Part 1

UK External Review Committee Recommendation Report
Department of Rehabilitation Sciences Review

Submitted by:

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Submitted to:
Dean Scott Lephart, College of Health and Human Sciences
November 7, 2016
Ten higher education faculty members from the College of Health Sciences and from other colleges within and outside the University agreed to serve on the ERC. Dr. Elisia Cohen, a Professor and Chair of the Department of Communication, agreed to serve as Committee Chair due to a family emergency for Dr. Debra Harley, who remained on the committee but did not retain chair duties. Committee members were assigned in pairs to review one of the five academic degree programs in the Department, including Dr. Andrew Hippsley, Dr. Jody Clasey, Dr. Travis Thomas, Dr. Graham Rowles, Dr. Nancy Creaghead (U Cincinnati), Dr. Malachy Bishop., Dr. Robin Cooper, and Dr. Karen Bottge.

Executive Summary

The reviewers noted a number of strengths that contribute to the Department’s success. Overall, the site review group found strong, consistent departmental and program leadership across the department’s major programs. Program leaders have anticipated programmatic problems (i.e., in accreditation changes) and faculty needs. The cadre of tenured faculty with a dedicated history of service to the institution, with low-turnover and clear vision for building multiple, distinctive programs, is a fundamental strength.

Collegiality and congeniality among the faculty and staff and an atmosphere of collaboration and mutual support within the unit were observed by the reviewers. Faculty and staff commented that they worked well together, enjoyed one another, and felt mutual support and collaboration. Collaboration with other units within the department was also observed and noted by faculty, particularly through faculty working together within the interdisciplinary PhD program.

The faculty feels involved in decision-making, mainly through an active faculty council, and they feel leaders listen to them. An example of this is their negotiations with the Dean on the details of T&P evidences. Program coordinators also felt that their department Chair managed college-level interests and department-level advocacy on their behalf well.

Across the department, knowledgeable and committed administrative staff was noted, including support for the academic program and for the academic and UK Enterprise clinics. Staff appeared to enjoy their work and expressed commitment to both faculty and students. Departmental staff also expressed positive support from the College office in trouble-shooting and lightening their workload.

There is a robust clinic within the unit that offers a wide range of services and serves a large number of individuals with communication disorders within the CSD space. This provides an opportunity for undergraduate observation of clinical services to meet the
certification/licensures standards as well as to support classroom learning and enriching student experiences.

There are active research labs within the unit’s space in the building, which provide opportunity for some undergraduate and many graduate students to participate in research. Strong research support exists within the College for exploring relevant funding opportunities, for grant preparation, and grant maintenance. This support has been bolstered by the Dean’s recent initiatives, is supported by the faculty, and is a significant advantage for the College.

The excellent space in the College building includes, but is not limited to the following observed areas, which benefit the Department:

- Large clinic area to house a wide variety of clinical activities and clients with varied disorders
- Research labs within the unit space which are convenient for student research involvement
- Classrooms within the College building, which offer opportunity for informal interaction with faculty, connection between coursework and clinic and research, and easy access to clinical and research observation and experience
- Large and accessible assessment and intervention materials library
- Large Alternative/Augmentative Communication device lab
- Large and inviting student lounge
- Large meeting room to hold college-wide events

Financial resources supporting instruction appear to be appropriate to support the mission of the Department. The recurring budget supports faculty lines and education needs. The department’s clinical activities, including UK Enterprise Clinics, support a large number of clinical faculty who then provide observation for undergraduate students and clinical practicum for graduate students. The department’s faculty research also covers the range from basic to translational research through its PT and AT programs. Highly successful and important examples of translational research are the Kentucky Appalachian Rural Rehabilitation Network (KARRN). This is a significant advantage to the program, which many similar departments housing similar disciplines do not enjoy. The distance learning collaborations with the Hazard Center for Excellence in Rural Health are truly state-of-art and the DPT program is a model program. The resources and staffing seem well-coordinated and meeting student needs.

In summary, the Department is functioning extremely successfully in its instruction and clinical training. It has a more limited history of success with extramurally funded research. It should be recognized that increased emphasis on extramural funding should not be at the expense of quality instruction and clinical training.
Combined with a supportive infrastructure within the College of Health Science, the Department is well positioned to strategically respond to challenges and opportunities presented by this review. Below is a brief summary of strengths, weaknesses, opportunities, and threats as they relate to the competitiveness, cost effectiveness, demand, quality, and distinctiveness of the department.

**Strengths**

Although the strengths of the Department are generally reviewed in the executive summary, some points of excellence are noted below:

- The Department has benefited from consistent departmental and program leadership. The Department has little turnover, and there are clear evidence standards for promotion and tenure supporting faculty development. The primary strength of the department has been in its instructional and clinical services. There is also little turnover among staff ranks, with clear staff career development opportunities within the Department and College.

- Outstanding equipment and facilities (in terms of quality) appropriate to meeting recurring program needs. The department is able to commit resources necessary to ensure adequate resources are available to clinical instructors and students.

- There is also a strong faculty to student ratio, compared to peers in the disciplines under consideration and in the programmatic reviews when compared to their peers as reported by accrediting agencies.

- The Department’s programs are strong due to their history of strong student placement opportunities on campus and in the Lexington, statewide, and regional service areas. There was ample evidence of strong relationships with UK HealthCare enterprise, and nascent ties to UK-related sites (e.g., the Child Development Center of the Bluegrass) may be leveraged as a shared resource for services and income generation. The Center for Excellence in Rural Health has clear connected leadership to the College of Health Sciences, and is a supportive, complementary, and strong partner for academic programming. The State of art facilities and the Health Care enterprise presence provides a wide opportunity for interdisciplinary collaboration.

- The Department staff and faculty report strong support from College offices support staff. The “compliance” officer supports unit objectives and provided strong self-study report support.

- The Department has a strong culture of supporting student success. Across departmental programs, there are no notable weaknesses, as student achievement on national exams is outstanding. Undergraduate retention rates are among the highest in the university.

- There is also high quality classroom space suited to current student enrollment numbers for existing programs; however, additional space will be needed in the future as noted below.

**Weaknesses**
Although the program has many strengths a few issues were observed that could be considered current weaknesses or concerns. These issues were presented by faculty, staff, and students, and in many cases there was clear departmental awareness of the issues and goals/plans to address them.

- **Space.** There are space needs across all of the units’ programs that need to be carefully planned for and addressed. Direct observation confirmed the faculty and staff consensus that limitations on available clinical space in the building negatively affects the number of clients that can be seen and thus clinic income, and student practicum opportunities for the CSD program.
- **Lack of access to appropriately sized classrooms holds in check any future plan to expand programs.**
- **PT Teaching Labs both on campus and at Hazard are functioning at full capacity; indeed, the quality of instruction is impaired by crowding.**
- **Related, the majority of faculty expressed concern that the current clinical laboratory space did not meet the current and anticipated future space demands of the Master’s Entry Level mandate. It seemed clear that doubling the AT program size will cause strain on the College’s shared lab space resources for Physical Therapy and particularly Physician Assistant Studies.**
- **There is inadequate access to large lecture space within the Wethington building for “all department” or “all student” meetings. This is particularly problematic for days when students from distance learning sites join Lexington students.**

2. **Financial support for students.** A major concern, identified by students, faculty, and administration is the lack of student scholarships and financial help for students across programs. The positive relationships with students and alumni suggest that increased endowment funding should be feasible and that this is an underdeveloped avenue of potential support.

3. **Clinical placement infrastructure support.** Across all programs, in maintaining student clinical placement sites in Kentucky and nationally, the staff identified that administrative barriers exist to the efficient completion and maintenance of contracts in the interaction with the University of Kentucky Legal Department.
   - **The success of clinical placements is uneven across programs.** Students and faculty across programs describe how greater connectivity from students to UK faculty would be desirable, particularly as students gain field-experience.
   - **Externship placement program coordination and resource support appears to be uneven between programs within the units.**
   - **University legal counsel contracting process that is incomplete before the beginning of the term may inadequately protect students’ educational and legal interests.**
4. Technology support. Faculty and staff expressed concern and confusion about the high level of turnover of IT staff. They observed that current college-level IT support is not sufficient in regard to:
- Consistency of knowing who to ask or specific needs and the lack of availability of IT staff who consistently work with faculty and equipment in the program and therefore really understand the necessary technology and the faculty, researchers’ and students’ ongoing needs,
- Instructional design support for developing innovative classes,
- Meeting sophisticated research needs,
- Consulting regarding appropriate applications for specific needs.
Furthermore, the person taking on the College IT role, while recently hired, enthusiastic and hard-working, does not have the managerial experiences or developer competencies to carry out the variety of collegiate needs as IT manager.

5. Faculty, staff, and student diversity and inclusion. There are weak/underdeveloped recruitment plans in place to increase the inclusivity of the progress to attract underrepresented, minority faculty, staff, and students in line with the University’s strategic plan.

6. Succession Planning. There is a high awareness of the need for succession planning among the faculty and administration. A number of senior faculty are transitioning to phased or full retirements in the department. With the pending retirement of senior faculty, an opportunity for especially creative planning for faculty transition and replacement exists. This is an opportunity for creative recruitment that would involve cultivating current faculty and planning. A cross-program faculty workgroup developed for the purpose of such planning, engaging faculty at all levels, may prove effective in this respect. The changes to the Athletic Training Program and growth in undergraduate and master’s programmatic interest will need to be given high priority in planning for a mix of faculty hires.

Threats
Many of the aforementioned weaknesses could become threats to the success of the Department if not appropriately addressed. Specifically, the review team sees two overarching threats to the Department, including:

1. Lack of room for programmatic growth may threaten programmatic rankings and the ability to meet the land grant mission for the university in these health science program areas.
2. There is limited room for programmatic growth due to space and placement constraints. Yet, to maintain its national stature and competitiveness and to meet the land-grant mission of the unit, there are substantial expectations for
the Department’s programs to supply the Kentucky workforce with qualified people in these high demand and growth fields.

- Existing space and clinical supervisory structure cannot support additional expansion for several programs (detailed in individual program reviews). Yet, given the faculty numbers compared to programs of a similar size nationally, and demand on the program, there appears to be room for growth.
- Changes to the legal and regulatory environment may affect the ability of the department to place students in adequate apprenticeship contexts.
- The quality of placements outside the general scope of a Lexington service area that can be closely monitored is uncertain and threatens program quality across programs.

