

2012

# Navigating the Total Institution: Locating the Collective Experience of a Physical Therapy Department within its Institutional and Professional Contexts

Sandy Marden-Lokken  
*University of St. Thomas, Minnesota*

Follow this and additional works at: [http://ir.stthomas.edu/caps\\_ed\\_lead\\_docdiss](http://ir.stthomas.edu/caps_ed_lead_docdiss)



Part of the [Education Commons](#)

---

## Recommended Citation

Marden-Lokken, Sandy, "Navigating the Total Institution: Locating the Collective Experience of a Physical Therapy Department within its Institutional and Professional Contexts" (2012). *Education Doctoral Dissertations in Leadership*. 25.  
[http://ir.stthomas.edu/caps\\_ed\\_lead\\_docdiss/25](http://ir.stthomas.edu/caps_ed_lead_docdiss/25)

This Dissertation is brought to you for free and open access by the School of Education at UST Research Online. It has been accepted for inclusion in Education Doctoral Dissertations in Leadership by an authorized administrator of UST Research Online. For more information, please contact [libroadmin@stthomas.edu](mailto:libroadmin@stthomas.edu).

**NAVIGATING THE TOTAL INSTITUTION: LOCATING THE  
COLLECTIVE EXPERIENCE OF A PHYSICAL THERAPY  
DEPARTMENT WITHIN ITS INSTITUTIONAL AND  
PROFESSIONAL CONTEXTS**

A DISSERTATION SUBMITTED TO THE FACULTY OF THE  
SCHOOL OF EDUCATION OF THE UNIVERSITY OF ST. THOMAS  
ST. PAUL, MINNESOTA

By

Sandy Marden-Lokken

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF  
DOCTOR OF EDUCATION

2012

UNIVERSITY OF ST. THOMAS. MINNESOTA

**NAVIGATING THE TOTAL INSTITUTION: LOCATING THE**

**COLLECTIVE EXPERIENCE OF A PHYSICAL THERAPY**

**DEPARTMENT WITHIN ITS INSTITUTIONAL AND**

**PROFESSIONAL CONTEXTS**

We certify that we have read this dissertation and approved it as adequate in scope and quality. We have found that it is complete and satisfactory in all respects, and that any and all revisions required by the final examining committee have been made.

Dissertation Committee

---

Bruce H. Kramer, Ph.D., Committee Chair

---

Donald R. LaMagdeleine, Ph.D., Committee Member

---

Susan J. Huber, Ed.D., Committee Member

---

Final Approval Date

## Acknowledgments

There are many individuals who made this long journey possible. First, to cohort 14 and the EDLD faculty, the doctoral experience was transforming. To my committee members, Dr. Susan Huber and Dr. Don LaMagdeleine, I appreciate your willingness to serve on my committee even after such a long time. Your insights added the finishing touches to the dissertation. Specifically to Dr. Bruce Kramer, chair of my committee, your guidance and unending patience is forever appreciated. I learned so much, not only about writing qualitative research, but about life perspectives.

To my friends and specifically Stephanie Lunning and Stefanie Olson, your consistent support was and continues to be a gift. You knew when to push and when to back off. The words of encouragement were always appreciated. I want to thank Dr. Beth Domholdt for her gentle nudging and perspectives on qualitative research.

My children, Alyssa, Heather, and Steve: you are my life's treasures and your love and support mean so much. You continued to believe I'd finish even if I didn't. I always appreciated the school supplies, words of encouragement, and gentle joking at times when I needed a boost. Finally, to Mike Marden, who had the patience to let me find who I am while giving me love and support. You are with me always.

## TABLE OF CONTENTS

<b>Signature Page</b> .....	ii
<b>Acknowledgments</b> .....	iii
<b>Tables and Figures</b> .....	v
<b>Abstract</b> .....	viii
<b>Chapter I: Introduction</b> .....	1
Questions From Outside The Physical Therapy Department .....	2
Preliminary Student Voices .....	2
Physical Therapy Education .....	3
Physical Therapy Education At Midwestern College .....	4
Purpose Of The Study .....	5
<b>Chapter II: Literature Review</b> .....	7
Society .....	7
Culture .....	7
Modes of Discourse: Myth and Classification .....	9
Modes of Discourse: Ritual and Symbol .....	11
Rites of Passage .....	12
The Academic Institution .....	16
Graduate Education .....	20
Professional Education .....	24
A History Of Physical Therapy .....	27
Current Physical Therapist Education .....	29
Supporting Literature .....	32
Theoretical Perspectives .....	40
Symbolic Interactionism .....	42
Midwestern College Physical Therapy Program as a Total Institution .....	46
<b>Chapter III: Research Methodology</b> .....	50
Case Study Research .....	50
Data Collection .....	51
Participant Interviews .....	52
Personal Reflection .....	55
Participant Observation .....	55
Data Analysis .....	56
Internal and External Validity .....	56
Ethical Considerations .....	58
<b>Chapter IV: The Program Perspective</b> .....	60
Midwest College Heritage .....	60
Present Day Campus .....	64

