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Early Assurance Model for Physical Therapy Education: A Descriptive Study

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Abstract

Introduction: Various curriculum models for Doctor of Physical Therapy (DPT) education exist across the country. The purpose of this study was to provide an updated description of the Early Assurance (EA) program model, including administrative variables for institutional leaders to consider. This descriptive study may help equip students to choose an educational program that suits their desires and enable institutions to consider models that fit their needs given their typical admission draw, the local environment, student debt, and resources available. Applications to DPT programs are on the decline while there continues to be an expansion of programs. Institutions are looking for innovative models to address the changing landscape of higher education. **Methods:** An electronic survey was deployed to all Commission on Accreditation in Physical Therapy Education accredited DPT programs and contained 33 multiple-choice and free text questions. Responses were received from 30 EA programs and 60 programs without EA (non-EA). Quantitative data were reported in percentages and means, and a thematic analysis was used to determine themes from free text responses. **Results:** Admission criteria, progression criteria, majors leading to the DPT degree, and management of admissions processes varied across the programs. Four themes emerged from the non-EA programs regarding why they do not offer an EA pathway. Seventeen (28% of respondents) indicated they are now reviewing and considering an EA pathway. **Conclusion:** A variety of pathways leading into DPT graduate programs exist and may benefit students. Specifically, these variations may allow students to choose a program that fits their particular needs. The results of the study may inform prospective students who can utilize this information to ask more specific questions as they consider DPT programs. Moreover, as many allied health programs have accelerated pathways to the terminal degree, institutions can utilize these findings to inform decisions about EA programs and how these programs may address declines in admissions and retention

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Early Assurance Model for Physical Therapy Education: A Descriptive Study

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ABSTRACT

Introduction: Various curriculum models for Doctor of Physical Therapy (DPT) education exist across the country. The purpose of this study was to provide an updated description of the Early Assurance (EA) program model, including administrative variables for institutional leaders to consider. This descriptive study may help equip students to choose an educational program that suits their desires and enable institutions to consider models that fit their needs given their typical admission draw, the local environment, student debt, and resources available. Applications to DPT programs are on the decline while there continues to be an expansion of programs. Institutions are looking for innovative models to address the changing landscape of higher education. **Methods:** An electronic survey was deployed to all Commission on Accreditation in Physical Therapy Education accredited DPT programs and contained 33 multiple-choice and free text questions. Responses were received from 30 EA programs and 60 programs without EA (non-EA). Quantitative data were reported in percentages and means, and a thematic analysis was used to determine themes from free text responses. **Results:** Admission criteria, progression criteria, majors leading to the DPT degree, and management of admissions processes varied across the programs. Four themes emerged from the non-EA programs regarding why they do not offer an EA pathway. Seventeen (28% of respondents) indicated they are now reviewing and considering an EA pathway. **Conclusion:** A variety of pathways leading into DPT graduate programs exist and may benefit students. Specifically, these variations may allow students to choose a program that fits their particular needs. The results of the study may inform prospective students who can utilize this information to ask more specific questions as they consider DPT programs. Moreover, as many allied health programs have accelerated pathways to the terminal degree, institutions can utilize these findings to inform decisions about EA programs and how these programs may address declines in admissions and retention.

Keywords: early assurance, direct entry, education models, doctor of physical therapy

INTRODUCTION

Early assurance programs (EA) offer high school students the ability to directly apply to a professional program, such as physical therapy, occupational therapy, pharmacy, and athletic training. Early assurance programs offer "combined undergraduate and graduate degrees with criteria on progression or advancement to subsequent years of study."¹ In physical therapy, this model provides an accelerated path to the Doctor of Physical Therapy (DPT) graduate program via a condensed undergraduate curriculum where prerequisites are completed. Students interested in this model need to have an early commitment to pursuing physical therapy as a career.

In today's academic environment, there is a high demand for more cost-effective and quicker pathways leading to the DPT degree. This demand is occurring within the context of a projected decline in applications to DPT programs between the years 2025 and 2037.² Data from the PT Centralized Application Service (PTCAS) shows a steady decline in applications since 2016, a drop in applications per student, and an increase in the number of accepted applicants to fill DPT programs.³ These application declines are coinciding with a 12% increase in accredited and "in candidacy" DPT programs since 2013.⁴ This current environment has led some institutions to consider the EA model to meet the demands of the learners for a quicker path to employment, to improve the student's return on investment, and to stem the decline in college enrollment while increasing retention.

