

Meeting: ACAP Meeting
Meeting Date: March 28, 2024
Agenda Item: 5A

PROGRAM MODIFICATION PROPOSAL FORM

Name of Institution: Medical University of South Carolina

Briefly state the nature of the proposed modification (e.g., adding a new concentration, extending the program to a new site, curriculum change, etc.):

Two modifications are proposed: (1) Modifying the DPT plan of study/curriculum to reduce by one semester from a 3-year study plan to 2.8 years, which results in 11.5 credits hours being eliminated, thus warranting a program modification); and (2) adding a hybrid format of the same program and plan of study (thus a new track).

Current Name of Program (include degree designation and all concentrations, options, and tracks):

Doctor of Physical Therapy (DPT) Program

Proposed Name of Program (include degree designation and all concentrations, options, and tracks):

Doctor of Physical Therapy (DPT) Program, Residential track

Doctor of Physical Therapy (DPT) Program, Hybrid track

Program Designation:

- | | |
|---|---|
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Bachelor's Degree: 4 Year | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Bachelor's Degree: 5 Year | <input checked="" type="checkbox"/> Doctoral Degree: Research/Scholarship (e.g., Ph.D. and DMA) |
| <input type="checkbox"/> Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D., Pharm.D., and M.D.) | |

Does the program currently qualify for supplemental Palmetto Fellows and LIFE Scholarship awards?

- ☐ Yes
☒ No

If No, should the program be considered for supplemental Palmetto Fellows and LIFE Scholarship awards?

- ☐ Yes
☒ No

Proposed Date of Implementation: Fall 2025

CIP Code: 51.2308

Current delivery site(s) and modes: 50501

College of Health Professions

Medical University of South Carolina

Residential Program

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Proposed delivery site(s) and modes: 50501 (residential); 85500 (hybrid/blended)
College of Health Professions
Medical University of South Carolina

Program Contact Information (name, title, telephone number, and email address):

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Institutional Approvals and Dates of Approval:

CHP Leadership Council: 9/27/2023
Education Advisory Committee: 11/17/2023
Provost's Council: 12/06/23

Background Information

Provide a detailed description of the proposed modification, including target audience, centrality to the institutional mission, and relation to the strategic plan.

The College of Health Professions at the Medical University of South Carolina (MUSC) proposes to revise its Doctor of Physical Therapy program by modifying the study plan to reduce the time to graduation. It proposes to have two tracks: (1) traditional (as currently approved) and (2) hybrid delivery format, where a large part of the curriculum is delivered online. These changes are proposed to permit entry into the profession for graduation sooner and to provide more access to students seeking a career in physical therapy. The target audience for the DPT program, through either the residential or hybrid track, is any student who is eligible to be admitted into the program as is outlined by the accrediting body of the physical therapy profession available at <https://www.apta.org/your-career/careers-in-physical-therapy/pt-admissions-process> and MUSC's approved admissions criteria for the program.

The hybrid delivery model provides students with more access to graduate healthcare education. The DPT program at MUSC is a nationally ranked program recognized for providing excellent foundational didactic and clinical education necessary to practice as a physical therapist. Our programs have some of the most selective admissions in the country.

The MUSC College of Health Professions has identified three strategic priorities to achieve its vision and address the chronic disease crisis. One priority is to offer more online/hybrid programs to meet the needs of its students, and another priority is to graduate more health professionals to address the projected shortage in South Carolina. This program modification aligns with MUSC's mission "to preserve and optimize human life in South Carolina and beyond." Physical therapists evaluate and treat people with injuries, illnesses, or disabilities to help them with daily living, optimizing function and the human movement system to allow them to participate in society.

Assessment of Need

Provide an assessment of the need for the program modification for the institution, the state, the region, and beyond.

Medical University of South Carolina (MUSC) proposes to facilitate access to physical therapy education for students nationally by offering a hybrid format of our currently accredited and nationally ranked Doctor of Physical Therapy (DPT) program. Offering career-focused academic programs in response to regional and national employment needs is specified in the institutional mission statement. MUSC is conveniently located in Charleston, South Carolina, making the immersive labs easily accessible due to Charleston's airport and direct flight access from many cities around the country, which enables the ability to recruit from a national applicant pool.

A thorough study of the national, regional, and local need for a DPT program has been performed at each stage of our institutional, system, and state-wide approval processes. According to the Bureau of Labor Statistics "Occupational Outlook Handbook," employment of physical therapists is projected to grow 17% from 2021 to 2031, with just over 15,000 job openings annually, much faster than the average for all

occupations.¹ The use of PT to improve the quality of life of individuals suffering from various diseases, including musculoskeletal, cardiovascular, sports injuries, and others, is a significant factor contributing to the industry's growth. The therapists provide an array of treatments to help alleviate, avert, and manage the conditions. In addition, these therapies prevent temporary impairments from becoming chronic conditions. Given the opioid epidemic and well-documented utilization of high-cost procedures such as surgery and diagnostic imaging, physical therapists are projected to be a cost-effective solution within healthcare reform. Advances in medical technology have increased the use of outpatient surgery to treat various injuries and illnesses. Medical and technological developments are also expected to permit more trauma victims and newborns with birth defects to survive, creating additional demand for rehabilitative care. Physical therapists will continue to play an essential role in helping these patients recover more quickly from surgery. Employment opportunities are expected to be strong for licensed physical therapists in all settings. Employment prospects should be particularly positive in acute-care hospitals, skilled nursing facilities, and orthopedic settings, where the elderly are most often treated.