2. Threats to Department program quality may occur due to changes in student and faculty composition.
   - The University requirement that undergraduate students declare majors in their first year may simultaneously create too many “pre-health science” majors that cannot reasonably expect to progress to upper-division majors programs and receive MS degrees due to the lack of room for growth in these programs at carrying capacity and clinical placements needed to meet accreditation standards. For example, the academic advising model is uncertain and may place students for services Disorders in the Department’s majors within the College of Health Sciences who have no pathway for becoming successful or enrolled in the limited admission undergraduate and graduate programs in the Department. The Department should be careful not to yield to internal pressure to expand its undergraduate program without careful planning for MS-level expansion to precede it (which will require expanded space and clinical rotation opportunities).
   - The Department foresees a generational leadership transition within the next decade; there are few junior faculty rising through the ranks and new hires will be critical to having mid-career faculty in the unit when this generational transition occurs.

**Opportunities**

Despite these observed weaknesses and potential threats, there are a number of identified opportunities to address the concerns and further build the Department’s cohesion and reputation.

1. There are clear opportunities for expanded clinical income
   - Clinical partnerships (including those external service relationships relevant to the department) may expand in service to the land grant mission independently of the department’s academic program expansions in service to the clinical enterprise. Demand in clinical services (multi-month wait for services in some cases) suggest strong and missed opportunities to enhance departmental clinical
revenue, which in turn could be re-invested to support staff coordination for clinical placements.

- Partnerships may provide opportunities for expanded income and service the land grant mission. New program opportunities in orthotics or clinical partnerships with Lexington Service Area providers and schools may simultaneously meet clinical income and placement goals.

2. There is an opportunity to strategically plan for transitions in faculty to re-hire the optimal mix of research-title, clinical-title, and other types of faculty lines.

- Anticipated faculty retirements offer opportunity for strategic planning around hiring to improve faculty allocation in programs to meet student demand and resource needs.
- Part-time clinical faculty and supervisors provide valuable, current practice guidance to students and may be currently underutilized. There is an opportunity to transition the best part-time staff to more committed (full or ¾ time) staff in support of clinical coordination. If space were to expand, it appears there is a part-time market that could continue to work to expand services and supervise students with coordination from the full-time coordinator.

3. **There are opportunities for the department to better leverage “force-multipliers” present in the College and on campus**

- The college has some underutilized 4th floor lab space that could be repurposed to support growth. Strategic opportunity to consider ways to develop shared lab space/remodel space to meet multiple unfunded research goals. Shared space would support IRB materials, sensitive document storage, data storage and retrieval systems, and other needs.
- There is limited evidence of use of shared statistical resources on campus (i.e., BIRD, CCTS, Markey, and others) and lack of faculty knowledge of and leveraging of instructional support on campus (e.g., eLII programming, CELT services, and so forth). Expanded utilization of these services could enhance graduate student and faculty research efforts and extramural applications.
- There are growing opportunities to use new/emerging UK enterprise and other clinical partnerships as resources for clinical placement and development. These should be pursued.
- Given the program’s strong history and connection to alumni, there is opportunity to mine program alumni to potentially endow scholarships or research assistantships to honor retiring faculty and benefit future students.

4. Should the university incentivize student credit hour growth in graduate and professional programs, and in undergraduate programs, the Department has the demand on its programs to fill additional programmatic or course offerings.

- Given the strong undergraduate demand on many of the unit’s programs, focusing programmatic commitments to training students and placing students in the Commonwealth of Kentucky could be a greater emphasis and priority.
• Where there are national workforce shortages in programs (such as in CSD), the department may strategically consider an undergraduate to graduate program pipeline to meet these needs. Similarly, developing a pipeline of MS program alum to PhD program students may provide an opportunity to grow the pool of available future faculty.

Summary
Overall, this is a well-resourced Department, with state-of-art facilities and expert faculty to teach in their areas of specialty. The program has excellent student success outcomes, and alumni express satisfaction with the degree program and its outcomes. The Department’s long-term reputation and alumni satisfaction depends largely on the success of its clinical and externship placements.

As the unit faces a number of potential faculty retirees, the unit should strategically examine its hiring priorities. These hiring priorities should be shaped by identifying the likelihood the college will support expanding its academic clinic space and programmatic priorities. Fortunately, the department is well supported by regular-title, tenured faculty lines relative to other programs and units with its scope. Hiring a range of clinical-title, special-title (including possibly a community-extension type of position given the significant community engagement of this unit) and regular-title faculty, and developing a diversity and inclusion plan around recruiting, may help it grow its academic, research, and clinic capacity.

Recommendations
The following recommendations are proposed to address the weaknesses, opportunities and threats discussed above.

Short-term
1. The department should assess and develop a strategic plan with University officials to identify how it will meet its current and future space needs across all areas of its work.
   • The timing, structure and multiple administrators/staff involved in course scheduling may need to be examined to ensure that Department course offerings are planned in advance of the university’s event planning priority windows for scheduling such that the program is able to use Wethington space. Given the stability of the program in terms of the course offerings and number of courses, even when faculty are unknown, rooms should be able to be reserved on a priority basis to meet departmental needs. Alternatively, a case for additional space or reconfiguration of rooms needs to be developed based on a formal study of college-wide Wethington classroom utilization.
   • The programmatic space needs are clear: The Department and College needs to consider strategies for increasing Athletic Training classroom/lab space and CSD clinical space. Such additional space within the CTW Building is needed if the clinical services (and resulting income) and student practicum/observation
experiences are to expand. The, department and college are also in need of more classroom space, especially larger classrooms to hold increasing student enrollment. The Athletic Training classroom space is inadequate and will threaten future program viability if not addressed. Finally greater access to the auditorium on the lower level of the building would be helpful in providing at least one space for larger classes, combined meetings, and other events.

2. There are clear, near-term hiring needs across programs. The Department chair and Dean should discuss the needs identified in the report across each program and identify the priorities for hiring over the next three years. Special attention should be given to the AT program (for additional faculty hires as they lose assistantships and transition standards for professional certification) and CSD MS (where clinical placements are critical to student success) programs. In these programs there are deficiencies in staffing that may threaten their long-term ability to meet program goals. Finally, across all programs there are also succession concerns given the paucity of available PhDs to replace retiring faculty in several programs.

3. The Department and College should engage in a conversation about its administrative structures that may appear to be awkward to the outside reviews. It also may be resulting in some faculty not understanding how their responsibilities align with their effort. A broader review of the roles and the responsibilities of each program and faculty/staff role in relationship to the College’s mission (whether flagship, land-grant, or both) and the College’s division of effort formula is warranted. The formula appears to be rigid and gives supportive weight for small supervisory, service, and instructional tasks. When applied across many faculty this formula seems to provide favorable incentive to the department’s service and instructional missions and weak incentive to research. We recommend review of the formula and how it is applied to ensure that service, research, and instructional effort are balanced and appropriate for each member in the unit to serve the College’s goals.

4. The Department Chair and program coordinators should review how each program contracts its clinical placements and create a department-wide understanding of best practices. There is inconsistent review of externship rotation quality by department programs. And, it is unclear that there is a department learning culture where best practices from one externship/clinical placement program are gleaned and transferred to benefit another program.
   a. The Dean, Department Chair, and Program Coordinator should work closely with UK legal to develop a process for expedited review of contracts during critical times before the beginning of the term. Deadlines should be clearly communicated, and students must not be allowed to begin placements before a legal contract is in place.

   b. The adequacy and consistency of within-program staffing and faculty support for practicum placements both on and off campus have been assessed by the
program reviews and deficiencies and should be remedied with additional faculty support.

1. As noted in the program review for CSD BS and MS programs, there are legal and academic concerns with the current suboptimal arrangement that should be resolved. Related, a full-time in-clinic coordinator/preceptor (in lieu of some part-time supervisors) is critical to ensuring the adequacy of the graduate student clinical training that occurs in house.

2. A major weakness identified of the Athletic Training Program is the lack of a dedicated clinical coordinator, and the practice of requiring students to make a commitment to attend the program prior to knowledge of their graduate assistantship assignments. Students who receive “off-campus” graduate assistantship assignments report feeling less “connected” to the Athletic Training Program, are not additionally compensated for travel to their respective assignments, have experienced difficulty with parking, and do not have the option of being assigned alternative sites during their second year in the program.

c. The department program coordinators and externship directors may be better served with clear metrics for success beyond “placing students” in requisite placement types. Metrics of success for improving the quality of external placements by the coordinator may include: 1) increasing the number of available placements, 2) improved quality and monitoring of placements by conducting quality visits and site monitoring for all sites, 3) fewer external placements “falling-through,” 4) a stronger anticipatory relationship with UK legal to expedite external placement agreements, 5) stronger instructional program/field experience learning outcomes of success around treatment/application of knowledge. Some of these metrics could be used for coordinator’s evaluation in their performance reviews.

5. The Department has a wonderful record of retaining undergraduate students. However, it should continue work to improve communication with undergraduate student populations. The Department needs to work with the College office to adopt a strategy for attracting students to the undergraduate and graduate programs that does not rely on prior knowledge of the fields. The strategy should outline measurable goals for yielding a less uniform and more diverse cohort: gender, socioeconomic background, race, first generation, etc. The academic advising structure of the Department is effective, but it is also high-cost and high-touch with advisors and faculty meeting with each undergraduate student at a minimum of six times a year. It could consider developing a more structured advising system that relies on College staff more heavily, and then matches a dedicated faculty mentor to a roster of students. Similarly, the office for undergraduate research could be harnessed better to engage students with a research experience during the advising process.

6. Finally, the Department office staff and program coordinators should develop a communication plan to communicate programmatic successes. On a university campus
with a very broad range of programs, clinical programs can be left on the fringes if the College communication office and university PR office do not make an effort to highlight these programs often enough.

Long-term recommendations
1. A comprehensive strategic plan around hiring for the Department needs to be developed now in anticipation of senior faculty retirements. It may be useful to develop a hiring plan for assuring appropriate diversity of teaching/clinical expertise, current and predicted research productivity and funding of new hires and diversity recruitment. Such plan should consider the inevitable need for a different mix of faculty in light of the College’s strategic goals for the program faculty. More junior, clinical instructors (special title and clinical series faculty) and a mix of more advanced regular-title faculty who participate in extramural research will be needed. This will also be an opportunity to consider outreach and relationship building strategies requisite to recruiting a diverse and inclusive faculty.

2. Across all department programs, more attention should be paid to ensuring clear and constant communication with students about the process for acquiring and ensuring placement success. The review committee recommends a Department-wide “Plan B” policy be clearly established that communicates to students the types of backup opportunities and resources available to them should their externship placements fall through due to contracting difficulties. There should be clear student, faculty, and program communication about responsibilities that are delineated.

