

### **COVID-19**

Please note that the approach taken by PEAC when making accreditation decisions during the COVID-19 pandemic is to evaluate education programs against the accreditation standards and to establish follow up due dates as though we were not all facing challenges related to the pandemic.

PEAC is open to discussion regarding deferrals of these reporting due dates should the program feel that additional time is required to gather the evidence or prepare the report. We encourage the program to maintain an open line of communication with PEAC as the due dates approach. In this way we avoid making assumptions about the impacts of the pandemic and avoid delaying accreditation timelines if that is not necessary.

April 25, 2020

## **Accreditation Review and Status Report**

### **Master of Science (Physiotherapy) program Dalhousie University**

Physiotherapy Education Accreditation Canada (PEAC) has conducted a thorough review of the program's Self Study Report (submitted September 2019), any additional documentation provided to the Peer Review Team when requested, the Peer Review Team's report (submitted in February 2020), the Program's Response to the Peer Review Team report (submitted in March 2020), and PEAC's Primary Reviewer Report. Based on these documents, and following review and discussion by the Accreditation Committee and the Board of Directors, PEAC has awarded the Master of Science (Physiotherapy) program at Dalhousie University **Accreditation Status**. The level of accreditation granted is **Accreditation – Probationary**.

**Date of Action:** April 18, 2020

**Effective Date:** April 25, 2020

This accreditation status requires that the program submit two Progress Reports: Progress Report #1, due **on or before October 31, 2020** addressing criteria 2.3, 2.4, and 2.5, and Progress Report #2 due **on or before March 15, 2021** to address the remaining criteria which were partially met or not met. Additionally, PEAC will schedule a focussed onsite visit in collaboration with the program in the **summer of 2021**. PEAC will use the two Progress Reports and the focussed onsite visit to evaluate the

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program's progress towards achieving full compliance with all of the PEAC accreditation criteria (2012).

**Note** that the level of accreditation status (Probationary) can change throughout the six-year accreditation cycle should the program not demonstrate (in future Progress Reports) that work is being done towards achieving a level of "Fully Met" in each of the PEAC accreditation criteria OR should it not demonstrate continuing compliance with the accreditation standards.

**Note** that the maximum length of time the program can maintain probationary accreditation status is two years (to April 30, 2022). Failure to demonstrate evidence that all criteria are fully met or partially met by the end of this time period will result in non-accreditation status. The timeframe may be extended by PEAC if the program is able to demonstrate significant progress toward becoming compliant with accreditation standards and criteria. When a program demonstrates significant progress towards resolution of all identified concerns, PEAC may modify the program's accreditation status to partially or fully compliant at any time within the two-year probationary period. Failure to demonstrate significant progress within the period specified in the AR & SR will result in non-accreditation status at any time in the two-year probationary period.

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Criterion Fully Met	No concerns; continued improvement is encouraged; recommendations may be included for continued improvement.
Criterion Partially Met	Needs improvement; the program will be required to respond to identified concerns in a future Progress Report.
Criterion Not Met	The requirements for compliance were not met; the program will be required to provide evidence of compliance in a future Progress Report

**The program's level of compliance with each of the accreditation criteria was judged to be as follows.**

Standard	Fully Met	Partially Met	Not Met
1	1.1, 1.2, 1.3, 1.5, 1.6	1.4	
2	2.1, 2.2	2.3, 2.4, 2.5	2.6 (CORE)
3	3.1-3.6		
4	4.1, 4.2, 4.5, 4.6	4.4	4.3
5	5.1-5.4		
6	6.2, 6.3, 6.5, 6.6	6.1, 6.4, 6.7	

When the level of compliance of one or more criteria is identified as Partially Met or Not Met, a request will be included below which must be addressed in a Progress Report. Criteria in **red text** above include requests for submission on or before **October 31, 2020**. The remaining criteria include requests for submission on or before March 15, 2021.

Details are provided below.

## STANDARD 1: PROGRAM GOVERNANCE AND RESOURCES

CRITERION 1.4	EXAMPLES OF EVIDENCE
<p><b>The program has adequate support staff and services to meet the needs of the faculty and students and achieve the goals of the program.</b></p>  <p><b>Essential Concept:</b> Support staff and services are sufficient to maintain program delivery.</p>	<p>May include but not limited to:</p> <ul style="list-style-type: none"> <li>→ position descriptions, curriculum vitae</li> <li>→ program organizational charts</li> <li>→ information about available services, e.g., library staff resources, information technology support</li> </ul>
<p><i>Explanatory notes</i></p> <p>The evidence would adequately illustrate the criterion by demonstration of and/or commentary such as:</p> <ul style="list-style-type: none"> <li>➤ The number and skills of administrative, secretarial and technical personnel assigned provides sufficient support services for the program.</li> <li>➤ The program and/or university assure that support services are available to facilitate faculty and students in meeting their academic obligations related to the program.</li> </ul>	

Level of Compliance:

**Criterion Partially Met**

**Comments:** The accreditation review confirmed a number of administrative positions that support various aspects of the entry-level program. In the program's 2016 Substantive Change report, a plan to restructure the administrative complement to support the enrollment increase was described but has not been implemented. During the accreditation review, in its response to the onsite team's report, the program described changes to administrative staffing that were approved in December 2019 following an administrative review. These include the addition of a director assistant position (full time), an administrative position for special projects, and an increase from 0.6 to 1.0 FTE administrative support for the ACCE.

**Request:** In **Progress Report #2 due on or before March 15, 2021**, please confirm that the additional administrative supports approved in December 2019 have been put in place. Please also provide evidence that the new administrative structure/supports provide adequate support staff and services to meet the needs of the students.