Development Of The Physical Therapy Program .....	66
The Program Begins: Challenging The Status Quo .....	69
The Physical Therapy Program: A Developmental Perspective .....	70
The Beginning .....	71
Making Adjustments .....	74
Current Physical Therapy Program .....	78
<b>Chapter V: The Student Perspective .....</b>	<b>81</b>
The Nature of Social Interaction: Key Principles for Data Presentation .....	81
Characteristics of a Physical Therapy Student: Do I belong? .....	83
Competition: Affirming Self and Eliminating Those That Don't Belong .....	86
Avoidance: I Belong, But Not Yet .....	88
What Are We Looking For? .....	91
Controlling Communication: Conscious Decisions and Student Perspectives .....	92
Physical Therapy Admissions As Theater .....	95
Excitement to Struggle: The Initial Inpatient Phase .....	97
Becoming a Physical Therapist: Structural Control .....	101
Responsibility: Making Primary Adjustments .....	103
Consequences of Primary Adjustment: The Cult of PT .....	106
Misfit Manifesto: An Example of Secondary Adjustments .....	110
Structural Difference: Indifference, Distancing, and Giving In .....	115
Conclusion .....	119
<b>Chapter VI: Making Sense Using Discourse Theory .....</b>	<b>121</b>
The Power of Ideology and Myth in Developing Affinity, Creating Identity, and Stabilizing Society .....	123
Separation and Disenfranchisement .....	126
Ritual: Affirming and Distancing .....	128
Physical Therapist Education: An Anomaly Within Midwestern College .....	132
Conclusion .....	136
<b>Chapter VII: Implications And Conclusion .....</b>	<b>138</b>
Threshold For Change .....	138
A Matter Of Realignment? .....	143
Implications For Leadership .....	145
Conclusion .....	146
Epilogue .....	148
<b>References .....</b>	<b>149</b>
<b>Appendices</b>	
A: Letter of Purpose to Faculty .....	157
B: Letter of Purpose to Pre-Physical Therapy Students .....	159
C: Letter of Purpose to Physical Therapy Students .....	161
D: Letter of Purpose to Physical Therapy Alumni .....	163
E: Consent Form .....	165
F: Interview Questions: Faculty and Administrators .....	167

G: Interview Questions: Students .....	169
H: Interview Questions: Alumni .....	172
I: Pseudonyms for Administrators and Faculty With Interview Order in Parentheses.	175

## TABLES AND FIGURES

### Tables

Table 2.1. Culture Comparison Between Undergraduate, Graduate, and Professional Education .....	24
Table 2.2. Sins of the Professional Programs .....	34
Table 3.1 Groups Of Interest With Number Of Individuals Interviewed .....	52
Table 6.1 Comparison Between Undergraduate, Physical Therapy Program, and Graduate Characteristics at Midwestern College .....	133
Table 7.1 Comparison Between Undergraduate, Physical Therapy Program, and Graduate Characteristics at Midwestern College Revised .....	144

### Figures

Figure 2.1: Key Elements of Culture .....	9
---	---



### **Abstract**

The majority of the literature related to physical therapist education tends to focus on factors related to stress, student satisfaction with faculty, and socialization into the role of the physical therapist. A few studies have looked at value fit between educational programs and their parent institutions and parent institutions and the work environment. This case study examined the experiences of a physical therapy program within its institutional and professional contexts through the lens of myth, ritual, and classification. The use of qualitative research provided a means to explain the society that is the physical therapy program and the affect this has on students' lived experiences at a small private liberal arts college. The data included interviews with faculty, administrators, and students, document review, and personal reflection. The use of Goffman's Total Institution model was useful in framing the data and as a means to further understand the nature of physical therapist education. The research illustrated how the use of theory related to modes of discourse can be instructive in understanding the dynamics of social interaction, both from an interpersonal perspective and an institutional perspective. Insights into physical therapy student socialization based on myth, ritual, and classification identified factors that led to student disenfranchisement from the parent institution while strengthening affinity to the physical therapy program. The use of discourse theory provided insights into the dynamics that can allow a long standing anomaly to continue. Perspectives gained from this study can be utilized by other organizations to reinforce practices that enhance the mission of the organization, a particular program, and the educational experiences of the students. General implications related to leadership are summarized.

## CHAPTER I

### INTRODUCTION

I am a graduate of Midwestern College (MWC) having been a student there between 1971 and 1976. When I was a sophomore, I discovered that the college was planning to add a physical therapy (PT) program. I completed the required pre-requisite courses and was admitted to the program at the end of my third year in college. Since I was in the first physical therapy cohort and since I didn't have to compete for admission to the program. I remember feeling special, a part of something new. In 1971, I started at MWC expecting to receive an education in my intended major but left with the feeling that every person deeply cared about a student's educational experience. I not only learned about PT, I learned about what it meant to be a part of a community, both within MWC and within the PT program. That sense of community was part of the reason I returned to MWC in 1984 as a faculty member in the physical therapy department.

In 1993 I became chair of the physical therapy department. Through that role, I had more contact with various departments, staff, and faculty than I had previously. Staff in the alumni office often asked me what was "wrong" with the physical therapy alums and cited a low percent of giving. I was told that physical therapy alumni had one of the lowest rates of giving in comparison to all the majors in spite of the fact that they started at salaries that were above many other graduates. They also had a low rate of participation in alumni events. Staff in the alumni office asked why the PT students didn't give to the college. Recently, I checked with the alumni office and found that the rate of PT alumni giving has not changed over the years. The rate remains at around 10% at best. What was wrong with the PT students? What were we doing in the department that resulted in students not wanting to give back?

