



Student considerations when selecting an entry-level physical therapy program. Does interprofessional education curriculum matter?



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ARTICLE INFO

Article history:

Received 3 August 2016
Received in revised form
20 October 2017
Accepted 19 December 2017

Keywords:

Interprofessional education
Physical therapy
Program selection
College choice
Physical therapy education program
Interprofessional collaboration
Doctorate of physical therapy
Influencing factors
Entry-level

ABSTRACT

Background: The Commission on Accreditation in Physical Therapy Education (CAPTE) will have a requirement for interprofessional education (IPE) in entry-level physical therapy education programs beginning in 2018. With these changes physical therapy (PT) and other health professions students may develop the professional relationships and capabilities needed to become a collaborative interprofessional team.

Purpose: The primary purpose of this exploratory study was to explore if IPE curriculum was an influencing factor in students' decisions in selecting an entry-level DPT education program. A secondary objective was to explore differences in gender and age in selecting an entry-level DPT education program.

Method: One-hundred-and-ninety-five current PT students from both IPE and traditional-based curriculums provided information on demographics and their reasons for choosing to attend their current PT program. Chi-square analysis was utilized to determine if there were any significant relationships between demographic characteristics and primary reason for program selection.

Discussion: Physical therapy students did not take IPE and/or curriculum into consideration when determining what program to attend. Location of program (38%), acceptance into program (25%), and quality/reputation of the program (24%) were the three most prevalent responses.

Conclusion: Physical therapy education programs may use the results to raise awareness of their IPE curricula and its potential benefits to recruit students who recognize the benefits of IPE.

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1. Introduction

Interprofessional education (IPE) is an opportunity for multiple health care disciplines to collaborate and improve health outcomes for their patients.¹ According to the World Health Organization (WHO), the implementation of IPE in both the health and educational systems is a necessary and crucial part of creating a successful future collaborative practice.¹ Healthcare educational programs should strive to implement IPE and interprofessional collaboration early on in health professions curriculum while facilitating an effective learning situation where students' can increase their confidence and willingness to work with various other professionals.²

In 2014 the American Physical Therapy Association (APTA) adopted the Interprofessional Education Collaborative (IPEC) IPE

core competencies.³ The four competency domains outlined by IPEC are values/ethics, roles/responsibilities, interprofessional communication, and teams/teamwork. The domains serve as a foundation for health professionals with intentions of providing dynamic team-based patient centered care in an ever-changing health care system.⁴ As demonstration of the commitment to interprofessional practice and education, the Commission on Accreditation in Physical Therapy Education (CAPTE) will have a requirement for IPE within accredited physical therapy (PT) education programs beginning in 2018.⁵ Changes in both the APTA and CAPTE suggest that the transition in health professions education, specifically that of PT, is happening at both the professional, institutional, and societal levels.

In the United States, CAPTE requires all PT programs to award the Doctor of Physical Therapy (DPT) degree.⁶ The two most common educational formats are the 4 + 3 or the 3 + 3. In the 4 + 3 format, students are admitted into a program after completion of a baccalaureate degree and necessary prerequisites. In the 3 + 3 format, a student would complete 3 years of prerequisite courses

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and then be admitted to the PT program. During the 4th year of 3 + 3 format, the students are starting their professional curriculum for their DPT degree, while concurrently finishing their baccalaureate degree.⁶ In a 3 + 3 format, students earn their DPT a year sooner than those in a 4 + 3 format. In the United States, PT programs may be housed in a public or private institution. The mean class sizes for PT public institutions versus private institutions are 44 and 53 respectively.⁷ Private institutions are commonly more expensive since the funding sources are tuition and donations. In contrast, public institutions often financially cost less with funding frequently provided by the federal and state governments. In 2015–16, annual tuition was reported as \$17,194 for Public In-State, \$32,179 for Public Out-of-State, and \$33,481 for Private institutions.⁷ It is important to acknowledge that some PT programs may be affiliated with a medical center. These affiliations often promote interprofessional clinical collaboration and research opportunities for the PT students and other health care providers. CAPTE does not report how many programs have a dedicated IPE curriculum; however, many programs offer IPE opportunities for their PT students in the form of courses, service learning, volunteering, and clinical rotations.