## STANDARD 2: PROGRAM DEVELOPMENT AND EVALUATION

CRITERION 2.3	REQUIRED EVIDENCE
<p><b>There is a documented plan for program evaluation and re-evaluation that is based on clearly defined and measurable goals and includes evaluation of impact when changes are made.</b></p>  <p><b>Essential Concept:</b> The program has a goals-based evaluation plan for making changes.</p> <p><b>Key Indicator:</b> The program has a goals-based evaluation plan for making changes.</p>	<p><b>Must include:</b></p> <ul style="list-style-type: none"><li>→ documentation outlining the plan for program evaluation</li><li>→ a description of how the program evaluation plan measures accomplishment of the program's goals/objectives and the program's mission</li><li>→ the plan must include<ul style="list-style-type: none"><li>○ goals/benchmarks</li><li>○ timelines</li><li>○ accountability (who is responsible for each aspect of the plan)</li><li>○ evaluation of the non-curricular aspects of the program such as admissions, attrition, program space, student services, etc.</li></ul></li></ul>
<p><b>Explanatory notes</b></p> <p>The evidence would adequately illustrate the criterion by demonstration of and/or commentary such as:</p> <ul style="list-style-type: none"><li>➤ The program has a plan that outlines the process for conducting regular program reviews to determine the extent to which its mission and goals are appropriate and are in concert with the mission of the university and best practices in professional education.</li></ul>	

- The plan is comprehensive and includes regular review of all aspects of the curriculum, including the clinical placement component of the program
- The plan references criterion 2.6.

**Level of Compliance:**

**Criterion Partially Met**

**Comments:** The program's evaluation plan was based on a conceptual framework consisting of five priorities, each of which includes several related goals. These goals are then linked to data sources. Benchmarks, responsibility/accountability and timelines were included for each goal.

However, the plan does not clearly describe the steps taken to ensure that any implemented change is subsequently evaluated to confirm the change had the desired effect. It was unclear how the program determined:

- 1) whether a benchmark had been met and, if not
- 2) how/when a required change would be identified/implemented, and
- 3) how, when (and by whom) the result of that change would be evaluated

PEAC also noted that that some of the identified data sources/benchmarks did not clearly align with the stated goal. For example:

- **Goal 1.3: Clinical Community - The clinical community of physiotherapists are valued members of the Program and are qualified, and sufficient in number, to provide high quality instruction and supervision to students in diverse clinical settings.** The identified data sources and benchmarks do not appear to provide evidence that the Clinical Instructors are qualified nor that they provide quality instruction and supervision to students. For example, how will the program measure Clinical Instructor qualifications and how will the collected data confirm that the Clinical Instructors are providing high quality instruction?
- **Goal 3.2: Communications - The Program provides relevant information in a timely and effective manner to all constituents (students, faculty, staff, university at large, alumni, health organizations, etc.) using a variety of media.** One identified data source is *Innovation in outreach*, with the benchmark set as a minimum of one webcast or recorded outreach activity annually. It is unclear how this data/benchmark would provide a measure of relevance, timeliness and effectiveness with respect to stakeholder information needs. How, for example, will the program measure whether it is providing relevant information to all stakeholders in a way that is timely and effective?
- **Goal 5.2: Teaching Facilities – Appropriate facilities for lectures, labs, and tutorials are available, maintained, and safe.** The identified data source is the availability of teaching space, and the benchmark is that adequate space is available (through central booking). While this would ensure availability, it is unclear how this

ensures that lecture, lab and tutorial spaces are maintained and safe. How, for example, will the program confirm that the facilities are safe?

Recently the program has implemented a number of changes that are not reflected in the program evaluation plan. For example:

- As described in the submission for criterion 1.2, a new governance structure has recently been implemented with the creation of an Associate Director position for the physiotherapy program and a shared leadership model. As was explained in the program's response to the Peer Review Team report, during accreditation review, *"The shared leadership model solution that we created is also not different from several of the Health Professions Schools across Canada, and has proven to be successful and strong. We are currently experiencing the benefits of this model, and it is premature to consider if we want to continue it or return to our previous model."* (p. 4). However, evaluation of this new model is not mentioned in the program's evaluation plan and so it was unclear to PEAC how the program will evaluate whether or not to continue with the model.
- As described in the submission for criterion 1.4, a review of administrative staff was conducted in December 2019 and recommended changes to administrative support were approved. It is presumed that the review identified concerns with the previous administrative support structure and that the recommended changes were designed to address these concerns. However, evaluation of the new administrative support structure is not mentioned in the program's evaluation plan. It was unclear to PEAC how the program will evaluate the change to determine whether it has resolved the original identified concerns.
- As described in the submission, the program has recently implemented revisions to the curriculum, including better integration of the final two clinical placements within the Year 2 learning. These changes were made in response to results of a 360°, multi-stakeholder curriculum review project in 2015 followed by a curriculum review retreat in 2016. However, evaluation of the impact of the changes made to the curriculum are not reflected in the program's current evaluation plan, particularly whether the identified concerns with the previous curriculum have been resolved as a result of the changes. In the response to the requests made in the Offsite Review report, the final column related to the curriculum review in Example 3 states *"Long-term impact of the revised master plan is unknown at this time but will be monitored using data collected through our ongoing program evaluation plan."* (p. 12). PEAC does not see this reflected in the program's evaluation plan.

Finally, as identified in the Offsite Review report, some of the changes described in the program's Self Study Report were made for reasons that were unclear to PEAC. For example, goal **1.3 – Clinical Community** includes a benchmark that the School-led physiotherapy clinic provide at least five clinical placements annually. However, the Self Study Report, item 1.3.4 states that the *"availability of appropriate clinical placements*

has exceeded the requirements for each placement from 2014-2019' (p. 34). The program's response to the Offsite Review report identifies that "the need for [the clinic] has escalated with the increased intake of students over the past decade" (p. 15). This appears contradictory.

