GLOSSARY

**Academic doctoral degree:** A PhD or other doctoral degree that requires advanced work beyond the master's level, including the preparation and defense of a dissertation based on original research, or the planning and execution of an original project demonstrating substantial scholarly achievement. Definition adapted from IPED definition found at http://nces.ed.gov/ipeds/glossary/?charindex=D; last accessed 1/12/15.

**Academic faculty:** Those faculty members who participate in the delivery of the didactic (classroom and laboratory) portion of the curriculum. The academic faculty is comprised of the core faculty and the associated faculty.

**Admitted student:** An individual who has been offered a seat in the incoming class of an institution or program after meeting the admissions requirements.

**Applicable law:** Those federal and state statutes/regulations relevant to physical therapy education (ADA, OSHA, FERPA, HIPAA, Practice Acts, etc.)

**Associated faculty:** Associated Faculty are those individuals who have classroom and/or laboratory teaching responsibilities in the curriculum and who are not core faculty or clinical education faculty (ie clinical instructors). The associated faculty may include individuals with full-time appointments in the unit in which the professional program resides or in other units of the institution, but who have primary responsibilities in programs other than the professional program. Adjuncts are considered associated faculty. Guest lecturers teaching 30% or more of a course should be considered associated faculty.

**Antiracism:** Antiracism is associated with “action-oriented, educational and/or political strategy for systemic and political change that addresses issues of racism and interlocking systems of social oppression” (Castille 2000). Anti-racism actions can come in many forms, including “individual transformation, organizational change, community change, movement-building, anti-discrimination legislation and racial equity policies in health, social, legal, economic and political institutions” (Castille 2000).

**Associated faculty:** Those individuals who have classroom and/or laboratory teaching responsibilities in the curriculum and who are not core faculty or clinical education faculty. The associated faculty may include individuals with full-time appointments in the unit in which the professional program resides or in other units of the institution, but who have primary responsibilities in programs other than the professional program.

**Belonging:** Belonging is defined as a closeness or intimate relationship (Merriam-Webster 2022). “A sense of belonging — the subjective feeling of deep connection with social groups, physical places, and individual and collective experiences — is a fundamental human need that predicts numerous mental, physical, social, economic, and behavioral outcomes” (Allen et al 2022).
**Bias:** Explicit: The traditional conceptualization of bias. With explicit bias, individuals are aware of their prejudices and attitudes toward certain groups. Overt racism or homophobic comments are examples of explicit biases. Implicit: Describes attitudes or stereotypes held toward individuals or groups of people without conscious knowledge. (Accessed on 11.27.2023. Accessed at https://www.apta.org/apta-and-you/diversity-equity-and-inclusion/diversity-equity-and-inclusion-toolkit)

**Breadth and depth:** Qualities associated with the extent to which a learning experience, or a series of learning experiences, includes: (1) a diversity of subject matter (breadth) and/or (2) a focus on one subject (depth). In the context of physical therapy course content and objectives, breadth is usually demonstrated by objectives that describe the variety of knowledge, behaviors, or skills the student is expected to achieve, while depth is demonstrated by the description of the degree of student achievement expected as described in the objectives (e.g., the taxonomic level within the appropriate domain of learning).

**Clinical education coordinator:** The core faculty member(s) responsible for the planning, coordination, facilitation, administration, and monitoring of the clinical education component of the curriculum. The clinical education coordinator(s) is/are the faculty member(s) of record for the clinical education courses. NOTE: the term is intentionally generic; programs are free to use any appropriate title.

**Clinical education experiences:** That aspect of the professional curriculum during which student learning occurs directly as a function of being immersed within physical therapist practice. These experiences comprise all of the formal and practical “real-life” learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment.

**Clinical education faculty:** The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs). While the educational institution/program does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services. The primary CI for physical therapist students must be a physical therapist; however, this does not preclude a physical therapist student from engaging in short-term specialized experiences (e.g., cardiac rehabilitation, sports medicine, wound care) under the secondary supervision of other professionals, where permitted by law.

**Cohort:** A group of students who matriculate at the same time with the expectation that they will also complete the program at the same time.

**Complaint:** A concern about the program, expressed by students or others with a legitimate relationship to the program, the subject of which is not among those that are addressed through the institution’s formal due processes.