3. The department should explore distance-learning programs in programmatic areas where there has been national success with online learning and where there is strong course demand. Online options would both open up the department’s limited classroom space and simultaneously meet student interest and demand.

4. The Department would benefit from a college-wide junior faculty mentoring initiative led by the Associate Dean for Research, which would take the burden from clinically oriented program faculty with limited research portfolios and ensure consistency in mentoring for new faculty hires with more expansive research portfolios as the department’s culture changes.

5. We recommend a significant intensification of nascent efforts to raise funding for student fellowship and assistantship support through endowment and alumni support. The Department must develop a means to support PhD graduate students throughout their studies. Strategies for doing so are outlines in the PhD program review recommendations. A strategic plan for multiple sources of funding (TA and RA), and a mix of fellowships or scholarships is needed.

6. To encourage and expand the Department’s research agenda, the Department should explore the benefit common shared research facilities (e.g., places for document
storage, server space), lab managers to support everyday grant operations (subject recruitment, certifications, IRB, etc.) in order to facilitate more efficient use of faculty and student researchers’ time and increase productivity. Across the department, we recommend that program faculty also consider revising the current research courses in order to create opportunities for students to learn about basic aspects of applied research, including IRB, evidence-based practice, and the interpretation and evaluation of scientific research.

7. The Department should have a department-level committee to assess and prioritize the opportunities for expanded Distance Learning options and revenue. The DL program in Hazard is a model program with strong quality space and program faculty. The DPT program is also one that could be given priority for expansion. There is strong potential for additional revenue associated with such activities in the summer or the academic year. There has been considerable success in the area of Distance Learning through the CERH. The demand for the program outstrips the availability of openings for students (There are currently approximately 400 applicants for the 18 spots available in Hazard). Related to this area of DL delivery, we recommend that space and technology issues be actively evaluated, and specifically, we recommend the development of a research lab for DPT students, and expansion and updating of ITV capability in the labs (which relates to our #1 short-term recommendation). It appears that the issue of funding for building maintenance and the distribution of F&A funding for that purpose may need to be evaluated with the CERH Program.

8. The Department (and College) would benefit from an Information Technology strategic plan and needs assessment, using university expertise and resources to assess the best practices from the college.
Please identify errors of fact in your unit (Dept; academic degree) report in the tables below. Your correction should be concise – full sentences are not necessary. Please remember that your corrections pertain to factual errors only; differences of opinion about recommendations or rankings should not be listed unless they involve a factual error.

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Part 1

UK External Review Committee Recommendation Report

Program Information:
University of Kentucky College of Health Sciences
Athletic Training Program

Submitted by:
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Year of Program Review: Not specified by reviewers
Year of External Review: Not specified by reviewers
Accreditation Agency: Not specified by reviewers
Last Accreditation Visit: Not specified by reviewers
Submitted to: Dean Scott Lephart, College of Health and Human Sciences
October 31, 2016
Part II.
Executive Summary
Our review of the Athletic Training MS Program of the University of Kentucky provides highlights of information gathered from written documentation provided by Carl Mattacola, PhD (Professor and the Athletic Training Program Director), and an on campus site review. During the site review several meetings were held with students, faculty and administrative personnel of the program and College. In addition, there was one phone interview conducted with Mr. Jim Madaleno (Director of Sports Medicine, University of Kentucky). Our review and report of findings will be summarized to include:

1. Summary of Major Strengths of the Athletic Training Program
2. Summary of Major Weaknesses of the Athletic Training Program
3. Summary of Opportunities and Threats/Challenges of the Athletic Training Program

1. Summary of Major Strengths of the Athletic Training Program

Multiple strengths of the Athletic Training Program were clearly identified. Above all, a major strength is the excellent national reputation that the faculty and program have achieved. Contributing to their success are the strong alumni ties that the program has established resulting in the program being frequently recommended nation-wide to students seeking graduate degrees and experiences in Athletic Training. The strong inter-professional education provided to the students in cooperation with UK Healthcare, Department of Orthopedic Surgery and Sports Medicine (College of Medicine), and the Athletics Department provide additional student opportunities for experience and professional growth and development. These experiences are undoubtedly enhanced by strong collegiality that is apparent between clinical and academic student mentors.

The faculty of the Athletic Training Program appears stable and productive, with research agendas aligning well with the goals of the College of Health Sciences. The collegial environment within the Department is very evident with national leaders at the helm of the program. The students interviewed reported that the access to faculty is both sufficient and suitable. Students also cited an excellent and thoughtful interview process, strong support and encouragement from academic faculty while on clinic rotations, and attention to research resulting in numerous abstracts submitted to NATA. Many students also reported the value of experiencing faculty expertise crossing over from other Rehabilitation Sciences academic divisions. The students also reported that the current curriculum is appropriate and provides excellent training in preparation for future goals, direction, and professional preparation. While changes mandated by the national governing body of Athletic Training (mandated Master’s Level entry program) pose many challenges for the future, the faculty appears to be proactively preparing in advance of the mandated changes. The faculty appear to work cooperatively to maintaining excellence in the Athletic Training Program.
In anticipation of the newly mandated Master’s Level Entry Program in Athletic Training the faculty appear to be preparing revised curriculum changes that are slated for College review in Fall of 2016. Their preparation also includes plans to “launch” the new Masters Level Athletic Program in advance of the NATA deadline. These additional effort to ensure a “smooth transition” will undoubtedly position the University of Kentucky Athletic Training Program to maintain excellence in accordance with the national mandate.

2. **Summary of Major Weaknesses of the Athletic Training Program**

Currently, a major weakness identified of the Athletic Training Program is the lack of a dedicated clinical coordinator, and the practice of requiring students to make a commitment to attend the program prior to knowledge of their graduate assistantship assignments. Students who receive “off-campus” graduate assistantship assignments report feeling less “connected” to the Athletic Training Program, are not additionally compensated for travel to their respective assignments, have experienced difficulty with parking, and do not have the option of being assigned alternative sites during their second year in the program. In addition, the required gross anatomy course only offered during the summer I (4 wk summer session) is not covered by the tuition waiver, and present a financial hardship for many students (costing approximately 21% of the annual student assistantship stipend). This degree of financial hardship does not appear to be consistent with other leading Athletic Training programs.

Current funding of graduate assistantships is impressive (100% funded), however, the graduate assistantship stipends for the Athletic Training Program is low ($8500-$9500 per year; 12 months for the first year and 10 months for the second year). In light of travel expenses incurred by “off campus” student assistantships and covering the cost of the required gross anatomy course presents additional financial hardship for the current graduate students in the Athletic Training Program. The need for new funds to support graduate assistantships/new residency program seems significant.

Other concerns noted as a result of this review may be perceived as weaknesses if not appropriately addressed as the program transitions toward MS entry level requirements. Some have expressed the need for additional faculty lines, dedicated clinical coordination, improved student financial support and addressing new space requirements. One faculty noted that there will be a great need for properly resourcing the AT program to “ensure” that research productivity of faculty will not be deterred.

While there was discrepancy among AT faculty with regard to the adequacy of dedicated space allocation, the majority of faculty expressed concern that the current clinical laboratory space did not meet the current and anticipated future space demands of the Master’s Entry Level mandate. It seemed clear that doubling the AT program size will cause strain on the College’s shared lab space resources for Physical Therapy and particularly Physician Assistant Studies.
3. Summary of Opportunities and Threats/Challenges of the Athletic Training Program

The new mandate that necessitates transitioning to the Masters Level Entry Athletic Training Program present unique opportunities in curriculum updating and revising of the current program, yet also presents many unique challenges and potential threats to the University of Kentucky Athletic Training Program. The new mandate will effectively eliminate the student assistantships currently in place. The faculty have “creatively” proposed a “third year internship program” that will allow student funding for their final year of graduate study.

It seems appropriate that the changes to the Athletic Training Program will require a minimum of 2 additional faculty lines, including the addition of a dedicated “clinical coordinator” to help with clinical coordinating responsibilities, and improving the students clinical rotation and seminar experiences. In addition, the changes to the Athletic Training Program will undoubtedly require additional dedicated clinical laboratory space for both instruction and review/practice opportunities. Expanding clinical space would also provide the opportunity to enhance athletic training education and quality student experiences. For example, newly identified space could incorporate “videotaping” capabilities and/or “blinded faculty viewing” of students participating in clinical lab practice. The inclusion of a “clinical review” of injured athletes complete with MD interactions to develop evaluations and injury care planning is another opportunity mentioned by students.

Additional funding for graduate education and research (particularly at the doctoral level) must be identified and secured to help ensure that the research productivity of both students and faculty is maintained. The Athletic Training Program faculty expressed concern over “balancing” the new college initiatives with resource allocations including dedicated clinical and research space, emphasis on extramural funding, and the possible reduction in non-sponsored research efforts. Additionally, while new proposed areas of growth (ie. respiratory therapy program, prosthetics and orthotics, etc.) seem well received and may provide additional revenue, there is concern that the College of Health Sciences expansion goals might “over-burden” the Athletic Training Program faculty.

Part III
Recommendations

1. Suggested Strategies to Achieve Enhancements of the Athletic Training Program

It was apparent that additional faculty lines (1-2), including the addition of a dedicated clinical coordinator are warranted due to the new mandated Masters Level Entry Athletic Training Program. Dedicated clinical instructional space will need to be acquired to continue the excellence of the Athletic Training Program. Addition graduate level support/stipends/assistantships may need to be identified to maintain the current level of excellence that this program has established. One suggested “revenue gathering” avenue
may include the offering a portion of the program “on-line” and greater involvement with the College Development Office (by the Department Chair and Division Director) to help identify additional donor and/or support mechanisms.

While 2 year student assignments for “site assistantships” add to familiarity of procedures and processes, students expressed that being exposed to a greater variety of AT environments may add to professional training and expertise. A dedicated clinical coordinator would have the opportunity these prospects.

While the current practice of holding “on campus interviews” for graduate assistantship placements appears to be a great opportunity for students to explore placement opportunities, greater “transparency” of the student placement and earlier notification of placement is warranted.

2. Recommended Resources Needed to Follow-through on Strategies for the Athletic Training Program

- 1-2 Faculty lines that include a faculty line dedicated to clinical experiences and coordination
- Allocate a portion of the funds originating from the Provost (received as a result of College retention/graduation rates) to new faculty lines and student financial support
- Consider expanding the role of the Sports Medicine Research Institute, which is heavily integrated with AT faculty, to help alleviate some of the clinical lab space teaching concerns

3. Timeline for Addressing Enhancement of the Athletic Training Program

Enhancement efforts should be organized by clear short-term and long-term goals.

