



Marshall University
School of Physical Therapy

2018 Strategic Plan incl.
Long-Term Goals & Options

Presented by: Louis Gaunch, MSL

Gaunch Agency Services, LLC
238 Carper Lane
Barboursville, WV 25504
gaunchlouis@gmail.com

Table of Contents

1	Introduction	2
2	Setting the Context	3
3	Mission, Vision & Philosophy	4&5
4	Strategic Priorities & Goals	6
	4.1 - Ongoing programs & Processes	
	4.2- Immediate Priority	7
	4.3- 2 to 5-year Program Goals	
	4.4- 5-year Outlook Goals	8
5	Suggestions	8
	Appendix A	9
	Appendix B	10
	Appendix C	11

1 Introduction

The Marshall University School of Physical Therapy was envisioned by the late Dr. Stephen J. Kopp who served as the President of Marshall University from 2005 until his untimely passing in 2014. Dr. Kopp's vision and leadership forged a partnership with several local healthcare entities including St Mary's Medical Center that laid the groundwork for what would become the School of Physical Therapy. The Marshall University Board of Governors (BOG) approved the "Intent to Plan" in January of 2009, which paved the way for the recruitment and hiring of Penny Kroll PT, Ph.D. as the Founding Chair in August 2010. Under Dr. Kroll's leadership, the School of Physical Therapy received initial CAPTE accreditation in 2015. Upon Dr. Kroll's retirement, Dr. Scott Davis PT, EdD, OCS was hired in August 2016 as Professor/Chairperson/Program Director to lead the exceptional faculty and outstanding student body on the next chapter of the MU School of Physical Therapy.

The following strategic plan builds upon the strengths and accomplishments of the organization's past and responds to new opportunities on the horizon as identified by the diversity of those who participated in the long-range strategic plan. The plan was developed through a neutral facilitated process with faculty, staff, community stakeholders, and associated MU faculty and staff (appendix B). The plan provides a foundation for priorities, future directions, and continued success.

Accountability is built into the implementation of the plan through goal champions, active working groups, and annual monitoring of progress by the program director.

Critical success factors include:

- Successfully educating students to positively impact the practice and value of physical therapy services to patients, professional groups, and the community.
- Providing a valuable, attractive and encouraging program for faculty and staff to contribute, through teaching, collaborative research, and university, professional and community service.
- Continuing efforts to build active collaborations with many partners and stakeholders, while increasing the value of the program to MU, it's students and the community.

2 Context

General long-term goals have been set by the school, for the school, as follows:

- 1) The Marshall University School of Physical Therapy will be ranked as one of the top 50 PT programs in the nation by 2025.
- 2) Continue to produce well-trained and professional Physical Therapists, who are highly sought after for employment
- 3) Achieve a full 10-year CAPTE re-accreditation in 2020
- 4) Partner with local physical therapy providers to develop post-professional residency training programs that promote advanced clinical practice and specialization
- 5) Develop a vibrant faculty research agenda
- 6) Explore opportunities to develop a complimentary Ph.D. or ScD program in the rapidly growing area of Movement Science or Rehabilitation Sciences.

The goal of this plan is to inform these goals and attach the real comments from the participants in the planning session. This should be followed up by the assignment of champions (individual responsibility) active working groups (team responsibility) and oversight of the processes by the program director. These planned goals will be divided into four general categories: ongoing, immediate priority, 2-5-year preparation, and 5-year outlook.

These categories are best handled as follows: Ongoing program goals should be monitored for success (and adjusted or reset as needed) monthly. Immediate priority program goals should be begun as soon as possible with a short completion time, then transitioned into ongoing status. The 2-5-year program goals should be looked at as the next steps, or secondary goals as immediate needs are met. The 5-year outlook goals should drive all the prior planning, not simply be postponed. Each goal will be easier to achieve with the long-term in mind.

In other words, it is not advisable to take the quickest route to a solution if it compromises the long-term objectives. Just to reiterate the long-term is mentioned above. These should be the template to determine the value of all decisions made along the way. “Begin with the End in Mind” - Dr. Stephen R. Covey, (and progress accordingly.)