**Contemporary preparation:** Reflects the minimum skills required for entry-level preparation of the physical therapist and the needs of the workforce as documented by the program. Contemporary preparation requires preparation for evidence-based practice.

**Contemporary expertise:** Expertise beyond that obtained in an entry-level physical therapy program that represents knowledge and skills reflective of current practice. Longevity in
teaching or previous experience teaching a particular course or content area does not by itself necessarily constitute expertise.

**Contemporary practice:** Delivery of physical therapy services as documented in current literature, including the Guide to Physical Therapist Practice, the Standards of Practice, and the Code of Ethics.

**Core faculty:** Core faculty are those individuals appointed to and employed primarily in the program, including the program director, the director of clinical education (DCE) and other faculty who report to the program director. The core faculty have the responsibility and authority to establish academic regulations and to design, implement, and evaluate the curriculum. The core faculty include physical therapists and may include others with expertise to meet specific curricular needs. The core faculty may hold tenured, tenure track, or non-tenure track positions. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty. Any question as to whether faculty is core or not, use Core Faculty Determination Table to help determine, https://www.capteonline.org/faculty-and-program-resources/core-faculty-determination-table.

**Core faculty to student ratio:** When determining this value, use (1) the number of full-time and part-time core faculty positions allocated to the program (regardless of the number of cohorts) and (2) the total number of students enrolled in the professional phase of the program (regardless of the number of cohorts).

**Credit hour:** At least a minimum of 700 minutes per one credit hour for didactic/laboratory instruction. A full-time week of clinical education is defined as 32 hours/week. The program must meet the credit calculation as defined by the institution and approved by the institution's accrediting agency or State approval agency. CAPTE provides the following as examples only and are not intended to be prescriptive. (e.g. 1 credit = 50 minutes each week times 14 weeks – 700 minutes) (e.g. 1 credit = 60 minutes each week times 15 weeks – 900 minutes) (e.g., 1 credit = 2 weeks of clinical education – 70 hours)

**Curriculum model:** A general description of the organization of the professional curriculum content.

- **Case-Based:** The curriculum utilizes patient cases as unifying themes throughout the curriculum.
- **Hybrid:** The curriculum is designed as a combination of two or more of the above models.
- **Lifespan-based:** The curriculum is built around the physical therapy needs of individuals throughout the lifespan (basic and clinical sciences and patient management skills, etc., related to the neonate are presented together, followed by those of childhood, adolescence, early adulthood, middle age and old age).
- **Modified Problem-based:** The curriculum uses the problem-based model in the later stages, but the early courses (primarily basic sciences) are presented in the more traditional format of lecture and laboratory.
• **Problem-based:** The entire curriculum (including basic and clinical science content) is built around patient problems that focus on student-centered learning through the tutorial process and independent activities.

• **Systems-based:** The curriculum is built around physiological systems (musculoskeletal, neuromuscular, cardiopulmonary, etc.).

• **Traditional:** The curriculum begins with basic science, followed by clinical science and then by physical therapy science.

**Curriculum Plan:** A plan for the education of learners that includes objectives, content, learning experiences and evaluation methods—all of which are grounded in the mission and expected student outcomes of the program and are based on consideration of educational theory and principles, the nature of contemporary practice, and the learners’ previous experiences. The curriculum plan is part of the overall program plan, the latter of which may include goals related to areas such as program growth, finances, faculty development, faculty scholarship, community involvement, etc.

**Decelerated student:** Students for whom their rate of progression through the curriculum is slower than that of an admitted cohort of students (example: a student who fails a course and must successfully complete that course prior to continuing to the next set of courses as outlined in the curriculum).

**Discrimination:** Acting on feelings of prejudice, to treat people unfairly, based on the group(s) or class(es) to which they belong or are perceived to belong. People may be discriminated against because of race, gender, age, religion, sexual orientation, and other qualities. (Accessed on 11.27.2023. Accessed at [https://www.apta.org/apta-and-you/diversity-equity-and-inclusion/diversity-equity-and-inclusion-toolkit](https://www.apta.org/apta-and-you/diversity-equity-and-inclusion/diversity-equity-and-inclusion-toolkit))

**Distance education:** An educational activity characterized by separation of the faculty member from the student by either distance or time or both. For the purposes of these standards, the following definitions also pertain:

• **Distance education course:** a course in which 50% or more of the contact hours are completed using distance education modalities and less than 50% of the contact hours include direct (face-to-face) interaction between the student and the faculty member(s).

