

Doctor of Physical Therapy



**2023–2028
STRATEGIC PLAN**

Leadership

W. Todd Cade, PT, PhD

Division Chief

Professor in Orthopaedic Surgery

Tiffany Hilton, PT, PhD

Program Director, Director of Professional Education

Associate Professor in Orthopaedic Surgery

Tiffany N. Adams, PT, DPT, MBA, PhD

Director of Diversity, Equity, and Inclusion

Assistant Professor in Orthopaedic Surgery

Richard Clendaniel, PT, PhD

Director of Admissions

Assistant Professor in Orthopaedic Surgery

Jamie Greco, PT, DPT, EdD

Co-Director of Clinical Education

Assistant Professor in Orthopaedic Surgery

Jeffrey M. Hoder, PT, DPT

Director of Student Affairs

Associate Professor in Orthopaedic Surgery

Maggie Horn, DPT, MPH, PhD

Director of Informatics and Data Analytics

Assistant Professor in Orthopaedic Surgery

Katie Myers, PT, DPT

Co-Director of Clinical Education

Assistant Professor in Orthopaedic Surgery

Amy Pastva, PT, MA, PhD

Director of PT Research

Professor of Orthopaedic Surgery



For 80 years, **Duke Doctor of Physical Therapy** has educated many of the nation's best clinicians, leaders, and researchers in our field. This long history of success is no accident; it is the result of our long-standing commitment to excellence, strategic planning and decision-making, and the engagement of our stakeholders.

This plan reflects our passionate efforts to make valuable contributions to our rich history and legacy. It serves as a road map for how we will meet and exceed our high expectations to grow our leadership and impact as one of the best Doctor of Physical Therapy programs in the United States.

OUR VALUES

- Belonging
- Equity
- Education
- Innovation
- Respect
- Collaboration

GOALS

- Incorporating DEI throughout our curriculum, policies, and faculty and staff development to create a culture of shared accountability.
- Fostering innovation in clinical education and continuing education through academic-clinical relationships within Duke Health and beyond.
- Developing structure and creating opportunities that increase research collaborations, training, visibility, and impact throughout the university and across the nation.
- Promoting leadership and advocacy for physical therapy as an essential and accessible service at the local, state, and national levels.

Mission

To foster learning through a community that embraces equity and inspires discovery.

Vision

Transform physical therapy through innovative education, research, and practice.

Education

Prepare the next generation of clinicians, leaders, and teachers through innovative education

- Thread DEI throughout the Duke DPT curriculum with objective standards.
- Foster the development of academic-clinical relationships that support innovative approaches to clinical education.
- Develop and implement programs for hybrid residency/fellowship and post-professional education programs.

Research

Elevate our leadership as nationally recognized leaders in rehabilitation research

- To be recognized among the best physical therapy research training programs nationwide.
- Advance networking to fuel partnerships required for Duke and Division research aspirations and collaboration opportunities.
- Promote and support education research to advance best practices in physical therapy education.
- Elevate recognition for DPT faculty so they are recognized for their outstanding contributions to physical therapy research.

Diversity, Equity and Inclusion

Facilitate diversity, equity, and inclusion initiatives into areas of the curriculum, training, and development, and our Division's culture

- Promote a culture of shared accountability for DEI across all functional areas and among all Division stakeholders.
- Commit to DEI sustainability through human and financial resources.



Leadership, Advocacy and Service

Create the next generation of leaders through service and service learning

- Establish unique, sustainable service-learning opportunities in collaboration with critical stakeholders at Duke and the community.
- Advocate for physical therapy as an essential and accessible service in the health of our community at the department, school, university, and state levels.
- Promote increased leadership engagement through equitable access to individualized leadership pathways.

The Planning Process

The Division's strategic planning process began in September 2022 and included five phases:

- Surveying the academic, professional, and community landscape on the current landscape and projected future of physical therapy. **May and June 2022**
- Developing our values, mission, and vision statements and tagline, which involved defining the Division's current values, what they mean, and how they drive and inform our new mission and vision statements. **September 2022**
- Planning by defining the Division's goals and objectives for the next five years. **December 2023**
- Action planning by determining the specifics of how the Division will achieve its goals. **February 2023**
- Commitment - Committing to the plan and agreeing on a process for monitoring progress. **March 2023 through December 2028**

The process involved the following faculty, staff and stakeholders:

W. Todd Cade, PT, PhD

Rosie Canizares, PT, DPT, OCS, SCS

Rick Clendaniel, PT, PhD

Chad Cook, PT, MBA, PhD, FAPTA

Tim Faw, PT, DPT, PhD

Steve George PT, PhD

Jamie Greco, PT, DPT, EdD

Jeff Hoder, PT, DPT

Kara Lardinois PT, DPT C/NDT

Amy Pastva, PT, MA, PhD

Michael Reiman, PT, PhD

Kelly Reynolds, PT, DPT

Corey Simon, PT, DPT, PhD

Allyson Sutkowi-Hemstreet, PT, DPT, CSCS

Robin Baker, PT, DPT

Nathanial Williams, BS

Kristy McLain, BS

Olivia Mohammed, MA

Kaitlin Hicks, BS

Tiffany Adams, PT, DPT, MBA, PhD

Laura Case, PT, DPT, PhD, PCS, C/NDT

Derek Clewly PT, PhD

Kyle Covington. PT, DPT, PhD

Jody Feld, PT, DPT, PhD

Adam Goode, PT, DPT, PhD

Tiffany Hilton, PT, PhD

Gary Johnson, PT, DPT, ATC/L

Katie Myers, PT, DPT

Laura Pietrosimone, PT, DPT, PhD

JD Sheppard II, PT, DPT, OCS

Marcus Roll, PT, DPT

Mike Schmidt, PT, DPT, MBA

Courtney Jeffries, PT, DPT, NCS

Colette Waddell, PT, DPT

Joanne Farley, BS

Matthew Fry, BS

Allison Walls, BS

Tawana Reed, BS

Between March through July 2022, a small subset of the team (Cade, Hilton, Myers, Adams, Cook) conducted interviews with the following physical therapy and higher education leaders.

Richard Lieber, PhD, Chief Scientific Officer & Senior Vice President of Research, Shirley Ryan Ability Lab, Chicago, IL

Richard Shields, PT, PhD, FAPTA, Professor & Chair, Department of Physical Therapy and Rehabilitation Science, University of Iowa, Iowa City, IA

James Gordon, PT, EdD, FAPTA, Professor/Associate Dean and Chair, Department of Biokinesiology & Physical Therapy, University of Southern California, Los Angeles, CA

Tom Denninger, DPT, OCS, FAAOMPT, Senior Director of Learning and Development, ATI Physical Therapy, Greenville, SC

Alan Jette, PT, PhD, MPH, FAPTA, Editor, Physical Therapy Journal, Professor Emeritus, Department of Rehabilitation Sciences, Boston University, Boston, MA

Megan Donaldson, PT, PhD, Professor & Chair, Department of Rehabilitation Sciences, Medical University of South Carolina, Charleston, SC

Sharon Dunn, PT, PhD, FAPTA, Former APTA President (2015-2021), Associate Professor of Rehabilitation Science & Dean of the School of Allied Health Professions, Louisiana State University, Shreveport, LA

Chuck Thigpen, PT, ATC, PhD, Senior Vice President of Clinical Excellence, ATI Physical Therapy, Greenville, SC

Scott Ward, PT, PhD, APTA, Former APTA President (2006-2012), Professor, Department of Physical Therapy & Athletic Training, University of Utah, Salt Lake City, UT

Beth Domholdt, PT, MS, EdD, Director, School of Health Sciences, Cleveland State University, Cleveland, OH

Carol Beckel, PT, PhD, Associate Professor & Director of Clinical Education, Department of Physical Therapy & Athletic Training, St. Louis University, St. Louis, MO

Benjamin Barnes, PT, National Director of Clinical Education, Concentra, Portland, OR

Tracey Porter, PT, DPT, EdD, Associate Director of Clinical Education, Des Moines University, Des Moines, IA

Gregory Hicks, PT, PhD, FAPTA, Professor & Associate Vice President for Clinical & Translational Research, Principal Investigator & Director, Clinical Translational ACCEL Program, University of Delaware, Newark, DE

Kai Kennedy, PT, DPT, Associate Professor & Vice Chair of Equity, Department of Physical Therapy & Rehabilitation Science, University of California- San Francisco, San Francisco, CA

Norman "Skip" Gill, PT, MS, DSc, Professor, Department of Health, Human Function and Rehabilitation Sciences, George Washington University, Washington, DC

Kimberly Varnado, PT, DPT, DHSc, Associate Professor & Program Director, Blended Program in Physical Therapy, College of St. Mary, Omaha, NE

Sherry Keramidas, PhD, FASAE, CAE, Executive Director, American Occupational Therapy Association, North Bethesda, MD

Ken Harwood, PT, PhD, FAPTA, Dean, College of Health & Education, Marymount University, Arlington, VA

The following questions were asked and responses were recorded and summarized. The findings were shared with faculty and staff to help inform the planning meetings and the overall process.

Has the DPT delivered its goal to prepare physical therapists for contemporary practice, and if there are gaps in this preparation, how might they be closed?

