

## EMERGENCE OF CLINICAL DOCTORATES

### HIGHLIGHTS

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An article in the June 22, 2007 issue of *The Chronicle of Higher Education* is entitled, "Credential Creep." The subheading reads, "Professional doctorates, which take less time than the Ph.D. are spreading fast—as are concerns about their uneven quality." One worry is that new doctoral programs are being introduced in a kind of "Wild West atmosphere." Uncertainty is being expressed at the level of regional accrediting bodies regarding how to evaluate these programs as they come into existence.

Consistency is one of the concerns that comes up repeatedly in discussions about the emergence of professional doctorates. Questions about the length of programs, their content, and the number of credits required, do not necessarily produce uniform answers. Another issue pertains to having institutions, which essentially are undergraduate in nature, moving into the realm of producing individuals with professional doctorates. Given the extent of faculty shortages in many allied health professions, another topic that needs clarification is whether holders of professional doctorates can fill such gaps. If so, will they have the same responsibilities and perquisites as Ph.D.-prepared faculty?

ASAHP has developed a *Task Force on Clinical Doctorates*. Board Members of this Association currently are reviewing a draft document that was developed by this Task Force. The next step will be to bring this item to the attention of the entire membership for review and comment. Whatever position that ultimately is adopted then will be distributed to participants in the accreditation community.

The Task Force chose to address the following two considerations: (1) The distinction between entry level clinical doctorates such as in physical therapy and advanced practice doctorates such as those in nursing, and (2) the hallmark characteristics of both types of doctorates. Also being examined are the distinctions among the first professional degree, the advanced professional degree, and the terminal academic degree. The latter is not a professional degree. Instead, it is the research degree within a profession.

The Health Professions Network, a collaborative group of organizations, held a meeting in April and one of the topics on the program was the whole notion of clinical doctorates. ASAHP President **David M. Gibson** was an invited panelist who offered his views on the matter (see pages 5-6 of this issue of the newsletter for his remarks on that occasion).

Finally, there is the matter of patients, the intended beneficiaries of changes in academia. Will they be able to distinguish among practitioners called doctor and will it make any difference whether they are able to do so or not?



VANGUARD OF  
ALLIED HEALTH EDUCATION

Trends is the official newsletter of the Association of Schools of Allied Health Professions (Suite 333, 4400 Jenifer St. NW, Washington, D.C., 20015. Tel: 202-237-6481) Trends is published monthly and available on the Association's website at [www.asahp.org](http://www.asahp.org). For more information, contact the editor, Thomas W. Elwood, Dr.PH.

# PRESIDENTS'S MESSAGE

By David M. Gibson, ASAHP President



“On one level, we should not be surprised when ethical lapses occur. Every additional employee added to the organization represents another unique bundle of values, experiences and motivations that are well formed and hard to influence. Indeed, human development scholars tell us that one’s basic personality and core beliefs are formed by an early age, certainly before they join the public sector workforce.” (Stephen J. Smith, “Ethics Training: Why Bother?”, *PA Times*, American Society for Public Administration, June 2007, p.3).

The ethical violations at my own university that have ripped at the heart of our academic enterprise do not stand alone in the academy. Indeed, Andrew Cuomo’s investigations of the lending industry cozy relationships with financial aid officers in a few colleges have revealed a veritable plethora of abuses, even into some of our most revered higher education institution.

In our own colleges and universities, the incidents of student plagiarism and cheating have become almost an epidemic. As one of my colleagues noted, it is “not so much that the students regret their cheating, they blame themselves for not being smart enough to have gotten away with it.” A Nobel Prize winner who later is found to have manufactured results, probably epitomizes the worst of a cheating culture. The ubiquity of cheating is matched only with the almost universal rationale: “I didn’t know that was cheating; that was plagiarism.” Notwithstanding student handbooks that clearly outline unethical behaviors and sanctions, *mirabile visu*, “it’s a wonder to behold” the nouveau know-nothingness of our students caught in transgressions. Students’ substandard behaviors may also be reinforced by professors who consistently show up late for class, come into class ill-prepared, sloppily use references or express haughtiness to their peers and/or students. In other words, the culture of a place defines the ethical or unethical responses of its inhabitants.