Jobs for Physical Therapists in South Carolina are growing at 28.4%, faster than the nationwide estimated projection of 28.0%.² The BLS is projecting 220 annual Physical Therapist job openings in South Carolina and 3,710 jobs in 2026. According to the American Physical Therapy Association, there were 312,716 licensed physical therapists in 2019. California, Texas, and New York have the highest number of physical therapists, whereas South Carolina has approximately 3200 PTs statewide to serve a population of 5.29 million. According to the most recent AHEC South Carolina Health Professions Data Book published in 2021, there are 25 of the 46 counties with 20 or fewer practicing PTs and 16 with fewer than ten. One way to address this shortage is to expand the DPT program at MUSC to include a hybrid delivery format.³

Population Demographics

According to the U.S. Census Bureau, the United States is expected to grow by about 2.3 million annually.⁴ The demand for additional therapists by 2026 is partly fueled by the large number of aging baby boomers, who stay more active later in life than their counterparts of previous generations. Those 65 and older are expected to double from 49 to 95 million by 2060. 2030 marks a demographic turning point in the United States as all baby boomers will be over 65. This will expand the size of the older population (15-17% today to 25%) so that one in every five Americans is expected to be of retirement age. Later that decade, in 2035, the older population will outnumber children for the first time in U.S. history. Life expectancy is 83.5 years for women and 79.5 for men. Older people are more likely to experience heart attacks, strokes, and mobility-related injuries that require rehabilitation therapy (physical and occupational therapy). In addition, many chronic conditions, such as diabetes and obesity, have become more prevalent in recent years. More physical therapists will be needed to help these patients maintain their mobility and manage the effects of chronic conditions.

Geographic Distribution

As of 2019, there were 312,716 licensed physical therapists and 127,750 licensed physical therapist assistants in States, according to data from the Federation of State Boards of Physical Therapy. Based on the U.S. population, 95 physical therapists per 100,000 people and 39 physical therapist assistants per 100,000 people. The maps below show the breakdown of these numbers in each state.

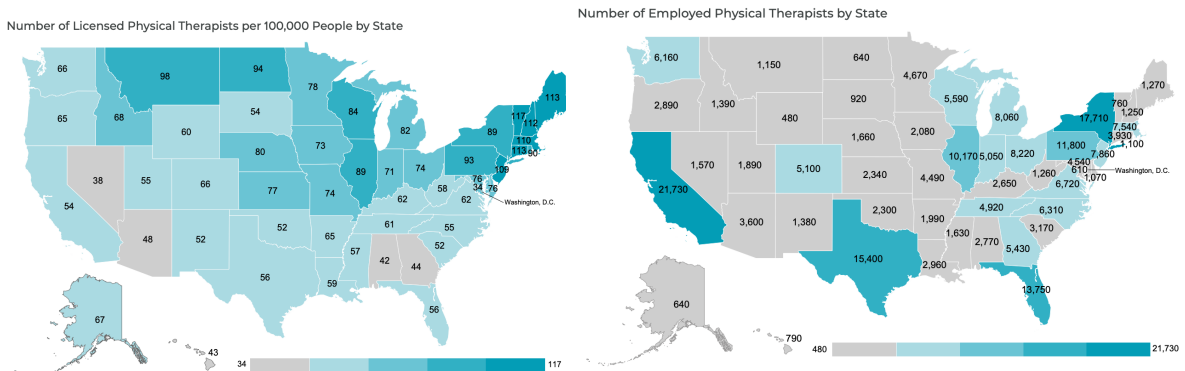


Figure 1. Geographic Distribution of Licensed Employed Physical Therapists

The above maps are color-coded graphics to illustrate regional trends nationwide, recognizing that the employed physical therapists in grey states, including South Carolina, represent the states with the lowest numbers. Other than Florida, the southeast demonstrates a growing PT workforce demand/need that are not being met by the current supply.⁵

In 2022, 7,416 unique applicants submitted 93,169 applications to the 282 participating programs through the Physical Therapy Centralized Application Service (PTCAS).⁶ There are currently three accredited programs and one program in candidacy in the State of South Carolina for those who applied through PTCAS, graduating 176 students annually to meet the demands of 220 annual statewide needs.⁷ The additional growth within the current residential and the addition of a hybrid format program will meet this need and support the additional regional geographical demand to provide PTs into the workforce.