- Not much change in PT practice with DPT in the ability to diagnose, many PTs still lack this ability.
- DPT helped students appreciate evidence-based practice and critical thinking but has not improved “readiness for work” with gaps in leadership, maturity, and assertiveness.
- DPT has helped prepare PTs for expanded practice roles and increased the understanding of the healthcare landscape but has not increased clinical skills or ability to interact with patients.
- Studies that demonstrate that longer training (i.e. DPT vs. MSPT) equates with better care are lacking.
- DPT achieved a "doctoring profession" and a higher level of scientific training but PTs still lack critical reasoning and differential diagnosis skills.
- Even with DPT, great variability exists in skills and professionalism within PT practice as well as high variability and rigor within PT education.
- Public and the healthcare perception of PT is still a big part of what limits the profession's impact and success and DPT has not had a great impact on this.
- DPT hasn't had much impact because the practice has not changed and working at the same level of independence at BS and MS.

In what ways has hybrid education had an impact on physical therapy education and how will this express itself in practice?

- Concern that social skills and other professional behaviors are not being developed in hybrid programs and have to rely on clinical education rotations which academic partners do not have much control over.
- Beliefs that hybrid education is a ‘minimally effective model’.
- Hybrid technology and learning can be effective model but the ultimate effect of hybrid education on PT practice is still unknown as there are no data.

What should our priority concern be in the education of physical therapists and what actions can be taken to reduce that concern?

- Cost of DPT education and return on investment (ROI).
- Quality, variability, and capacity of clinical education and practice.
- The proliferation of physical therapy programs- standards too low and the product is weakened.
- More widespread implementation of evidence-based practice.
- Diversity, inclusion, and equity in the PT profession and representativeness in PT education.
- Improving clinical reasoning education in PT education.
- Well-being for students, faculty, and staff.
- Quality of PT students coming out of undergraduate education.
- More need for PhD trained physical therapists (that can compete for federal research funding).

In what ways and area(s) do you think physical therapy adds value to the health care system and how can our value proposition for patients be further enhanced?

- The value of the PT profession can be enhanced by efficiency measures and language that the public can understand.
- PT adds value by enabling the effectiveness of medical interventions (e.g. surgery).
- PT can add value through early, low-cost, and non-invasive musculoskeletal care.
- PT adds value through listening, offering solutions that are under the control of the patient, and through the integration of care.
- PT needs to demonstrate and communicate the value of its care more effectively to increase its value.

What gaps exist in the science supporting physical therapy and how should the profession move forward to close those gaps?

- Exercise dosage
- Lack of standardized outcome measures
- Complex pain models
- Social Determinants of Health in PT
- Health Services and effectiveness research
- Health behavior change
- Role of PT in improving population health
- Influence of Epigenetics on PT
- Pedagogical knowledge of critical thinking
- Precision rehabilitation
- How to close the gap between evidence and implementation in practice

What opportunities has physical therapy missed in its mission to promote health through movement and how might we grasp those opportunities?

- Seizing the market share of wellness and health promotion and prevention.
- Owning and defining more effectively the concept of movement specialist and what that means for societal health.
- Marketing PT as exercise specialists without disparaging other disciplines (e.g. trainers, etc.).



2023-2028 Action Plan

Values are core tenets that drive and inform all things that an organization purposes to be and to do.

Belonging: Creating an inclusive environment that supports, respects, and values authenticity.

Equity: A commitment to supporting diverse needs to ensure success.

Education: Fostering growth in the process of learning.

Innovation: Bringing bold, novel, and forward-thinking ideas to transform education, research, advocacy, service, and leadership.

Respect: Building a community of trust, humility, critical consciousness, and collaboration that values unique perspectives to achieve mutual goals.

Collaboration: Pursuing relationships, experiences, and diverse perspectives to strengthen our work towards a common goal.

A **mission statement** describes the enduring purpose of an organization. It explains why we exist. The planning team approved the following mission statement:

To foster learning through a community that embraces equity and inspires discovery.

A **vision statement** is an overarching picture of what the organization seeks to accomplish. The planning team approved the following vision statement:

To transform physical therapy through innovative education, research, and practice.

Goals and Objectives

To determine the Division's priorities for the next several years, the planning team organized goals and objectives around four historical themes: education; research; diversity, equity, and inclusion (DEI), and leadership, service, and advocacy.



Education

Preparing the Next Generation of Clinicians, Leaders, and Teachers through Innovative Education

Thread DEI throughout the DPT curriculum with objective standards.

- Define objective standards for implementation of DEI in syllabi.
- Train faculty and staff on Universal Design for Learning (UDL) within the curriculum.
- Faculty and staff will implement Universal Design for Learning (UDL) throughout the curriculum and evaluate the effectiveness of implementation via course evaluations and peer reviews.
- Educate faculty in identifying and responding to mental health/stress reactions in yourself, students, and colleagues.