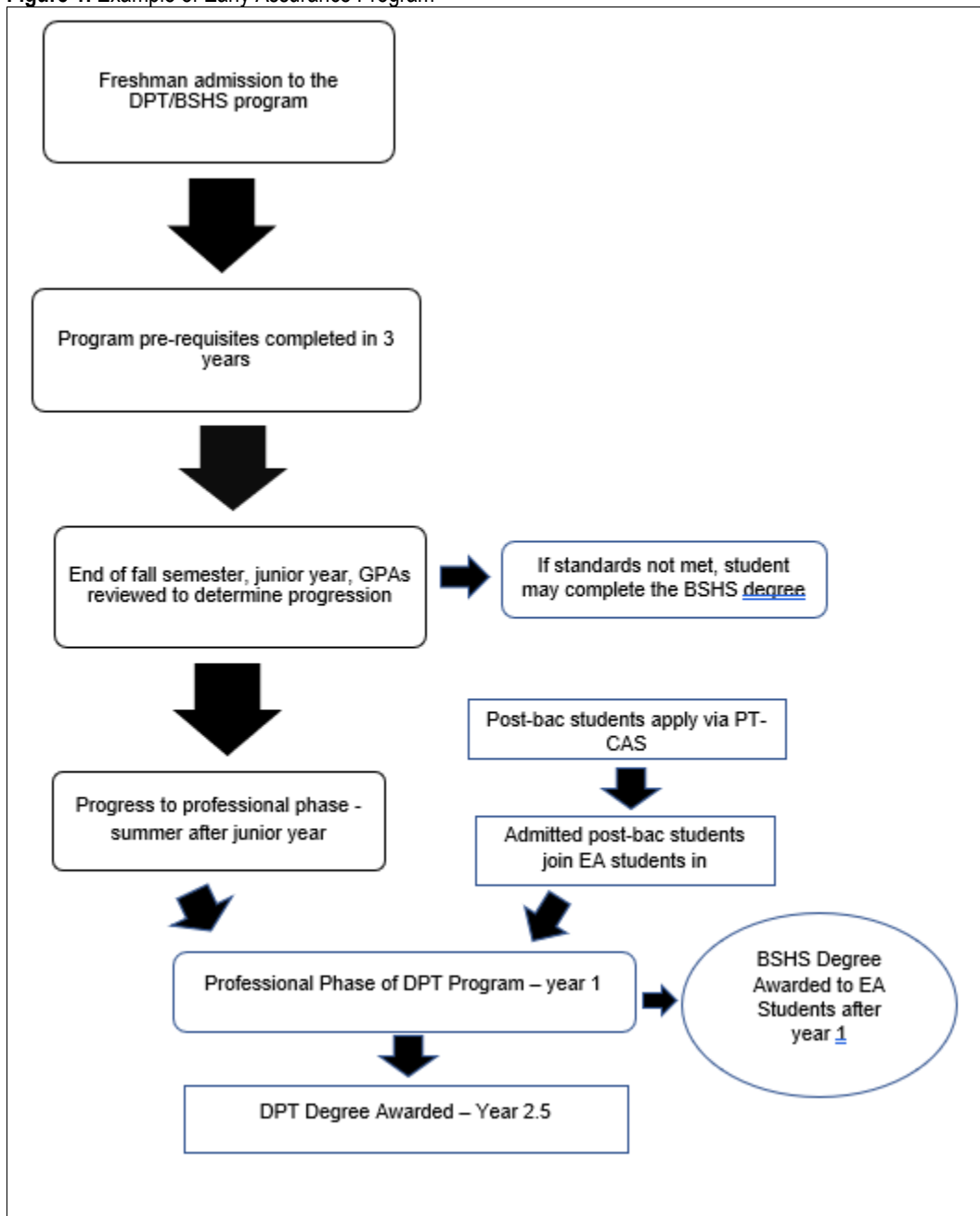
Overview of the Early Assurance Model

Early Assurance programs have existed since the first schools were accredited by the American Medical Association.⁵ Students who demonstrate a high level of success in high school are admitted as a freshman into a condensed curricular pathway that leads to the graduate DPT program. Once admitted as a freshman, EA programs typically have progression standards in the pre-professional phase that determine eligibility to progress to the DPT program (e.g., undergraduate GPA, interview, a minimum number of course retakes, etc.). Through the Commission on Accreditation in Physical Therapy Education (CAPTE) annual accreditation report, EA programs are required to report, review, and revise these standards and demonstrate the success of EA students as they progress through the pre-professional undergraduate curriculum. CAPTE also requires that undergraduate curricula include program prerequisites, including one discipline of "upper-division study comparable to a minor" before beginning the professional phase of the DPT program (CAPTE 6B).⁶ Students typically earn a bachelor's degree in transit to earning their DPT degree, after successful completion of 4 years or 8 semesters of study.