Table 1. Class Admission in South Carolina DPT Programs

Institution	Current Enrollment Per Cohort	Program Length
Anderson University	30	8 semesters
Medical University of South Carolina (MUSC)	68	9 semesters
University of South Carolina	30	9 semesters
Charleston Southern University	48	8 semesters

Modification of the Curriculum

This program modification proposal includes 91 total credit adjustments that better serve the curriculum delivery. Some course names were eliminated, but the material was shifted into courses that were then modified with credit adjustments and name adjustments to reflect the course better. The total changes to the curriculum resulted in 119 credits versus the 130 current credits for the DPT program. This curriculum will begin in the fall of 2025, and all DPT students will graduate with the same degree with a 2.8-year plan of study. These changes are necessary given that MUSC seeks to graduate its DPT students in 8 vs. 9

semesters, like the program length offered by Anderson University and Charleston Southern University. Additionally, the American Physical Therapy Association (APTA) and the American Council of Academic Physical Therapy (ACAPT) have encouraged DPT programs to be more considerate of the student debt crisis in healthcare education. Thus, reducing one semester (est. \$12,000) and one clinical rotation (\$6,000) saves over \$18,000 per student. The MUSC DPT program has one of the most robust experiential learning environments, benefiting from our academic-medical university relationship. Additionally, the Department of Rehabilitation Science has a student-run free clinic where faculty routinely mentor students when treating patients. The MUSC DPT program currently has 40 weeks of clinical education, which is nine weeks over the minimum requirement from the accreditor (31 weeks are required). Given the significant experiential learning hours embedded within the curriculum, we will remove one clinical experience (8 weeks), ensuring our clinical education is now 32 weeks. The alteration of the curriculum does not pose a threat to the quality of education or the program's continued accreditation.

Hybrid and Residential Tracks

There continues to be a need for 21st-century programs delivered in a hybrid educational model to meet the growing needs of the diverse population of students. The MUSC DPT program's 8-semester length curriculum provided in a hybrid and residential format will address many of the challenges facing DPT education today, such as the unavailability of qualified faculty, the difficulty of traditional schools to scale their programs given facility constraints, the demand and competition for quality clinical education sites, the inability to meet the education and healthcare needs of rural communities, and the unsustainable cost of PT education. There are no differences between the entrance requirements of students for the hybrid track or residential track.

The MUSC DPT program is ranked with immersive experiences that allow students to have hands-on learning, interprofessional learning experiences, and highly qualified faculty as educators and researchers. The hybrid program will offer the same curriculum. Still, it will utilize a hybrid learning format that leverages the best in technology, flipped classroom principles, faculty-directed online coursework, onsite immersions for clinical lab instruction, and structured clinical education experiences.⁸ The hybrid program expansion of the current DPT program combines the accessibility of online coursework and in-person lab immersions; students can also live anywhere in the country and remain in their communities, many of whom otherwise have no access to traditional DPT programs.⁹

MUSC believes that a diverse student body is essential for developing the knowledge and skills to address the health challenges facing our increasingly diverse patient population and their communities. Given the ability to recruit students anywhere in the country, hybrid programs with a national reach will recruit a more diverse student body than traditional programs.⁹ MUSC anticipates that a minimum of 25% of our students will come from economically disadvantaged backgrounds, rural regions of the country, and minority groups, a trend that has consistently been observed at other hybrid rehabilitation science programs in physical and occupational therapy.¹⁰ Employment prospects are especially favorable in rural areas because many physical therapists live in highly populated urban and suburban areas. Hybrid programs recruit a high percentage of applicants from rural areas, which assists employers in underserved areas in meeting their recruitment needs. MUSC DPT anticipates no reduction of the candidates seeking to complete the residential program. We anticipate reaching new target group of prospective students seeking admissions for a program that allows for geographical convenience as part of their educational journey.

Transfer and Articulation

Identify any special articulation agreements for the modified proposed program. Provide the articulation agreement or Memorandum of Agreement/Understanding.

No special articulation agreements are proposed.

Description of the Program

Projected Enrollment (<i>Residential DPT</i>) Start of 8-semester model						
Year	Fall Headcount		Spring Headcount		Summer Headcount	
	New	Total	New	Total	New	Total
2025	77	77	0	75	0	75
2026	77	152	0	150	0	150
2027	77	227	0	225	0	150
2028	77	227	0	225	0	150

Explain how the enrollment projections were calculated.

Residential: Based on the current enrollment values and healthy applicant pool, in the fall, starting in 2025, the residential program will enroll up to 77 students with and anticipated attrition of 2 students after the first semester (an increase of 7 students from current enrollment of residential) per year after the start of the 8-semester (2.8 years) study plan in the residential DPT program. At most, during the 2.8 years, up to 227 students would be simultaneously enrolled in the residential program.

Projected Enrollment (<i>Hybrid DPT</i>) Start of 8-semester model						
Year	Fall Headcount		Spring Headcount		Summer Headcount	
	New	Total	New	Total	New	Total
2025	72	72	0	70	0	70
2026	82	152	0	150	0	150
2027	82	232	0	230	0	150
2028	82	242	0	240	0	160

Explain how the enrollment projections were calculated.