Foster the development of academic-clinical relationships that support innovative approaches to clinical education.

- Engage 20% of clinical faculty from clinical sites outside Duke Health, including various specialty areas, as teaching assistants in the classroom.
- Deliver continuing education to clinicians biannually through the Engaging Hearts/Equipping Minds program.
- Promote the collaborative 2:1 model by offering training to interested clinical sites/clinicians, including Duke Health System.
- Collaborate with the IPEC Center in developing and sustaining at least one clinically-focused interprofessional education experience.
- Resume in-person site visits for at least 10% of clinical sites for each clinical education experience for the purposes of clinician professional development and engagement



Develop and implement programs for hybrid residency, fellowship, and post-professional education programs.

- Develop an orthopaedics hybrid residency/fellowship program in accordance with ABPTRFE standards and initiate the process for candidacy.
- Develop 1-2 additional residency/fellowship programs.
- Partner with at least three health systems or practices as pipelines for hybrid residency training.
- Expand the Duke University DPT Faculty Residency to two external satellite locations.

Research

Gain recognition for the program as one of the best physical therapy research training programs in the nation.

- Establish a Movement and Rehabilitation Sciences PhD program.
- Recruit and retain outstanding research-focused faculty and staff.
- Recruit and retain outstanding research trainees (doctoral, post-doctoral, visiting scholars). Align with faculty and staff priority.
- Establish a career development pathway for junior scholars to support their capacity to compete for career development awards.
- Provide DPT students opportunities to increase their awareness of evidence-based treatment and mechanisms of injury /disease within the curriculum.

Advance networking to fuel partnerships required for Duke and Division research aspirations and collaboration opportunities.

- Launch an Institute for Rehabilitation Research.
- Incorporate core functional performance measures into the K-Lab.
- Establish an internal funding mechanism for pilot studies.
- Increase the total number and funding amounts of PI-driven grants, especially those involving multiple researchers and disciplines.
- Work with DUHS leadership to prioritize two learning health system programs to implement and evaluate in real-time clinical practice.

Promote and support education research to advance best practices in physical therapist education.

- Establish an education research lab within the Division.
- Create internal funding mechanisms to support education research projects

Elevate recognition of faculty for their outstanding contributions to the field of physical therapy research

- Increase the visibility of Department and Division communications.
- Increase the number of awards of distinction given to faculty.
- Increase the number and level of external leadership positions held by faculty.
- Increase the number of clinical guidelines that feature faculty research.
- Increase the number of clinical partners involved in faculty research.
- Increase the number of peer-reviewed publications in indexed journals.
- Increase the number of seminars/lectures.
- Increase research associated website viewing statistics.

Diversity, Equity and Inclusion

Promote a culture of shared accountability for DEI across all functional areas and among all Division stakeholders.



- Provide longitudinal education and learning opportunities for students, faculty, staff, and clinical partners based on identified needs.
- Develop and implement shared accountability learning models for students, faculty, and staff.
- Ensure that one's commitment to DEI and impact on the culture of the Division is evaluated in student/team, faculty, and staff evaluations.
- Cultivate an equitable, inclusive, and professional learning environment that facilitates lifelong growth and a sense of belonging.
- Enhance and implement equitable search, recruitment, retention, and promotion policies and practices for students, faculty, and staff.
- Promote DEI throughout the entire curriculum with objective standards and expectations for all courses, including contributor representation, representative images, inclusive lesson plans, and attention to social determinants of health.

Commit to DEI sustainability through human and financial resources.

- Recruit, retain, and promote a diverse and representative body of students, faculty, staff, and leaders.
- Identify novel sources of funding for DEI initiatives and priorities.
- Increase capacity for DEI support and growth through staff hiring/efforting of other faculty for DEI work.
- Enhance collaboration between students, faculty, staff, and community partners to increase impact.

Leadership, Advocacy and Service

Establish unique, sustainable service-learning opportunities in collaboration with key stakeholders within Duke and in the community.

- Transition CAMP into a pro-bono clinic in collaboration with the Duke Health System's PT& OT Department and community partners.
- Engage in local, state, and regional interprofessional service opportunities.

Advocate for physical therapy as an essential and accessible service in the health of our community at the department, school, university, and state levels.

- Perform community needs assessment(s) to drive initiatives.
- Engage all students, faculty, and staff to participate in regular advocacy efforts, both in the profession and in our community.

Promote increased leadership engagement through equitable access to individualized leadership pathways.

- Create succession plans for divisional leadership positions and committee chairs.
- Create junior and mid-level faculty mentorship programs.