The purpose of this descriptive study was to help equip students with information to choose an educational program that suits their needs. A secondary purpose was to enable institutions to consider models that fit their needs given their typical admission draw, the local environment, student debt, and resources. To provide context to understand the results of this study, two models of EA programs are summarized below.

Program 1: Combined EA and Post-baccalaureate Entry Pathways

The combined EA and post-baccalaureate entry pathways described below is the model used at Saint Joseph's University (formerly University of the Sciences). In this model, the DPT program's professional phase is composed of students who enter an EA pathway as freshman alongside students who entered after earning a bachelor's degree (post-baccalaureate students or "post-bac"). The bachelor's degree could be earned at our home institution or elsewhere. In the EA pathway, students are accepted as freshmen into the undergraduate health science bachelor's degree program. The students accepted into this program meet admission criteria including high-school GPA and SAT minimum scores. The student advances through the undergraduate degree and completes all prerequisites for advancement into the DPT program in three years. Early assurance students are advised by "professional advisors" outside of the DPT program for their first two years of study and then they transition to PT core faculty members for advising in their junior year. Students continue with their DPT advisor until the completion of the DPT program. At the end of fall semester junior year, students must earn a 3.00 cumulative GPA and a 3.00 math/science GPA as well as a C- or above in all prerequisites. These standards must be maintained through the spring semester of their junior year to be eligible to progress to the DPT program. There are no additional steps, such as the GRE or an interview, for the student to complete in order to progress to the professional phase of the program in the summer after their third undergraduate year. The number of EA students progressing into the DPT program informs the admissions committee as to the number of seats available to offer to post-bac students to meet the CAPTE cohort cap. Post-baccalaureate applications in PT-CAS are screened by the University Admissions Department and then sent to the PT departmental admissions committee for review. The GPA standards and prerequisites are consistent between the EA and post-bac students. Exceptional post-bac students are offered an interview and a holistic rubric is used to determine admissions offers. After completion of the first year of the DPT program (EA students fourth year of college), the EA students earn the Bachelor of Science degree, and after the final year of the program, all eligible students earn the DPT degree. Early Assurance students earn two degrees in 5.5 years and post-baccalaureate students earn the DPT degree in 2.5 years, for a total of 6.5 years to earn two degrees (Figure 1).

Figure 1. Example of Early Assurance Program**Program 2: Combined EA and Post-baccalaureate Entry Pathways**

The second pathway described is the EA program at West Virginia University. In this model, students are accepted as freshmen into the undergraduate exercise physiology program. The students accepted into this program meet admission criteria including high-school GPA and SAT/ACT minimum scores. Once accepted into the EA program, the student advances through the undergraduate exercise physiology degree and completes all prerequisites for advancement into the DPT program. The DPT admission's committee (consisting of the graduate admissions coordinator and three faculty members) coordinates meetings with these students twice a year to advise students regarding progression status, answer questions, and provide additional insight on the DPT program and/or profession. During the student's senior year of the exercise physiology program students must have a minimum cumulative GPA of 3.0 and no grades below a C to maintain their "guaranteed seat" in the DPT program. The DPT admission's committee reviews the students in the EA program to determine qualifications that have been achieved to advance to

the DPT program. The student graduates with a Bachelor degree in Exercise Physiology and then advances to the DPT curriculum. Currently, this program is seven years in length (four years undergraduate, three years graduate).

While the above two pathways serve as examples of EA programs, there exists a fair amount of variability in the structure of pathways leading to the DPT that will be described in the results section.

Subjects and Methodology

An electronic survey based on the study by Chevan et al was modified for this study. Reviews and revisions of the survey were performed by the authors and members of the American Council of Academic Physical Therapy and electronically sent to all DPT program directors in 2021.⁵ The study was approved by the Institutional Review Board at Andrews University and informed consent was obtained electronically.

The survey contained 33 questions using a combination of multiple choice and free text. Questions were descriptive in nature and included items such as entrance criteria into the DPT program as a college freshman, progression criteria from undergraduate years to the DPT program, advising of undergraduates, and other program characteristics. The following operational definition was used for EA programs: "Early assurance programs are varied in their structure, but generally offer combined undergraduate and graduate degrees with criteria for progression or advancement to subsequent years of study."¹ DPT programs that do not offer early assurance are referred to as Non-EA programs in this study (post-baccalaureate graduate programs).