Hybrid: The trends of cohort size and applicant pools from the national data (available from the accreditor) were evaluated to determine the hybrid enrollment projections. Additionally, we used and evaluated the current enrollment values and applicant pool for the residential program.

Due to the new delivery format, we will enroll up to 72 students in the first year of the Hybrid DPT program with an anticipated attrition of 2 students after the first semester. Thereafter, we will ramp up to the

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projected enrollment of 82 students annually, with an anticipated attrition of 2 students after the first semester. At most, during the 2.8 years, up to 242 students would be simultaneously enrolled in the hybrid program.

Total DPT Division: Annually, in the fall, 159 qualified students will be enrolled in the MUSC DPT program through the two delivery options (hybrid and residential). Students will select which program track they are interested in attending. There is no dual application process between the two tracks. The regional and national workforce needs and current waitlist/applicant numbers for DPT programs justify these enrollment numbers.

Curriculum

Attach a curriculum sheet identifying the courses required for the program to start in the Fall of 2025:

Proposed MUSC DPT Curriculum Sequence (Residential and Hybrid)				
Year	Semester	Course	Name	Credit Hours
1	Fall	PT 700	Professional Formation	2
		PT 705	Movement Science	3
		PT 700L	Foundational Skills Lab	2
		PT 718	Human Anatomy (lecture/lab)	4
		PT 764	Evidence Based Practice	2
			Total Semester Hours	13
1	Spring	PT 752	Motor Development	2
		PT 701	Neuroscience	4
		PT 712	Applied Physiology and Nutrition/Therapeutics (lecture/lab)	6
		PT 730	Musculoskeletal I (Lecture/Lab)	5
			Total Semester Hours	17
1	Summer	PT 711	Clinical Pathophysiology	3
		PT 726L	Functional Mobility	1.5
		PT 716	Biomechanical Analysis	1.5
		PT 731	Musculoskeletal II	5
		PT 748	Pharmacology	1
			Total Semester Hours	12
2	Fall	PT 727	Cardiovascular & Pulmonary	4
		PT 732	Musculoskeletal III	5
		PT 755	Neuromuscular I	6
		IP 711	IP Foundations & Teamstepps	1
			Total Semester Hours	16

2	Spring	PT 728	Imaging/ Electrodiagnosis	2
		PT 717	Differential Diagnosis	2
		PT 746	Prevention and Population Health	2
		PT 710	Adult Development & Aging	3
		PT 756	Neuromuscular II	5
		IP	Interprofessional Concentration Course of Choice	1
			Total Semester Hours	15
2	Summer			
		PT 762L	Clin Reason/Practice Lab	1
		PT 733	Advanced Therapeutic Interventions	3
		PT 757	Management of Complex Patients	3
		PT 761	Healthcare Delivery and Management	3
		PT 760	Pediatrics	4
			Total Semester Hours	14
3	Fall	DPT 740	Clinical Practicum I	10
		DPT 741	Clinical Practicum II	10
			Total Semester Hours	20
3	Spring	PT*741	Clinical Practicum III	12
			Total Semester Hours	12
			Total Plan of Study (credits)	119

Curriculum Changes:

All the changes to the credit hours (added, omitted, modified) to the plan of study for the DPT curriculum resulted in a net loss of 11.5 credit hours. However, there are a total of 91 credit hours shifted within the curriculum/study plan, as depicted below in the chart.

Rationale: The modified core curriculum easily embedded the course material that we felt no longer needed to be stand-alone courses (such as blending a lab and lecture for better integration of learning). One new course was added that blended some course content from electives and meets the DPT accreditation requirements. The other new course integrates two previously separated courses and adds additional context addressing our patients' complex conditions' needs. Additionally, MUSC currently has 40 weeks of clinical education experience, of which the accreditor requires 30 weeks. The DPT curriculum committee and faculty approved the elimination of this additional experience. This results in a loss of one clinical education experience of 8 weeks, which results in 32 weeks of clinical education.

The hours of the DPT program were 130.5 credits, and we plan to offer the program for degree completion at 119 credit hours. This aligns with most graduate program institutions across the US that offer the DPT degree in at or less than the median of 120 credit hours as identified by the accrediting body for physical

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therapy (<https://www.capteonline.org/globalassets/capte-docs/aggregate-data/archive/pts/2021-2022-aggregate-pt-program-and-salary-data.pdf>)

Sample of the hybrid academic year highlighting the lab/lecture breakdown:

The clinical skills labs in a grey box and labeled clinical skills labs indicate when onsite labs will be hosted from 8-5 for the set number of days to ensure that the lab contact hours are completed.