What earthly good can be achieved by codes of honor or ethics training if students, faculty and staff are already the progeny of their cultures? Indeed, every organization has its own culture to which newcomers quickly acclimate and absorb its meaning for their survival and growth. How, then, do we deal with an organization in which there have been serious ethical lapses; what are the remedies? The remedy may be simpler to initiate than it is to live through day after day. The remedy begins with discussions that allow for frankness, engagement of all institutional members and time set aside for such deliberations. Jamming sessions into lunch hours or at the end of the day gives a very clear message, integrity and ethical behaviors are just “add ons.” The next and ever-repeating step any organization must pursue is a thorough orientation for new faculty, students and staff that emphasizes the institution’s commitment to excellence through ethical standards of practice.

Mr. Smith notes that to counter cultures that are inimical to values of the institution, one must create a culture. He says it this way:

An ethical administration purposefully crafts an ethical organizational culture by stating its values in its policies and training, and then consistently living them in a manner that is contagious. Every workplace encounter becomes an opportunity to model, teach and reinforce the desired thinking and behavior. This is a cultural approach (*ibid*).

When an organization makes a thoughtful and concentrated effort to address ethics in the work place, the results can be happily surprising. At UMDNJ we invited a nationally renowned writer and speaker on ethics. Attendance was voluntary. His presentation was broadcasted from Newark to four other campus sites. The attendance was overwhelming and hundreds had to be turned away but were given the opportunity to hear the presentation through other electronic venues. Perhaps, just perhaps people hunger for ways to improve themselves and their organization. *Mirabile visu!* It’s “a wonder to behold!”

## FEDERAL BUDGET AND APPROPRIATIONS



Committees in both the House and the Senate took action in June to provide funding for Titles VII and VIII of the Public Health Service Act as part of a larger spending package for the Departments of Labor, Health and Human Services, Education & Related Agencies (Labor-HHS bills). The news thus far, however, is not at all good for the allied health portion of *Section 755 Allied Health & Other Programs*.

Once again, no funding was provided specifically for allied health in FY 2008 by either the House Labor-HHS Appropriations Subcommittee or by the Senate Appropriations Committee. The only difference is that in the Senate, an additional \$2 million was provided for Section 755, but it merely represents a transfer for dental workforce programs that previously were funded under the category of HRSA Program Management.

The next step is for the full House appropriations committee to mark up the Labor-HHS bill and it is expected to do so during the week of July 8. Senate floor consideration of the bill also is expected to occur in July.

As of June 18, ASAHP has engaged the services of the firm of Moss McGee Bradley & Colbert. The group was formed by Senators Frank Moss (D-UT) and Gale McGee (D-WY) 25 years ago. During the next 12 months, Misters Bradley and Colbert will undertake various actions that include: inserting language to provide funding for allied health demonstration projects in a bill to reauthorize the Workforce Investment Act (WIA) under the Department of Labor, seeking passage of an Allied Health Reinvestment Act, restoring funds specifically for allied health under Title VII of the Public Health Service Act, and increasing the visibility of ASAHP and allied health among Washington policy-makers. The latter item pertains directly to what the Association's Board of Directors discussed last March in St. Pete Beach, FL about creating a more effective government relations strategy and it also bears a relationship to the topic of branding allied health more effectively.

The firm also developed various benchmarks as a means of assessing performance along the aforementioned lines. Currently, it is not certain that the WIA will be reauthorized this year. Meanwhile, passage of the Allied Health Reinvestment Act will continue to be a priority of the Association.

### 2007 ASSOCIATION CALENDAR OF EVENTS

**October 15-16, 2007**—Part II of the Leadership Development Program

**October 17-19, 2007**- Annual Conference—Catamaran Resort Hotel —San Diego, CA

**March 13-14, 2008**—Spring Meeting-TradeWinds Resort—St. Pete Beach, FL

**October 8-10, 2008** —Annual Conference—Marriott Hotel —Baltimore, MD

Sites have been selected for other upcoming ASAHP events. The Annual Conference in 2009 will be in San Antonio, TX and in Charlotte, NC in 2010.

## ASAHP BOARD ACTIONS

The ASAHP Board of Directors met in Washington, DC on June 4-5. The following actions were among those taken:

- ◆ Approved the Minutes of the Board meeting on March 13.
- ◆ Approved the Association's budget for FY 2008, which begins on July 1, 2007.
- ◆ Accepted a proposal to include branding concepts in the ASAHP Strategic Plan.
- ◆ Approved a formal collaboration with the Consortium of Institutes of Higher Education in Health and Rehabilitation in Europe (COHEHRE). (See article on page 8 of this newsletter.)
- ◆ Approved requesting a proposal from the firm of Moss McGee Bradley & Colbert to assist ASAHP in lobbying and public affairs. (See article on page 3 of this newsletter.)
- ◆ Accepted a proposal to develop a Student Leadership Development Program. (See article at the bottom of this page.)
- ◆ Accepted "The Winds of Change" as the theme for the 2007 ASAHP Annual Conference.
- ◆ Approved distributing to ASAHP deans and directors surveys developed by participants in this year's Leadership Development Program for new deans/associate deans/departments chairpersons.