A. Short-Term Goals (over the next 1-2 years):
- Conduct a financial needs assessment to better anticipate the financial support needed for program transition and to address noted weaknesses
- Pursue approval for new faculty lines and organize search committees
- AT division to discuss specific program needs to inform faculty searches, including consideration for clinical coordination and diversifying current AT faculty expertise

B. Long-term Goals (over the next 2-3 years):
- Hire 1-2 new faculty
- Capture additional revenue to support AT program by offering 1-2 courses online
- Providing documentation of greater “transparency” with student placement procedure and earlier notification of placement is warranted
- Develop new goals for enhancing and expanding development efforts that includes more faculty than just the Division Director
- Look for opportunities to continually enhance student clinical experiences (e.g., technology improvements, expand clinical rotation diversity within each student’s rotation, develop student advisory committee that reports strengths and weaknesses on an annual basis)
Part 1.

Program: Undergraduate Program in Communication Sciences and Disorders, Department of Rehabilitative Sciences

Program Review: 2016

External Review: NA

Submitted by: Andrew Hippisley, Ph.D., Department of Linguistics, University of Kentucky, Nancy A. Creaghead, Department of Communication Sciences and Disorders; Ph.D., University of Cincinnati

Submitted to: Dean Lephart

Date of Report: October 31, 2016

Part II.

Executive Summary:

A two-person committee was charged with reviewing the Bachelor of Health Science (BHS) degree program in the Communication Sciences and Disorders (CSD) unit and completing a report describing the major strengths, weaknesses, opportunities and threats/challenges of the program as well as recommendation for strategies to achieve enhancements, recommended resources, and a timeline. The committee conducted the following paper reviews and interviews to collect information for the report:

- Review of the College of Health Sciences Communication Sciences and Disorders BHS Periodic Program Review report (2015)
- Review of the College of Health Sciences Department of Rehabilitation Sciences Periodic Review report (2015)
- Meetings with:
  - Janice Kuperstein, Rehabilitation Sciences department chair
  - Anne Olson, CSD program chair
  - Rehabilitation Sciences department faculty
  - CSD unit faculty
  - RHB PhD unit faculty
  - CSD Administrative Staff (Kimberly Barnes, Teresa Clark, Tammy Jo Edge, Kim West)
  - College of Health Sciences Dean, Scott Lephart
  - College of Health Sciences Assistant Dean for Operations: Finance and Administration, Denise McCarthy
  - College of Health Sciences Associate Dean of Academic and Faculty Affairs, Carl Mattacola
  - College of Health Sciences Director of Information Technology, Barret May
  - CSD BHS students (four)
  - CSD BHS graduates by phone (five)

Summary of Strengths
The following are strengths within the CSD unit that were observed by the reviewers.

The unit benefits from a strong faculty with expertise across the range of communication disorder areas as well as in areas of communication sciences. There is appropriate expertise for delivering the undergraduate coursework and for meeting the coursework and enrollment needs of the undergraduate program while meeting the needs of the accredited graduate program. Undergraduate classes are taught by tenure line PhD faculty in their area of specialty. Most faculty are engaged in research. Faculty expertise, reputation and success is demonstrated by the following examples:

- An especially high level of expertise and national reputation in voice and swallowing,
- State and national professional activity of faculty (e.g. current ASHA Past President, five faculty are Fellows of the American Speech-Language-Hearing Association)
- Newly funded US Department of Education Personnel Preparation Grant to prepare students for telehealth delivery

The faculty are committed to ensuring that students admitted to the undergraduate program at the junior year are well prepared for the graduate program, and they support their transition to graduate school through maintaining a small undergraduate program that allows many of the graduates to continue into the graduate program at UK. The faculty efforts on behalf of undergraduates have resulted in VERY high retention and graduation rates at nearly 100% for each.

Collegiality and congeniality among the faculty and an atmosphere of collaboration and mutual support within the unit were observed by the reviewers, and faculty commented that they worked well together, enjoyed one another and felt an atmosphere of mutual support and collaboration. Collaboration with other units within the department was also observed and noted by faculty, particularly through faculty working together within the interdisciplinary PhD program.

The faculty feel involved in decision making, mainly through an active faculty council, and they feel they are listened to. An example is their negotiations with the Dean on the details of T&P evidences.

Knowledgeable and committed administrative staff were noted, including support for the academic program and for the academic and UK Enterprise clinics. Staff appeared to enjoy their work and expressed commitment to both faculty and students.

There is a robust clinic within the unit that offers a wide range of services and serves a large number of individuals with communication disorders within the CSD space. This provides opportunity for undergraduate observation of clinical services to meet the certification/licensures standards as well as to support classroom learning and enriching student experiences.

In addition to the clinical services, there are active research labs within the unit’s space in the building, which provide opportunity for some undergraduate students to participate in research. Strong research support exists within the College for exploring relevant funding opportunities, for grant preparation and grant maintenance. This support is a significant advantage for the college.

The excellent space in the College building includes the following areas, which benefit the program:

- Large clinic area to house a wide variety of clinical activities and clients with varied disorders,
- Research labs within the unit space which are convenient for student research involvement,
• Classrooms within the College building, which offer opportunity for informal interaction with faculty, connection between coursework and clinic and research, easy access to clinical and research observation and experience,
• Large and accessible assessment and intervention materials library,
• Large Alternative/Augmentative Communication device lab,
• Large and inviting student lounge,
• Large meeting room to hold college-wide events

Financial resources appear to be appropriate to support the mission of the unit. The recurring budget supports faculty lines and education needs. The program’s clinical activities, including UK Enterprise Clinics, support a large number of clinical faculty who then provide observation for UGs and clinical practicum for graduate students. This is a significant advantage to the program, which many similar programs in the discipline do not enjoy.

Summary of Weaknesses

Although the program has many strengths, a few issues were observed that could be considered current weaknesses or concerns. These issues were primarily presented by students, and in some cases there was clear faculty awareness of the issue and goals/plans to address it.

One concern is the lack of diversity in the program and absence of a clear strategy for minority recruitment. An undergraduate student analysis-based project at the Department level was noted as a step toward addressing the diversity issue. The process for selecting the highest achieving students to be admitted to the undergraduate major and thus to continue into the graduate program could be a deterrent to diversity if there is not a strong goal and commitment during the selection process. Students also mentioned the potential benefit of adding interviews to the selection process, to expose soft skills needed in the field.

In regard to the process for moving into the undergraduate major at the junior years, students expressed concerns about readily available and clear information/advising regarding the process for applying and getting into the undergraduate major. Even students who were accepted into the major suggested that the process did not seem clear to them and that they were not clear about the criteria or process for the decision. They further suggested that earlier and more information about course options outside the unit would be useful for students in the first two years. They indicated that they thought this would help them prepare themselves for the major and enhance their chances to be selected. Suggested coursework included more advanced sciences (rather than taking the most basic courses) and linguistics. They noted that accessibility to these advanced courses seemed to be obstructed by the need for science prerequisites which the students could have met earlier in their studies if they had known through pre-major advising.

The current students who were interviewed indicated that the process for applying to graduate school, including taking the GRE, applying through CSDCAS, etc. could be more explicit and timely. They noted that Information is provided in one National Student Speech-Language-Hearing Association meeting, but not everyone is able to come at that time. They felt that a more detailed information session (which might be held in a required course) may be needed.
Students had questions about the availability and process for participating in research. They noted that the opportunity is promoted via signs, emails, announcements, etc. but no or limited information about how to find more information about specific opportunities, how to apply or get involved is provided. They felt that they had to seek out information themselves – especially about the research opportunities. They noted that the process or lack thereof seems to pit students against each other in regard to gaining an opportunity. It is not clear that the Office of Undergraduate Research is working as effectively as it could be.

Students noted that although observation hours are available during the junior and senior year, they have to seek out their own opportunities in the freshman and sophomore years when they feel that acquisition of these observation experiences are needed to be competitive for entrance into the major. They also noted that there seems to be limited diversity of available observation hours.

Related to the two points above, we think it is a weakness of the advising system that faculty are not formally assigned to a roster of advisees. This is standard practice throughout the university. We note that a handbook on policies and procedures is in development. This will be a valuable resource to dedicated faculty advisors and their advisees.

On the other hand, the graduates that we spoke with by phone were very complementary and could not think of concerns about their program, indicating that those students who were admitting to and completed the undergraduate major were quite satisfied with their education and advising. Three of five students (all three were in AuD programs) expressed a desire for the audiology course to be moved to the junior year so that there is time to investigate and apply for an AuD graduate program if this course sparks an interest in audiology; one student noted that she would have benefited by taking a phonology class, which is in fact run out of the linguistics department. More awareness of cognate courses outside the College would have been helpful to her.

Information from faculty noted the need for a full time off campus clinical coordinator to manage clinical placements for graduate students, but also to help find and organize undergraduate observation.

Faculty expressed concern and confusion about the high level of turnover of IT staff. They observed that current IT support is not sufficient in regard to:

- Consistency of knowing who to ask or specific needs and the lack of availability of IT staff who consistently work with faculty and equipment in the program and therefore really understand the necessary technology and the faculty, researchers’ and students’ ongoing needs,
- Instructional design support for developing innovative classes,
- Meeting sophisticated research needs,
- Consulting regarding appropriate applications for specific needs.

Summary of Opportunities

Availability of relevant and related education opportunities within the university, including education, psychology, linguistics. Students often minor in these areas which are extremely useful for their education and careers as SLPs. Strategies for leveraging these opportunities through joint seminars, guest lecturers in a class, advising are encouraged.
The recently established Institute for Arts Medicine provides an opportunity for a diverse experience in Voice research or practicums.

The interdisciplinary PhD program within the department provides potential for undergraduate research with not only faculty but also PhD students. We feel more could be made of this opportunity to work with PhD students.

The Department has recently launched a certificate in undergraduate research. This could be used to help students explore research opportunities in the College, as well as expose them to cognate disciplines that are external to the College, given the ‘breadth’ rule on undergraduate certificates.

The University Scholars Program (USP) could be used to transition the top quality students from the undergraduate program to the graduate program. The USP is regarded as a successful way of keeping our most talented students and increasing the quality of our master’s programs.

Summary of Threats/Challenges

Direct observation confirmed the faculty and staff consensus that limitations on available clinical space in the building negatively affects the number of clients that can be seen and thus clinic income, and student practicum opportunities. The negative result for the undergraduate program is a limitation on the availability of undergraduate observation within the building, due both to fewer clinic sessions and clients, but also to lack of space for observers in the clinical area.