YEAR 1 Hybrid											
Sept	October	November	December	Jan	February	March	April	May	June	July	August
Fall (Semester 1)				Spring (Semester 2)				Summer (Semester 3)			
DPT 0718 Human Anatomy (4) Blended 3-1				DPT 0701 Clinical Neuroscience (4)				DPT 0731L Musculoskeletal II Lab(2)		DPT 0731 Musculoskeletal II (3)	
DPT 0705 Movement Science (3)				DPT 0752 Motor Development (2)				0716 Biomechanical Analysis (1.5)			
DPT 0700 Professional Formation (2)				DPT 0712 Applied Physiology and Nutrition (3)				DPT 0711 Clinical Pathophysiology (3)			
DPT Number TBA LAB Foundational Skills (2)				DPT 0730 Musculoskeletal I (3)				DPT 0748 Pharmacology (1)			
DPT 0764 Evidence Based Practice I (2)				DPT 0730L Musculoskeletal I Lab (2)				PT 726L Functional Mobility (1.5)			
90 hours Lab 14 credits				Lab 120 hours 16 credits				135 Hours Lab 12 credits			
YEAR 2 Hybrid											
Fall (Semester 4)				Spring (Semester 5)				Summer (Semester 6)			
DPT 0727L Cardiovascular and Pulmonary Lab (1)		DPT 0727 Cardiovascular and Pulmonary (3)		DPT 0728 Imaging/Electrodiagnosis (2)				PT 0760 Pediatrics (3)			
DPT 0732L Musculoskeletal III Lab (2)		DPT 0732 Musculoskeletal III (3)		DPT 0717 Differential Diagnosis (2)				Revised in 2025 NEW COURSE: Advanced Therapeutic Interventions (3)			
DPT 0755L Neuromuscular I Lab (3)		DPT 0755L Neuromuscular I (3)		DPT 0746 Health Promotion (Retitle: Prevention and Population Health) (2)				PT 0762 Clinical Reasoning and Practice (1)			
IP 0711 Foundations and Teamsteps (1)				DPT 0710 Adult Development and Aging (2)				PT 0760L Pediatrics L (1)			
180 Hours of lab 16 credit hours				DPT 756 Neuromuscular II (3)				DPT 749 Healthcare Delivery and Management (3) (combined Practice Mgmt)			
				DPT 756L Neuromuscular II /Adult Development and Aging Lab(3)				DPT 0751 Integumentary PT (2) NEW NAME: Complex Patients (systems/pelvic/prosthetics/orthotics)			
				IP TBA Interprofessional Concentration Course of Choice (1)				75 Lab Hours 13 credit hours			
YEAR 3											
Fall (Semester 7)				Spring (Semester 8)							
DPT 0740 PT Practice I (10 weeks)				DPT 0741 PT Practice II (10 weeks-Carry 4 over to Spring)				DPT 0741 Clinical Practicum III (12 weeks)			

Summary:			
Total Lab hours	690		
Total Didactic Hours	85		
Total clinical Weeks	32		
Basic Science Track			
Applied Science Track			
Critical Inquiry Track			
Clinical Management Track			
Leadership & Prof Development Track			
Clinical Education			

Summary:		
Total Lab hours	690	
Total Didactic Hours	85	
Total clinical Weeks	32	
Basic Science Track		
Applied Science Track		
Critical Inquiry Track		
Clinical Management Track		
Leadership & Prof Development Track		
Clinical Education		

Curriculum Modifications:

Courses Eliminated from the Program	Courses Added to Program	Core Courses Modified
PT 725 Biophysical Agents [1.5 CR]	PT 757 Management of Complex Patients [+3CR] (is a new blended courses from PT 751 and PT 733 and new material (course description below))	PT 764 Evidenced Based Practice [2CR] (added 1 credit as all EBP content was put into one course)
PT 765 Evidenced Based Practice II [1CR]	PT 758 Advanced Therapeutic Interventions	PT 712 Applied Physiology and Nutrition/Therapeutics [6CR] (1.5

	[+3CR] (is a new blended course with content from eliminated courses PT 725 lecture and lab (course description below))	CR loss with the combination from PT 724 L and PT712 L eliminated)
PT 766 Evidenced Based Practice III [1CR]		PT 700L Foundational Skills [2CR] (added 1 credit from eliminated surface anatomy course)
PT 767 Evidenced Based Practice IV [1CR]		PT 761 Health care delivery and Practice management [3CR] (loss of 1 credit combining the courses of health delivery and practice management and renaming)
PT 751 Integumentary [2CR]		727 Cardiovascular and Pulmonary [4 CR] (course is now blended lab and lecture)
PT 733 Prosthetics and Orthotics [1.5 CR]		PT 755 Neuromuscular I [6 CR] (course is now blended lab and lecture)
PT 724 Therapeutic Exercise [2 CR]		PT 756 Neuromuscular II [5 CR] (course is now blended lab and lecture)
PT 724L Therapeutic Exercise and Massage Lab [1.5 CR]		PT 730 Musculoskeletal I [5 CR] (course is now blended lab and lecture)
PT 740 Clinical Practicum I [8CR]		PT 731 Musculoskeletal II [5 CR] (course is now blended lab and lecture)
PT 705L Surface Anatomy [1CR]		PT 732 Musculoskeletal III [5 CR] (course is now blended lab and lecture)
PT749 Health Care Delivery [2 CR]		PT 760 Pediatrics [4 CR] (course is now blended lab and lecture)
PT 755L Neuromuscular I Lab [3 CR]		
PT 756L Neuromuscular II [2 CR]		
PT 730L Musculoskeletal I Lab [3CR]		
PT 731L Musculoskeletal II [3 CR]		
PT 732L Musculoskeletal III [2CR]		
PT 727 A/L Cardiopulmonary Lab [0.5 CR]		
PT 727 B/L Cardiopulmonary Lab [1 CR]		
PT 712 L Applied Physiology Nutrition Lab [1 CR]		

