6-2019

Multi-campus DPT Programmatic Development in a Public University: Leadership Considerations

Betsy J. Becker
Teresa Cochran
Joseph Norman
Kyle Meyer

Follow this and additional works at: https://digitalcommons.unmc.edu/cahp_pt_pres
Part of the Physical Therapy Commons
Multi-Campus DPT Program Development in a Public University: Leadership Considerations

Betsy J. Becker PT, DPT, PhD, CLT-LANA1, Teresa M. Cochran PT, DPT, MA, GCS, FNAP2, Joseph F. Norman, PhD, PT, CCS, FAACVPR1, Kyle P. Meyer, PhD, MS, PT, FASAHP1

Division of Physical Therapy Education, College of Allied Health Professions
1University of Nebraska Medical Center, Omaha, NE 68198, 2Health Science Education Complex, Kearney, NE 68849

Background/Introduction

- Increasing workforce development demands in the face of decreased state funding, have created the opportunity for the development of creative models of programmatic expansion.
- Successful programmatic expansion requires deliberate planning and resource acquisition.

Campus locations in Nebraska

- Programmatic expansion of Physical Therapy, Physician Assistant (PA), Medical Imaging & Therapeutic Sciences (MITS) and Medical Lab Science (MLS).
- Synchronous learning with faculty engaged on both campuses

Purpose

This administrative case report describes critical areas for faculty and administrators to consider when expanding DPT programs to additional campuses. Strategies associated with successful implementation are addressed.

Case Description/Process

Nebraska Legislature’s “Building a Healthier Nebraska Initiative” allocated $15M, expanding the collaborative infrastructure to another campus site (UN-Kearney).

Key Considerations

**Essential Infrastructure:** Administrative & leadership support; Qualified personnel; Space; Equipment and basic technology; Local and regional community engagement and partnerships

**Essential Functions:** Admission process and messaging; Curriculum modifications; Instructional design assistance; Reformulated interprofessional experiences; Faculty development and scholarship; the serious need to empanel a bi-campus “response team” for vigilance in pragmatic detail and parity of learning experiences

**Challenges (and Opportunities):** IT connectivity/infrastructure; Campus-specific policy incongruence; Culture: Co-location with established Nursing presence and integration with UNK/Local community

**Successful Strategy Examples:** Theme of one program on two campuses (not two programs), Deployment of “STAT” (student technology assistant team) & faculty KOR Committee (Kearney Omaha Response), Faculty travel to sites; Communication vigilance & consistency; Deployment of a senior CAHP administrator and eventual naming of a CAHP-level administrator located at the additional site; Conducting “joint” ceremonies (e.g. professionalism, convocation, graduation)

Essential Outcomes

- Delicate balance of protecting a historically derived singular program concept while promoting the unique and value-added role of a new second campus
- Description of assessment strategies at various levels within the institution

Discussion/Conclusions

The quality brand reputation of a long-standing DPT program can be maintained with an expansion to a second campus, with effective planning and the implementation and monitoring of deliberate strategies. We are in year 4 of the transition and estimate the need to graduate at least two cohorts before achieving a fully integrated “new normal.”

### Preliminary Outcomes

**Combined College of Nursing and College of Allied Health Professions (PT, PA, MITS, MLS)**

<table>
<thead>
<tr>
<th>Faculty/Staff appointments</th>
<th>Student Enrollment</th>
<th>Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* projected