3 Mission, Vision & Philosophy

The current guiding principles of the school are as follows:

Mission

To provide contemporary physical therapy education; to empower graduates and educators to exemplify excellence in clinical practice, scholarship, mentorship, leadership, and professionalism; and to engage all stakeholders in employing evidence-informed physical therapy that reflects and expands best practice.

Vision

To embody and exemplify each of the attributes we seek to instill in our students and to graduate Doctors of Physical Therapy who will be autonomous primary care practitioners, leaders in the profession, and facilitators of learning through preservation, discovery, synthesis, and dissemination of knowledge.

Philosophy

Physical therapy is a health profession whose primary purposes are the diagnoses and management of movement dysfunction, prevention of the onset, symptoms, and progression of impairments, functional limitations, and disabilities, enhancement of physical and functional abilities, and promotion of optimal human health, wellness and quality of life as related to movement and function. This is achieved through the application of scientific principles through evidence-based practice to prevent, examine, evaluate and intervene in order to alleviate acute or prolonged movement dysfunction and optimize function.

Implicit in this definition is the need of the physical therapist practitioner to assume a number of important roles such as: primary care provider in a challenging health care environment, diagnostician of movement dysfunction; interventionist when applying treatment techniques to restore function; teacher of patients and families; motivator when working with patients and communities to promote optimum health and wellness; team leader and/or participant dependent on the needs of the team and the problem at hand; and a patient, professional and community advocate. In order to fulfill those multiple roles to the highest level, the physical therapist must be committed to service to the profession and the community, dedicated to lifelong learning and the pursuit and application of new knowledge, and devoted to seeking excellence in every avenue of their lives.

Therefore, a physical therapy program must pursue an educational process that seeks to help students develop the knowledge, skills, attitudes, and behaviors necessary to become proficient in these various roles. The program administration, faculty, and staff become role models and guides in the educational process and a partnership forms between faculty and students in the quest for professional excellence. The faculty

accepts the responsibility of emulating professional attitudes and behaviors and providing leadership to students, and the student accepts responsibility for their own professional growth and development.

We believe the Marshall DPT Program will successfully prepare graduates capable of assuming the myriad of roles implicit in the profession of physical therapy. We believe that with the concerted efforts and support of multiple stakeholders, we will graduate thoughtful and responsible practitioners who will be advocates for the patient, the profession, and the community, and will be capable of assuming responsibilities for addressing the health care needs of a culturally diverse society.

4 Strategic Priorities and Goals

The following goals and strategies are the school's response to key issues and will provide a platform for fulfilling all outcomes to continue to move MU SOPT forward. The MU SOPT faculty and staff will work together to carry out the defined strategies. The Program Director, Goal champions and working group chairs will oversee, communicate, and monitor assignments.

4.1 - Ongoing programs & Processes

As Currently Assigned

- Alignment of Curriculum
- Collaboration with other schools and departments within MU
- Increase participation in the APTA – Be the local
- Participate in and facilitate Independent Research
- Identify research partnerships that can be inverted, then invert them
- Monitor, evaluate and review PTA Partnerships
- Monitor, evaluate, review and implement Service Learning Opportunities

4.2- Immediate Priority

As Identified

- Participate in the MU initiative for Open Access Publishing
Dr. Mehta/Research CMMTE
- Formalize and determine parameters for Candidate Interviews
Dr. Chiu/Admissions CMMTE
- Facilitate the increase in National Ranking of the MU SOPT
Dr. Davis/Faculty
- Identify and establish Key Clinical Partnerships
Drs. Mason & Pfof

- Facilitate an increase in Licensing Exam Passage

Dr. Davis/Faculty

- Implement and facilitate Student Professionalism Training

Dr. Karim/Faculty

- Identify, promote and utilize the APTA's Choose PT Program

Drs. Karim & Pfof

- Increase Support Staff access and effectiveness

Dr. Davis

- Attracting top-quality students, promote scholarship development

Drs. Davis & Chiu/Admissions
CMMTE

4.3- 2 to 5-year Program Goals

As Identified

- Implement Continuing Education offerings utilizing existing classes and programs, to include live streaming, webinar/podcasting, and video conference of Journal Club and other educational opportunities.