PT 760 L Pediatrics Lab [1 CR]		
Sum credits eliminated = 39	Sum credits added=6	Sum credits modified (<i>through loss or additions</i>) =46

*After all the eliminations, additions, and modifications, the new curriculum proposes a **net total alteration of 11.5 credit hours to the DPT plan of study.**

Hybrid Lab Courses

Throughout the plan of study, the courses are blended with lab and lecture. However, given the unique model of hybrid the students will come to campus at the middle and end of the semester for hands on learning that cannot be conducted in a virtual environment. The same credit hours of lecture and lab per course will remain the same between tracks, however the timing of the labs will be more immersive for the hybrid track students.

New Courses

List and provide course descriptions for new courses.

PT 758 Advanced Therapeutic Interventions [3CR]

This case-based course expands on the student's critical thinking, clinical reasoning, and managing patients with human movement system dysfunctions. This course emphasizes a holistic, patient-centered approach to exercise prescription and individualized adaptation of plans of care based on patient response. This course will review existing exercise paradigms and social determinants of health. Lab activities use case scenarios to challenge clinical reasoning for developing and progressing comprehensive treatment plans. The final OSCE will evaluate students for clinical practice with simulated patient encounters and content in the Primary Care course.

This course provides students with advanced clinical reasoning and intervention skills for the management of neuromusculoskeletal dysfunction. Manual therapy and therapeutic exercise skills learned in previous courses are honed and expanded upon. Students also learn basic trigger point dry-needling skills to treat soft tissue dysfunction. Emphasizing clinical reasoning and decision-making, this course aims to integrate these advanced interventions safely and effectively into patient treatment plans. Professional advocacy for restricted or challenged physical therapy interventions is explored for students to learn administrative avenues to facilitate local and national change. This course also includes multiple case scenarios and a heavy lab component to develop and/or refine these advanced interventions.

PT 757 Management of Complex Patients [3CR]

This course builds on the student's clinical decision-making skills from previous coursework to address the needs of a medically complex patient across the continuum of care. This course will emphasize the integration of clinical findings from patient history, systems review, and tests and measures for patients with a primary disease or comorbidities of the cardiovascular, endocrine, metabolic, gastrointestinal, genital, reproductive, hematologic, hepatic, biliary, immune, integumentary, lymphatic, musculoskeletal, nervous respiratory, renal, and urologic systems. Referral and consultation with other healthcare providers will be discussed. The focus will be on the patient examination, evaluation, diagnosis, prognosis, and treatment of patients with medically complex conditions.

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Similar Programs in South Carolina offered by Public and Independent Institutions

Identify similar programs offered and describe the similarities and differences for each program.

Program Name and Designation	Total Credit Hours	Similarities	Differences
Anderson University School of Physical Therapy	126	<ul style="list-style-type: none"> • 8 semester delivery • Appx same number of weeks of full-time clinical rotations • Similar credit hours • Traditional format of class delivery 	<ul style="list-style-type: none"> • Smaller class size (30 students) than MUSC • No Hybrid delivery option • Not affiliated with an academic health science center
Charleston Southern University Physical Therapy Program	124	<ul style="list-style-type: none"> • 8-semester delivery • Appx same number weeks of full-time clinical rotations • All rotations • Similar credit hours • The traditional format of class delivery 	<ul style="list-style-type: none"> • Smaller class size (48 students) than MUSC • No Hybrid delivery option • Not affiliated with an academic health science center
University of South Carolina Physical Therapy Program	122	<ul style="list-style-type: none"> • Similar credit hours • Traditional format of class delivery 	<ul style="list-style-type: none"> • Smaller class size (30 students) than MUSC • More weeks (N=38) of clinical rotations • 9 semesters in length • No Hybrid delivery option • Not affiliated with an academic health science center

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Faculty

State whether new faculty, staff, or administrative personnel are needed to implement the program modification; if so, discuss the plan and timeline for hiring the personnel. Briefly explain any personnel reassignment due to the proposed program modification.

Hybrid Faculty Positions:

Faculty will be added to support the expansion due to offering a hybrid track in the DPT program. These position descriptions and roles are the same for the residential track. There is no crossover of faculty between tracks. However, there will be a collaboration between faculty with leadership roles within the respective tracks to ensure a similar student experience.