## NEW ASAHP STAFF

The Association's newest staff member is **Elizabeth Toba Pearlman**. Her employment at ASAHP began on June 1. A graduate of the College of William & Mary, she previously was employed at the National Health Council in Washington, DC. Among her many new duties, she will focus on government relations. While **Jessica Kaplowitz** is on maternity leave (she gave birth to her first child, a daughter on June 22) until August 20, Toba also will have responsibility for the Association's quarterly periodical, the *Journal of Allied Health*.

## STUDENT LEADERSHIP DEVELOPMENT PROGRAM

Beginning with the 2008 ASAHP Annual Conference, the Association will offer a *Student Leadership Development Program*. An ad hoc committee that is composed of Chairperson **Richard Talbott** (University of South Alabama), **Linda Petrosino** (Bowling Green State University), **Kevin Rudeen** (University of Oklahoma Health Sciences Center), and Board Liaison **Lori Gonzalez** (University of Kentucky) prepared a proposal, which the Board approved on June 4.

The program will be aimed at: (a) providing educational opportunities pertaining to national health care and allied health issues, (b) providing education and training in the general area of leadership, (c) providing a basic understanding of the political process and strategies for effective advocacy across the various allied health disciplines, and (d) encouraging and facilitating leadership opportunities for graduates of the program who are interested in pursuing academic careers. As many as 15 students will be selected from ASAHP member institutions. The program will be offered every other year and ASAHP will provide a partial subsidy for each student to offset travel and lodging expenses.

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## REFLECTIONS ON THE CLINICAL DOCTORATE

ASAHP President **David M. Gibson** was invited to make a presentation at a meeting last April on the topic of degree creep. The event was hosted by the Health Professions Network (HPN). He noted that members of the Association of Schools of Allied Health Professions' have been grappling with the emergence of clinical or practice doctorates from any number of perspectives, not the least of which include the following questions and excerpts of the answers that he provided:

### **Does the conversion from undergraduate or master's degrees constitute an institutional substantive change?**

In colleges or universities which have not traditionally offered doctoral level educational programs, the issue of substantive change is very real. The regional accrediting agencies typically view any departure from their own institutions' norms as a substantive change. For example, colleges or universities which have developed distance education programs for the first time are required to give rationale for the changes, assure mission alignment and equality of instruction and evaluation in their provision of distance education offerings and demonstrate that vital services, such as library accessibility, are also provided to their distance education students. Hence in many states, the conversion of master degree programs to doctoral program, if no other doctorates are offered, constitutes a substantive change. Substantive change may become a real issue to college and university senior administrators because it may have strong implications for their traditional missions. Moreover, since accrediting agencies have not yet made a definitive distinction between research doctorates and practice doctorates, it is quite conceivable that the lumping together of research doctorates and clinical doctorates may be a cause of concern to those institutions which have been regarded as the research institutions in their states because in some states at least there is additional funding for research and for research doctoral students' stipends.

### **Is there a social good that is derived from the degree upgrade?**

What then is the social good that is derived from the increased educational requirements of clinical or professional doctorates in the health professions? Clearly there are two dimensions to the response to this question: the needs for the services that a particular profession brings to society and the social status of that profession. Some would argue, and have done so, that the growing elderly population, great cultural and economic divides and the increase of chronic diseases which hitherto fore were fatal are of sufficient seriousness that enhanced education is and will be need to care for increasingly complex social issues. Indeed authors A. Joseph Threlkeld, Gail M. Jenson and Charlotte Brasic Royeen, in noting that only 7.1% of "physical therapists members of the American Physical Therapy Association (APTA) currently categorize themselves as non-white," suggest that the increase to the doctorate might help breach these cultural gaps (Physical Therapy, Vol.79, No. 6, June 1999. p. 570). It should be noted that the authors note a variety of reasons for the advanced degree, including the inclusion of demographic and epidemiologic information and use in the curriculum.

### **What impact will increased or time-lengthening educational requirements have on student diversity?**

There seems to be little evidence that the upward degree movement has had a measurable negative impact on diversity in those programs that have converted from master's level programs to doctorates. On the other hand, it is not unreasonable to speculate that the divide between some entry-level programs at the associate degree level and their counterparts at the doctoral level will create very difficult barriers for underrepresented classes of students. Moreover, it is rather too soon to test out this hypothesis, especially in those professions which have not been particularly successful in attracting minority students. Professions that have been struggling to increase minority enrollments and practitioners may have placed their diversity goals at risk by creating chasms between associate degree programs and the next step to academic and professional advancements.