• **Distance education program:** a program in which 50% or more of the required courses (not including clinical education courses) are distance education courses.

• **Substantive interactions:** Engaging students in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following:
  - Providing direct instruction
  - Assessing or providing feedback on a student’s coursework
  - Providing information or responding to questions about the content of a course or competency
  - Facilitating a group discussion regarding the content of a course or competency
  - Other instructional activities approved by the institution’s or program’s accrediting agency
• **Regular interaction**: Substantive interactions between the student and faculty on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course or competency.


**Doctoral preparation**: Earned doctorate, including the DPT.

**Due process**: Timely, fair, impartial procedures at the program or institutional level for the adjudication of a variety of issues including, but not limited to: (1) faculty, staff, and student violations of published standards of conduct, (2) appeals of decisions related to faculty and staff hiring, retention, merit, tenure, promotion, and dismissal, and (3) appeals of decisions related to student admission, retention, grading, progression, and dismissal. Due process generally requires adequate notice and a meaningful opportunity to be heard.

**Easily accessible**: Can be accessed by the public without disclosure of identity or contact information and is no more than one “click” away from the program’s home page.

**Employment rate**: The percentage of graduates who sought employment that were employed (full-time or part-time) as a physical therapist within 1 year following graduation.

**Enrolled student**: An admitted student who registers for, and begins, program courses identified in the established DPT program of study.

**Enrollment agreement**: Formal contracts between the institution, program, and student which articulate basic legal tenets, assumptions, and responsibilities for all parties identified in a transactional relationship. “The agreement specifies the conditions under which the school will provide instruction to the student. It also specifies all costs a student must pay in order to enroll in a specific school program." (Accessed at [https://www.acces.nysed.gov/sites/acces/files/bpss/enrollmentagreementsample.pdf](https://www.acces.nysed.gov/sites/acces/files/bpss/enrollmentagreementsample.pdf). Accessed on 11.27.2023)

**Equity**: Definition: Equity goes beyond equality (equal treatment of all people), to include the elimination of barriers and upliftment of marginalized groups, producing truly fair treatment, access, and opportunity for all people. Operationally: Seeks to ensure fair treatment, equality of opportunity, and parity in access to information and resources for all. When applied to health, this concept is often referred to as health equity. (Accessed on 11.27.2023. Accessed at: [https://www.apta.org/apta-and-you/diversity-equity-and-inclusion/diversity-equity-and-inclusion-toolkit](https://www.apta.org/apta-and-you/diversity-equity-and-inclusion/diversity-equity-and-inclusion-toolkit))

**Evaluation processes**: Methods and activities to determine the extent to which student test data relate to overall student performance.
## Faculty workload equivalent calculations:

In order to foster consistency of data, the Commission requires that FTE allocations be calculated based on the following schedule:

### Full-Time Appointments

<table>
<thead>
<tr>
<th>Appointment Description</th>
<th>FTE for PT and PTA Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 month appointment or 10 month appointment with routine additional 2 month summer appointment</td>
<td>1.33</td>
</tr>
<tr>
<td>11 month appointment or 9 to 9.5 month full-time appointment with routine additional 2-month summer appointment</td>
<td>1.22</td>
</tr>
<tr>
<td>10 month appointment</td>
<td>1.11</td>
</tr>
<tr>
<td>9 to 9.5 month appointment</td>
<td>1.0</td>
</tr>
<tr>
<td>8 month appointment</td>
<td>.80</td>
</tr>
<tr>
<td>7 month appointment</td>
<td>.78</td>
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<tr>
<td>6 month appointment</td>
<td>.67</td>
</tr>
<tr>
<td>5 month appointment</td>
<td>.56</td>
</tr>
<tr>
<td>4.5 month appointment</td>
<td>.5</td>
</tr>
</tbody>
</table>

### Part-Time Appointments

- **Calculated** based on the length of the appointment and the extent of contribution to the program; program determines the extent of contribution.

