

From the Dean's Desk

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Helpful Resources

- The university website has key information to assist you in your teaching responsibilities. Click the faculty resource link and find responses to frequently asked questions as well as access to the Faculty Handbook.
- University administration and staff are dedicated to supporting you in your efforts and are always willing to help in every way they can.

Faculty Highlights

- Approximately 120 teaching faculty serve the RMUoHP student body
- 96% of faculty are health care professionals
- Over 80% of faculty hold terminal degrees
- Faculty teaching at RMUoHP come from more than 20 disciplines
- 400 additional non-teaching faculty serve in roles as dissertation committee members, capstone mentors, and practicum advisors
- Of those faculty appointed full or part time:
 - 33 hold the rank of full professor
 - 23 are associate professors
 - 14 are assistant professors

INAUGURAL WELCOME

I am honored to have the opportunity to welcome you to the first edition of this faculty newsletter. Developed as a means to enhance communication across programs and share our wonderful accomplishments, the Dean's quarterly newsletter will highlight some of the things we do best at RMUoHP- effectively teach, foster true communication, challenge assumptions and hegemonies, and grow evidence-based practitioners.

It is my hope that we will be more effective in keeping you informed about what is happening academically at RMUoHP. The newsletter will include sections on evidence-based teaching tips, enhancing communication, tips for effective feedback, managing our model, and maybe a guest column from an administrator, faculty or GPD. An outside commentator on the state of the external health care and academic landscapes may also weigh in. I welcome your suggestions and contributions.

One of our key assets at RMUoHP is our dynamic faculty. As we often say to our students, "We bring in the best to teach the best." We mean it. As recognized faculty and clinical experts throughout the United States, your expertise and role modeling create and mentor successful health care leaders. Our graduates are uniquely positioned to facilitate change in today's health care climate and anticipate future challenges at the point-of-care. Thank you for your dedication, passion, and diversity. Your work sustains our vision and mission.

I am particularly excited to highlight in this inaugural volume, Dr. Gail Deyle, GPD of the tDPT program. Awarded the 2006 Hartgraves' Award for Teaching Excellence, Gail is recognized as a master teacher, clinician, and GPD. Enjoy his thoughts about his teaching and practice, and his passion about health care education.



Evidence-based Teaching Tips

- Integrate EBP content with current clinical experience to ground content into a meaningful context.
- Be a culturally competent educator.
- Challenge the learner and hold them to a high standard.
- Emphasize the "best" available evidence continually.
- Cultivate a critical thinking environment.
- Include library staff as a resource and support.
- Make use of on-line EBP resources.
- Provide support & encouragement with each encounter.
- Maximize technology as a tool to enhance learning.
- Create a respectful culture of learning.
- Communicate, communicate, communicate
- Hit the ground running. ☺

We are what we repeatedly do. Excellence, therefore, is not an act but a habit.

Aristotle



Thoughts from Dr. Gail Deyle, PT, DSc, DPT, OCS, FAAOMPT Our First Hartgraves' Award Recipient

It is truly an honor to be the first recipient of the Hartgraves' Award. The namesake of the award, Dr Stan Hartgraves, is a personal mentor, a perpetual optimist, a skilled classroom instructor, and a very successful academic administrator. As such, I was thrilled to be the recipient of the award named for such a positive influence on our profession.

Effective teaching in any setting is a very formidable task. In physical therapy it is particularly challenging due to the broad spectrum of potential curriculum across physical therapy specialties. Physical therapists seem particularly subject to bombardment with unsubstantiated claims for clinical effectiveness due to the vast market of consumers who could benefit from receiving our services. These persistent distractions make navigating the ocean of potential approaches all the more challenging for the evidence-based classroom instructor and program director.

I believe that that it is important for physical therapy educators to continuously bear in mind the challenges facing a busy patient care provider with a full schedule of patients. Many physical therapists have been so overwhelmed by the demand for high volume patient care that they have succumbed to practicing in comfortable and efficient patterns that may not be producing optimal patient outcomes. In order to facilitate practice patterns that are more consistent with best research evidence and to reduce unwanted practice variation, classroom instructors must truly empower their students to be able to continuously update their best research evidence knowledge base consistent with their area of practice.

Trying to be an educator voice of reason in the storm of extravagant claims by overly eager equipment sales representatives and continuing education providers is not an easy task. Increasingly, physical therapists are fooled by claims that approaches are evidence-based when in fact there is little substance to those claims. Equally unfortunate, some physical therapy providers have been able to distinguish themselves by advertising that they practice consistent with best research evidence. While at least for the time being that may be a successful business strategy, it is a true indictment of the overall failure to teach and adopt evidence-supported patient care strategies across physical therapist practice. Even our professional organizations and their representatives have demonstrated little understanding of the principles of best research evidence through loose use of evidence terminology and by heralding providers at national conferences who advocate approaches for which there is no evidence.

I have tried hard to incorporate evidence-based strategies into every aspect of the transitional Doctor of Physical Therapy Program at Rocky Mountain University of Health Professions (tDPT). These evidence-based strategies transcend patient care into best evidence for classroom learning styles, effective teaching strategies, and practice management. The tDPT curriculum also has a very strong emphasis on professional roles and responsibilities.

