

*Evaluation Criteria for Faculty Advancement of Tenure-  
Line and Clinical-Line Faculty*

**School of Physical Therapy**

**Physical Therapy Program Guidelines**

**University of Puget Sound  
Tacoma, WA**

**Approved by the Professional Standards Committee  
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## **Procedures for the Evaluation Process for Faculty Members in the Physical Therapy Department**

### Guiding Documents:

Faculty members under review or those who are participating in reviews are expected to consult the appropriate document and become thoroughly familiar with information as follows:

- *Faculty Code*
- *Faculty Evaluations Procedures and Criteria*
- *University Evaluation Standards*
- *Evaluation Criteria for Faculty Advancement of Tenure-Line and Clinical-Line Faculty – School of Physical Therapy*

All full-time, ongoing faculty members (e.g., tenure-line and clinical faculty members) are eligible to participate in the evaluation process. Eligible faculty members will participate in the evaluation of all members of the department except as noted below. Visiting and Adjunct faculty will not participate.

PARTICIPATION in an evaluation implies a thorough evaluation of the evaluatee's file, teaching observations, a careful review of the department evaluation criteria, providing an independent evaluation letter and participating in the departmental deliberation meeting.

- Two observations of teaching will normally be conducted by all participating faculty unless concurrent teaching scheduling does not allow it.
- Faculty members who are on sabbatical are not expected to participate in any aspect of the evaluation process, although they may choose to do so.

### **I. Teaching**

The School of Physical Therapy is committed to high-quality education for its students. Curricular goals must address the goals of the University of Puget Sound, the needs of the profession, the requirements imposed by the Commission on Accreditation in Physical Therapy Education (CAPTE), and requirements for professional licensure of graduates. Professional education in physical therapy requires a carefully integrated blend of classroom didactic instruction, clinical laboratory instruction, clinical instruction in the presence of actual patients/clients, and mentoring in the process of critical inquiry. Any faculty member may be engaged in some or all of these types of teaching. Because all of these forms of teaching are critically important in PT education, each requires teaching at all levels of Bloom's taxonomy,<sup>1,2</sup> and none is favored over the others, the faculty member is expected to demonstrate proficiency in each form of teaching that makes up part of his or her load.

The faculty member must have an excellent grasp of the discipline taught, so as to convey accurate information, to engender in students enthusiasm for and confidence in the discipline, to challenge students within the discipline while providing guidance to meet those challenges, and to nurture student valuing of continued lifelong learning. Faculty members who teach clinical methods in the classroom or who provide clinical instruction in the onsite clinic must maintain clinical currency by participating in some level of ongoing clinical practice or continuing education in the area.

Teaching methods, course content and activities, and student requirements should demonstrate sensitivity to the level of expected student progress toward becoming effective entry-level clinicians. Clinical reasoning and judgment, based upon culturally sensitive values and priorities, must be

addressed as appropriate. An essential realm of teaching for the School of Physical Therapy is experiential learning. Physical Therapy faculty are teaching a professional skill set. Our students must develop psychomotor skills, professional clinical behaviors, clinical reasoning and research fluency. Experiential teaching requires intense interaction with the students and iterative feedback on multiple aspects of professional development.

The clinic requires a form of teaching that is distinctly different from classroom didactic teaching. Faculty who teach in the onsite clinic must be able to facilitate the student's metamorphosis from classroom learner to independently-thinking clinician. The faculty member must provide thorough supervision to protect the safety of the client/patient and ensure quality of treatment while also giving the student opportunities to develop skill in examination, physical therapy diagnosis, clinical reasoning and the provision of evidence-based treatment. Preparing students to perform respectful, ethical, and culturally competent patient care is the ultimate goal of the program.

Faculty members being evaluated should identify, in the personal statement, which of the above forms of teaching are relevant within their particular teaching assignments and present evidence for teaching quality appropriate to the type of evaluation within each relevant area of teaching. Documentation of excellence in teaching in the file shall include evidence that supports performance in all criteria within this category. Such documentation includes, but is not limited to, inclusion of sample course syllabi (including objectives), representative assignments, examinations, examples of feedback given to students, and course evaluations. The professor should include documentation to illuminate his/her modification of course content/methodology based upon faculty/student feedback and developments within the discipline, as well as communication with other faculty members to ensure concurrent and sequential organization of content within the program.

Of note, the DPT is a set curriculum in which the students take courses in a prescribed order together. Therefore, it is important that student evaluations and feedback be interpreted in recognition of the fact that the evaluatee may be teaching only one cohort of students.

The PT faculty in the role of the Director and the role of the Director of Clinical Education have administrative load release. Because of the time intensive courses within the DPT, some faculty teach very few separate courses and in particular, the faculty in these roles may have fewer student evaluations submitted during an evaluation period than would be normative for the Faculty Advancement Committee.