<table>
<thead>
<tr>
<th>Appointment Description</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half time for 12 months</td>
<td>0.67</td>
</tr>
<tr>
<td>Half-time for 9 months</td>
<td>0.5</td>
</tr>
<tr>
<td>(1.00 x 0.5)</td>
<td></td>
</tr>
<tr>
<td>One course (determined to be 30% contribution) in a semester</td>
<td>.15</td>
</tr>
<tr>
<td>(0.5 x 0.3)</td>
<td></td>
</tr>
</tbody>
</table>

**Full-time:** 32 hours/week
Full-time terminal clinical education: Extended full-time experience that occurs at the end of
the professional curriculum but may be followed by didactic activity that does not require
additional clinical experiences. Full-time is considered to be an average of 32 hours each week
for the duration of the clinical education course.

Goals: The ends or desired results toward which program faculty and student efforts are
directed. Goals are general statements of what the program must achieve in order to
accomplish its mission. Goals are long range and generally provide some structure and stability
to the planning process. In physical therapist education programs, goals are typically related to
the educational setting, the educational process, the scholarly work of faculty and students, the
service activities of faculty and students, etc.

Graduate achievement measures: The measures of outcome required by USDE (graduation
rate, licensure pass rate, employment rate).

Graduation rate: The percentage of students who are matriculated in the first course in the
professional program after the drop/add period and who complete the program.

Health Informatics: As defined by the U.S. National Library of Medicine, health informatics is
the interdisciplinary study of the design, development, adoption, and application of IT-based
innovations in healthcare services delivery, management, and planning. MedicalInformatics,
physician, Health IT. Jan 7, 2014

Inclusion: Definition: The quality of welcoming, respecting, valuing, and providing opportunities
for full participation for all individuals and groups. Operationally: Builds a culture of belonging by
actively inviting the contribution and participation of all people. (Accessed on 11.27.2023.
Accessed at: https://www.apta.org/apta-and-you/diversity-equity-and-inclusion/diversity-equity-
and-inclusion-toolkit)

Inclusivity: Inclusivity includes the practice or policy of providing equal access to opportunities
and resources for people who might otherwise be excluded or marginalized, such as those
having physical or mental disabilities or who have historically been excluded because of their
race, gender, sexuality or ability. Inclusion and inclusivity are terms associated with a sense of
belonging and feelings of being valued, coupled with respect (Metzger et al 2020). Inclusion
focuses on creating spaces in which diverse opinions and persons valued and given an equal

Instructional methods: Classroom, laboratory, research, clinical, and other curricular activities
that substantially contribute to the attainment of professional (entry-level) competence.

Instructor: An individual responsible for delivering course content and who meets the
qualifications for instruction established by an institution’s accrediting agency.

Integrated clinical education: Clinical education experiences that occur before the completion
of the didactic component of the curriculum. Options include but are not limited to one day a
week during a term, a short full-time experience at the end of a term, a longer full-time
experience between two regular terms. Integrated experiences cannot be satisfied with patient
simulations or the use of real patients in class; these types of experiences are too limited and do not provide the full range of experiences a student would encounter in an actual clinical setting. Integrated clinical experiences must be satisfied prior to the start of any terminal clinical experiences.

**Interprofessional education:** Occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care. (WHO, 2002)

**Interprofessional practice:** “When multiple health workers from different professional backgrounds work together with patients, families, carers [sic], and communities to deliver the highest quality of care” (WHO, 2010).

**Justice:** Justice is the quality, practice, and action of being just, impartial, or fair and from a legal perspective the establishment or determination of rights according to law or equity (Merriam-Webster 2022). In contrast, injustice is unequal treatment wherein the rights of a person or a group of people are ignored or restricted (Sensoy & Di Angelo, 2012).

**Licensure pass rate:** The percentage of graduates who take and successfully pass the National Physical Therapy Examination (NPTE). Rates are considered to be stabilized one year after graduation.

**Major systems:** Cardiovascular, pulmonary, integumentary, musculoskeletal, neuromuscular systems.


**Mission:** A statement that describes why the physical therapist education program exists, including a description of any unique features of the program. [The mission is distinct from the program’s goals, which indicate how the mission is to be achieved.]

**Non-academic reasons:**

A basis for making a decision that is not related to school or one’s formal education (examples: a student experiencing a personal illness or becoming a caregiver of another person; inadequate housing or support; insufficient finances; pregnancy or child-birth).