PEAC considers the program evaluation plan to be a road map for the program to follow, allowing the program to confirm that identified program goals are met and to make changes if they are not met. The plan presented (Appendix 2.3.1 of the Self Study Report) is missing key elements that would ensure smooth implementation of evaluative processes.

**Request:** In **Progress Report #1 due on or before October 31, 2020**, please revise the program evaluation plan to include:

- benchmarks that will allow the program to better determine whether a goal has been met (i.e. benchmarks that better align with the goal statement)
- the process to follow to identify and implement a needed change if a goal/benchmark has not been met
- the roadmap for re-evaluation upon implementation of a change (data, accountability, responsibility, timelines) in order to be sure that the change had the intended result (i.e. to meet the benchmark). This could be illustrated by the addition of 2-3 columns to the existing plan (Appendix 2.3.1 of the Self Study Report).

It is possible that PEAC will make further requests upon review of the submission of Progress Report #1.

CRITERION 2.4	REQUIRED EVIDENCE
<p><b>The program collects data for a systematic and comprehensive evaluation and re-evaluation of program effectiveness on a regular basis, and</b></p> <p><b>2.4.1 data collected must include feedback from all key stakeholder groups including students, recent graduates, and employers.</b></p>	<p>In addition to other evidence, <b>must</b> include:</p> <p>→ results from the Physiotherapy Competency Exam (PCE) from two most recent cohorts for which there are results (at the time of SSR submission)</p> <p>OR</p> <p>→ comprehensive exam results (if graduates do not sit the PCE)</p> <p>AND</p> <p>→ graduation rates/attrition rates over past five years</p>
	<p><b>EXAMPLES OF EVIDENCE</b></p>
	<p>May include but not limited to:</p> <p>→ documentation of student, faculty, staff, graduate, and employer surveys</p>



**Essential Concept:** The program collects comprehensive data in accordance with their program evaluation plan.

- documentation of student completion rates, employment rates and career paths of graduates
- documentation of processes for consultation with stakeholders, e.g., advisory committees, task forces, surveys
- student evaluation of courses and clinical placements
- policies and procedures for evaluation of clinical placement education

**Explanatory notes:**

The evidence would adequately illustrate the criterion by demonstration and commentary such as:

- The program is engaged in collecting information on a regular and ongoing basis that includes input and feedback from stakeholders in the program, including students, faculty, staff, clinicians, clinical instructors, regulators, employers, and other external stakeholders as appropriate.
- The results of students' performance assessment demonstrate the program's effectiveness in meeting the needs of the students and the goals of the program.
- The collection of information uses multiple approaches to assessment and includes data from a variety of sources. Information may be obtained from, but is not limited to students, faculty, support staff, university administrators, and other stakeholders in the program.
- Individual courses and the curriculum as a whole are assessed through a variety of mechanisms.
- The faculty regularly assesses the performance of recent graduates related to the learning outcomes<sup>G</sup> of the curriculum as well as the specific expectations linked to the program's unique mission and goals.
- The program gathers information related to graduates' performance on the Physiotherapy Competency Examination.
- Assessment of the clinical placements can include the evaluation of clinical sites, the quality of student supervision, the availability of a variety of learning experiences, and the effectiveness of communication among all those associated with the clinical education placements.

**Level of Compliance:**

**Criterion Partially Met**

**Comments:** The program collects data in accordance with the described plan. However, as described in the comments for criterion 2.3, the data sources do not consistently align with the stated goals.

For example, goal 5.5 states "*Equipment and technology to support the teaching and research are available, maintained, and renewed as appropriate.*" (Appendix 2.3.1 p. 12). The data collected to inform the program about attainment of this goal are "*availability of equipment and technology*" from the School's equipment registry. PEAC suggests that additional data should be collected if the program seeks to confirm that equipment and technology is renewed as appropriate. It is also unclear how the program confirms that equipment is maintained as required using the data currently collected in alignment with the program plan.

**Request:** In **Progress Report #1 due on or before October 31, 2020**, please provide evidence of data collection/data sources that will allow the program to confirm whether the goals/benchmarks identified in the (resubmitted) evaluation plan have been met.

It is possible that PEAC will make further requests upon review of the submission of Progress Report #1.

CRITERION 2.5	EXAMPLES OF EVIDENCE
<p><b>The program analyzes and synthesizes program evaluation data to identify need for change.</b></p>  <p><b>Essential Concept:</b> The program has mechanisms to analyze data to identify need for change in accordance with their program evaluation plan.</p>	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> <li>→ evidence of comprehensive analysis of all data gathered for criterion 2.4</li> <li>→ samples of reports of program evaluation</li> <li>→ annual reports; external review reports</li> <li>→ use of data to identify the program's strengths and weaknesses; evaluation of needs for change</li> </ul>
<p><i>Explanatory notes</i></p> <p>The evidence would adequately illustrate the criterion by demonstration and commentary such as:</p> <ul style="list-style-type: none"> <li>➤ Program evaluation includes the collection of data from multiple sources that are analyzed in relation to the desired program outcomes, and to identify strengths and weaknesses of the program and required changes.</li> <li>➤ The program analyses the results of the evaluation of clinical placements to determine their adequacy in meeting its educational mission and goals and the needs of the students.</li> </ul>	

**Level of Compliance:**

**Criterion Partially Met**

**Comments:** The program analyzes the data it collects. However, despite that analysis, PEAC did not find clear alignment between the results of the analysis and the changes made to the program. PEAC acknowledges the program's response to the Peer Review Team report which states:

