program must provide evidence that faculty are effective in the provision of distance education. Faculty support for the development of online courses is provided by several offices, including the Office of Online Education, the Office of Assessment and Evaluation, and the Office of Information Technology. All faculty will complete have multiple opportunities to receive training in the learning management system, and pedagogy of online learning – these opportunities are presented at various times throughout the year at various events. Once an instructor has been identified to develop an online course, they are given access to a set of web-based resources that cover a broad range of topics on online pedagogy, use of instructional technologies, and learning management system tutorials. Throughout the online course development, the instructor receives direct support and guidance from their assigned instructional designer on a variety of online learning related topics.

b. An institution shall provide for training for faculty who teach with the use of technology in a distance education format, including training in the learning management system and the pedagogy of distance education.

As described in the previous section, faculty support services include classroom instruction on teaching online, an assigned instructional designer, teaching assistants, technical help desk support as well and extensive technical support for their specific course sites.

c. An institution shall provide faculty support services specifically related to teaching through a distance education format.

The SOM OOE provides a wide range of faculty support services for instructors engaged in online instruction. Instructors have access to multi-media specialists, instructional technologists, instructional designers, and other institutional support staff to assist them in their role as online instructors. Some of the services provided include instructional technology training, course design support, pedagogical best practices in online courses, learning management system training, course production support (i.e., recording studio), video production, and a faculty support help line and email. In addition, there are learning opportunities available through the Institute for Excellence in Education (IEE). These include online courses, educational Grand Rounds, and a Summer Teaching Camp.

d. An institution shall ensure that appropriate learning resources are available to students including appropriate and adequate library services and resources.

The students will have online access to the Welch Medical Library. Digital resources include access to over 20,000 journals and 1200 databases. The Welch Medical Library building is intended as a place for historical archives and as the home base for informationists and library administration. In addition to the resources available through the Welch Medical Library, students have access to collective Johns Hopkins libraries, which boasts almost a million e-books. The interlibrary loan department makes the research collection of the nation available to faculty and students. Many of the databases are accessible remotely. Librarians help students electronically and the library maintains an extensive web site to take visitors through all its services and materials.

4. Students and Student Services

a. A distance education program shall provide students with clear, complete, and timely information on the curriculum, course and degree requirements, nature of faculty/student interaction, assumptions about technology competence and skills, technical equipment requirements, learning management system, availability of academic support services and financial aid resources, and costs and payment policies.

The School of Medicine (SOM) maintains numerous web-based resources to inform current and prospective students on the information they may need as an online student. These resources include: JHUSOM main website (https://www.hopkinsmedicine.org/som/); JHUSOM online catalog, which includes detailed programmatic information, academic support services, financial aid, costs, policies, etc. and specific information for online learning (refer https://e-catalogue.jhu.edu/medicine/). In accordance with CAPTE Rule of Practice and Procedure (8.20), the DPT program will host a website which will include information to be made public by the program: accreditation status, student outcomes, student cost, and due process. In addition, the website will include information on program admissions, program requirements and

technical standards, curriculum plan, contact information, and technology requirements. As new students are admitted and enrolled, they will receive timely emails with important information to help them prepare to become a hybrid student. These emails include information on how to create their JHU login account for the productivity tools and course management systems, technical requirements, and available academic support services. Once students matriculate into the program, the program will host a student information center in Canvas where we will post important information, resources, announcements, and updates for students.

b. A distance education program shall provide students with clear, complete, and timely information on the curriculum, course and degree requirements, nature of faculty/student interaction, assumptions about technology competence and skills, technical equipment requirements, learning management system, availability of academic support services and financial aid resources, and costs and payment policies.

i. Academic Advising

Student advising, mentorship, and coaching will be carried out by the collective core faculty. Upon matriculation into the program, students will be assigned a faculty coach who will serve as their advisor throughout the program and will provide support for students in navigating academic and non-academic issues and career planning.

ii. Library Services

Students have online access to the Welch Medical which provides easy access to a wide selection of electronic information resources, including the library's online catalog, and numerous electronic abstracting and indexing tools. Many of the databases are accessible remotely. Librarians are available to assist students remotely and the library maintains an extensive web site to take visitors through all its services and materials.

iii. Services with Students with Disabilities

The Johns Hopkins University is committed to making all academic programs, support services, and facilities accessible to qualified individuals. Students with disabilities who require reasonable accommodations can contact the School of Medicine Disability Services Administrator.

iv. Johns Hopkins Student Assistance Program

The Johns Hopkins Student Assistance Program (JHSAP) is a professional counseling service that can assist students with managing problems of daily living. Stress, personal problems, family conflict, and life challenges can affect the academic progress of students.