Position	Onboarding
Faculty 1 Program Director Hybrid	Spring 2024 (FY 24)
Faculty 2 Director of Clinical Education Hybrid	Summer 2024 (after July 1 =FY 25)
Faculty 3 Admissions Coordinator Hybrid	Summer 2024 (after July 1 =FY 25)
Faculty 4 Curriculum Coordinator Hybrid	Spring 2024 (FY 24)
Faculty 5 Student Affairs Coordinator Hybrid	Summer 2024 (after July 1 =FY 25)
Faculty 6 Core (full time)	Fall 2024 (FY 25)
Faculty 7 Core (full time)	Fall 2024 (FY 25)
Faculty 8 Core (full time)	Spring 2025 (FY 25)
Faculty 9 Core (full time)	Summer 2025 (after July 1 =FY 26)
Faculty 10 Core (full time)	Summer 2025 (after July 1 =FY 26)
Faculty 11 Core (full time)	Summer 2025 (after July 1 =FY 26)
Faculty 12 Core (full time) (for 2 nd cohort)	Summer 2026 (FY 27)
Faculty 13 Core (full time) (for 2 nd cohort)	Summer 2026 (FY 27)

Administrative and support staff positions are also planned for this hybrid-format expansion of DPT.

Position	Onboarding
Program Manager (Staff)	Summer 2024 (FY25)
Administrative Coordinator (Staff)	Spring 2025 (FY25)
Clinical Education Staff Member	Spring 2025 (FY25)
Student Services (.5 FTE to transition to 1.0 FTE)	Spring 2025 (FY25)

Resources

Identify new library, instructional equipment, and facilities needed to support the modified program.

Library Resources:

No new Library resources will be required to conduct the additional hybrid arm of the DPT program.

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Equipment and Supplies:

New equipment and supplies are needed to accommodate the additional cohort of students and coursework, including plinth tables, hi/low mat tables, duplication of prospective anatomy models, virtual anatomy equipment, gait training equipment, and content-specific equipment to conduct curricular activities when onsite. The budget includes the range of costs, as it varies each year.

Facilities:

These hybrid space needs are shared for OT (Occupational Therapy) and DPT hybrid programs. Each cohort will use the space for at least one week. The successful space-sharing plan is accommodated strategically by each program's curriculum. The total space needed to conduct the hybrid format for the OTD/DPT shared space is approximately **25,025** square feet.

College of Health Professions (CHP) has a financial commitment to these programs; the Request for Proposals for space is in process, as is a timeline to secure the space. As required by the professional accrediting agency for Physical Therapy training programs, students will be enrolled **only after all space needs are met**, which is expected to occur by October 2024.

Impact on Existing Programs

Will the proposed program impact existing degree programs or services at the institution (e.g., course offerings or enrollment)? If yes, explain.

☒ Yes

☐ No

Rationale: The same educational content will be offered by both tracks proposed. For the hybrid track, the delivery format will be modified to be consistent with best practices in online education. Enrollment in the DPT program will double with the addition of the hybrid track, so the staffing in Student Services and Clinical Education will increase to support an additional volume of students.

We have enough clinical education contracts to provide clinical placements for both the hybrid and residential program that meets the increased student numbers. However, clinical slots are secured to accommodate the increased enrollment in the program will be achieved in Fall 2026, at least one year before the first DPT clinical experience (Fall of 2027).

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Financial Support

Estimated Sources of Financing for the New Costs						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Tuition Funding			\$ 2,603,360	\$ 5,550,560	\$ 7,638,160	\$ 15,792,080
Program-Specific Fees (Program fee, matriculation fee, application fees)		\$ 12,000	\$ 164,600	\$ 301,600	\$ 395,100	\$ 873,300
Special State Appropriation	-	-	-	-	-	
Reallocation of Existing Funds	-	-	-	-	-	-
Investment Fund	\$ 355,013	\$ 355,013	\$ 355,012	\$ 717,481	\$ 717,481	\$ 2,500,000
Total	\$ 355,013	\$ 367,013	\$ 3,122,972	\$ 6,374,691	\$ 8,363,341	\$ 18,583,030
Estimated New Costs by Year						
Category	1 st	2 nd	3 rd	4 th	5 th	Total
Program Administration and Faculty and Staff Salaries	\$ 275,261	\$ 1,666,515	\$ 2,655,164	\$ 3,170,167	\$ 3,223,714	\$ 10,990,822
Facilities, Equipment, Supplies, and Materials	\$ 11,200	\$ 637,500	\$ 946,410	\$ 1,168,778	\$ 1,169,714	\$ 3,933,602
Library Resources						
University A&S and Investment Fund Contribution		\$ 3,960	\$ 913,427	\$ 1,931,213	\$ 2,650,976	\$ 5,499,576
Total	\$ 286,461	\$ 2,307,975	\$ 4,515,001	\$ 6,270,158	\$ 7,044,404	\$ 20,423,999
Net Total (i.e., Sources of Financing Minus Estimated New Costs)	\$ 68,552	\$ (1,940,962)	\$ (1,392,029)	\$ 299,483	\$ 1,706,337	\$ (1,258,619)

Budget Justification

Rationale:

While starting up a hybrid DPT track to accompany an on-campus/residential track and increasing enrollment in the DPT program overall will incur a substantial expense over the first five years, the proforma conducted to support this commitment shows that the investment will serve the state over time and will generate a profit to offset the costs by **year five**, which is the first year there will be three full cohorts matriculated.