*As an example of yearly analysis of data, in Standard 5.3 regarding admissions, we included this statement, "An example of an admissions report (June 2019) to the full faculty of the School of physiotherapy during the retreat is found in Appendix 5.3.6 – Admissions Report 2019." The report included the analysis of preliminary CASPer data including descriptive statistics, correlations etc. (p. 9).*

The Admissions Report describes the process and the results of the 2019 admissions and provides statistics about the applicants and the interviewees, by geographic distribution, GPA, interview score, and in accordance with the Equitable Admissions Policy. While not stated explicitly, it appears that these data were analyzed in order to illustrate **Goal 1.1 Students: Our student body consists of a group of 'likely to succeed' students demonstrating academic excellence, and cultural and geographic diversity, carefully selected from a strong pool of qualified applicants.**

However, the results of the analysis are not linked to the identified benchmarks (20% increase in qualified applicants, 20% increase in under-represented groups, 15% increase from Non-Atlantic provinces, > 3.8 GPA). The report makes no comment in



is less clear is the link between that data, the program goals, and how the program determines whether those goals are met. PEAC seeks evidence of this completed loop.

The additional information provided in the program's response to the requests in the Offsite Review report describes the data collected and actions/changes made. However, there is no comment about the conclusions drawn from that process (whether the goal has been met or not).

One example provided is for **Goal 2.2: Faculty actively engage with local, national and international researchers, health professionals, and health care organizations to increase awareness, and maximize impact, of research initiatives.** The actions taken are to implement a common CV, staff training with respect to creation and maintenance of the common CV, and access to SciVal. What is unclear is whether these actions resulted in attainment of Goal 2.2 (do the faculty maximize the impact of research initiatives?).

Another example is for **Goal 3.1: The program promotes a culture of service and engagement through involvement in impactful and innovative outreach initiatives and research initiatives.** The action taken was to open the Dalhousie Physiotherapy Clinic. Can the program now confirm that the goal (a culture of service and engagement) has been achieved?

**Request:** In **Progress Report #2 due on or before March 15, 2021**, please provide evidence of five changes made within the program and the impact of those changes. Each of the changes should be described in terms of the fully closed loop of the program evaluation cycle:

- The benchmark (measurable) that the program wished to achieve
- The required change that was identified in order to achieve the desired result
- The implementation of the change (who/when/what)
- Re-measurement against the desired result
- A statement whether the result was achieved or not
- Next steps (especially if not achieved)

PEAC seeks evidence that demonstrates that the program has a robust ongoing quality assurance process implemented in alignment with its own program evaluation plan. Demonstration of such a process requires that the program illustrate the evaluation loop, and show how it will know whether or not a result has been achieved.

It is likely that PEAC will make further requests for ongoing updates following submission of Progress Report # 2.

## STANDARD 4: STUDENTS

**Accreditation documentation must explicitly describe and include evidence that: The program supports and prepares students with the competencies relevant to physiotherapy practice and regularly assesses their competencies and achievements.**

CRITERION 4.3	REQUIRED EVIDENCE
<p><b>The program has a required mix of clinical education experience that is designed to encompass essential areas of practice and settings across the lifespan, and that enables students to achieve the required competencies.</b></p> <p><b>4.3.1 Each student attains the required mix as defined by the program.</b></p> <p><b>4.3.2 Each student attains a minimum of 1025 hours of clinical education experience; the majority of these hours shall be under the supervision of a licensed/registered physiotherapist.</b></p>  <p><b>Essential Concept:</b> The program demonstrates that students experience 1025 hours of clinical placements that encompass essential areas of practice and settings as defined by the program and by the profession.</p>	<p><b>Must include:</b></p> <ul style="list-style-type: none"> <li>→ FORM-SSR-4.3a which requires the program to state its defined required mix, describing the requirements in relation to areas of practice, settings, and lifespan</li> <li>→ FORM-SSR-4.3b which lists the clinical sites offering clinical placements to the program's students</li> <li>→ summary table for each of the three most recently graduated cohorts (at the time of SSR submission)</li> </ul> <p><b>NOTE:</b> Requirements related to areas of practice must include a minimum of 100 hours in each essential area of practice (cardiovascular and respiratory, musculoskeletal, neurological) as described in the Clinical Education Guidelines for Canadian University Programs (2011)</p>
<p><b>Explanatory notes</b></p> <p>The evidence would adequately illustrate the criterion by demonstration and commentary such as:</p> <ul style="list-style-type: none"> <li>➤ The clinical placement experiences are adequate in number and hours, appropriate in scope and are diverse enough to meet the objectives of clinical education and the competencies for professional practice</li> <li>➤ Mechanisms exist to track student clinical placement learning experiences</li> <li>➤ Clinical placement experiences for students are planned based on student progression in the curriculum, the type of supervision required, the variety of experiences needed, and the learning outcomes to be achieved.</li> <li>➤ The program establishes policies and procedures with the clinical instructors, which help to assure that students receive guidance and regular formal and informal assessment of their clinical performance.</li> <li>➤ The program ensures adequate orientation, support, and regular learning opportunities for clinical instructors.</li> </ul>	

**Level of Compliance:**

**Criterion Not Met**

**Comments:** The program was unable to provide the required evidence that the students in each of the last three graduating cohorts completed the program's required mix of clinical education experiences prior to graduation. Required evidence was communicated to education programs in an *eBlast* in May 2017, in a *recorded webinar* in November 2017, and detailed in a face-to-face session with NACEP in the Fall of 2018. The materials from the face-to-face session were circulated to NACEP members.

The onsite visit confirmed that the program began closer tracking of clinical education experiences recently and the required level of tracking was available for the 2019 graduating cohort. Prior to that date, student portfolios had not been consistently completed and gaps in clinical experiences were not flagged.