JHSAP focuses on problem solving through short-term counseling. Accessing the service is a simple matter of a phone call to arrange an appointment with a

counselor. Online students may call a phone number for consultation and will be directed to the appropriate resource or office. JHSAP services are completely confidential. The program operates under State and Federal confidentiality legislation and is HIPAA compliant.

v. Transcript Access.

Students may request electronic or paper transcripts through the Office of the Registrar via an online request form. There is no charge for transcripts ordered through the School of Medicine.

c. Accepted students shall have the background, knowledge, and technical skills needed to undertake a distance education program.

The rigorous, data-driven admissions process ensures students have suitable background knowledge to complete the program successfully. New online students are strongly encouraged to complete the "New Online Student Orientation" course prior to beginning their first online course. This course covers a broad range of topics on how to be a successful online student such as: online student learning expectations, how to access the library, how to conduct online research, and how to participate in online discussions.

d. Advertising, recruiting, and admissions materials shall clearly and accurately represent the program and the services available.

Once approved, the program will include program information on a program-specific website as outlined in the main proposal, section G9.

5. Commitment to Support

a. Policies for faculty evaluation shall include appropriate consideration of teaching and scholarly activities related to distance education programs.

As described previously, in accordance with CAPTE Element 6K, if the curriculum includes courses offered by distance education, the program must provide evidence that faculty are effective in the provision of distance education. Faculty recruited to develop and implement the hybrid DPT program will demonstrate contemporary expertise and evidence of teaching effectiveness in a hybrid learning environment. As such, teaching and scholarly activities related to distance and hybrid education will be part of each faculty's annual performance review. The Online Learning Consortium's Quality Scorecard Suite will be used as a framework to evaluate teaching effectiveness in online and blended course environments.

b. An institution shall demonstrate a commitment to ongoing support, both financial and technical, and to continuation of a program for a period sufficient to enable students to complete a degree or certificate.

Please see sections K and L of the main body of the proposal.

6. Evaluation and Assessment

a. An institution shall evaluate a distance education program's educational effectiveness, including assessments of student learning outcomes, student retention, student and faculty satisfaction, and cost-effectiveness.

In accordance with CAPTE standard 2, “the program is engaged in effective, ongoing, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement.” To achieve and maintain accreditation, the program will review all relevant program data at least yearly, which will be summarized in a program assessment matrix that includes, but is not limited to, assessment of the following data: admissions, enrollment, resources (staff, space, equipment, technology, finances, faculty, materials, library, student services), and program policies and procedures. Changes will be made based on the assessment process.

b. An institution shall demonstrate an evidence-based approach to best online teaching practices.

The DPT program faculty will build, implement, assess, and revise all online and hybrid courses with the support of the instructional design team through the Office of Online Education. All courses will be built using criteria and benchmarking tools from the Online Learning Consortium Quality Scorecard Suite. Course content, student evaluations, faculty feedback, student engagement data from the learning management system (e.g., student logins, length of time on quizzes/exams, student performance, etc.), and other relevant course data will be evaluated yearly, with course modifications implemented as needed.

c. An institution shall provide for assessment and documentation of student achievement of learning outcomes in a distance education program.

Please see section G.3.a. and G.3.b. in the main body of the proposal for a detailed description of assessment and documentation of learning outcomes. As part of the online course design process, course assessments will be mapped to course learning objectives, which will be aligned with program learning outcomes and accreditation standards. Student performance and course grades will be documented within Canvas, the learning management system. The DPT program will have an Assessment Committee that will be comprised of faculty and staff who have oversight of an assessment matrix and are accountable for reporting on all program outcomes at least yearly for accreditation compliance and ongoing program improvement.