Descriptive statistics were calculated; continuous data were reported as the mean and range and categorical data as counts (percentage). Free text data were evaluated independently by two researchers who identified descriptive themes. Further refinement of themes occurred via subsequent discussions between those two members of the research team.

RESULTS

The results section includes comparisons to data from the 2021 CAPTE aggregate report.⁴ It is important to note that CAPTE provides data on *all* program types without distinguishing data for a particular entry-pathway or curriculum model. Therefore, when comparing this data to CAPTE data, CAPTE data will include both EA and Non-EA programs.

Program Length

Thirty of 34 accredited EA programs (88%) and 60 of 230 (26%) non-EA accredited programs responded to the survey. The non-EA programs had no mechanism for early assurance and were a post-baccalaureate entry only with either a 4+3 or 4+2.5 model (four years of undergraduate work followed by a 3- or 2.5-year DPT program). The initial program accreditation year for all respondents ranged from 1946-2016 and had a mean admissions cap of 49.8 students (range 28-80; median 46.5). For EA programs, 20 self-identified as a "3+3" model indicating three years in the pre-professional undergraduate phase followed by three years in the professional phase of the DPT program. One program identified as 3 pre-professional years plus 8 semesters which, depending on summer sessions, could be characterized as either a 3 + 2.5 or a 3 + 3. Three programs identified as a "4+3" where students earned a bachelor's degree and then progressed (with a guarantee) into a three-year DPT program. One program stated they had both pathways, an early-assurance 3+3, and a pathway for those with a bachelor's degree. One program identified themselves as a "3.5+3" (3.5 years in the pre-professional phase) while the other identified themselves as a "3+2.5," with 2.5 years in the DPT program. Three programs did not answer this question (Table 1).

Table 1. Early assurance Program Characteristics

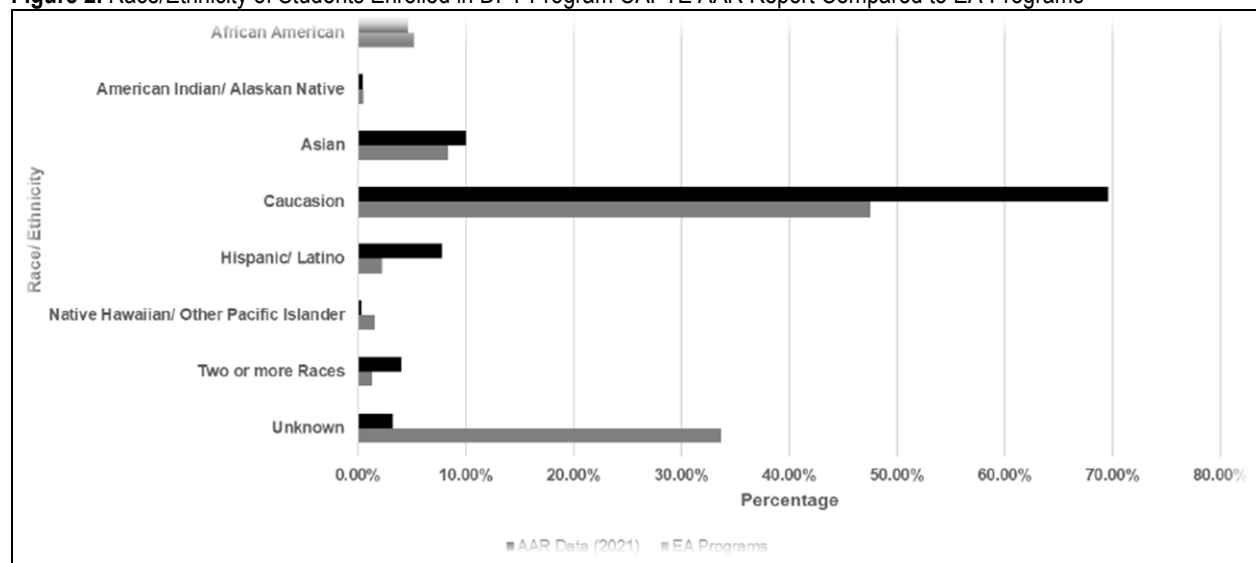
Type of institution	Type of institution	Number of programs (%)
	Private	23 (77%)
	Public	7 (23%)
Use of Standardized Testing (SAT/ ACT)	SAT/ ACT Admission Criteria	Number of programs (%)
	Test optional (SAT not required or no minimum identified)	16 (66%)
	SAT Above 1200	3 (13%)
	SAT 1100-1200	4 (17%)
	SAT 1001-1100	1 (4%)
	Test optional (ACT not required or no minimum identified)	15 (62%)