The program's required mix includes one placement in each of three pillars (musculoskeletal, cardiorespiratory and neurology), and two additional senior/integrated placements for a total of 1125 hours. These senior placements occurred at the end of the program in the previous curriculum, and in the revised curriculum introduced in September 2019, they have been moved to integrate within Year 2 academic content.

The program's mix does not include a requirement that each student have exposure to each of acute/hospital care, rehabilitation/ long term care, ambulatory care settings prior to graduation as described in the Clinical Education Guidelines for Canadian University Programs (2011). The summary table for the 2019 graduating cohort suggested that some 2019 graduates did not experience either an ambulatory care placement or a rehabilitation/long term care placement.

The list of available clinical placement sites provided in SSR-FORM-4.3b suggested an adequate number of sites/settings/contexts to accommodate the program's students. This was also suggested in the the Self Study Report where item 1.3.4 states that the "*availability of appropriate clinical placements has exceeded the requirements for each placement from 2014-2019*" (p. 34). Yet not all students achieve all the requirements even with the new tracking now in place.

**Request:** In **Progress Report #2 due on or before March 15, 2021**, please provide evidence that the clinical experiences of each student have been tracked in enough detail to ensure there were no gaps in the required mix of clinical education experiences prior to graduation. Please also provide evidence that any gaps in each student's clinical experience are flagged and addressed prior to graduation. Please submit not only narrative as evidence, but also the raw data (anonymized) for the 2020 graduating cohort (complete) and the 2021 graduating cohort (incomplete) in a way that illustrates the level of detail collected and the mechanism used to identify where gaps may exist.

CRITERION 4.4	EXAMPLES OF EVIDENCE
<p><b>There is a framework for evaluation of student achievements with clearly defined evaluative criteria and outcomes.</b></p> <p><b>4.4.1 A variety of appropriate methods and tools are used to measure student performance.</b></p> <p><b>4.4.2 The program provides appropriate and timely feedback to students about their strengths and opportunities for improvement and remediation.</b></p> <div style="display: flex; align-items: center; margin-top: 20px;">  <p><b>Essential Concept:</b> Students are evaluated in a variety of ways, given timely feedback, and given appropriate opportunities for remediation.</p> </div>	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> <li>→ policies and procedures related to evaluation and student progression</li> <li>→ course outlines including expected learning outcomes and evaluative criteria/methods</li> <li>→ samples of the variety of methods and tools used to measure academic performance</li> <li>→ minutes of meetings related to student promotion and progression / reports of student performance</li> <li>→ student handbook</li> </ul>
<p><i>Explanatory notes</i></p> <p>The evidence would adequately illustrate the criterion by demonstration and commentary such as:</p> <ul style="list-style-type: none"> <li>➤ There are faculty, staff and systems to track students, their needs and performance.</li> </ul>	

**Level of Compliance:**

**Criterion Partially Met**

**Comments:** The accreditation review revealed two areas of concern with respect to student assessment. First, with respect to student performance, students reported that they have provided input to program administrators about the need for more individual feedback following examinations. Program administration confirmed that students had approached them with these concerns but that a successful solution had not yet been implemented. With respect to methods of assessment, students expressed that examination content does not always align well with the course content that was taught. PEAC acknowledges the program’s comments that in *“the [student survey] data, collected over the past 5 years, there is no evidence that assessments do not align with content, or that very little feedback is provided in our courses.”*

Second, 0% of students have received “no credit” on the Assessment of Clinical Performance (ACP) since 2014. This is highly unusual. It suggests that the methods of evaluation or preceptors’ knowledge about how to complete the ACP may warrant exploration. PEAC acknowledges the program’s comments that *“on exit surveys the majority of students report good or excellent in preparation for practice after graduation”* and that *“the recent graduate and employer surveys, report that graduates of our program are at an entry to practice level or above.”* PEAC also notes that in the interview, preceptors reported clear and open lines of communication with the program’s ACCE. However, preceptors commented that the only training they receive

on the ACP is an online education module which may be inadequate in isolation for some preceptors.

These discrepancies between data collected by the program and the information gleaned during interviews reinforces the need to collect data using multiple approaches in order to triangulate and identify common themes.

**Request:** In **Progress Report #2 due on or before March 15, 2021**, please provide evidence that the program has addressed student concerns regarding 1) how student achievements are evaluated and 2) provision of feedback to students in a timely manner regarding their strengths and opportunities for improvement and remediation.

Please also provide evidence of preceptor preparedness and competency in evaluating student performance on clinical placements across all placements, not only the final placement prior to graduation.

## STANDARD 5: ACCOUNTABILITY

CRITERION 5.2	EXAMPLES OF EVIDENCE
<p><b>The program provides an environment that is safe and protects the rights of all individuals including students, faculty, staff, and others participating in activities associated with the program.</b></p>  <p><b>Essential Concept:</b> The rights and safety of all individuals involved in any aspect of the program are protected.</p>	<p>May include but not limited to:</p> <ul style="list-style-type: none"> <li>→ policies and procedures regarding:               <ul style="list-style-type: none"> <li>○ preserving privacy, dignity and safety of students, faculty, staff and others involved in learning and teaching activities</li> <li>○ informed consent</li> <li>○ threats/harassment</li> <li>○ occupational health and safety</li> <li>○ grievance and complaints</li> </ul> </li> <li>→ documentation of incidents related to unsafe environment and actions taken to resolve issue</li> <li>→ safety regulations and emergency procedures are posted</li> </ul>
<p><b>Explanatory notes</b></p> <p>The evidence would adequately illustrate the criterion by demonstration and commentary such as:</p> <ul style="list-style-type: none"> <li>➤ The university has policies and procedures to protect the rights and safety of all individuals involved in any aspect of the physiotherapy program.</li> <li>➤ The university and the program ensure that students are informed of potential health risks they may encounter throughout the education program and when at clinical placements.</li> <li>➤ Policies and procedures ensure fairness in the handling of student and faculty concerns and complaints at all levels of the program and university.</li> </ul>	

- The university, the program, and each clinical placement site have policies describing confidentiality of records and other personal information, as well as policies and procedures about the use of human subjects in demonstrations and practice for educational purposes and research, if applicable.