## **Questions From Outside The Physical Therapy Department**

Conversations with faculty outside the department sometimes included comments that students seemed to disappear from MWC once they were admitted into the PT program. And, they seemed unhappy with MWC. The assumption was that PT faculty were “doing something” to the students to make them unhappy with their experience at MWC. From the PT faculty perspective, students were committed to doing their best while going through the program. There were a certain percentage of students who had complaints, but the number seemed small and proportional to the class size. Why did faculty outside the department believe we were the cause of student unhappiness? Were students really unhappy? If so, was there something we, the physical therapy faculty, were doing to contribute to the students’ unhappiness? Were we contributing to students feeling separated from the college as some faculty and staff assumed?

## **Preliminary Student Voices**

In response to some of these assumptions, I listened to prospective physical therapy students as well as students who graduated from MWC’s physical therapy program and wondered about their commitment and connection to both the program and the institution. Students who began their pre-physical therapy education at MWC seemed to have expectations about what their physical therapy educational environment or experience would be like. Beginning in their first undergraduate year, pre-physical therapy students saw that PT students were “different.” They dressed differently from other students on campus, ate together and had schedules that did not fit with the rest of the college.

Once in the PT program, students gained knowledge and skills to practice physical therapy, but they also learned what life was really like within the health care profession. They began to explore employment possibilities, looked at salary ranges, and identified a practice area

in which they would like to specialize upon graduation from MWC. For the most part, students seemed to “survive” their physical therapy educational experience, as they were aware that programs were intensive and rigorous. They realized that they would be spending more time in class during the week and that time outside of class would be devoted to studying. Did these expectations and experiences create a sense of separation from the rest of the college? Were the students unhappy with their educational experience as some faculty and staff assumed? Were physical therapy students really different from other students on campus?

After each year in the PT program, faculty asked students to complete a curriculum survey. Students commented on individual courses, achievement of curricular objectives, and offered comments related to program strengths and areas needing improvement. In addition, at the end of the third year, physical therapy faculty asked students to participate in an exit interview process. This provided an opportunity for students to talk with faculty about what they believed were the strengths and weaknesses of the program. Most students talked about courses, the amount of homework, or their internships. A few students were frustrated about the program, citing lack of choice, lack of flexibility, and little voice in departmental matters. Most students, however, had positive comments about the program and their experiences. They realized they had a strong educational background in comparison to students from other programs. They also had a strong affinity for the program.

### **Physical Therapy Education**

Physical therapy education occurs only at the graduate level in accordance with the accreditation criteria identified by the Commission on Accreditation in Physical Therapy Education (CAPTE). Most PT programs require that students graduate with a baccalaureate degree before matriculation into a PT program. Some schools, such as MWC, have a 3+3

configuration allowing students who don't have a baccalaureate degree and who are in their junior year of undergraduate education to apply for admission to the PT program. If accepted, the student begins the PT program in their fourth year of college having that year count toward undergraduate degree requirements. These students receive a baccalaureate degree in health sciences after the first year in the PT program. The PT student then completes the remaining two years of physical therapy education graduating with a master's degree (Master of Arts, Master of Science, or Master's in Physical Therapy) or Doctorate in Physical Therapy.

Traditionally, admission to physical therapy education programs has been extremely competitive. Within the physical therapy schools in the state where MWC is located, application to admission ratios vary from 10:1 to 3:1. These students work hard to take the right courses and obtain undergraduate grade point averages (GPAs) that will enable them to "beat out" their pre-physical therapy competition.

### **Physical Therapy Education At Northwestern College**

Students who begin their pre-physical therapy studies as first-year or sophomore students at MWC are given priority in the PT admissions process over students who have been at MWC less than one year or who apply for PT admission directly from another institution. While in high school, students are encouraged to come to MWC for their pre-physical therapy course work because they will have a PT admissions advantage over students applying to the PT program from outside MWC. Northwestern College admissions counselors and physical therapy faculty tell prospective students that only the most qualified students gain admission to the PT program. While students are given messages related to how their high school achievements will guarantee admission to MWC as a first-year student, parents are given messages related to the economics of choosing MWC over other colleges or universities when it comes time to apply for admission

to the physical therapy program. The 3+3 configuration allows those students who have attended MWC for at least a year, have junior level standing, and have the required physical therapy pre-requisite courses to apply to the physical therapy program one year earlier compared to other programs in the region. The 3+3 PT program configuration along with a low applicant to admission ratio at MWC increases the odds of a good return on an educational investment.

At the time of application to the PT program, MWC pre-PT students know their competitors. They take many of the same courses, trying to achieve good grades, and have learned to compete with each other in order to make their background one that will ensure success in the PT admissions process. However, once students gain admission into physical therapy programs, they are expected to work toward a common goal. Competition gives way to collaboration. Students are expected to work toward professional competence within cognitive, affective, and psychomotor domains.

### **Purpose Of The Study**

What happens during a student's educational experience at MWC that leads to such a strong identification with the physical therapy program? Why don't students seem to have strong identity to the college? Or do they? Why do faculty and staff outside the department believe we do something to the PT students to make them unhappy with the college? This study described the experiences that PT students at MWC had, beginning with their undergraduate education and continuing through their professional education. It also explored the history of the PT program within MWC to place those experiences within an organizational and professional context.