## **II. Professional Growth and Scholarship**

According to the *Faculty Code*, the University values scholarship in the discipline because “it has a direct bearing...on the person’s expertise” and “on the quality and effectiveness of the person’s teaching.”<sup>3</sup> Given that each physical therapy faculty member must meet the standards of scholarship described by the Commission on Accreditation of Physical Therapist Education (CAPTE), all faculty in the Physical Therapy Program will have the same expectation for scholarship whether they are in the tenure-line or the clinical-line.

CAPTE requirements state “Each core faculty member [regardless of rank or classification] has a scholarly agenda that is reflected by accomplishments that: (1) contribute to the development or creation of new knowledge (Scholarship of Discovery), or (2) contribute to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study (Scholarship of Integration), or (3) apply findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the

community (Scholarship of Application), or (4) contribute to the development of critically reflective knowledge about teaching and learning (Scholarship of Teaching).”<sup>4</sup>

Thus, every faculty member in the Physical Therapy Program is expected to demonstrate peer-reviewed productivity in at least one or more of the areas of scholarship elaborated by CAPTE by the time of the three-year review, and on an ongoing basis thereafter at the rate of at least one scholarly product every two years, on average. **No individual faculty member is required to demonstrate peer-reviewed productivity in all areas.**

#### Other Acceptable Forms of Professional Development

In addition to the peer-reviewed scholarly product requirements set forth by CAPTE, physical therapy faculty may engage in other forms of professional development such as:

##### *Post entry-level doctorate*

Post entry-level doctorate preparation is highly valued (though not required for hiring or salary advancement) for clinical line faculty in the Physical Therapy Program. Thus, advanced study leading to a doctorate degree remains a significant and highly valued form of professional development in and of itself for physical therapy faculty members in the clinical line.

##### *Board Certification in a specialty area*

The Physical Therapy Program also highly values myriad other forms of professional growth. Because medical and therapeutic knowledge is in a constant state of change and growth, continued or advanced study is critical to the ability to teach contemporary practice, and to model engagement in lifelong learning for our students. Attainment and maintenance of Board Certification in a specialty area of physical therapy practice is a particularly valuable way to contribute to the collective expertise of the physical therapy faculty.

##### *Clinical Practice*

The cornerstone of physical therapy is providing patient care. Treating patients requires the ability to examine patients, analyze findings, arrive at a physical therapy diagnosis, design evidence-based treatment strategies, assess outcomes, and integrate all of these processes to consider macro implications on physical therapy practice. Therefore, it is critical to the program that faculty members teaching clinical methods maintain some degree of clinical practice in their areas of expertise.

##### *Leadership Roles*

Because our professional organizations have the power to legislate certain aspects of practice and to influence educational policy on a state or national level, performing leadership roles in our professional or regulatory organizations can be a form of professional development.

#### Evidence of Professional Development

It is incumbent upon the evaluatee to provide evidence of professional development in their file. The following list will guide the evaluatee as to documentation needed to support various activities in professional development. Other forms of evidence are acceptable as well.

Evidence
<i>Peer-reviewed publications</i> – Copy of published manuscript Documentation of acceptance and submitted manuscript (if not yet published)
<i>Collaborative publications</i> – Specific delineation of role and responsibility in a project

<i>Scholarly work in progress</i> – Brief description, outline, draft written excerpts
<i>Grant writing</i> – Brief description including funding source, dates, etc. Draft of proposal
<i>Peer-reviewed presentations</i> – Power Point presentation Abstract of presentation Miniature of poster Copy of conference program in which presentation will be given
<i>Role in editorial process</i> – Acknowledgement from journal or other publication
<i>Board certification or recertification</i> – Copy of ABPTS certificate
<i>Continuing education attended</i> – Certificates of completion
<i>Continuing education presented</i> – Brochure or announcement Post-course evaluations
<i>Leadership roles in professional organizations</i> – Title and dates of service
<i>Clinical practice</i> – Dates and location(s) of services provided

### III. Advising

Advising responsibilities in the School of Physical Therapy are identical for both tenure-line faculty and clinical-line faculty. Advisors of physical therapy students need a clear understanding of University and program policies, and an understanding of University resources available to students. Advising doctor of physical therapy students requires an understanding of the complexities of advising toward academic success, while being mindful of the ultimate goal of successful integration into a professional healthcare community.