Type of institution	Type of institution	Number of programs (%)
	ACT 27-30	2 (8%)
	ACT 24-26	5 (20%)
	ACT 22-23	2 (8%)
Program models	Pre-professional years in curriculum + professional years in curriculum	Number of programs (%)
	4+3	3 (11%)
	3+3	20 (77%)
	3.5+3	1 (4%)
	3+2.5	1 (4%)
	Both (4+3 & another model listed)	1 (4%)

Student Characteristics

Early assurance programs had a mean class size of 32.1 (range 5-90, median 30) compared to a mean class size of 45 students (range 6-100) for all program models reported in the 2021 CAPTE aggregate data report.⁴ The average age of students entering any graduate DPT program was 22.5 years. There was a lack of racial diversity in all accredited programs with a Caucasian majority in most schools. In EA programs, fewer students identified their race as Caucasian compared to CAPTE Aggregate Data (48% vs 69.63%). Again, the aggregate data included all programs, both EA and Non-EA. Respondents in EA programs reported that 34% of the students were categorized as “unknown” race, which is higher than reported for all programs (Figure 2).

Figure 2. Race/Ethnicity of Students Enrolled in DPT Program CAPTE AAR Report Compared to EA Programs



Program Characteristics

Seventy-four percent (74%) of EA programs have greater than a 1:15 faculty to student ratio for lectures (20/27) and 70% (19/27) of EA programs reported between 1:9 to 1:12 faculty to student ratio for labs. The 2021 CAPTE Aggregate PT Program reports an average of 1:12.1 core faculty to student ratio for lectures and 1:13.0 faculty to student ratio in laboratory experiences.⁴ Forty-one percent of programs who identified themselves as having an EA pathway had the Carnegie Classification of “Doctoral/Professional”. The vast majority of EA programs were housed at private institutions while those who offered a 4+3 program were approximately evenly split between private and public (Table 1).

Admissions Criteria and Management

Respondents of EA programs provided the SAT and/or ACT minimum admissions standards for the undergraduate programs. Sixty-seven percent of programs did not require the SAT or had a test-optional admission criterion. Twenty-five percent of the respondents require a SAT score above 1100. Sixty-three percent of the programs do not require the ACT or have test optional admission criteria. Twenty-nine percent of the respondents require an ACT of 24 or higher (Table 1).

A majority of EA programs (67%, 16/24) rely on the University's Admissions Department to manage admission into the institution as an EA student. For freshman admission decisions, 41% use resources from the physical therapy program, including core faculty, chair, or a combination of core faculty and the admissions department. For post-baccalaureate admissions, 67% relied on the DPT Admissions Committee to manage admissions decisions. Twenty-five percent of respondents used the university or college admission department for this task (Table 2).

Table 2. Early Assurance Program Management Characteristics

Enrollment management of program	Department(s) Responsible	Number of programs (%)
	University/ College Admissions Department	16 (57%)
	University/ College Admissions & Core DPT Faculty	6 (21%)
	University/ College Admissions and Chair of DPT	2 (7%)
	DPT Admissions Committee	2 (7%)
	Chair of DPT	1 (4%)
	Other	1 (4%)
Advising	Responsible for Students in pre-professional curriculum	Number of programs (%)
	Undergraduate instructor or Professional Advisor	9 (37%)
	PT Core Faculty	7 (29%)
	Combination of undergrad instructor/ Professional advisor & PT core faculty	3 (13%)
	Other	5 (21%)
Pre-professional curriculum decisions	Who is responsible for making decisions of students in the pre-professional program	Number of programs (%)
	Chair DPT/ DPT Program Director	11 (41%)
	DPT Admission Committee	8 (30%)
	University/ College Admissions Dept	4 (15%)
	DPT core faculty	2 (8%)
	University Admissions & DPT Core Faculty	1 (3%)
	Designated staff	1 (3%)
Professional curriculum progression/ decisions	Who is responsible for making decisions of students in the professional curriculum	Number of programs (%)
	DPT admission committee	18 (72%)
	University/ college Admissions dept	5 (20%)
	Chair or Program Director of DPT	1 (4%)
	University/ college graduate admission dept	1 (4%)