Understanding cultural elements, how they manifest in various academic environments (undergraduate, graduate, and professional education), and the influence of myth, ritual, and classification in the construction and maintenance of society provided the backdrop for this

study. The use of discourse theory to provide insights into the dynamics of social interaction was chosen over other theoretical perspectives due to the influences of myth and ritual within the educational environments and professional education.

There is a perception within MWC that physical therapy faculty “do something” to the physical therapy students to make them unhappy with the college as a whole. Much like Becker, Geer, Hughes, and Strauss (1961) in their study of medical student progression, the purpose of this study was to look at the nature of the physical therapy program within MWC, emphasizing student experiences as they progressed from undergraduate student to graduate physical therapy student through the lens of myth, ritual, and classification.

There was a gap between the time the data were gathered and when the results and implications were written. The data represents the last two cohorts of students who received a Master of Arts degree in physical therapy. Subsequent students received a Doctorate in Physical Therapy (DPT) degree. Although the degree awarded changed, the 3+3 configuration remained along with the student experiences described in Chapter V. Thus, the case study has a historic element considering changes within the PT program curriculum. These changes will be described more specifically in Chapter 4.

## **CHAPTER II**

### **LITERATURE REVIEW**

#### **Society**

One can look at professions, professional education, and the academic institution as societies. Lincoln (1989) stated that a society is a group of people who are bound together by shared beliefs. Durkheim examined groups and/or societies as social systems and determined that people were drawn together by common ideas termed collective conscious or collective representations (Collins, 1994b; Simpson, 1963). These representations were formed by the group and guided individuals thinking and decision making. The collective thoughts and resultant decision making was reinforced within the group through various experiences. Thus, the development of a social system, or society, is an interactive process where individuals are influenced by and then influence future assumptions and beliefs.

Examining how societies interact is useful in looking at the interplay within organizations, within professions, and between organizations and professions. For example, the academic institution is considered an organization but within the academic institution are housed various departments that have their own set of values, beliefs, and behaviors. It is often assumed in the academic environment that the departments' values, beliefs, and behaviors should and do align with that of the academic institution. The collective representations, attitudes, beliefs, and behaviors that link a group together are often described as a group's culture.

#### **Culture**

Schein (1992) analyzed organizations as societies in an effort to examine the relationship between culture and leadership. Schein believed that examining culture at the organizational level would provide a picture of how culture was formed, maintained, and changed. He identified



certain phenomena that reflected the culture of a group, organization, or society. Two phenomena that are similar to Durkheim's collective representations are formal philosophy and habits of thinking (Schein, 1992). Within organizations, including the academic institution, formal philosophy is realized through policies and procedures. These policies and procedures are statements that guide faculty, staff, and students in various interactions and are often included in documents such as student and faculty handbooks and course syllabi.

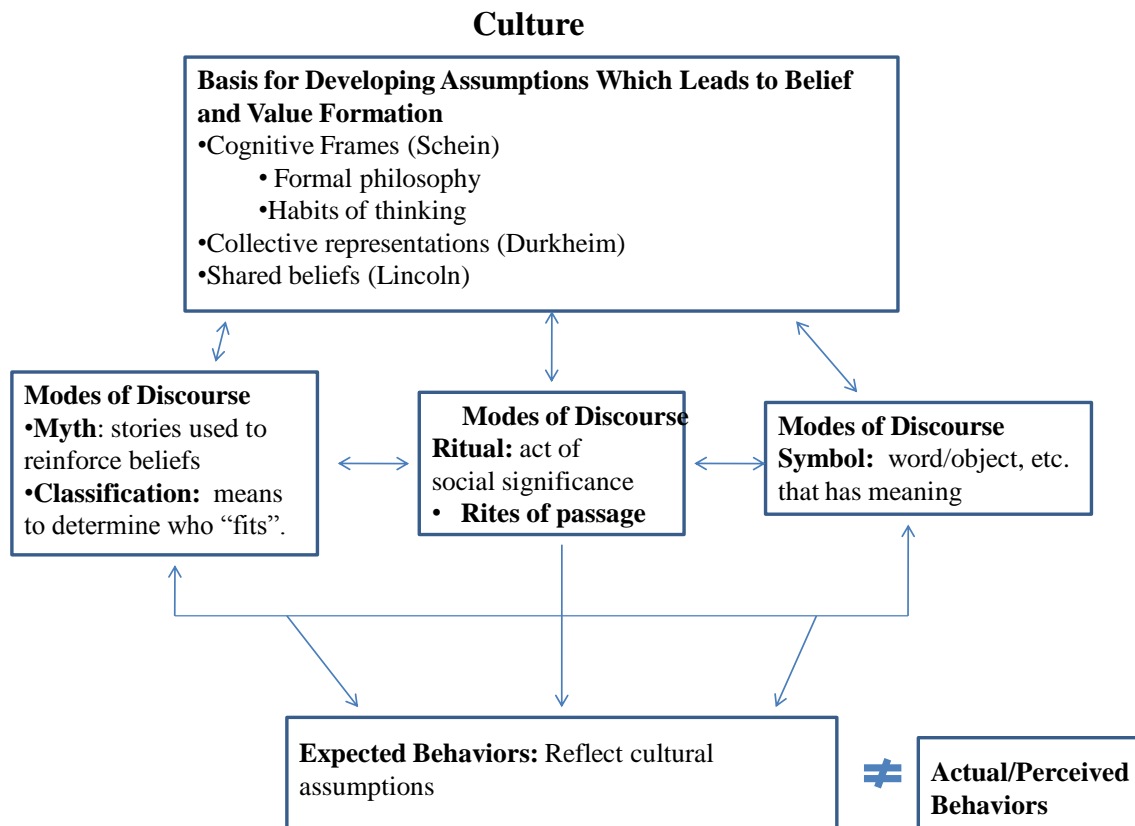
Habits of thinking is described as "shared cognitive frames that guide the perceptions, thought, and language used by the members of a group and are taught to new members in the early socialization process" (Schein, 1992, p. 9). For example, new employees usually complete an orientation process where they learn what constitutes acceptable behavior in various circumstances. First-year students participate in an orientation session where they learn the history, values, and codes of conduct expected of all students at the college or university.