**Level of Compliance:**

**Criterion Fully Met**

**Comments:** The accreditation review revealed that maintenance records for the program's electrotherapy equipment were no longer available. While equipment maintenance schedules are not required evidence for accreditation reviews, evaluating compliance with this criterion includes seeking evidence of a safe environment for students, faculty and staff. It would be expected of any environment where electrotherapy equipment is used with individuals (whether in an education context or in practice) that maintenance logs be kept as part of required documentation to ensure safety. It is also a regulatory requirement for physiotherapists to document regular maintenance of this equipment and an important practice to model for students.

**Request:** None.

## STANDARD 6: PHYSIOTHERAPY COMPETENCIES

PEAC recognizes that the program has recently implemented a revised curriculum. The timing of the implementation was such that at the time of the onsite visit, one cohort (Year 2), and all graduates, employers and preceptors could provide feedback related the previous curriculum. The other cohort (Year 1) could provide preliminary feedback (term 1 and part of term 2) about the revised curriculum. At the time of the accreditation review, the program had not yet fully developed all course content, learning activities and student assessments, especially for the revised curriculum in Year 2, Terms 2 & 3. It is understandable that much of the revised curriculum has not yet been evaluated.

The curriculum review was described in the program's 2016 and 2017 Progress Reports where the master plan was provided, mapping the modules and clinical placements across the 24 months of the program and confirming that total credit hours and placement hours remained unchanged. The restructuring of the program reflected a change in pedagogy and was supported by feedback from broad stakeholder consultation. PEAC anticipates that as part of the curriculum revision process, the program would have mapped course objectives/competencies/content to both the old and new curricula to ensure that the revision did not create any unnoticed gaps in content or competency.

During the accreditation review, evidence of compliance with criteria 6.2, 6.3, 6.5, and 6.6 was complete. Gaps in evidence were found for criteria 6.1, 6.4, and 6.7. Additional evidence of compliance is requested below.

<b>ROLE 6.1 EXPERTISE IN PHYSIOTHERAPY</b>
<b>CRITERION 6.1.1</b>
<p><b>Consult with the client to obtain information about his/her health, associated history, previous health interventions, and associated outcomes.</b>  <b>Collect assessment data relevant to the client’s needs and physiotherapy practice.</b></p>
<p><i>Explanatory notes</i>            The program prepares students to:</p> <ul style="list-style-type: none"> <li>➤ Collect and review all background information relevant to the client’s past and current health from multiple sources (e.g., client, previous health records, other health care-practitioners, professional colleagues, or family).</li> <li>➤ Identify the client’s personal and environmental factors affecting his/her functional abilities, physical performance, and participation.</li> <li>➤ Determine the client’s expectations related to physiotherapy services.</li> <li>➤ Select quantitative and qualitative assessment methods and measures based on evidence-informed practice.</li> <li>➤ Inform the client of the nature and purpose of assessment as well as any associated significant risk.</li> <li>➤ Use their knowledge in biological, psychosocial, and basic sciences to perform a safe and effective physiotherapy assessment, taking into account client consent, known indications and contraindications, practice guidelines, client-specific limitations, and risk-benefit considerations.</li> <li>➤ Monitor the client’s health status for significant changes during the course of assessment and take appropriate actions as required.</li> </ul>
<b>CRITERION 6.1.2</b>
<p><b>Analyze assessment findings, and establish a physiotherapy diagnosis and prognosis.</b></p>
<p><i>Explanatory notes</i>            The program prepares students to:</p> <ul style="list-style-type: none"> <li>➤ Identify the nature and extent of the client’s impairments, activity limitations, and participation restrictions within the context of the client’s goals and needs.</li> <li>➤ Formulate a physiotherapy diagnosis based on the analysis of client assessment findings.</li> <li>➤ Identify the need for and potential value of physiotherapy intervention.</li> <li>➤ Identify when physiotherapy services are not required or indicated.</li> <li>➤ Discuss physiotherapy diagnosis and prognosis with the client, and other health professionals / team members as appropriate.</li> </ul>
<b>CRITERION 6.1.3</b>
<p><b>Develop and recommend a physiotherapy intervention strategy.</b>  <b>Implement the intervention.</b></p>
<p><i>Explanatory notes</i>            The program prepares students to:</p> <ul style="list-style-type: none"> <li>➤ Establish and prioritize, with the client, expected outcomes based on the assessment findings and evidence-informed practice.</li> <li>➤ Establish goals with the client that are specific, measurable, action oriented, realistic, and time-specific.</li> <li>➤ Recommend interventions that are evidence-informed, consistent with the client’s needs and goals, and all available resources including referral to other services as appropriate.</li> <li>➤ Implement physiotherapy interventions<sup>G</sup> in accordance with client consent and in a competent, safe and effective manner.</li> </ul>

- Determine the client's need for supervision and implement appropriate monitoring during specific physiotherapy interventions.
- Educate the client about health promotion, self-management, and relevant services with respect to his/her unique condition.
- Maintain continuity in physiotherapy service delivery, where resources permit (e.g., communicate with physiotherapists and other health professionals who share responsibility for service delivery, arranging for substitute service, as appropriate).