The first two years reflected in the budget show startup expenses the College of Health Professions will incur to prepare for adding a hybrid track. Students are matriculated in year 3 of the budget; expenses associated with onboarding faculty and staff and purchasing equipment are shown in Years 1 and 2. Projected revenue is from student tuition and fees (starting in Year 3) and from a Provost investment fund contribution in Years 1, 2, and 3. Salaries include 13 full-time faculty through a staged hiring process, adjunct faculty to conduct lab immersion experiences, and staff necessary to operate the program effectively. Expenses include standard operating expenses. Initial space and equipment startup expenses will be shared with the starting hybrid OTD program if launched simultaneously.

Evaluation and Assessment

Program Objectives	Student Learning Outcomes Aligned to Program Objectives	Methods of Assessment
Program Outcome 1: Prepare students to enter the PT workforce as well-prepared professionals. *Figures for metrics within PO2 are annual and not tied to the graduating cohort from the reporting year*	N/A	<ul style="list-style-type: none"> •Percentage of students who graduate within 4.5 years. •First-time pass rate on National Physical Therapists Examination (NPTE) licensing exam. •Percentage of students employed within 6 months of passing the NPTE. •Percentage of DPT graduating students that agree they received a high-quality education. •The percentage of DPT graduating students that agree they made the right choice attending MUSC. •Percentage of DPT graduating students that would recommend MUSC to a prospective student
	Student Learning Outcome 1: Demonstrate effective patient/client management through the determination of the physical therapy needs of any individual, designing a plan of care that synthesizes the best available evidence and patient preferences, implementing safe and effective interventions, and determining efficacy of patient outcomes.	<ul style="list-style-type: none"> • Passing score on Objective Structured Clinical Examination (OSCE) for cardiopulmonary care conducted at the end of the course. • A passing score on OSCE for acute care is to be conducted at the end of the course. • A passing score on OSCE for neuromuscular care is to be conducted at the end of the course. • A passing score on OSCE for musculoskeletal care is to be conducted at the end of the course. • First-time pass rate on CP-4.

	Student Learning Outcome 2: Demonstrate professional behavior that is ethical, inclusive, compassionate and interprofessional in the communication and delivery of services.	<ul style="list-style-type: none"> • Percentage of students rated at least "entry level" on the item on the CPI instrument regarding "provides ethical care." • Percentage of students rated at least "entry level" on the item on the CPI instrument regarding "provides inclusive care." • Percentage of students rated at least "entry level" on the item on the CPI instrument regarding "provides compassionate care"
	Student Learning Outcome 3: Become life-long learners and leaders in the use of research and clinical evidence to expand knowledge and become influential change agents for health care delivery.	<ul style="list-style-type: none"> • Percentage of graduating students reporting current or past involvement in division, college, and university leadership activities. • Percentage of graduating students reporting plan to pursue residencies, fellowships, or clinical specialization. • Percentage of students at 1 year post graduation survey that report that they enrolled in a residency, PhD program, have pursued advanced practice certifications, are credentialed CI or are in leadership positions in their work or professional organizations. • Percentage of graduating students involved with professional organizations.

Will any of the proposed modifications impact the way the program is evaluated and assessed? If yes, explain.

- ☐ Yes
☒ No

Will the proposed modification affect or result in program-specific accreditation? If yes, explain; and, if the modification will result in the program seeking program-specific accreditation, provide the institution's plans to seek accreditation, including the expected timeline.

- ☒ Yes
☐ No

Rationale: After CHE provides approval, the DPT program will submit, by July 15, 2024, a Substantiative Change document to the Commission Accreditation for Physical Therapy Education (CAPTE). This document is to outline the operations, logistics, student impact, and curriculum impact with the addition of the hybrid format delivery of the MUSC DPT program. CAPTE will meet in October 2024 to review the documents for approval or revisions.

Will the proposed modification affect or lead to licensure or certification? If yes, identify the licensure or certification.

- ☒ Yes
☐ No

Rationale: Both residential and hybrid formats prepare the DPT student to sit for the national licensure examination.

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Explain how the program will prepare students for this licensure or certification.

All students are provided with a board prep course PT final exam. They also have access and must take two PEAT exams in preparation for boards developing a study plan from their PEAT results.

If the program is an Educator Preparation Program, does the proposed certification area require national recognition from a Specialized Professional Association (SPA)? If yes, describe the institution's plans to seek national recognition, including the expected timeline.

☐ Yes

☒ No

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