Dr. Davis/Faculty

- Implement and determine uses for an MU SOPT Alumni Network

Dr. Profitt/Faculty

- Develop a plan to access and increase Faculty Clinical Access through partnerships, non-compete agreements, and potential MU operated Clinic

Drs. Davis, Evans, & Dauber with
assistance from Dr. McNealy (CD)

- Increase graduation rate by evaluating and implementing processes including affordability, scholarship availability, job and career placement, postgraduate opportunities, student clubs, APTA involvement & fostering additional student support systems (including language, psychological, and social)

Drs. Karim & Davis via COHP
Partnership

- Identify and implement ways to make the program more attractive and promote retention of faculty through a faculty mentoring program.

Dr. Davis/Search CMMTE

- Increase and enhance research collaboration within the SOPT, COHP, and the University, and improve research and statistical support.

Drs. Davis & Mehta via COHP
Partnership

- Enhance faculty and student professional recognition and honors

Dr. Davis

4.4- 5-year Outlook Goals

- Build and implement Post Graduate Programs
- Identify and collaborate with University on best utilization of space (locations) to include student and faculty comfort, access, and visibility
- Reassess Partnership Inversion, adjust as needed
- Fully realize effectiveness of the University Alumni Program and develop a SOPT alumni organization
- Assess National Ranking, address as needed
- Invest in and realize operation of an MU SOPT Clinic, addressing community partnership, non-competitiveness with clinical partners and adjust as needed

5 Suggestions for Goal Achievement

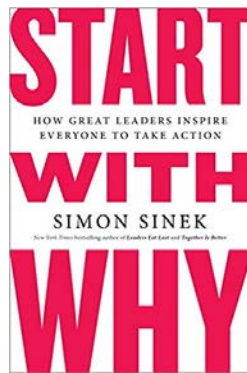
Implementation of any plan is ultimately dependent on open communication, accountability, and teamwork. The creation of active working groups should be diverse without overloading any individual. The goal champions should report to the program director regularly as needed. Finally, this plan provides a foundation for priorities, future directions, and continued success, but needs to be monitored, evaluated and continually tweaked for the highest success.

Appendix A – Additional Points of Discussion

The following Items were discussed, but not included in the Strategic Plan, they are for reference, reminder or later action:

- Diversity of Student Population, define, refine & implement strategies
- Study and evaluate affordability and competitiveness of the program
- Identify and review local student make up
- Evaluate and understand individual needs of, and between, Faculty including soft skills

It was also mentioned that www.webspirationpro.com could be useful along with www.mindmeister.com for mapping, and argument delivery. In addition, a book by Simon Sinek called “Start with Why” could prove useful in interaction with the millennial population.



Appendix B – Individuals Involved in the Long-Range Strategic Planning Process

Marshall University School of Physical Therapy Advisory Committee Members

Shawn Bastin MPT, MBA – Administrator, Cabell Huntington Hospital

Tim O'Toole PT – Physical Therapy Director, Our Lady of Bellefonte, Ashland, KY

Larry Sheret - Research Specialist Marshall University Libraries

Karen McNealy AuD, CCC-A - Chairperson Marshall University, Dept. of Comm. Disorders

Jessica Roach DPT - SOPT Adjunct Faculty Member

Cindy Skiles PT, Cert. MDT, CF-L1 - Owner/PT, Teays Valley Physical Therapy

Rachel Watson DPT - Physical Therapist (MU SOPT Graduate), St Mary's Hospital

Debora Mattingly PT - Physical Therapist, Advanced Physical Therapy

Marshall School of Physical Therapy Faculty

D. Scott Davis, PT, MS, EdD, OCS - Chairperson, Program Director, Professor

Sujoy Bose, PT, BSPT, DPT, MHS, CCS - Assistant Professor

Yi-Po Chiu, PT, MHS, Ph.D., CEEAA - Associate Professor

James A. Dauber, PT, DPT, DSc, OCS, SCS - Assistant Professor

Neil A. Evans, PT, DPT, OCS, CSCS - Assistant Professor

Rania Karim, PT, DPT, GCS, CEEAA - Assistant Professor

Ashley N. Mason, PT, DPT, ATC - Assistant Professor

Saurabh Mehta, PT, MS, Ph.D. - Assistant Professor

Gretchen R. Pfof, PT, DPT, NCS - Assistant Professor

Brad L. Profitt, PT, DPT, OCS, CSCS, DC, CFCE - Assistant Professor