Undergraduate Majors in EA Programs

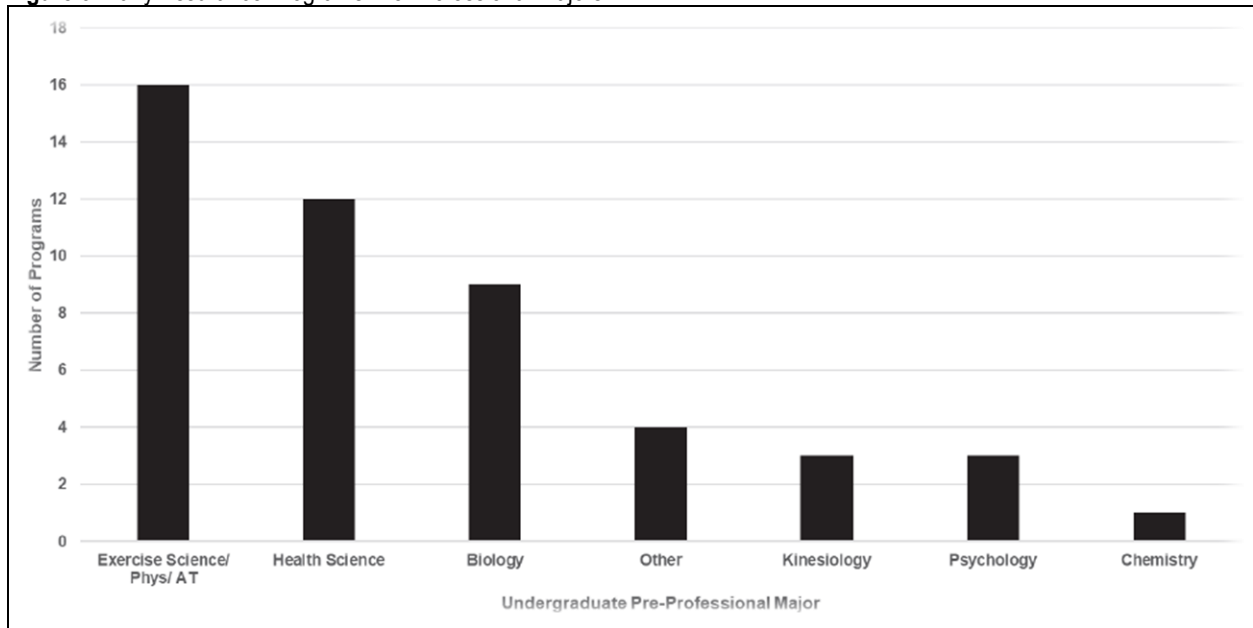
EA programs reported a wide variety of undergraduate majors that students could enroll in to complete their DPT prerequisites. A majority of programs (79%; 19 of 24) identified exercise science, exercise physiology, athletic training, or kinesiology as a major students could pursue. The most common degree was health science (50%, 12/24). Most programs (54%; 13 of 24) also reported that EA students could choose between at least two undergraduate majors (Figure 3).

Advising in EA Programs

Advising for EA students varied between programs. Thirty-eight percent of advisors were from the undergraduate majors or undergraduate professors. Twenty-nine percent of the programs used physical therapy core faculty, and 13% used a combination of undergraduate professors and physical therapy core faculty (Table 2).

Progression Decisions in EA Programs

Twenty of 24 programs (84%) rely on the physical therapy faculty or a department committee to determine students' progression in the pre-professional phase. Less frequently, the Chair of the DPT program or a committee was responsible for determining progression (Table 2).

Figure 3. Early Assurance Programs Pre-Professional Majors

Non-Early Assurance Programs

Non-EA programs were asked why their institution discontinued an EA model (if one existed). Three themes emerged, with the most common thread relating to student preparedness. Respondents indicated a perception that students on an EA pathway were not as mature as those who completed a degree prior to entry in the DPT program. Other themes included challenges with managing prerequisites, difficulty meeting the university's general education requirements as well as some administrative hurdles related to administering two degrees.

