Glossary

The definitions provided refer to the intended meanings of words used in Outcomes Assessment in Physical Therapy Education.

Accountability: Active acceptance of responsibility for the diverse roles, obligations, and actions of the physical therapist, including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society. (Professionalism in Physical Therapy: Core Values, August 2003.) (Normative Model 2004, Appendix E)

Assessment: See “Outcomes assessment.”

Assessment Plan: A description and/or representation of the systematic and logical collection, review, and use of information in the conduct of outcomes assessment.

Assessment Team: The group of individuals, including faculty and other stakeholders, responsible for steering the outcomes assessment process.

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, but who have primary responsibilities in programs other than the professional program. (Commission on Accreditation in Physical Therapy Education)

Authentic: “Refers to assessment tasks that elicit demonstrations of knowledge and skills in ways that they are applied in the ‘real world.’ An ‘authentic assessment’ task is also engaging to students and reflects the best current thinking in instructional activities. Thus, teaching to the task is desirable.” (Arter J, McTighe J. Scoring Rubrics in the Classroom: Using Performance Criteria for Assessing and Improving Student Performance. Thousand Oaks, CA: Corwin Press; 2001:179.)


Change agents: Individuals who manage change implementation details on behalf of another entity (in this case, members of the Assessment Team).

Clinical education: That portion of a physical therapy program that is conducted in the health care environment rather than in the academic environment. (Normative Model 2004, Appendix E)

Clinical education experiences: That aspect of the curriculum in which students’ learning occurs directly as a function of being immersed within physical therapy 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. These experiences would be further described by those of short and long duration (eg, part-time and full-time experiences, internships that are most often a full-time, postgraduation experience for a period of 1 year), and those that vary how learning experiences are provided (eg, rotations on different units within the same practice setting, rotations among different practice settings within the same health care system) to include comprehensive care of patients/clients across the lifespan and related activities. (Syn: clinical learning experiences.) (Normative Model 2004, Appendix E)

Clinical educator: Any individual who participates in providing student clinical education experiences in the practice environment, including clinical instructors (CIs) and center coordinators of clinical education (CCCEs). (Syn: clinical faculty.) (Normative Model 2004, Appendix E)

Clinical instructor (CI): An individual at the clinical site who directly instructs and supervises students during their clinical learning experiences. The CI is responsible for facilitating clinical learning experiences and assessing students’ performance in cognitive, psychomotor, and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. (Syn: clinical teacher, clinical tutor, and clinical supervisor.) (Normative Model 2004, Appendix E)

Communication: A process by which information is exchanged between individuals through a common system of symbols, signs, or behaviors. (Normative Model 2004, Appendix E) All means of giving and receiving information. (Lopopolo, Schafer, & Nosse, 2004).

Competence: Possessing the requisite knowledge, abilities, and qualities to be a physical therapist. (Normative Model 2004, Appendix E)

Competency: A significant, skillfully performed, work-related activity (Normative Model 2004, Appendix E). Knowledge, skills, and abilities that contribute to achievement of student outcomes. A competency is the smallest unit; an outcome is the broadest unit.

Consultation (Curriculum): The rendering of professional or expert opinion or advice by a physical therapist. The consulting physical therapist applies highly specialized knowledge and skills to identify problems, recommend solutions, or produce a specified outcome or product within a given amount of time. (CAPTE Definition)

Coordination and collaboration: Integrating activities and input from units or individuals to achieve broader organizational goals (Lopopolo, Schafer, & Nosse, 2004).

Core faculty (Faculty): Those individuals appointed to and employed primarily in the program, including the program administrator, the academic coordinator of clinical education/director of clinical education (ACCE/DCE), and other faculty who report to the program administrator. The core faculty have the responsibility and authority to establish academic regulations and to design, implement, and evaluate the curriculum. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty. The core faculty may include physical therapists and others with expertise to meet specific curricular needs. They may hold tenured, tenure track, or nontenure track positions. (CAPTE Definition)


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

Dispositions: Refers to the affective dimensions of students in school (eg, motivation to learn, attitude toward school, academic self-concept, flexibility, persistence, and locus of control). Some scoring guides are designed to assess dispositions. These provide specific, observable indicators of the disposition being assessed (p. 180, Arter, J., & McTighe, J. (2001). Scoring rubrics in the classroom: Using performance criteria for assessing and improving student performance.).

Education: Knowledge and development resulting from a process of learning and change. (Normative Model 2004, Appendix E)

Entry-level: The initial point of entry into the practice of physical therapy, characterized by successful completion of an accredited professional education program and the acquisition of a license to practice physical therapy. Also, a level of practice characterized by little or no experience as a licensed, practicing physical therapist. (Normative Model 2004, Appendix E)

Evidence: Supporting materials used to confirm or disconfirm something, a conclusion.

Examination: A comprehensive and specific testing process performed by a physical therapist that leads to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, systems reviews, and tests and measures. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.) (Normative Model 2004, Appendix E)

Excellence: Excellence is physical therapist practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. (Professionalism in Physical Therapy: Core Values, August 2003.) (Normative Model 2004, Appendix E)
Faculty: See Associated faculty

Finance: Planning and controlling the financial operation of a business. (Schafer, Lopopolo, & Luedtke-Hoffmann, 2007).

Formative assessment/evaluation: Activities conducted during the life of a program or performance with the purpose of providing feedback that can be used to modify, shape, and improve the program or performance. (Palomba & Banta, 1999)

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, 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. (CAPTE Definition)

Historical perspective: Historical data about the business and the context in which it operates that may have a bearing on future assumptions. (Lopopolo, Schafer, & Nosse, 2004).