Shared beliefs (Lincoln, 1989), collective representations (Collins, 1994b; Simpson 1963), and cognitive frames (Schein, 1992) are similar in intent and form the basis from which values, attitudes, and behaviors emerge. The term collective representations will be used throughout the remainder of this paper when referring to the underlying assumptions that form the basis of a group's culture. For this study, culture was defined as

a pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems (Schein, 1992, p. 12).

There are key elements of culture that emerge from a group's collective representations. These elements include values and attitudes, a specific code of behavior, the use of symbol and

ritual, and an often unconscious way to determine who “fits” and who doesn’t. Figure 1 provides a schematic representation of culture and the linkage of the various elements.



**Figure 2.1. Key Elements of Culture**

### **Modes of Discourse: Myth and Classification**

A society can develop, maintain, or regulate itself through what Lincoln (1989) referred to as modes of discourse: myth, ritual, and classification. Myth represents stories used to explain behaviors, signs, or symbols that relate to the society’s beliefs and assumptions. These stories can give meaning to past events as well as current actions. Lincoln (1989) described myth as verbal ritual. Thus, there is often an emotional response to myth, regardless of whether or not the individual or group is aware of this response. Myth is also used by individuals outside a group or society as a means to explain behaviors they see by those within that group.

Classification is a means to organize various data related to knowledge, beliefs, and values (Lincoln, 1989). Through classification, a society can know what is acceptable to them and what is not; who “fits” and who does not. An example to illustrate classification can be applied when looking at health care. Two of the overarching values in health care are to help the patient (beneficence) and do no harm (nonmaleficence). Thus, those that become health care professionals are bound to help their patients return to an optimal level of health. Those that harm patients are no longer welcome within the health professions.

Members of health care professions must undergo specific training related to their jobs. The only individuals who can call themselves physicians are those who have graduated from an accredited medical school, passed their licensing examination, and completed one or more residencies. The same is true for physical therapists. Only those individuals who have graduated from an accredited program in physical therapy, passed a licensing examination, and have a license to practice physical therapy can be called physical therapists. Those individuals who do not have the required schooling and licensure requirements do not “fit” as a physician or physical therapist.

Another element of classification is stratification or differentiation. In discussing the Durkheimian tradition, Collins (1994a) stated that differentiation occurred when groups and societies were larger allowing for various roles and responsibilities to develop. The example of physician and physical therapist training illustrated who fits and who doesn't, but it also illustrates differentiation of roles and responsibilities. Physicians study a body of knowledge and receive training different from that of nursing and physical therapy. Physicians, nurses, and physical therapists have different professional organizations that help define roles and

responsibilities. In addition, these professional organizations help to monitor behaviors and values associated with these roles and responsibilities.

### **Modes of Discourse: Ritual and Symbol**

The use of ritual and symbol reinforces collective representations, as do codes of behavior. Participating in ritual, understanding the meaning of symbols, and teaching codes of behaviors are reflective of and add to the group's history. In addition, they are easier to "see" than values and can be taught to those who join the group.

Defining symbol and ritual is relatively easy. A symbol is something that represents meaning to an individual (Blumer, 1969). Letters are symbols that, when linked, become words. The American flag is a symbol that represents freedom. In clarifying symbol from non-symbol, Charon (2001) stated "it is symbol if an individual uses it intentionally to communicate and represent" (p. 50). Given this definition, he suggested that, in addition to social objects, symbols could include people, physical acts, and language (Charon, 2001). Thus, symbol represents a wide variety of actions, words, language, and social objects.

Ritual is an act of social significance that creates an emotional bond within the group (Lincoln, 1989). A wedding signifies people coming together to witness and celebrate two individual's new beginning together. What is not as easy is discussing the complexities of symbol and ritual as part of culture.