#### CRITERION 6.1.4

#### Evaluate the effectiveness of interventions.

#### Complete physiotherapy services.

##### *Explanatory notes*

The program prepares students to:

- Discuss with the client the nature, purpose, and results of ongoing assessment and outcome evaluations.
- Monitor client responses and changes in status during the interventions and modify intervention accordingly.
- Evaluate effectiveness of the intervention strategy on an ongoing basis using appropriate outcome measures<sup>6</sup>.
- Assess client status prior to the completion of physiotherapy services and compare with initial assessment findings.
- Discuss a plan for service completion with the client (e.g., recommend service options, self-management plan).
- Discontinue physiotherapy intervention as indicated or upon the client's request.

#### Level of Compliance:

**Criterion Partially Met**

**Comments:** The content of the courses in the new curriculum to which this criterion is mapped has not yet been fully developed and therefore compliance with this criterion in the new curriculum could not be verified. The courses in question will not be delivered until February 2021.

**Request:** In **Progress Report #2 due on or before March 15, 2021**, please provide evidence of 3-5 course objectives and associated learning activities and student assessment in the new curriculum (in a format similar to SSR-FORM-6) to demonstrate compliance with criteria 6.1.1, 6.1.2, 6.1.3, and 6.1.4. Ensure that the chosen examples span practice contexts and that the assessments illustrate a variety of assessment methods.

### ROLE 6.4 MANAGEMENT

#### CRITERION 6.4.1

#### Manage individual practice effectively.

##### *Explanatory notes*

The program prepares students to:

- Understand the structure, funding, and function of health systems, including health teams.
- Apply business principles to physiotherapy service delivery in public and private sectors.
- Provide services considering client needs and allocation of available human, physical, and financial resources.
- Set priorities and manage time for provision of client services and general physiotherapy practice delivery.
- Balance time for work, professional activities, and personal responsibilities.

- Be accountable for own actions and decisions (e.g., ensuring ability to meet professional obligations).

### CRITERION 6.4.2

#### Manage and supervise personnel involved in the delivery of physiotherapy services.

##### Explanatory notes

The program prepares students to:

- Assess, orient, and provide ongoing feedback to personnel involved in the delivery of physiotherapy services.
- Assign tasks to and monitor personnel acting within established regulatory guidelines.

### CRITERION 6.4.3

#### Participate in activities that contribute to a safe working environment and effective physiotherapy practice.

##### Explanatory notes

The program prepares students to:

- Anticipate, recognize, and prevent hazards in the physical environment (e.g., infection prevention and control, hazardous waste, electrical safety, equipment).
- Deliver physiotherapy services in a safe physical environment for self, other team members, and staff.
- Promote client safety in the selection and application of assessment, intervention, and evaluation measures.
- Participate in quality improvement and client safety initiatives.

#### Level of Compliance:

**Criterion Partially Met**

**Comments:** PEAC acknowledges the program's comment that students acquire competencies in managing time, resources, and priorities when on clinical placements. We agree that "*clinical education cannot be seen as a separate entity to in-class, didactic learning.*" However, the expectation as described in the preamble to Standard 6 is that students be provided with instruction and assessment for each competency in class. Students then have the opportunity to integrate and apply this learning during their clinical experiences. There were limited examples provided to demonstrate compliance with this criterion; only two examples clearly aligned with criterion 6.4.2.

**Request:** **6.4.2: In Progress Report #2 due on or before March 15, 2021,** please provide evidence of 2-3 course objectives and associated learning activities and student assessment in the new curriculum (in a format similar to SSR-FORM-6) to demonstrate compliance with criterion 6.4.2.

## ROLE 6.7 PROFESSIONALISM

### CRITERION 6.7.1

#### Conduct self within legal/ethical requirements.

##### Explanatory notes

The program prepares students to:

- Provide services within physiotherapy scope of practice and personal competence.
- Maintain a professional therapeutic relationship with clients<sup>6</sup> (e.g., maintain professional boundaries, integrity, and act in the best interest of the client).

- Provide services while upholding professional codes of ethics, standards of practice and other professional obligations.
- Inform the client regarding all uses of collected personal and health data and obtain client consent.
- Maintain client confidentiality/privacy as required by applicable legislation.

### CRITERION 6.7.2

#### Respect the individuality and autonomy of the client.

##### *Explanatory notes*

The program prepares students to:

- Demonstrate sensitivity to and respect for each client's rights, dignity, and uniqueness<sup>6</sup>.
- Treat the client with respect and empower the client in expressing individual needs.

### CRITERION 6.7.3

#### Contribute to the development of the physiotherapy profession.

##### *Explanatory notes*

The program prepares students to:

- Contribute to the learning of others (e.g., support student clinical education; support colleagues through feedback, mentorship, and knowledge transfer).
- Engage in activities that support the development of the profession of physiotherapy (e.g., participate in in-service presentations, local and national conferences, professional committees, and public education of other health care professionals).
- Use opportunities to communicate the role and benefits of physiotherapy to enhance individual and community health including health promotion and disease prevention.

#### Level of Compliance:

**Criterion Partially Met**

**Comments:** The accreditation review revealed limited evidence to demonstrate compliance with criteria 6.7.1, 6.7.2 and 6.7.3, related to professional practice. In its response, the program indicated that more examples can be provided.

**Request:** In **Progress Report #2 due on or before March 15, 2021**, please provide evidence of 2-3 additional course objectives and associated learning activities and student assessments in the new curriculum (in a format similar to SSR-FORM-6) to demonstrate compliance with criterion 6.7.

#### ***Next Accreditation Activity***

Submission of a first Progress Report due on or before October 31, 2020, a second Progress report due on or before March 15, 2020 and a focussed onsite visit to be scheduled in the summer of 2021.