A single faculty member is typically assigned to advise an entire class of students in the School of Physical Therapy. This assignment is done on a rotating basis such that a faculty member works with the same cohort of students from admission into the program until program completion. The class advisor becomes the primary contact point for the incoming class on or about July 1, remotely advising on such topics as completion of prerequisites, preparation for beginning graduate school, acquiring housing, and the required attestations and immunizations to begin in the School of Physical Therapy. The advisor is responsible for coordinating the orientation for the incoming class, setting the schedule and content, which includes an afternoon of meeting with the students as a class cohort. Throughout the academic program, the class advisor is an open resource to students for support, advocacy, and advice or referral. Our advisors also have a delineated role within our policy for Deficiency in Professional Behavior. At the culmination of the program the class advisor plays a key role in the graduation celebration for the students.

A different advising assignment is that of “Prospective Student Advisor”. This role entails being the first point of contact for students with specific questions about our DPT program via email or phone communications. The prospective advisor is responsible for arranging on campus visitations with

interested students and coordinating classroom visitation. This prospective advisor will hold group advising sessions for interested students to share advice on the admission process and aid prospective students in compiling an application file that is competitive. There are generally 3 sessions in a semester and 1-2 during summer months. This role may be assigned to one or two faculty members and the usual progression is to move from prospective advising to an incoming class advisor.

The Director has a unique role in advising. The director of the School of Physical Therapy supplements the prospective student advisors and frequently meets with visiting students. The School of Physical Therapy Director is the point of contact for students who were denied admission and wish to re-apply and advises on how to strengthen the application file. The School of Physical Therapy Director also has a delineated role within our policy for Deficiency in Professional Behavior.

The Director of Clinical Education (DCE) has advising duties specific to the selection and placement in off campus internships. Then when students are in their clinical internships the DCE is their university contact. The DCE will listen to student concerns and make suggestions for self-advocacy or strategies for improving a circumstance/situation. The DCE will listen to clinical instructor concerns and make suggestions for strategies for improving a circumstance/situation. The DCE will intervene and mediate between a student and clinical instructor when necessary. The DCE is the individual who advises the student who is unsuccessful at an internship on the remediation needed and the adjustments to the student's progress toward graduation.

Faculty serving as the program Director or the Director of Clinical Education will not be assigned to other advising roles. Occasionally, a faculty member will have a fallow year for an official advising assignment- during this time they continue to be an informal advisor and mentor to students.

#### **IV. University Service**

Faculty members of the School of Physical Therapy (both tenure-line and clinical line) are expected to take part in University service as described in the FacultyCode. Participation in University governance, including long-term planning and revenue enhancement efforts, gives faculty members the privilege of helping to shape the direction of the university. Active participation in campus standing committees, ad hoc committees, and Faculty Senate provides physical therapy faculty members with an invaluable opportunity to maintain the vitality of the relationship between the School of Physical Therapy and the University as a whole.

The School of Physical Therapy requires all faculty members to provide specific service by participation in admission file review. This annual work begins late fall and continues through the end of January; reviewing and ranking an average of 60-80 files.

Documentation of University service should show participation in Physical Therapy Program meetings and activities, and participation in University level committees. Dates, levels and examples of participation should be included. University service in other capacities should be documented. In addition, faculty may serve the university through assisting with student recruitment.

#### **V. Community Service**

The School of Physical Therapy values community service and expects PT Faculty to be engaged in community service that is related to professional interest and expertise. The School of Physical Therapy recognizes our professional community as a venue for community service as well as our local geographic community. Professional organization service may be in the form of leadership or

committee work within the American Physical Therapy Association or other national or international organizations for the faculty member's expertise. Professional service is also provided in the form of peer review work for scientific journals within the profession or related sciences.

Involvement in our local community is imperative for health professionals. As a service profession, by engaging with the community physical therapists can better understand the unique health and wellness needs of community members. Faculty modeling this practice reinforces the value that is placed on community involvement. It also serves as a selling point for prospective students, who value not only their own opportunities for engagement with the community but the commitment of faculty to these values.

Faculty community service may take many forms and should be documented by the member being evaluated. The faculty member being evaluated has the responsibility for explaining the relationship between his or her community service and the discipline of physical therapy, the education of physical therapy students, healthcare delivery, or health promotion and wellness. Dates, organizations, and roles should be included.

## **References**

1. Anderson, L. W. and Krathwohl, D. R., et al (Eds..) (2001) A Taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives. Allyn & Bacon. Boston, MA (Pearson Education Group).
2. Bloom, B.S. and Krathwohl, D. R. (1956) Taxonomy of Educational Objectives: The Classification of Educational Goals, by a committee of college and university examiners. Handbook I: Cognitive Domain. NY, NY: Longmans, Green.
3. Standards and Required Elements for Accreditation of Physical Therapist Education Programs (Revised 11/3/20) Commission on Accreditation in Physical Therapy Education.
4. A Normative Model of Physical Therapist Professional Education, Version 2004. American Physical Therapy Association.