The formation and maintenance of society is not obvious to those within or outside society. As stated previously, collective representations develop from interaction between people: ongoing dialogue that unconsciously shapes beliefs. This represents the depth of a society which is not easily articulated (Collins, 1994a). The size of the society contributes to development of ritual and symbol. If the society is small, the use of ritual will be less. However,

as society becomes larger, the use of ritual increases. In this case, ritual represents what Durkheim described as the surface of society (Collins, 1994a). Ritual allows people to come together to attend to the same thing: participate for a common purpose. Ritual almost always carries emotional significance that reinforces collective representation (Collins, 1994a). The use of symbol emerges from the ritual. In the example of a wedding, the bride and groom each may take a smaller candle and together light a larger unity candle. The two smaller candles symbolize the bride and groom as separate individuals. Lighting the unity candle symbolizes union into a new family. Society, then, is dynamic and changing. The use of ritual and symbol brings people together to reinforce subconscious collective representations. Or, ritual and symbol can be used to slightly change collective representations.

The discussion illustrating the creation of culture thus far has briefly summarized how people come together to form and sustain a society and/or group. People relate according to shared beliefs and from that, collective representations develop. These collective representations form the basis for values and assumptions that are reinforced through myth, ritual, and symbol. Ritual and symbol reflect behaviors indicating how one is supposed to act within the certain society or group. Ritual reinforces behavior, but certain rituals, termed rites of passage, explain role changes within the group or society. A more in-depth discussion of ritual, specifically rites of passage, will be helpful in comparing and contrasting the culture of the academic institution, professions and professional education, and physical therapy.

### **Rites of Passage**

Ritual or the ritual process is a part of any culture or society. Ritual serves to connect individuals through common acts or activities. For example, in the educational setting, the convocation at the beginning of the academic year brings students, particularly first-year

students, together to affirm the mission of the institution. Through this experience, students take part in a meaning-making activity designed to reinforce the beliefs and assumptions of the college (Manning, 2000). The activity creates a sense of community, linking individuals and groups together. Creating community develops and/or reinforces an individual's or group's identity. It is not enough that individuals attend or participate in the same ritual. The key is that individuals focus their attention on the meaning behind the ritual. From this, the individual learns the unwritten rules associated with a ritual and begins to evaluate her/his behavior against the others participating in the ritual (Manning, 2000; Collins, 1994a).

A specific type of ritual is a rite of passage. Rites of passage mark transitions in an individual's or group's life (van Gennep, 1960). Common rites of passage many people experience are marriage, birth of a child, and graduation from high school. Van Gennep (1960) identified three stages associated with rites of passage: separation, transition, and incorporation.

During the separation stage, a physical or symbolic separation indicates an impending change that signifies the individual is detaching from a previous place, or role, in the social structure to a new place, or role, in the social structure (Turner, 1982). Or, that the individual or group is detaching from previous cultural conditions, called a state, to a new set of cultural conditions, or new state (Turner, 1982). In the case of marriage, the couple separate from the role associated with being single to duties and assumptions associated with shared responsibility.

The transition, or liminal stage, occurs as the individual or group is in the process of moving from state to state. During this stage, the participant(s) can no longer hold on to the beliefs associated with their previous state, nor can they assume the beliefs associated with the new state. Turner (1982) described the participant as being passive or humble. The participant is expected to listen to the wisdom of those that have passed through the particular rite, as these

individuals convey the assumptions and beliefs of the new state. Participants are expected to practice behaviors associated with the new state as part of assimilation or the socialization process (Turner, 1982). Those individuals passing through the transition stage develop a strong sense of community since they are transitioning together.

Van Gennep (1960) identified two status dichotomies associated with the transitional stage. Those considered sacred have separated from the previous role or group and are viewed as having a better or more desirable status. Those in the former role or group are considered profane. These status designations are relative to the society or situation. For example, marriage is considered to be an expected rite of passage in many societies. Those who marry are considered more fortunate (sacred) than those who don't (profane). Symbols and rituals are often part of the transition stage and help the individual or group separate and assimilate into the new role or group (Turner, 1982; van Gennep, 1960). They assist in helping to stabilize the transition as the individual or group learns the norms associated with the new role.

Incorporation occurs when the individual or group embraces the values, beliefs, and behaviors associated with the new role or state. They are assimilated into the new group with all the rights and privileges of the group and are expected to behave according to group norms (Manning, 2000). The individual who has completed the rite of passage is considered to have changed and, therefore, no longer identifies with the previous group or role. In education, graduation is considered a rite of passage where the graduate no longer identifies with the role of student. The individual is transformed from student to graduate or employee.

For a ritual to be considered a rite of passage, three conditions need to be met: recognition, rite as a public ceremony, and closure to a new role (van Gennep, 1960; Turner, 1977 as cited in Dunham, Kidwell, & Wilson, 1986). The rite must be recognized by the culture

as a significant point in one's life. For example, graduation from high school is considered to be a significant milestone that leads to further education or full time employment. The graduation ceremony is one where the students come together and are acknowledged by the community for their accomplishment. Receiving the high school diploma signifies closure to the role of the high school graduate.

The significance a rite of passage is that it is a process of transition that an individual or group undergoes and this process is linked to a social context. Van Gennep compared rites of passage, not for the common symbols or ritual activities within each rite, but for the commonalities between the rites (Hockey, 2002). Doing this allowed van Gennep to observe the social significance of rites of passage rather than focus on the individual or individuals involved with the rite. Van Gennep (1960) summarized the social significance within rites of passage through three overarching points: 1) all individuals experience changes within their life, 2) these changes are often considered rites of passage signifying status or role change, and 3) the rites act to provide stability within the society as well as create a sense of community for those undergoing the rites and those observing the rites. Thus, individuals and groups undergo change from role to role which often includes a status change. A significant part of a rite of passage is the development of a sense of community for those individuals and groups involved in the process.