Lack of access to appropriately sized classrooms holds in check any future plan to expand the program, or add a similar program.

Restriction on the size of the graduate program precludes the possibility of fully presenting the graduate program as a next step in the academic trajectory of these students. Many departments make use of the University Scholars Program to connect an undergraduate and graduate program, with shared credit hours, but given the restrictions on the size of the graduate program, this mechanism cannot be taken advantage of.

The new university policy of declaring a college from day 1 threatens the lesser known colleges and their programs, which rely on exploratory students who deliberately wait before choosing a major. This program is perfectly situated for a student who uses the first year to wait before declaring college or a college’s major.

There was some discussion of creating TA-ships in the PhD program and giving teaching assignments in the UG program. This could provide the opportunity for increased enrollment, but could affect the quality of the undergraduate experience if careful selection, preparation for teaching, and mentoring by faculty is not in place.

A number of senior faculty are transitioning to phased or full retirements. This is in the context of a national shortage of qualified candidates and PhD graduates. The collegiality of the program is threatened by the wrong choice of a hire, and there is a risk in hiring only very junior level faculty without a grant funding track record.

Less value is currently attached to non-sponsored research. This can threaten the necessary depth of a research program that could attract funding, and remove the opportunity for proof of concept work.
Relatedly the perception of the DOE algorithm obscures the value system, for example disconnecting research from graduate mentoring, which is a threat both to faculty and students.

Part III.

Recommendations

The following recommendation are proposed to address the weaknesses, opportunities and threats discussed above.

(1) Examine strategies for increasing CSD clinical space within the CTW Building is needed if the clinical services (and resulting income) and student practicum/observation experiences are to expand. The unit, department and college are also in need of more classroom space, especially larger classrooms to hold increasing student enrollment. Greater access to the auditorium on the lower level of the building would be helpful in providing at least one space for larger classes and other events.

(2) Hire a full time faculty clinical coordinator to support practicum placements both on and off campus. This would also support a larger number and more structured observation opportunities for undergraduate students.

(3) Develop a more structured advising system that matches a dedicated faculty with a roster of students is common practice at UK, allows for accountability and ensures that no students slip between the cracks. Advising notes would include steps that students must take, information about cognate courses at UK, liaison with the office of undergraduate research and PhD program, and advice about graduate schools and the application process.

(4) Perhaps the office for undergraduate research could be harnessed better to engage students with a research experience.

(5) Adopt a strategy for attracting students to the major, which does not rely on prior knowledge of the field (e.g. a family member or friend with a communication disorder). The strategy should outline measurable goals for yielding a less uniform and more diverse cohort: gender, socioeconomic background, race, generation, etc. The strategy should result in an increase in the number of applicants which has declined since the peaks of 2012 and 2013, leading to less selectivity and perhaps diversity of applicants.

(6) Adopt a research strategy that values non-funded research as an important component of a strong application for high-impact funded research is needed. This should include examination of the current “reward system”, which does not appear to reward unfunded research activity and productivity, including pilot research that can lead to funding, publications/presentations, mentoring of student research.

(7) In light of the projected retirements, it may be useful to develop a hiring plan for assuring appropriate diversity of teaching/clinical expertise, current and predicted research productivity and funding of new hires and diversity recruitment.
Please identify errors of fact in your unit (Dept; academic degree) report in the tables below. Your correction should be concise – full sentences are not necessary. Please remember that your corrections pertain to factual errors only; differences of opinion about recommendations or rankings should not be listed unless they involve a factual error.

<table>
<thead>
<tr>
<th>ERC Recommendation Report</th>
<th>ERC Statement/Content</th>
<th>Correction</th>
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<tbody>
<tr>
<td>Item Location</td>
<td>“CLD” courses are referenced</td>
<td>This should be CSD prefix in all occurrences</td>
</tr>
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<td>Suggested coursework included more advanced sciences (rather than taking the most basic courses) and linguistics. (Students) noted that accessibility to these advanced courses seemed to be obstructed by the need for science prerequisites which the students could have met earlier in their studies if they had known through pre-major advising</td>
<td>The description provided by students is not completely accurate as they are only required to take one BIOLOGY (any level) and one CHEMISTRY or PHYSICS (any level), so there is not requirement that they take advanced science courses.</td>
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Part 1
UK External Review Committee Recommendation Report
Program Information: MSCD in Communication Science & Disorders,
Department of Rehabilitation Sciences
Year of Program Review: May 2016
Year of External Review: September 2016
Accreditation Agency: Council on Academic Accreditation, Communication
Sciences & Disorders MSCD
Last Accreditation Visit: 2014

Submitted by:

Elisia L. Cohen, Professor & Chair, Department of Communication (UK College of Communication & Information), Review Committee Chair,
Elcohe2@uky.edu
Karen Bottge, Assistant Professor of Music Theory, School of Music

Submitted to:
Dean Scott Lephart, College of Health and Human Sciences
October 31, 2016
Part 2
UK External Review
Executive Summary

Ten higher education faculty members from the College of Health Sciences and from other colleges within and outside the University agree to serve on the ERC. Dr. Elisia Cohen, a Professor and Chair of the Department of Communication, agreed to serve as Committee Chair due to a family emergency for Dr. Debra Harley, who remained on the committee but did not retain chair duties. Committee members were assigned in pairs to review one of the five academic degree programs in the Department, and the pair of Dr. Cohen and Dr. Karen Bottge completed this review. Since Dr. Cohen assumed chair duties, Dr. Nancy Creaghead, University of Cincinatti also reviewed this program information and provided additional input for consistency in recommendation with undergraduate program activities and review (since the two programs share faculty).

The reviewers noted a number of strengths that contribute to the program’s success. Importantly, the MSCD in Communication Science and Disorders meets a critical workforce development opportunity given the national shortage of master’s trained speech and language pathologists. The growth in its faculty to 10 academic faculty coupled with the resources it has related to state of the art research labs and clinical facilities makes it well-positioned to strategically respond to challenges and opportunities presented by this review. The program has the faculty talent and student demand to grow, but is constrained by space limitations within the Wethington building and the ability of student placements to be developed, monitored and assessed in compliance with accreditation standards.

Below is a brief summary of strengths, weaknesses, threats and opportunities as they relate to the competitiveness, cost effectiveness, demand, quality and distinctiveness of the MSCD in Communication Sciences and Disorders faculty. A summary focusing on these strengths follows from the listing provided below.

Strengths

**Faculty**
- Strong, consistent departmental and program leadership
- Clear evidence standards for promotion and tenure supporting faculty development
- Low turnover in faculty and staff ranks, with clear faculty and staff career development opportunities

**Resources**
- Outstanding equipment and facilities (in terms of quality) appropriate to meeting recurring program needs.
- Strong faculty to student ratio, compared to peers in the discipline as reported by accrediting agency

**Curriculum and Evidence of Student Success**
• Clear curriculum that meets accreditation standards, where they exist, and learning outcomes appropriate to the programmatic objectives

• Outstanding evidence of student success around performance on PRAXIS II exams, effort to provide student preparation with a pre-comp exam, and evidence of strong persistence to degree in the MS program.

• Alumni and student evidence shows strong career readiness after graduation and satisfaction with their degree.

**Resources**

• Strong placement opportunities on campus and in the Lexington and Appalachian service areas for students

• Strong relationships with UK HealthCare enterprise and nascent ties to UK-related sites (e.g., the Child Development Center of the Bluegrass) that may be leveraged as a shared resource for services and income generation

• Well-trained staff willing to “swarm” around problems and to give one-another support.

• Department staff and faculty report strong support from College offices support staff. “Compliance” officer supports unit objectives and provided strong self-study report support.

**Space**

• High quality classroom space suited to current student enrollment numbers.

• State of art facilities and the Health Care enterprise presence provides a wide opportunity for interdisciplinary collaboration

**Weaknesses**

**Space**

• Inadequate clinical space to support clinical demand and program growth appropriate to meeting workforce development needs.

• The existing clinical space for the Voice and Swallow Clinic is poorly designed to meet clinical needs. The satellite nature of the space also inhibits connection to related programmatic areas.

**Curriculum and Evidence of Student Success**

• The second year experience is uneven and dependent on the success of clinical placements. Students and faculty concur that greater connectivity from students to UK faculty would be desirable, particularly as students gain field-experience related to clinical treatment.

• Externship placement program coordination and resource support appears to be uneven in the MS program compared to the resources available to support other programs in the unit.

• University legal counsel contracting process that is incomplete before the beginning of the term may inadequately protect students’ educational and legal interests.

**Faculty and Staff**

• A significant tenured faculty weight of DOE in unit is on administrative service compared to research, which is a strategic priority area for College
growth. Although evidence standards for promotion and tenure supporting faculty development are clear, it appears the application of these standards is such that faculty have been promoted into regular-title lines and then moved into administrative, service, and instructional roles when the not have or maintain the independent commitment to research the Dean and College would expect to see.

- There are weak/underdeveloped recruitment plans in place to increase the inclusivity of the progress to attract underrepresented, minority faculty, staff, and students in line with the University’s strategic plan.
- The value of research and post-tenure expectations for extramural support among this faculty is unclear, and may vary depending on clinical and administrative responsibilities and roles. Yet, the university expects regular title faculty to demonstrate excellence and a “balance of intellectual attainment” in “all areas” (of teaching, research, and service) for promotion of faculty to full professor.
- The technical support for instructional and research opportunities has not been consistent from the college level; the current inexperienced technology officer provides desktop support and lacks management experience critical to developing strong IT infrastructure for research and clinical practice needs. (Instructional support at the university level for distance learning support is available.)

Threats

To Student Success

- The quality of placements outside the general scope of a Lexington service area that can be closely monitored is uncertain and threatens program quality. Depending on the quality of clinical placements, CSD students do not perceive connectedness to the UK program in the second year.
- Existing space and clinical supervisory structure cannot support additional expansion of the CSD program. Yet, given the faculty numbers compared to programs of a similar size nationally, and demand on the program, there appears to be room for growth.
- Changes to the legal and regulatory environment may affect the ability of the MS program to place students in adequate apprenticeship contexts.

To the Research/Flagship Mission

- Only one faculty member has a DOE with 50% allocation toward research. This limits the Department’s contribution to the research mission of the College and University. The burden of administrative and service obligations among CLD program faculty further limit their accessibility to students, and opportunity to collaborate or conduct research.