Non-EA programs were also asked why they have chosen not to pursue an EA pathway and only admit students who have earned a bachelor's degree. Four themes emerged from those responses: Administrative Challenges, Diversity, Student Preparation, and "Satisfied." The majority of responses indicated a perceived lack of preparation and lower maturity level amongst students on an EA pathway. Additionally, many respondents indicated that the faculty were satisfied with the current model. Some respondents also found that administrative support for a different model was limited due to fear that the institution would lose tuition by offering a condensed undergraduate experience. Lastly, diversity was a theme across several responses, particularly in relationship to the type of student the program was seeking to attract. One respondent indicated "varying undergraduate area of study, life experiences, college attended, etc." offered diversity in the student body, while others implied accelerated students do not vary in diversity.

Finally, seventeen Non-EA respondents indicated that their institutions were now considering an EA pathway. The three themes that emerged were Recruitment and Retention, Cost, and Influence. Non-EA programs stated that the EA pathway may assist with recruitment and retention by attracting qualified applicants, offering competitive admissions, and partnering with their own and surrounding undergraduate programs to address enrollment shortfalls. In terms of cost, programs responded that the EA pathway may assist in addressing the student debt crisis by way of reducing the length of time, and therefore cost of the DPT degree.

DISCUSSION

This study aimed to characterize EA programs to arm prospective students with data to inform their decisions about which program model fits their needs. Additionally, the study aimed to inform institutions' decisions about entrance pathways given the changing landscape of college admissions. The EA programs that responded reflect that there is wide variability in their structure, criteria for admission and progression, and administrative burden. Potential pros and cons of the EA design for student and institution consideration are discussed below.

Student Considerations

Advising

The advising model varied widely amongst EA programs. Students in the undergraduate EA program require advising to assist with transitioning from high school to college, addressing academic or personal concerns, resolving scheduling issues, progression in the curriculum, and preparing for the DPT program's professional phase. The method of advising for students in EA programs ranges from undergraduate instructors or professional advisors to core faculty within the DPT program. Having professional advisors or non-DPT faculty advisors in the undergraduate years may be beneficial in that these advisors are adept at resolving issues related to transitioning to college, are aware of campus resources, as well as the intricacies of institutional policies, potentially more so than DPT advisors whose attention may be split between undergraduate and graduate students. On the contrary, having DPT faculty as advisors from the undergraduate years through the DPT program may create opportunities for students to get to know faculty, possibly easing the transition to graduate school. It also gives students the ability to learn about the profession from a physical therapist and ask career specific questions that a professional advisor may not have the knowledge to sufficiently answer.

Undergraduate Degrees

Early assurance programs also had significant variation in the number and type of undergraduate degrees offered. Respondents ranged from offering one undergraduate major while another school reported up to 12 different majors students could choose from. Most programs offered three or less degree options. Offering a limited number of degree options might provide students with more opportunities to meet others in their cohort who will progress to the DPT program, possibly providing a strong sense of community. In contrast, schools that offer multiple options may provide students with majors that pique their particular interests. Students should also consider what options the institution offers should they want to change majors, or if they fail to progress to the DPT program.

Progression Standards

There are a variety of progression standards in EA programs. All programs require students to meet GPA thresholds, however some programs have additional requirements that could impact progression. Students should investigate all required steps such as passing an interview, observation hours, writing a supplemental essay, or applying via Physical Therapist Centralized Application Service (PTCAS) to inform their decision. For some programs, utilization of PTCAS is a formality, providing the program with easy access to data that needs to be reported to accreditors and does not get factored into admission status.

Costs and Benefits

This study did not evaluate costs or tuition. Students are encouraged to compare tuition between EA and post-baccalaureate models, examining the total costs to earn two degrees. Prospective students should factor in that they will likely have one less year of tuition, graduate more quickly and earn a salary earlier than those who enter a non-EA pathway.

Other Student Considerations

Students enrolled in EA programs will complete all DPT prerequisites in a condensed manner compared to the post-baccalaureate model where this coursework is spread out across four years. For students who have a strong sense that they want to pursue physical therapy, EA programs offer an expedited path to their career. Student-athletes should also consider how a condensed program may impact their experience. Student-athletes in an EA program are able to play their sport all four years, with their last year of eligibility occurring during the first year of the DPT program. Many student-athletes have a history of success, learning excellent time management and study skills earlier in their undergraduate years compared to a traditional undergraduate student. However, the condensed coursework and the time needed for practices, competitions, and travel, may be too demanding for some students.

Institution Considerations

Admissions

The results of the survey revealed 32% of the non-EA program respondents are currently considering development of an early assurance pathway. Given the decline in college admissions and the recent declines in applications to DPT programs,^{4,7} institutions may want to consider EA models to expand their applicant pool. EA models may draw in students who want a "guaranteed" admission into a graduate program as opposed to a more uncertain pathway with a post-baccalaureate program. If the institution utilizes both an EA model and a post-baccalaureate entrance route, they may be able to attract more students, some of which seek the condensed route while others prefer completing a traditional four-year degree program.