In 2015, there were 258 CAPTE-accredited PT programs in the United States with an average of 472 applicants applying to each institution each year.⁸ With many students applying to multiple schools, selecting which program to attend can involve multiple factors. Many published studies exist on undergraduate selection influences in determining their college choice^{9–12}; however, far fewer studies exist in describing the factors of prospective graduate students, especially in the health professions.^{13–16} Many studies on undergraduate college selection cite reputation of school and faculty,^{9,12} location,^{9–12} and cost^{9,10,12} as primary influencing factors when choosing where to attend. When analyzing factors related to graduate students' college program selection, Kalio¹⁷ found six major influencing factors including residency status, academic environment and programs offered, availability of financial aid, social environment, work-related concerns, and spouse considerations. Physical therapy students appear to have similarly weighted factors when selecting a program. Previous research has revealed reputation of faculty,^{13–15} degree offered,^{13,15,16} and accreditation status^{15,16} to be highly influential when PT students choose which program to attend. Previous literature has demonstrated differences in gender and age^{13,16}; therefore we felt these two variables are worth exploring in this study. Little is known about the influence of an IPE curriculum as a factor in a student's choice when looking at health education programs. Therefore, the primary purpose of this study is to explore if IPE curriculum was an influencing factor in students' decisions in selecting an entry-level DPT education program. A secondary objective is to explore differences in gender and age in selecting an entry-level DPT education program.

2. Materials and methods

A mixed methods research design was used for this exploratory study, which included the use of a survey with open-ended questions. To ensure an understanding of curriculum type for this study, operational definitions were developed. In order to gather a convenience sample of Year 1 PT students, an e-mail was sent to the list of all accredited PT programs provided by CAPTE. The e-mail invitation was sent to the director of the program explaining the purpose of the study and requesting their permission to survey the Year 1 PT students enrolled in their respective programs. Once a response of interest was received, the program curricula was then reviewed by the primary researcher and categorized as IPE or traditional format. The recruitment process is summarized in Fig. 1.

IPE curriculum was defined by having at least 25% of the PT curriculum as IPE and the IPE had to be interspersed throughout the duration of the program. A traditional curriculum was defined by a curriculum that had not identified any IPE courses or experiences for their students on the website. Programs that offered only a few IPE experiences (<25%) or courses were not considered for participation in this study.

The nature and extent of the IPE curriculum was first defined for this study by reviewing the program curriculum online to determine if interprofessional courses and experiences were adequate in number and were threaded throughout the duration of the curriculum. Then, the depth and breadth of the IPE curriculum were specifically confirmed with the program director from the participating institutions via phone call. The recruitment process is summarized in Fig. 1. The first three universities with self-identified and then confirmed IPE and traditional curricular format who agreed to participate through e-mail were selected for this study.

Once the director of the PT program had given authorization, the primary researcher was able to schedule a date for data collection, and meet with the students to hand out a paper and pencil survey. The first section of the survey collected demographic information (gender, age). The second section of the survey included an open ended question asking participants to write in the reason they selected the PT program that they were currently attending.

Demographic data were analyzed using IBM® SPSS version 24.0 (IBM Corp., Armonk, NY). Descriptive statistics were used to describe the participant demographic characteristics. A general inductive bottom up coding method¹⁸ was used for the open-ended survey question. Data cleaning, close reading of text, and category development was completed by two different researchers.^{18,19} Coding consistency checks by the primary and secondary coders included independent parallel coding and a check on the clarity of the categories.¹⁹ This study received approval from XYZ institutional review board. Informed consent was obtained from all participants.

Responses on reason for program selection were reviewed and coded into six categories: location, acceptance, quality/reputation, completed undergraduate education at same institution, and cost. Chi-square analysis was utilized to determine if there were any significant relationships between demographic characteristics and primary reason for program selection. A significance level of $p \leq .05$ was used for all tests.

3. Results

A total of 195 DPT students participated in this study representing six PT programs, three with traditional curriculum and three with IPE curriculum (Table 1). Nine programs chose not to participate because of the distraction study participation posed to the normal schedule of events on campus, 13 declined because there were too many research requests this year and 211 did not respond. A higher-than-anticipated response rate permitted an initial examination of the obtained data to determine the costs and benefits of soliciting participation from additional programs. Based on this analysis, a decision was made to move forward with the data from six PT programs, three with IPE curriculum and three with traditional curriculum. The combined response rate for participants in the traditional curriculum group (programs 1, 2, 3) was 89.2% and for participants in the IPE curriculum (programs 4, 5, 6) was 75.9%. Specific survey response rates per program are summarized in Table 1. There was no indication why students elected not to participate in the research study.

Demographic characteristics of the 195 respondents are presented in Table 2. The majority of the sample was female ($n = 144$, 73.8%) and the mean age of the entire sample was 24.0 (SD = 2.4)

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