To Program Quality from Changes in Student and Faculty Composition

- New academic advising model is uncertain and may place students for services in BS in Clinical Sciences and Disorders in the College of Health Sciences who have no pathway for becoming successful or enrolled in the limited admission MS program in the Department. The CSD BS/MS program
is “right-sized” and should be careful to yield to internal pressure to expand its undergraduate program without careful planning for MS-level expansion to precede it (which will require expanded space and clinical rotation opportunities).

- The Department foresees a generational leadership transition within the next decade.

**Opportunities**

*Expanded Clinical Income*

- Demand in clinical services (multi-month wait for services in some cases) suggest strong and missed opportunities to enhance CSD clinical revenue, which in turn could be re-invested to support staff coordination for clinical placements.
- Clinical operations may be expanded independently of the MS program; there is not a required interdependency. Expanding clinical services and space acquisition should precede prior to additional consideration of program growth.

*Hiring*

- Anticipated faculty retirements offer opportunity for strategic planning around hiring to improve faculty allocation in programs to meet student demand and resource needs.
- Part-time clinical faculty and supervisors provide valuable, current practice guidance to students and may be currently underutilized. There is an opportunity to transition the best part-time staff to more committed (full or ¾ time staff) in support of clinical coordination. If space were to expand, it appears there is a part-time market that could continue to work to expand services and supervise students with coordination from the full-time coordinator.

*Curricular*

- There is a need to reconsider the second year experience, and consider re-instituting a stronger program of developing student’s expertise in treatment that is coursework connected. Revisiting the lack of second year residency requirement (at least in-state) where clinical externships can be closely monitored may improve consistency in student learning outcomes. Given the strong undergraduate demand on the program, focusing the program’s commitment to training students and placing students in the Commonwealth of Kentucky could be a greater emphasis and priority.

*Leveraging “Force-Multipliers” Present in the College and on Campus*

- The CSD M.S. director and program faculty have not leveraged university eLII initiatives to consider ways that online course development training could enhance: 1) summer offerings to graduate students, and 2) externship course management on Canvas. Online CLD 285, 378, and 402 courses (and possibly others) could improve pre-req completion opportunities for undergraduate and graduate students, alike. Such courses exist at peer institutions.
• The College has some underutilized 4th floor lab space that could be repurposed to support growth. Strategic opportunity to consider ways to develop shared lab space /remodel space to meet multiple unfunded research goals. Shared space would support IRB materials, sensitive document storage, data storage and retrieval systems, and other needs.

• There is limited evidence or use of shared statistical resources on campus (i.e., BIRD, CCTS, Markey, and others) and lack of faculty knowledge of and leveraging of instructional support on campus (e.g., eLII programming, CELT services, and so forth). Expanded utilization of these services could enhance graduate student and faculty research efforts and extramural applications.

• There are growing opportunities to use new/emerging UK enterprise and other clinical partnerships as resources for clinical placement and development. These should be pursued.

• Given the program’s strong history and connection to alumni, there is opportunity to mine program alumni to potentially endow scholarships or research assistantships to honor retiring faculty and benefit future students.

Summary
Overall, this is a well-resourced unit, with state-of-art facilities and expert faculty able to teach in their areas of specialty. The clinical labs and satellite placement opportunities serve as an important extension of students’ classroom experience. The program has excellent student success outcomes, and alumni express satisfaction with the degree program and its outcomes.

The program’s long-term reputation and alumni satisfaction depends largely on the success of its clinical placements. The lack of a full-time clinical supervisor, and diffusion of responsibility over multiple full-time faculty for externship placement (as site reviewers heard from at least three faculty with a strong hand in placements, ranging from the program director to school and other clinical coordinators) presents a problem for students and program administrators. Developing a strategic plan to grow clinical placement opportunities in UK-related sites, within the UK HealthCare enterprise, and locally in coordination with the surrounding public school systems must be a programmatic priority. To do so, faculty and staff resources must be oriented toward this goal. Doing so will also present the units with an opportunity improve program effectiveness, student outcomes, and grow internal clinical service income.

As the unit faces a number of potential faculty retirees, the unit should strategically examine its hiring priorities. These hiring priorities should be shaped by the likelihood the college will support expanding its academic clinic space and MS program. Expanding academic clinical space is a requisite to growing the MS program; however, there is very high demand for the program, it is an extremely successful program, and there is a clear undergraduate pipeline to ensure interest from Kentucky students. Fortunately, the department is well supported by regular-title, tenured faculty lines relative to other programs of its size and scope. Hiring a
range of clinical-title, special-title (including possibly a community-extension type of position given the significant community-engagement of this unit) may help it grow its academic clinic capacity. Given the CLD mission and more limited extramural opportunities in this area of rehabilitation sciences, the program faculty should continue to focus on its land-grant mission.

Part III.

The external review committee identified a number of strategies that could be used to achieve program enhancement. By addressing the strategic concerns outlined above, the department may expand its footprint and programmatic strength in the Lexington-service area and the university could launch what is an excellent program into the top-echelon of such programs nationally.

Short-term
1. The program must hire a dedicated student placement coordinator OR a clinical coordinator OR both. The one faculty member tasked with both clinical coordination oversight and management along with overseeing (with help from another faculty member who support school-based rotations) clinical rotations is not able to meet student, department, or clinical needs. The current arrangement splits her responsibilities between managing the internal academic placements (and troubleshooting problems with part time preceptors in the academic clinic), managing external clinic opportunities (minus school settings), and teaching and other faculty duties. This also makes it difficult for her to account her division of effort, and be accountable for specific, measurable clinical outcomes for students’ academic clinical experience. Related, a full-time in-clinic coordinator and preceptor (in lieu of some part-time supervisors) is critical to ensuring the adequacy of the graduate student clinical training that occurs in house. There are legal and academic concerns with the current arrangement that is suboptimal that should be resolved.

2. The department program coordinator and externship directors may be better served if they had clear metrics for success. Metrics of success for improving the quality of external placements by the coordinator may include: 1) an increasing the number of available placements, 2) improved quality and monitoring of placements by conducting quality visits and site monitoring for all sites, 3) fewer external placements “falling-through,” 4) a stronger anticipatory relationship with UK legal to expedite external placement agreements, 5) stronger instructional program/field experience learning outcomes of success around treatment that engages second year students throughout their clinical rotations in a Canvas distance-learning class). There appears to be little standardization of faculty-student supervisory experiences within rotation type (i.e., school, clinical, outside clinical placement), and learning opportunities from interactions with faculty
at UK during the second year clinical rotation process are being missed. There is inconsistent review of externship rotation quality. Ideally, an externship coordinator who is dedicated to monitoring external placements would conduct quality assessment visits. A person who manages external site visits would enhance student quality of experience.

3. The Dean, Department Chair, and Program Coordinator should work closely with UK legal to develop a process for expedited review of contracts during critical times before the beginning of the term. Deadlines should be clearly communicated, and students must not be allowed to begin placements before a legal contract is in place.

Long-term

4. The M.S. program is challenged and constrained by the limited clinical space, which in turn limits clinical income opportunities for the Department and places stress on staff and clients who have long wait times for services. Under such stress, it is difficult for the existing clinics to provide adequate placement opportunities to meet program demand and need.

5. A comprehensive strategic plan around hiring for the division needs to be developed now in anticipation of senior faculty retirements. Such plan should consider the inevitable need for a different mix of faculty in light of the College's strategic goals for the program faculty. More junior, clinical instructors (special title and clinical series faculty) and a mix of more advanced regular-title faculty who participate in extramural research will be needed. This will also be an opportunity to consider outreach and relationship building strategies requisite to recruiting a diverse and inclusive faculty.

6. A curriculum committee should consider ways to enhance student's second year experience in the program. Second year program quality improvement efforts should consider ways to integrate instruction from the first year coursework on treatment options into second-year coursework and placement experiences. Efforts to create standardized Canvas (e-learning) shells, check-in opportunities, and having dedicated attention of a faculty member coordinating these external placements would be beneficial, and are standard at peer programs.

7. More attention should be paid to ensuring clear and constant communication with students about the process for acquiring and ensuring placement success. The review committee recommends the a “Plan B” policy be clearly established that communicates to students the types of backup opportunities and resources available to them should their externship placements fall through due to contracting difficulties. There should be clear student, faculty, and program communication about responsibilities that are delineated. A dedicated external internship coordinator who takes this communication plan on is needed.
8. The timing, structure and multiple administrators/staff involved in course scheduling may need to be examined to ensure that the MS program course offerings are planning in advance of the university’s event planning priority windows for scheduling such that the program is able to use Wethington space. Given the stability of the program in terms of the course offerings and number of courses, even when faculty are unknown, rooms should be able to be reserved on a priority basis to meet MS program needs.

9. The department should encourage MS program faculty to collaborate with BS program faculty in online course development in support of online pre-req courses and modules that can help pre-req students “ramp up” during summer months to reduce their burden during their unofficial first program year. The students would support such efforts, and online teaching would bring in a sufficient revenue stream to cover program costs. The required pre-req courses also have been offered concurrently. Online options would both open up the department’s limited classroom space and simultaneously meet student interest and demand.

10. A college-wide junior faculty mentoring initiative led by the Associate Dean for Research would take burden from clinically-oriented program faculty with limited research portfolios and ensure consistency in mentoring for new faculty hires with more expansive research portfolios as the department’s culture changes.
Please identify errors of fact in your unit (Dept; academic degree) report in the tables below. Your correction should be concise – full sentences are not necessary. Please remember that your corrections pertain to factual errors only; differences of opinion about recommendations or rankings should not be listed unless they involve a factual error.

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Part 1 Cover page
College of Health Sciences Doctoral in Physical Therapy Academic Degree Program (DPT) in the Rehabilitation Sciences Department
Year of Program Review: 2015
Year of External Review: 2016

Last Accredited from the Commission on Accreditation in Physical Therapy Education in June 2014 and lasting through June 2024.

Submitted by Graham Rowles, Ph.D. and Malachy Bishop, Ph.D.

Submitted to Dean Scott Lephart
Date submitted: Oct. 31, 2016

Part 2 Executive Summary

This report presents the conclusions and observations of the External Review Committee for the University of Kentucky Doctorate in Physical Therapy (DPT) academic degree program. The review was conducted on September 15th and 16th, 2016 as part of the broader external review of the College of Health Sciences Rehabilitation Sciences Department.

The committee examined the documentation provided by the Department and Program faculty, including the 2015 Program Periodic Review and attachments, and the 2015 Department Periodic Review document and attachments, and met with students, faculty, staff, and administration over this two-day period.

The DPT is an accredited program, with the current accreditation through the Commission on Accreditation in Physical Therapy Education having been received in June 2014 and lasting through June 2024.