Hypothesis: A proposition or set of propositions set forth as an explanation for the occurrence of some specified group of phenomena, either asserted merely as a provisional conjecture to guide investigation (working hypothesis) or accepted as highly probable in the light of established facts.

Indicators: Knowledge, action, behaviors, and attitudes that demonstrate the presence or absence of a particular concept, attribute, or variable. (Normative Model 2004, Appendix E)

Institutionalize: To incorporate into a structured and usually well-established system.

Intervention: The purposeful interaction of the physical therapist with the patient/client, and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques to produce changes in the condition. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.) (Normative Model 2004, Appendix E)

Learning experiences: See Curriculum

Mission: A statement that describes why the physical therapy 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. (CAPTE Definition)

Normative model: A consensus-based model of physical therapy professional education that describes the profession's beliefs and values relative to professional education. Such a model includes the following components, among others: external and internal settings, essential academic and clinical curricula, prerequisites, and configuration of the preprofessional and professional aspects of the program. A consensus model can serve as a foundation or "norm" for existing and developing programs. (Normative Model 2004, Appendix E)

Objectives (Curriculum): 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 (eg, observable and measurable). (CAPTE Definition)

Operations: Managing day-to-day non-personnel matters within the organization (Schafer, Lopopolo, & Luedtke-Hoffmann, 2007).

Outcomes Assessment: The systematic collection, review, and use of information about education programs undertaken for the purpose of improving student learning and development (Palomba & Banta, 1999)

Expected Program Outcomes: Predictable and demonstrable results of program faculty and student activities directed toward achievement of the stated program goals. (CAPTE Definition)

Expected Student Outcomes: Competencies that the program expects students to have achieved at completion of the program, as well as stated expectations for graduate success in relationship to graduation rates, licensure rates, and employment rates. Expected student outcomes are a subset of the expected outcomes of the program. (CAPTE Definition)
**Physical therapist (PT):** A person who is a graduate of an accredited physical therapist education program and is licensed to practice physical therapy. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.) (Normative Model 2004, Appendix E)

**Physical therapist assistant (PTA):** A technically educated health care provider who assists the physical therapist in the provision of selected physical therapy interventions. The physical therapist assistant is the only individual who provides selected physical therapy interventions under the direction and supervision of the physical therapist. The physical therapist assistant is a graduate of a physical therapist assistant associate degree program accredited by the Commission on Accreditation in Physical Therapy (CAPTE). (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.) (Normative Model 2004, Appendix E)

**Physical therapy education program:** A general term referring to a physical therapist education program or a physical therapist assistant education program.

**Policy:** A general principle by which a program is guided in its management. (CAPTE Definition)

**Practices:** Common actions or activities; customary ways of operation or behavior. (CAPTE Definition)

**Procedures:** A description of the methods, activities, or processes used to implement a policy. (CAPTE Definition)

**Profession:** An occupation that is viewed by society as a profession on the basis of its characteristics, development, or power. (Swisher and Page, 2005)

**Professional education:** A subset of higher education that prepares individuals to practice a profession such as law, medicine, ministry, or physical therapy. (Normative Model 2004, Appendix E)

**Professionalism:** The conduct, aims, or qualities that characterize or mark a profession or a professional person. (Normative Model 2004, Appendix E)

**Program review:** Formal self-studies of academic departments performed at regular intervals (every 5 to 7 years) using peer review (external and internal) to examine the way in which a unit is functioning. (Palomba & Banta, 1999)

**Qualitative methods:** Data collection that relies on descriptions rather than numbers.

**Quantitative methods:** Data collection that relies on numerical scores.

**Quality improvement (QI):** A management technique to assess and improve internal operations. Quality improvement focuses on organizational systems rather than individual performance and seeks to continuously improve quality rather than reacting when certain baseline statistical thresholds are crossed. The process involves setting goals, implementing systematic changes, measuring outcomes, and making subsequent appropriate improvements. (www.tmci.org/other_resources/glossaryquality.html#quality) (Normative Model 2004, Appendix E)

**Rubric:** A “set of general criteria used to evaluate a student’s performance in a given outcome area. Rubrics consist of a fixed measurement scale (eg, 4-point) and a list of criteria that describe the characteristics of products of performances for each score point. Rubrics are frequently accompanied by examples (anchors) of products or performances to illustrate the various score points on the scale.” (p. 181, Arter, J., & McTighe, J. (2001). Scoring rubrics in the classroom: Using performance criteria for assessing and improving student performance.)

**Scholarship (Faculty Activity):** Activities that systematically advance the teaching, research, and practice of physical therapy through rigorous inquiry that: (1) is significant to the profession, (2) is creative, (3) is peer-reviewed through various methods, (4) can be replicated or elaborated, and (5) is published, presented, or documented. (CAPTE Definition)

**Service (Faculty Activity):** 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. (CAPTE Definition)
**Specific action plan:** That part of the Assessment Plan that describes the steps that will be taken to address hypotheses developed from the assessment of Expected Program Outcomes.

**Stakeholder:** An individual with an interest or share in any enterprise. *(Normative Model 2004, Appendix E)*

**Strategic planning and management:** Planning goals and actions to achieve the organization's long-term mission and goals. *(Lopopolo, Schafer, & Nosse, 2004)*.

**Summative assessment/evaluation:** Activities conducted after a program or initiative has been in operation for a while, or at its conclusion, to make judgments about its quality or worth compared to previously defined standards for performance. *(Palomba & Banta, 1999)*

**Systems review:** An analysis of interrelated and interdependent environmental elements that may affect the business and its operation. *(Lopopolo, Schafer, & Nosse, 2004)*.

**Target:** A goal or level to be achieved.

**Threshold:** The point that must be exceeded to elicit a response.

**Triangulation:** The application and combination of several research methodologies or data sources in the study of the same phenomenon.