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**What impact will such conversions have on the financial burdens our students have already amassed during their undergraduate years?**

Over the past few years, higher education throughout the United States has suffered fiscal setbacks as states have realized substantial investment losses following 9/11 and increased costs of operating non-discretionary programs such as health and pension benefits. Consequently, the national average 17% loss in institutional base budgets that institutions suffered in the three years following 9/11 had a chilling affect on academic programming and a veritable eruption in steep, often times double digit tuition increases. For the most part, however, it would probably be a false conclusion to posit that the movement from master's degree programs to doctoral programs measurably changes the costs to institutions as graduate tuition rates are usually, but not always, coequal to those at the master and doctorate's levels. The same may be true for students costs if the doctoral programs are designed, as many master's degree programs, on a three plus three model. Having said that, the one important caveat is the availability of doctoral faculty in the professions; the recruitment of same may be more expensive than for those with master's degrees. Such a scenario might put pressures on institutions to levy higher rates for students in these programs.

**How are "entry-level" practice doctorates differentiated from those that are "advanced practice doctorates?"**

Inasmuch history of entry-level practice or clinical doctorates is relatively short, there is very little literature that describes succinctly the desired or actual differences between these entry-level offerings and those that profess to be advanced practice doctorates. One exception might be cautiously noted that the distinction is much clearer in nursing than in some of the allied health professions. This clarity is easily identified in the thirteen recommendations for the practice doctorate in nursing articulated in the American Association of Colleges of Nursing's "Position Statement on the Practice Doctorate in Nursing" (October 2004). These recommendations make it abundantly clear that the characteristics of the expected graduates are substantively different from those who graduate from master degree programs and that the conversion of some of these current master's degrees to doctoral level programs will require hefty changes in the curricula.

**What strains if any do these conversions place on institutions of higher education's missions and in trying to hire and retain doctoral faculty to teach and conduct research?**

Joan S. Stark and Lisa R. Latucca provide an excellent overview of mission changes over the continuing dialogue on emphases on general education versus specialized education, starting with the 1600's European model that influenced Harvard, Yale and other early institutions all the way through to our current time with emphases on the interdisciplinary, multicultural/pluralism movements (Stark, J, and Latucca, L., 1999, *Shaping the College Curriculum: Academic Plans in Action*, Allyn and Bacon, Needham Heights, MA. p.47). The importance of this historical overview is rooted in the ways in which changes in the perspectives of higher education have been modified by the introduction of utilitarian views as a juxtaposition against classical education and the off and on importance of liberal arts education. In the instant case, the emergence of professional association in the early part of the 20<sup>th</sup> century started to have a profound effect on mission and curricula in the academy. Suffice it to say that the growing phenomenon of entry level doctorates has already had implications for higher education institutions' missions, as was already noted in the case of audiology. These higher degree movements most likely exacerbate notable faculty shortages in key allied health professions, identified as early as 1995 in the Congressional Commission on Allied Health and even earlier in 1988, the IOM study, *Allied Health Services: Avoiding Crises*. How the debate will work out about hiring entry-level doctors for faculty, presuming some degree of practice first, is yet to be determined. As allied health colleges and schools are under increasing pressure to foster and grow research productivity, the lack of doctoral faculty both now and in the pipeline may well stretch the capabilities not only for research but for teaching. This concern about faculty shortages was also noted by the North Central Association of Colleges and Schools' Task Force on the Professional Doctorate (ibid., p.4).

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## AVAILABLE RESOURCES ACCESSIBLE ELECTRONICALLY

### Mapping The Growth Of Older America

According to a new report from The Brookings Institution, aging baby boomers constitute this decade's fastest growing age group, expanding nearly 50 percent in size from 2000 to 2010. This group--more highly educated, with more professional women, and more diverse than its predecessor--will add new stresses to suburban and Sun Belt locations where they are predominantly "retiring in place" with demands for health, transportation, and other services. The report can be accessed on the Web at <http://www3.brookings.edu/views/articles/200705frey.pdf>.