DPT Program Overview

The Physical Therapy program has been a part of the College of Allied Health Professions since 1966. The program initially received accreditation in 1967. The College of Health Sciences is composed of two Departments: Rehabilitation Sciences and Clinical Sciences. The Physical Therapy Division is one of four divisions, and the DPT degree program is one of five academic programs in Rehabilitation Sciences: Physical Therapy, Communication Sciences and Disorders, Athletic Training, and the Rehabilitation Sciences Ph.D. Program. The DPT Program expanded in 1991 through the creation of the legislatively mandated Center of Excellence in Rural Health (CERH) in Hazard, Kentucky, adding an additional 16 to 18 students to each cohort.

The Doctor of Physical Therapy (DPT) is a professional degree with an entry-level curriculum. Students may enter the program following completion of University and professional program required courses, such that a Bachelor's Degree is not necessary but is recommended for application. The majority of applicants have completed a Bachelor’s degree.
The DPT curriculum for full-time students involves nine continuous semesters of coursework, including 137 credit hours. The DPT Program is offered on the UK campus in Lexington, Kentucky and at the Center of Excellence in Rural Health (CERH) in Hazard, Kentucky. The program has, or has ensured access to, classroom and laboratory space at both facilities. Thirteen full-time core Lexington faculty members and three Hazard-based faculty members are responsible for the program for both campuses. Didactic content is provided predominantly through interactive television delivered from Lexington to Hazard, but also from Hazard on occasion. Laboratory material is taught face-to-face on both campuses. The Division has access to two Interactive Television (ITV) classrooms on the Hazard campus and the majority of didactic lectures are provided simultaneously to all students. The Lexington campus has an 1800 square foot dedicated instructional laboratory classroom. The Hazard location has two regular classrooms and one dedicated instructional laboratory classroom.

Since 2011 the DPT Program has admitted between 48 and 50 students per year to the on-campus program, and 16 to 18 students to the CERH campus. According to the 2015 DPT self-study document, the student graduation rate is 94%, and between 2011 and 2015 the program had conferred 297 Doctor of Physical Therapy Degrees.

Summary of Major Strengths and Weaknesses, Opportunities and Threats/Challenges

The review committee’s assessment of the academic and professional environment provided within the DPT program was extremely positive. The strong impression received from students, staff, and faculty was that the Program is highly student-focused. The faculty appeared to have very positive, collaborative relationships. The relationships between Program staff were positive and collegial, as evidenced by the longevity of these employees (11, 10, and 3 years). The morale of the students, faculty, and staff appeared to be very high. The Program maintains approximately 400 clinical sites, about 150 of which are used annually, representing significant infrastructure support for the clinical program.

DPT students were extremely positive about the program and the high level of individual support they received. It should be noted that the unit is perceived as especially welcoming to new and prospective students. The students particularly mentioned the open and welcoming experience during their first exposure to the DPT Program at the informational meeting as key to their decision to join the Program. The students also expressed that collegiality and positive relationships exist and are actively encouraged between students in different years of the Program.

Several metrics indicate that students and graduates are very successful. Among the current students, 17 are planning to make presentations at a National Physical Therapy Conference this year. As noted above, the Program boasts a high student retention and graduation rate. Students have been highly successful in passing the national licensure exam. The graduates’ first-attempt and ultimate passing rates for the national licensure exam have in the past several years been at or above the national rate. According to the According to the 2015 DPT self-study document, the employment rate for students seeking employment between 2011 and 2015 was 100% within 6 months of passing the licensure exam. The Program appears to receive generally positive feedback from employers. The Program consistently receives several hundred applications for
admission, and in 2015 the program received over 570 applicants, admitted 68 students, and graduated 66.

The Program appears to be recognized as a very strong Program nationally. According to faculty, the DPT Program has improved its national ranking to the top 15 among public universities. Several faculty have received national recognition for their teaching, service, or research activities.

The Program has experienced considerable success in the area of Distance Learning, with 270 graduates from the CERH Program at Hazard, of whom 70% continue working in rural rehabilitation. Each of the students in the Hazard program was employed prior to graduation. In addition, the Program’s innovative rural education model is nationally recognized.

The program provides exceptional support to the Commonwealth through its volunteer and community-based programs. While these programs involve extensive time and effort, they provide important outreach and excellent representation to constituents and stakeholders. Our class is also very involved in the community. Samaritan’s Touch is a student run free clinic through which PT students provide services to underserved or uninsured populations. Other recent volunteer experiences included packing meals for Hope for Haiti, revitalizing a local cemetery, constructing a Habitat for Humanity house, and painting a domestic violence shelter. Through the Coordinating and Assisting the Reuse of Assistive Technology (CARAT) Project, which makes assistive technology and durable medical equipment more accessible in rural Kentucky, Hazard students have the opportunity to refurbish and provide needed equipment to those who need it.

The Program faculty’s research covers the range from basic to translational research. Highly successful and important examples of translational research are the Kentucky Appalachian Rural Rehabilitation Network (KARRN) These Programs, developed by Dr. Patrick Kitzman, are models for translational research and provide research, clinical, and service opportunities for DPT students. The Program faculty’s research covers the range from basic to translational research, and it appears that the Program faculty are encouraged to develop and pursue new research opportunities, and have done so in recent years. It should be recognized that increased emphasis on extramural funding should not be at the expense of quality instruction and clinical training.

In summary, the program is functioning extremely successfully in its instruction and clinical training. It should be recognized that increased emphasis on extramural funding should not be at the expense of quality instruction and clinical training.

Weaknesses:

In no particular order, the following weaknesses or challenges were identified.

The need for additional space was frequently identified in the review, in terms of both classroom and PT lab space. Teaching effectiveness is impaired by lack of access to available teaching space within the college’s own building. It is disappointing that the College ranks only 6th in
terms of priority for the use of this space. PT Teaching Labs both on campus and at Hazard are functioning at full capacity, indeed, the quality of instruction is impaired by crowding.

A major concern, identified by students, faculty, and administration is the lack of student scholarships and financial help for students. The Division has recognized the need for additional development work, and is actively involved in the development and funding of a second endowment. The College’s commitment to increased development efforts, including the new Development Council, is promising. Additional efforts in this area at the DPT level appear badly needed. The positive relationships with students and alumni suggest that increased endowment funding should be feasible.

In maintaining the 400 clinical placement sites in Kentucky and nationally, the staff identified that administrative barriers exist to the efficient completion and maintenance of contracts in the interaction with the University of Kentucky Office of the Legal Counsel. It would be hoped that a more efficient process can be arranged in the future, as delays may have significant impact on student participation and outcomes.

The students identified that there was variability in scheduled course delivery. It appears that this is related to the scheduling protocol and space limitations discussed above. While some appreciated this flexibility, others suggested that a more regular schedule would permit planning for external employment and other activities.

Students identified a lack of research preparation with respect both to conducting their own research, and also, more importantly, developing the background research knowledge to interpret papers and articles. The students suggested that rather than adding additional research courses, the current courses could be revised to make them more focused, directed, and practical.

Concerns regarding limited student diversity are currently being addressed, but it is important to continue on the path toward a representative student body. It should be acknowledged that African American representation in programs across the nation is extremely low. The program has gradually increased the number of underrepresented minority students in recent years.

**Opportunities**

Succession Planning- There is a high awareness of the need for succession planning among the faculty and administration. With the pending retirement of senior faculty, an opportunity for especially creative planning for faculty transition and replacement exists. This is an opportunity for creative recruitment that would involve cultivating current faculty and planning. A faculty workgroup developed for the purpose of such planning, engaging faculty at all levels, may prove effective in this respect.

There are initiatives currently underway at the program and College-level to address student funding through increased development for fellowships and scholarships. These are important opportunities to address a significant need. This activity should be supported and further developed.
Summary of Findings /Results

The review committee’s assessment of the academic and professional environment provided within the DPT program was extremely positive. The Program is highly student-focused, the faculty and staff have very positive, collaborative relationships, and the morale of the students, faculty, and staff appeared to be very high. This appears to be a Program with a successful history and present, that is responsive to and actively seeks to address the needs of students and stakeholders, and that is planning for the future.

The DPT students that the External Review Committee met with were very positive about the program, and particularly the open and welcoming nature of the Program. Graduates are almost universally successful in passing the national licensure exam and securing employment. The Program consistently receives several hundred applications for admission. The Distance Learning program through the CERH Program at Hazard has also been highly successful in terms of student outcomes in meeting the need to increase the number of PT professionals working in the State’s rural areas. The Program’s opportunities for students to participate in service and volunteer community-based programs are an important component and should be actively maintained.

The Program faculty’s research covers the range from basic to translational research, and it appears that the Program faculty are encouraged to develop and pursue new research opportunities, and have done so in recent years.

Concerns identified in the review included lack of and barriers to accessing sufficient classroom and PT lab space, the lack of student scholarships and financial help for students, the challenges associated with actively maintaining 400 clinical placement sites, and limited student diversity. Additionally, the Program is looking ahead to the retirement of faculty who have been critical to the Program’s development and continued success. The faculty are aware of these limitations and are working to address them. In summary, the Program is functioning effectively and successfully and is aware of and striving to address potential limitations or weaknesses.

Part III
Recommendations

The DPT program is a successful and dynamic program. The faculty and students have developed a program that is making important contributions to the University of Kentucky, the state of Kentucky, and the nation, through teaching, research, and service. Unfortunately, the program does not appear to receive the recognition it has merited in terms of media campaigns and PR exposure. We recommend that the Department work with the College to increase recognition of the efforts and successes of program faculty and students at the University level. This will allow the program to increase its national awareness and recognition.

The need for additional space should be a priority for supporting the development of the DPT program, as it appears to be a critical limiting factor. As noted above, this issue has implications for teaching effectiveness, student access, and program development. It is disappointing that the College ranks only 6th in terms of priority for the use of the additional Wethington building
space. We recommend that the barriers to space and scheduling in the labs and classrooms be made a priority in evaluating and addressing current needs.

Creation of a planning committee or task force to facilitate recruitment of replacement faculty who fit within the existing and expanding vision of the program. Beyond a search committee, this will require a coherent transitional strategy over a number of years as existing faculty move into phased retirement. This will maintain the strengths and historic memory of the retiring faculty, rather than an abrupt separation and rebuilding.

We recommend a significant intensification of nascent efforts to raise funding for student fellowship and assistantship support through endowment and alumni support.

To encourage and expand the research agenda, it will be important to appoint lab managers to support everyday grant operations (subject recruitment, certifications, IRB, etc.) in order to facilitate more efficient use of faculty and student researchers’ time and increase productivity.