**Objectives:** Statements specifying desired knowledge, skills, behaviors, or attitudes to be developed as a result of educational experiences. To the extent possible, objectives are expected to be behavioral (e.g., observable and measurable) across all learning domains.
Practices: Common actions or activities; customary ways of operation or behavior.

Policy: A general principle by which a program is guided in its management.


Procedure: A description of the methods, activities, or processes used to implement a policy.

Program director: The individual employed full-time by the institution, as a member of the core faculty, to serve as the professional physical therapist education program’s academic administrator: Dean, Chair, Director, Coordinator, etc.

Program faculty: All faculty involved with the PT program, including the Program Director, Clinical Education Coordinator, Core Faculty, Associated Faculty, and Clinical Education Faculty.

Progression: Ability of students to enroll in subsequent courses based on defined expectations.

Race: Race is defined as any one of the groups that humans are often divided into based on physical traits regarded as common among people of shared ancestry (Merriam-Webster 2022). The term race is associated with large, geographically separated populations or continental aggregates (e.g., African race, the European race, and the Asian race); Linguistic groups (the Arab race or the Latin race); Religious groups (e.g., Arab race or Latin race) to political, national, or ethnic groups with few or no physical traits that distinguish them from their neighbors (e.g., Irish race, French race, Spanish race Slavic race Chinese race, etc. (Britannica 2022)

Racism: A belief, that race is a fundamental determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race. The updated definition of racism includes the systemic elements of racism — “systematic oppression of a racial group to the social, economic, and political advantage of another” (Merriam-Webster 2022). Racism refers to “beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or ethnic group affiliation.” (Clark et al 1999). The impact of racism occurs as three distinct but overlapping levels termed institutionalized/structural, individual/personal, and internalized racism (Jones 2000, 2002).

Racist / Anti-Racist
“A racist is someone who is supporting a racist policy by their actions or inaction or expressing a racist idea. (Kendi 2019)

An antiracist is someone who is supporting an antiracist policy by their actions or expressing an antiracist idea. It is not enough to be a nonracist. “To be an antiracist is a radical choice in the face of history, requiring a radical reorientation of our consciousness.” (Kendi 2019)
**Re-entry Student:** A student who returns from an absence from the program for at least one semester, term, or quarter and resumes the program with a subsequent cohort of students.

**Retention:** Maintenance of enrollment across multiple terms.

**Rigor:** Expectations for student assignments, engagement in the course and performance.

**Scholarly Agenda:** A long-term plan for building lines of inquiry that will result in original contributions to the profession. It should include the principal topics of scholarly inquiry, specific goals that identify the types of scholarship, scholarly activities, and anticipated accomplishments with a timeline. The agenda may also include plans for relevant mentorship and collaboration with colleagues.

**Service:** Activities in which faculty may be expected to engage including, but not limited to, institution/program governance and committee work, clinical practice, consultation, involvement in professional organizations, and involvement in community organizations.


**Strategic Plan:** A process in which organization leaders define their vision for the future and identify their organization’s goals and objectives. The strategic plan identifies the guiding framework and action steps the organization will pursue in an expected time frame. (Adapted from the Higher Learning Commission: [https://www.hlcommission.org/News-Reports/strategic-plan.html?highlight=WyJzdHJhdGVnaWMiLCJwbiJdLCJwYXVzdCBiXQ==])

**Systems review:** Including the cardiovascular/pulmonary system through the assessment of blood pressure, heart rate, respiration rate, and edema; the integumentary system through the gross assessment of skin color, turgor, integrity, and the presence of scar; the musculoskeletal system through the gross assessment of range of motion, strength, symmetry, height, and weight; the neuromuscular system through the general assessment of gross coordinated movement and motor function; and the gross assessment of communication ability, affect, cognition, language, and learning style, consciousness, orientation, and expected behavioral/emotional responses.

**Systemic/structural racism:** An infrastructure of rulings, ordinances, or statutes promulgated by a sovereign government or authoritative entity, whereas such ordinances and statutes entitle one ethnic group in a society certain rights and privileges, while denying other groups in that society these same rights and privileges because of long-established cultural prejudices, religious prejudices, fears, myths, and xenophobias held by the entitled group. (Accessed on
Tests and measures: Procedures used to obtain data on student achievement of expected learning outcomes.