The traditional classroom is my least favorite personal learning environment. As such I think that I am acutely aware of the variety of learning styles and needs. I strive to make my material relate to the strong clinical background of the students in the tDPT program. I try to continuously provide them with relevant material and diagnostic strategies that are easy to recall and incorporate into clinical practice. I believe that physical therapists are generally hands-on learners who require stimulating classroom environments and who benefit from graphic illustrations and lesson organization that is truly relevant to actual patient care.

Over the past 15 years I have completed a number of post-professional education programs conducted in clinical, classroom, limited residency, and distance learning formats. Overall, there was surprising little evidence-based curriculum in any of these programs. I believe this exposure has helped me to be sensitive to the needs of students who are working full time (or more) and also enrolled in a challenging academic program. It has also heightened my awareness of the voids in the typical physical therapy post-professional curriculum. I have learned that effective communication skills are essential to the success of an instructor in almost any academic setting. The very best classroom instructors seem to have the ability to make complex topics seem simple through their active listening skills, comprehensive understanding of the material, consistent use of precise and content specific vocabulary, and the use of relevant examples.

Having received my share of e-mail feedback as a student, I realize that the instructor using this medium must choose their words very carefully. All instructors should strive to leave communication channels open and carefully follow-up questions from students who seem to be struggling with curricular content or concepts. I also believe that instructor feedback on any student project should be consistent with the effort that the student put into the deliverable. From a student's perspective, it was always disappointing to just receive a grade (even a good grade) without substantive comment on any project that required considerable devotion of time and effort.

In light of the effort expended as a program director to develop an evidence-based program, to recruit a faculty capable of teaching evidence-based concepts, and as an instructor who strives to teach evidence-based diagnostic concepts, I am particularly pleased to have these efforts recognized by selection for the Hartgraves' award. Any member of my faculty could just as easily been recognized for their extraordinarily well-received and evidence-based classroom instruction. I am quite pleased to work in a progressive academic institution that has allowed me the freedom to develop this curriculum and perhaps play a role in shaping future physical therapist practice.

Accreditation Update

We are excited that our first post-candidacy site visit by the Northwest Commission on Colleges and Universities (NWCCU) is scheduled for April 30, May 1, and May 2, 2007. Recognized by the U.S. Department of Education and the Council for Higher Education Accreditation, NWCCU is the regional accreditation body for seven states including Alaska, Idaho, Montana, Nevada, Oregon, Utah, and Washington.

Regional accreditation has been an important goal of RMUoHP since the University was formed. The process of self-study at RMUoHP for this first post-candidacy site visit was inclusive and involved all concerned constituents. A steering committee planned for thoughtful and deliberate reviews of each standard, as well as thorough assessment of current University practices. The review of standards, through multiple iterations, was sent to relevant groups for their comments and concerns, including administrators, program directors, faculty, and Board of Trustee members as appropriate. The self-study document has provided an important source of institutional reflection, and serves as a lens for the institution to envision the future.

Faculty create many benefits for our institution, including expertise for essential courses, a passion for teaching, and a valuable resource as a network link within the national community. It is these benefits and the accomplishments of our students and graduates that will take center stage at our site visit. The administration appreciates all the faculty support and especially thanks all the faculty who volunteered to speak with the site visitors while they are on site. We sure have a great story to tell!

Tips for Designing Effective Assignments

- Recognize that assignments serve a purpose in requiring the student to review the material, but generally do not promote application of the material.
- Assignments often produce anxiety. To reduce this, be explicit about what kind of assessment, how long, and general guidelines for study preparation.
- Projects require clear, detailed instructions about your expectations, grading schema, formatting, and general purpose. These directions should be included in the course syllabus.
- Coordinate assignment design with the GPD so as to balance types of assignment for each session.
- *Track changes* feature in Word is an easy way of providing electronic feedback on assignments.

Our Commitment to Academic Freedom

RMUoHP fosters the belief that academic freedom is a right of students, faculty and the institution. Policy #1000 states that academic freedom is a traditional and highly regarded principle of professional education and drives the intellectual community to serve with integrity and responsibility in accomplishing the mission of the University.

All faculty and students at RMUoHP have enjoyed the full benefits of academic freedom since the inception of the University. Because the mission of RMUoHP focuses on creating new knowledge and promoting critical thinking through evidence-based practice, this concept is particularly important. Each faculty member is free to establish the structure of courses and the methods to deliver information without undue or unreasonable interference. All of our students are successful professional adults with many years of clinical and academic experience. The University provides a fertile forum for discussion, and classes are typically filled with opportunities to speak out on a variety of topics germane to the subject matter. The adult learners in RMUoHP classes typically are free to pursue knowledge, and feedback from them in student satisfaction surveys and at exit interviews confirms that the opportunity to interact with and learn from classmates and from professional colleagues who are RMUoHP faculty is considered extremely valuable.

Special thanks to Nadine Smith for her contribution to the newsletter.