The ability to gain more depth of analysis and understanding associated myth, ritual, and classification will be beneficial in describing the process that physical therapy students at MWC undertake from the time they become interested in physical therapy to the time they graduate with a PT degree. But first, a discussion of the culture of the academic institution, both



undergraduate and graduate, the professions, and physical therapist education, will provide a greater context when describing student experiences within MWC.

### **The Academic Institution**

The common ideas, or collective representations, of the academic institution are often found within a mission statement or statement of purpose. The most obvious purpose of an academic institution is to educate students. But there are additional collective representations identified by individuals who have studied the culture and purpose of higher education. These representations are often articulated through academic goals.

Weingartner (1993) claimed that the goals of undergraduate education were to shape a student's character, influence growth and maturation, create openness to others viewpoints, develop a means to think differently, and acquire skills. The Carnegie Foundation for the Advancement of Teaching (1993) conducted a year long study of academic institutions to summarize the current social climate of higher education. In addition to Weingartner's goals, the Carnegie Foundation (1993) identified six principles that should guide the educational experience: university as a place of purpose, open, just, disciplined, caring, and celebrative. They determined that an overarching goal of higher education was to build academic communities where the various principles could be realized. More recently, Bok (2006) identified eight purposes of higher education: ability to communicate, critical thinking, moral reasoning, preparing citizens, living with diversity, living in a more global society, a breadth of interests, and preparing for work.

The Association of American Colleges and Universities (AAC&U) identified learning aims and outcomes for the 21<sup>st</sup> century as an initiative to move higher education toward the learning needs of a global environment (AAC&U, 2007). These aims and outcomes consider

how the changing climate of employment along with increases and advances in technology influence the knowledge and skills needed in the workforce. According to AAC&U, graduates should have 1) knowledge of human cultures and the physical and natural world, 2) intellectual and practical skills, 3) personal and social responsibility, and 4) integrative learning (AAC&U, 2007, p. 13). These learning outcomes built on previous works including Weingartner (1993), the Carnegie Foundation (1993), and Bok (2006) by continuing to emphasize growth and maturation, openness to others viewpoints, thinking differently, and acquiring skills. The difference is in how the student achieves the outcomes. The AAC&U (2007) suggested that students can achieve these outcomes in any field of study, not just the traditionally identified liberal arts curriculum.

Based on these examples, the collective representations, values, and attitudes of higher education can be summed up to be that of educating students within an environment where students can expand their understanding of others viewpoints, engage in and develop a sense of community, develop integrative reasoning, and acquire skills needed after graduation.

The use of myth within higher education is a means to reinforce the collective representations within the university and send messages to those outside the university (Shore, 1992; Kamens, 1977). Myth links the history and values of the university to the present and inspires and reminds the university of “who we are”. For example, Midwestern College was founded by Benedictine sisters in the early 1900s. These sisters were determined to start a hospital and school that served the working people of the community. The sisters spoke of their tenacity and love of learning as the key to accomplishing their goals (Boo, 1991). Faculty and staff at MWC use this story to inspire students to realize their goals. It also provides a link between alumni and current students.

Myth is also used to send messages to the community at large about the unique educational experiences students obtain from a particular university. In this respect, myth serves to differentiate one university from another. Midwest College links a history of service to the community with experiences that students undergo while at the college. These service experiences are part of course requirements, can be completed through volunteer experiences, and are part of various campus club missions. Midwest College capitalizes on service learning when marketing by stating that students at MWC “learn to touch the world”. Myth also differentiates those individuals who’ve obtained a baccalaureate degree from those who have not (Kamens, 1977). The university graduate has qualifications that enable her or him to have special status within the work world in comparison to those who have not obtained a college or university degree.

The use of ritual in higher education is a significant part of a student’s experience. McLaren (1993) studied schools of higher education, not to determine how education happened, but to describe schools as social systems. He proposed that the use of ritual was a crucial part of the student experience and that the “variegated dimensions of the ritual process are intrinsic to the events and transactions of institutional life and the warp and woof of school culture” (p. 3). In the school setting, as in all cultures or social systems, ritual occurs largely through the use of symbols, gestures, drama, and specific language.

The ritual process begins when the student first visits any campus. Potential students learn of the school’s mission, value system, expectations, and programs of study. When the student decides a particular school is of interest, she completes an admission form. If accepted, the student has completed the first ritual performance: entrance into the college. The act of acceptance automatically differentiates that student from her peers.

Incorporation into the college is another significant ritual and occurs most often at the beginning of a student's freshman year (Manning, 2000). Incorporation ceremonies include activities such as a beginning of the year convocation, with the purpose of welcoming students to the academic year. Often, the faculty are present in their academic garb symbolizing the purpose and history of the academy. Incorporation signifies that the individual has completed a transition and is welcomed into a new culture or group (van Gennep, 1960). It may seem contrary that a ritual welcoming students to college is considered a ritual of incorporation, however, entrance into college signifies completion of K-12 education and is a ritual beyond that of high school graduation. The student who pursues a college education, in essence, begins the cycle of separation, transition, and incorporation from an old peer group/culture to a new culture: that of higher education.