EA models may also offer retention benefits to institutions. If students change their mind about pursuing physical therapy or do not meet progression standards, the institution may be more likely to retain that student to complete a bachelor's degree as they have

created a community and comfort level with the university. Additionally, if the institution offers other undergraduate health programs or graduate programs, the student could opt to apply to one of these programs, again creating the potential to retain students.

Workload

EA programs garner additional workload considerations for institutions. Advising students in the undergraduate phase can be accomplished in a variety of ways, each of which has implications for core faculty workload. If DPT faculty advise undergraduate students, benefits include creating bonds with students, providing profession specific mentorship, and time to work with students on behaviors or skills that are required in the physical therapy profession. However, this advising load will need to be factored into faculty members' responsibilities and expectations. If "professional advisors" are used, there should be a point of contact in the DPT program to answer questions related to the profession or the professional phase of the DPT program. It is essential to factor in these duties when calculating DPT faculty workload.

Another factor to consider for workload is the reporting requirements for CAPTE. Data related to freshman admissions, qualifications, GPA, etc. is a required element in annual accreditation reporting. For a full self-study, programs must also report the focused area of study in the undergraduate years, explaining how each course prepares students for the DPT program. CAPTE requires the undergraduate programs to demonstrate, "three years of undergraduate education that includes upper division study in one discipline that is comparable to a minor."⁶ Moreover, CAPTE requires documentation to confirm students are informed about admissions requirements and there is equity in admissions criteria between the various admissions routes when a program has multiple pathways to enter a cohort.⁶ These required reporting elements require time and processes to track relevant data and report annually to CAPTE.

Predictive Success of Students in Early Assurance Programs

Currently, there is a paucity of evidence on the success of EA programs. This study did not attempt to investigate outcomes and the information provided below is intended to educate institutions about possible predictors of success to inform their decisions about starting EA programs.

Only one study explored the impact of a pre-professional degree on success in a DPT program and they found no evidence that degree status at entrance predicted success on the National Physical Therapy Examination (NPTE).⁸ Chevan et al found that EA programs had a slightly higher NPTE first-time pass rate (92% vs 87.7%), lower graduation rate (91% vs 96.1%) and equal employment rate (95%) compared to non EA programs.⁵ In Non-EA programs, undergraduate grade point average and performance on the Graduate Record Examination predicted 45.8% of first-year GPA.⁹ Predictors of NPTE failure for graduates of a blended program model from 2015-2020, included Graduate Record Exam-Verbal Reasoning (GRE-V), comprehensive examination score, third-year cumulative grade point average and academic difficulty.¹⁰ In other professional programs with an accelerated entry, the findings related to pass rates are mixed. One study in pharmacy found that those on the accelerated track had lower pass rates than those on a traditional track whereas a study in nursing found the opposite to be true.^{11,12} Institutions and students should be aware of the limited research related to outcomes of EA programs compared to post-baccalaureate models.

While this study did not specifically examine areas of predictive success, several factors could be considered and examined related to the success of an EA program. These metrics may include, NPTE first-pass rate, overall pass rate, graduate rates, retention rates, and effectiveness and readiness for clinical practice. These metrics should be consistent with program outcomes and CAPTE reporting criteria.

Limitations

There was a small response rate from non-EA programs and these programs were asked a minimal number of questions, limiting comparison data. The data retrieved from CAPTE's aggregate report includes all accredited programs and does not differentiate data from various models, making the comparisons between models difficult. Additionally, the study did not investigate outcomes of these programs. It is recommended that each institution examine their mission and how an EA program may fit their system and the support that may be needed.

CONCLUSIONS

When examining EA programs, a variety of entrance pathways into DPT graduate programs exist. This variability may be beneficial for students who can choose programs that fit their particular needs. Institutions may also benefit from consideration of an EA model as one mechanism to address declines in admissions and retention for any accelerated allied health program. The variety of EA pathways should be explored by students and institutions and the authors hope this article equips interested parties with information they can use to ask pointed questions and to inform decisions. Future studies should aim to further characterize accelerated models of education and include comparisons of tuition, return on investment, NPTE pass rates,

employment rates, student satisfaction and any other pertinent predictors of success to more traditional four-year programs of study.

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