#### ***Notice to Program***

The status of Accreditation is awarded as indicated in this *Accreditation Review and Status Report*. The level of accreditation granted is Accreditation – Probationary. The maximum length of time a program can maintain probationary accreditation status is two years (until April 30, 2022). If it is judged by PEAC that insufficient work is being done towards achieving a level of compliance of “Fully Met” in each of the PEAC accreditation

criteria, the program's level of accreditation will be assessed and a change to Non-Accreditation may be made.

### **Maintenance of Accreditation Status**

It is the responsibility of the education program to maintain compliance with the accreditation standards. Evidence of continuing compliance includes:

- submission of Progress Reports as required in this AR & SR
- submission of an annual report (survey link will be provided to each program annually by PEAC)
- payment of the annual accreditation fee (invoiced annually) (*GUIDE-10 Fee Schedule*)
- reporting of any substantive change in an education program (*ACC-04 Substantive Change*)
- publication of accreditation status using required text—see below (*ACC-02 Disclosure*)

### **Notification of Accreditation – Probationary: faculty, staff, students**

Within two weeks of receipt of the AR & SR (**on or before May 15, 2020**), the Associate Director of the MScPT program (Dr. D. Rutherford) and the Director of the School of Physiotherapy (Dr. L. Shaw) are required to inform the **faculty, staff, and students enrolled in the program, and students seeking enrollment in the program** about the program's probationary accreditation status. The text below must be used for such notification, and the program must submit evidence of such notification to PEAC within three weeks of receipt of the AR & SR (**on or before May 15, 2020**).

*Physiotherapy Education Accreditation Canada (PEAC) is responsible for accrediting physiotherapy education programs. The Master of Science (Physiotherapy) program at Dalhousie University, following the most recent Accreditation Review, has received notice from PEAC that the program has been awarded Accreditation – Probationary. Probationary accreditation status is awarded when deficiencies are identified with respect to compliance with some of the accreditation standards and criteria. Under probationary accreditation status the program continues to be accredited.*

*The Master of Science (Physiotherapy) program will be working towards fixing these identified deficiencies, with the goal to be awarded Accreditation – Partially Compliant or Accreditation – Fully Compliant. In the unlikely event that the program is awarded non-accreditation status in the future:*

- *students who were admitted to the program while it held Accreditation – Fully Compliant status or Accreditation – Partially Compliant status will be considered as graduates of an accredited program, if the program respects certain conditions. The conditions, may, for example, specify requirements for academic or clinical education and will be specified by PEAC on a case-by-case basis.*

- *students who were admitted to the program while it held probationary accreditation status will not be considered graduates of an accredited program at the time of graduation if the program holds non-accreditation status at that time.*

*The program's accreditation status is important to graduating students with regards to becoming licensed to practice physiotherapy in Canada. It is recommended that students contact the Canadian Alliance of Physiotherapy Regulators ([alliancept.org](http://alliancept.org)) for information regarding the process to become licensed as a physiotherapist in Canada following graduation.*

*Details regarding accreditation decisions, including probationary accreditation status, can be found on the PEAC website ([peac-aepc.ca](http://peac-aepc.ca)). Any questions can be directed to *(Insert Name of appropriate faculty member)*.*

### **Statement of Disclosure**

It is required for the Master of Science (Physiotherapy) program at Dalhousie University to **publish** its accreditation status as part of its responsibility to maintain compliance with the accreditation standards. This information must be easily accessible for prospective and current students and other stakeholders/partners in the education program. Please update the necessary webpages, publications and documents by May 15, 2020.

The required text for programs holding Accreditation – Probationary when publishing their information publicly is:

*The Master of Science (Physiotherapy) program at Dalhousie University has completed the accreditation review process administered by Physiotherapy Education Accreditation Canada (PEAC). PEAC is an incorporated body under the Canada Not-for-profit Corporations Act and operates as the accrediting agency for physiotherapy education programs in Canada. The status of Accreditation – Probationary was granted to the program on April 30, 2020. A description of Accreditation – Probationary follows.*

*More details regarding the definitions of the levels of accreditation are available at <http://www.peac-aepc.ca/english/accreditation/levels-of-accreditation.php> or by contacting Physiotherapy Education Accreditation Canada, Suite 26, 509 Commissioners Road West, London, Ontario, N6J 1Y5, (226) 636-0632, [www.peac-aepc.ca](http://www.peac-aepc.ca)*

## ACCREDITATION – PROBATIONARY

- A program is non-compliant in a CORE criterion OR
- A program is in compliance with less than 50% of the accreditation criteria in one standard OR
- A program is in compliance with less than 80% of the accreditation criteria in more than two standards OR
- A program fails to demonstrate progress in addressing the identified concerns in its required Progress Report(s)

## STUDENTS–IMPORTANT TO NOTE

- If a program loses its accreditation status, its students may not be considered graduates of an accredited physiotherapy education program.
- Students must be considered graduates from an accredited physiotherapy education program in Canada in order to be eligible to write the Physiotherapy Competency Exam and be licensed to practice physiotherapy in Canada.
- The program's accreditation status is important to graduating students with regards to becoming licensed to practice physiotherapy in Canada. It is recommended that students contact the Canadian Alliance of Physiotherapy Regulators ([alliancept.org](http://alliancept.org)) for information regarding the process to become licensed as a physiotherapist in Canada following graduation.

When and wherever an education program makes public disclosure of its accreditation status, it must include the full name, address and contact information for PEAC as: Physiotherapy Education Accreditation Canada, Suite 26, 509 Commissioners Road West, London, Ontario, N6J 1Y5, (226) 636-0632, [www.peac-aepc.ca](http://www.peac-aepc.ca)

**Should the program choose to make public the contents of its accreditation reports, including this Accreditation Review and Status Report, the reports must be published in full.**