We recommend that the program faculty consider revising the current research courses in order to create opportunities for students to learn about basic aspects of applied research, including IRB, evidence-based practice, and the interpretation and evaluation of scientific research. Expansion of the existing Journal Club is one possibility in this regard.

The program has experienced considerable success in the area of Distance Learning through the CERH Program at Hazard. There are currently approximately 400 applicants for the 18 spots available in Hazard. We recommend that space and technology issues be actively evaluated, and specifically, we recommend the development of a research lab for DPT students, and expansion and updating of ITV capability in the labs. It appears that the issue of funding for building maintenance and the distribution of F&A funding for that purpose may need to be evaluated with the CERH Program.

A significant barrier to student engagement within the program at Hazard is the absence of student housing. Many students are forced to reside in poor quality rental housing and trailers for the three-year duration of their program. Efforts are under way to address this problem through the use of a reclaimed strip mine site for the construction of student housing. We encourage the creative thinking and innovation and recommend that this issue of housing be addressed.

Expansion (from the current 1-day program to a 3-day introduction) through increased funding of the successful Foundational Student Success program is recommended in order to facilitate the successful entry of students from rural areas and disadvantaged groups into the PT program.
External Review Committee (ERC) Report Correction Form

College of Health Sciences  
Department of Rehabilitation Sciences  
Academic Degree Unit: Physical Therapy  
Director: Tony English  
Date: 11/15/16

Please identify errors of fact in your unit (Dept; academic degree) report in the tables below. Your correction should be concise – full sentences are not necessary. Please remember that your corrections pertain to factual errors only; differences of opinion about recommendations or rankings should not be listed unless they involve a factual error.

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Part 1 Cover page

College of Health Sciences Rehabilitation Sciences PhD program (RHB)

Year of Program Review: 2016

Year of External Review: 2016

This program has no external accrediting agency

Submitted by Robin L. Cooper and Debra Harley (both were assigned to review this program as part of the college wide review)

Robin Cooper, Associate Professor in Dept. of Biology at the Univ. of KY

Debra Harley, Professor in Dept. of Early Childhood, Special Education and Rehabilitation Counseling University of Kentucky.

Submitted to Chair of the External Review Chairperson: Elisia Cohen

Date submitted: Sept. 25, 2016

Part 2 Executive Summary

The external review committee was charged of reviewing the Rehabilitation Sciences PhD program (RHB) within the College of Health Sciences for identifying strengths, weaknesses, opportunities, and potential treats of the program.

The Rehabilitation Sciences PhD program provided a copy of their Periodic Program Review that was initiated in 2015 and submitted to Dean Lephart on March 31, 2016 by Dr. Carl Mattacola. The past review is an extensive 41-page document of the Rehabilitation Sciences PhD program along with 14 appendices on the RHB. Thus, building off much of the content provided and validating the information is the base of this current review below. In addition, a summary of the findings from personal interviews with a number of the faculty and the research PHD mentoring faculty as well as students and alumni are included in this current following review.

The RHB is an interdisciplinary program with faculty from the various programs (Physical Therapy [PT], Athletic Training [AT], and Communication Sciences & Disorders [CSD]) within the college and Occupational Therapy [OT]) from Eastern Kentucky University (EKU) participating in the training of the graduate students. The faculty members in these units who are engaged in research comprise the RHB PhD mentors/faculty as a joint adventure in directing the PhD research projects. These graduate students follow the university rules and regulations set out by the Graduate School of the University in having a committee and qualifying exams as well as defending their research as a final outcome and providing a dissertation document. The program is self-conscious to initiate its own self-reviews and document its strategic initiatives. There is a clear goal for the graduate student focus in conducting
rehabilitation-related research and to provide the best training possible for the student success as researchers at a University level upon graduation. There is a strong emphasis in collaborative research with clinical components and basic science. The program has a dedicated director with faculty effort (DOE) allocated.

Recruitment of graduate students is selective and purposefully to placement in research mentor groups. The active federally funded researchers’ desire even more direction of graduate students toward their programs to help maintain productivity to continue to be successful in obtaining federal funding. There was a recent shift to reduce the number of part-time graduate students to full-time graduate students to help with retention and time to graduation. Most years, about 4 students graduate the program with the exception in 2012-2013 when a bolus (12) graduated. The 5-year rate of graduation is 55%, which is high considering other PhD programs at the University. The students are productive in attending local and national meetings. On average about 3 publications per student is obtained by graduation while some students may have as many at 10 publications. Research productivity is important for graduate students whereas approximately 90% of the program’s graduates go into faculty positions. Overwhelmingly, students expressed satisfaction with the program and indicated timely matriculation through the program. They, however, did suggested that more funding options for student support should be available and the curriculum should emphasize more hands-on learning content, not necessarily taking classes. The productivity by the alumni and co-author of publications with faculty and alumni is impressive, which is an indication of a successful outcome of the graduates and building long-time relationship with faculty members. Alumni expressed that the opportunity to have a multidisciplinary dissertation committee is a strong point of the program. The concern is to be able to recruit more PhD research-based students into research active labs with fellowships and RA positions. The part-time employment while in graduate school is difficult for research productivity and time to graduation. A second concern is the lack of diversity and in being able to recruit minority applicants, which is also a national issue in allied health PhD programs. A diversity committee within the college and the PhD program is in place since the last review to help address this issue in diversity recruitment.

The faculty members involved in the program are highly qualified faculty with productive publication records, and nationally recognized awards as well as teaching mentor awards within the university. The faculty members are able to attract good competitive students. Many of the students have good academic standing and the projects are designed with care so as to allow the students to be successful for awards and fellowships. Some of the faculty members are successful in obtaining NIH grants to fund research as well as support graduate students. Other faculty member have students funded by outside sources such as the US Army in which the student is paid to complete a PhD project. There is good support for statistical consulting within the college, which is a strong asset for the graduate students and faculty to be quickly attended to instead of being in a queue by the university wide based statistical consulting program. The faculty members in the RHB have meetings to engage in
dialogue to self-asses their program and discuss pertinent matters. There is a director of the RHB program and director of graduate studies for contact with students and keeping the graduates students on tract for graduation. The faculty members exhibit engagement and are current of matters within the College. They proceed in a timely manner for promotion and tenure and the faculty are promoted in keeping with University policy. The teaching/research/service/administration DOEs are negotiated with the Chair of the Department of Rehabilitation Sciences and the Dean in keeping with their faculty duties and are in keeping with university practices across units in the life and health sciences. The concern is to build the faculty numbers with active federally funded research programs. An additional concern is the number of senior status of many of the research active faculty who are approaching retirement status in the near future. This will require recruitment of young and ambitious junior faculty to the program to maintain the vibrant nature of research graduate program.

Part 3 Recommendation Report: Data driven rationale for each recommended action

One concern that was voiced by the research faculty and the Dean was finding a means to support PhD graduate students throughout their studies. This was to continue to have full-time PhD students supported so they could dedicate time to research. A suggestion that was made by the faculty, which appeared to be a reasonable solution, is to have faculty obtain more federally funded grants with RA lines. Similarly, the program director echoed that funding and recruitment go hand-in-hand. However, in the current funding arena this task is a challenge. This issue can also be partly remedied by increasing the size of the research-based faculty by new hires. This would (1) improve the ability to recruit more students, (2) provide more opportunities for students to select from a diversity in projects, and (3) increase the likelihood of funded faculty. Additionally, the Dean had mentioned his forward thinking about expanding the graduate programs with new programs (i.e., prosthetics and orthopedics) and new online course, especially with new courses providing a specific amount of tuition dollars returned to the units that create them. Development of online courses can create hybrid TA positions and graduate students can teach the large health policy type courses as well. This may provide an opportunity for hard salary lines for TAs in the program. The TAs will contribute to the teaching mission of the college while at the same time provide faculty with PhD research students. This could also be a recruiting tool for PhD students that will see TA lines as a means of stable support, unlike NIH grants, which may be completed during the middle of a dissertation project. The more TA lines provided may then relate to many more online courses and new teaching initiatives possible for the college, all the while helping their research faculty with paid graduate students to conduct more research. This is a standard approach for graduate training and helping research based faculty in Departments such as Chemistry and Biology.
A second concern is the diversity of the faculty and graduate students. The population of the faculty and the students are fairly homogenous and minorities of race (African Americans, Latino, and Asians) are lacking. Being conscientious in hiring practices could be an approach for the faculty and staff positions. However, it is noted that there are few minorities to recruit in the fields of study fitting for the current research groups. As for student recruitment, maybe making more effort to target students at predominantly minority based undergraduate colleges and universities could be a start to resolve this matter. Setting up a table at NCUR where undergraduates present research nationwide could be a means to target students. Visiting KY State in Frankfort, KY and universities such as Howard University in Washington, DC, or planning a recruitment trip to North Carolina, which has the largest number of HBCUs in the country may help to recruit some students. Other potential strategies are to do mass mailings, cold calling, or collaborative recruiting with other units on campus that may have already established connections with minority-based institutions. A diversity committee was recently established with the director of RHB serving as a member. The program realizes this issue and is working on ways to resolve this complex process.

There are ample opportunities for clinical and human performance based research projects for graduate students with faculty involved in AT and PT with graduate students being supported by an employer or the students working part time as a PT and continuing with graduate studies as well. However, some of the emphasis in national rankings of programs includes how many NIH awarded grants and number of faculty with such grants. In addition, time to graduation for PhD students in PhD granting institutions is a factor. Thus, if there is to be an emphasis to remain well ranked and increase in national rankings of the RHB program, the matrix of how rankings are established might be worth addressing. There is no easy quick adjustments to this as more focus on research, especially NIH type grant supported faculty lines with RA support, is a desire of most all allied health and basic science PhD granting programs.

On a university campus with a very broad range of programs, clinical programs can be left on the fringes if the university PR does not make an effort to highlight these programs often enough. A number of people on the review team were quite surprised about the various clinical and human performance activities which were going on from CSD, AT, OT (via EKU connection) and PT, as well as the programs we did not review such as the PA and medical laboratory sciences. In addition, people were not aware of the Center for Muscle Biology (CMB) being housed in the college. The focused weekly seminar series and group discussions on research projects as well as vetting grant proposals before they were to be submitted is a strong venue to helping junior faculty and bridging graduate students from the various programs. Building more PR not just on campus but
nationwide of the venues for training in the clinical and research PhD programs with focused training centers (CMB) and programs (AT, PT, CSD) could be a consideration the college might wish to examine on their own and not depend on the University wide PR program to take on as a task. The program can benefit from engaging in more self-promotion.