### Health Careers Website For Students Obtains Renewed Life

The Robert Wood Johnson (RWJF) has awarded a \$672,000 grant to the American Dental Education Association (ADEA) to administer and expand a free, interactive health careers website designed to explain the array of health professions and provide easy access to students seeking information about health careers. *Explore Health Careers* is a joint initiative involving national foundations, professional associations, health career advisors, educational institutions, and college students. Originally funded by the Josiah Macy, Jr. Foundation, the website was housed at the Association of Academic Health Centers until recently. Now, ADEA will continue as the purveyor of valuable information to students about careers in allied health and other health professions. The website can be accessed at <http://www.explorehealthcareers.org/en/index.aspx>.

### The Condition Of Education 2007

*The Condition of Education 2007* is a new report from the National Center for Education Statistics (NCES) that summarizes important developments and trends in education using the latest available data and by presenting 48 indicators on the status and condition of education. Topics include: enrollment trends by age for all ages, preprimary education, elementary/secondary education, undergraduate education, graduate and professional education, and adult education. The report can be accessed on the Web at <http://nces.ed.gov/programs/coe/list/index.asp>.

### Campus Accountability

Two public-college groups, the American Association of State Colleges and Universities and the National Association of State Universities and Land-Grant Colleges, have unveiled a draft template for the joint "Voluntary System of Accountability" on which they have been working for more than one year. Leaders anticipate that the voluntary reporting system — which contains data on such things as graduation and retention rates, financial aid, tuition and other costs and, most controversially, students' performance on measures of learning outcomes — will be approved by the associations' boards in November and become operational afterwards. The draft template can be accessed on the Web at [http://www.nasulgc.org/VSA\\_Template-Draft-6-25-07.pdf](http://www.nasulgc.org/VSA_Template-Draft-6-25-07.pdf).

### Health Care And The Budget: Issues And Challenges

Peter Orszag (Director of the Congressional Budget Office) testified on June 21 before the Senate Committee on the Budget. He stated that rising costs represent a critical issue for employers, enrollees, and patients. At the same time, substantial concerns exist about the number of individuals who lack health insurance, about the quality of care that is provided both to the uninsured and to the insured, and about trends in health such as the growing prevalence of obesity. His testimony can be accessed on the Web at <http://www.cbo.gov/ftpdocs/82xx/doc8255/06-21-HealthCareReform.pdf>.

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## ASAHP—COEHRE AGREEMENT

The Association's Board of Directors recently approved a proposal to work with the Consortium of Institutes of Higher Education in Health and Rehabilitation in Europe (COEHRE) in undertaking the kinds of activities shown below. The COEHRE Board will consider the proposal at its June meeting.

- ◆ Both COEHRE and ASAHP will serve as “publishing houses” for those of their member institutions, which encourage inter-institutional collaboration.
- ◆ COEHRE and ASAHP will send requests for proposals (RFPs) for innovative transnational collaborative programs, such as joint educational or research ventures using electronic communication technologies.
- ◆ COEHRE and ASAHP shall publish short presentations or abstracts of successful experiences in faculty or student exchange programs to encourage more of the same.
- ◆ COEHRE and ASAHP shall publish opportunities for faculty on sabbatical or faculty leaves to participate in their respective organizations or for students in graduate level programs to experience trans-disciplinary organizational strategies, etc.

## MEMBERS IN THE NEWS

**Mark S. Sothmann**, Dean of the School of Health and Rehabilitation Sciences at Indiana University, has accepted an offer to become Dean of the College of Health Professions at the Medical University of South Carolina.

**William Cullinan** is the new Dean of the College of Health Sciences at Marquette University as of the end of this month. He succeeds **Jack Brooks**, who is retiring.

**Michael G. Perri** has been named interim dean of the University of Florida College of Public Health and Health Professions, effective June 18. He succeeds **Robert Frank**, who has taken the position of senior vice president of academic affairs and provost at Kent State University.

## ANNUAL CONFERENCE

Approximately 80 presentations will be made either in concurrent sessions over a three-day period or in a poster session during the 2007 ASAHP Annual Conference in San Diego, CA on October 17-19. The topics come under the three general headings of research, education, and practice.

## HIGHER EDUCATION ACT REAUTHORIZATION

The Senate Committee on Health, Education, Labor and Pensions (HELP) passed a 534-page bill on June 20 to reauthorize the *Higher Education Act* for five years. It contains several provisions that involve accreditation such as student achievement in relation to institutional mission, transfer of credit, due process practices, and distance learning. The National Advisory Committee on Institutional Quality and Integrity, whose 15 members are appointed by the Secretary of Education, would be replaced by a new Accreditation and Institutional Quality and Integrity Advisory Committee. The latter would have only five members appointed by the Secretary. Both the Senate and the House also would each appoint five members. In addition, some committee duties would shift if the legislation is enacted as presently formulated.

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