As soon as students complete the separation process, they begin the transition stage which occurs throughout their college years. During transition, ritual serves to reinforce values, modify behaviors, develop relationships, and reinforce the college's collective representations. The ritual process also acts to create structure during a time of potential chaos. For example, advisement week allows students to talk with faculty about course work and plan for application to the major. Applying to the major usually occurs toward the end of a student's sophomore year and is formalized by the student filling out the requisite paperwork and having his qualifications accepted by the faculty in the major field of study. Acceptance to the major signifies that the student belongs to a group; those that can pursue courses in the major, from those who were denied acceptance to the major.

Incorporation also occurs at the end of the college experience in a variety of ways but none as significant as the commencement ceremony. Manning (2000) found that the

commencement ceremony was the most significant ritual indicating the end of transition. The commencement address often includes language emphasizing incorporation such as senior to graduate, student to educated individual, and graduate to alumnus (Manning, 2000).

Commencement signifies that the individual has been accepted to a new group: that related to the field of study.

Higher education, like many societies, is based on numerous myths and rituals. These myths and rituals provide order to a social community that can be observed (Manning, 2000). As such, students base their actions and beliefs on accepted norms that exist within the campus community. However, once a student completes undergraduate education and pursues graduate or professional education, myth and ritual associated with higher education changes.

### **Graduate Education**

Weingartner (1993) described the purpose of undergraduate education as a means to bring students to an educated state and help to shape one's character. He differentiated undergraduate from graduate education by stating that graduate education provided the learner with a specific set of knowledge, skills, language, and behaviors that the graduate must have to be successful in the chosen field. He also maintained that all graduate education can be considered professional education since the graduate is preparing for professions such as law or medicine, or is certified to hold certain knowledge and skills such as that needed for a Masters in Business Administration (MBA).

Graduate education also prepares students to fulfill roles as teachers, researchers and scholars (Duderstadt, 2000), provides students with a strong background in their chosen field, allows for the development of oral and written communication skills, teaches students how to obtain funding for future research, and helps students obtain jobs (Fischer & Zigmond, 1998).

Communication skills, oral and written, are part of what Fischer and Zigmond (1998) considered survival skills. Those skills that graduate students must master in order to be successful. They also identified core skills, one being the ability to behave as a professional.

Weingartner (1993), Duderstadt (2000), and Fischer and Zigmond (1998) summarized the collective representations underlying graduate education and suggested that they differ from those of undergraduate education. The representations related to undergraduate education focus on shaping one's character, whereas, for graduate education, collective representations focus on building one's knowledge and behaviors for a specific goal. For example, students who begin medical school learn a certain knowledge base including chemistry, pharmacology, and physiology, but in greater detail than that of undergraduate students. This foundational science information is applied immediately within the curriculum through patient scenarios. Thus, during the first-year, medical students begin learning how to think and speak like a physician and are expected to practice these skills on their peers (Becker et al., 1961).

Additional emphases of graduate education are to develop a community of learning, engage in professional development, and gain leadership experience. A community of learning is one where students believe faculty care about learning, faculty are accessible to students, students care about their peers, and students perceive a sense of collaboration (Conrad, Duren & Haworth, 1998). Students and faculty develop stronger collegial and social relationships leading to better student satisfaction. The community of learning also fosters a more holistic approach to learning and information processing. Graduate education not only includes learning content and behavioral expectations but also engaging in integrative learning experiences (Conrad et al., 1998). Integrative learning enables students to apply knowledge within the context of their

profession. This is accomplished in part through internships, residencies, or consultation. Class activities that promote integrative learning include case study analysis and role-play simulations.

Hirt and Muffo (1998) described the relationship of graduate programs to the parent institution. They suggested that graduate programs historically developed from within a parent institution but not from ideals inherent to the institution. The ideals, values, and assumptions of graduate programs were developed from disciplinary specific professional associations. As such, graduate departments determined admission criteria, retention policies, curricular requirements, monitored student progress, and often assisted in job placement (Hirt & Muffo, 1998). In addition, graduate programs socialized students into a discipline, not necessarily to the institution proper. The result is that graduate students often developed a bond with the department rather than the institution.

Myth, ritual, and symbol associated with graduate education vary based on the specific discipline of study, however, some commonalities exist. Graduate students begin to differentiate themselves from the peers in their profession through enhanced critical thinking and skill application. They believe this differentiation can lead to job changes and/or promotions within their current organization (Conrad et al., 1998). The language used and relationships formed in the work community becomes more specific. In the case of medical students, a white coat ceremony during the students' first year symbolizes inclusion into the medical profession (Swick, Szenas, Danoff, & Whitcomb, 1999). Participating in the ceremony (ritual) and receiving the white coat (symbol) begins to socialize the student to the behaviors expected of a physician.

The nature of graduate education, then, is different from that of undergraduate education. Program curricula focus on specific content often determined by outside accrediting agencies.

Students are expected to collaborate and engage in peer learning while applying theory to practice. Students are also expected to think, write, and speak in language relevant to the discipline of study. The undergraduate student experience is designed so the student applies knowledge and skills upon employment in their chosen field. The graduate student experience is designed so the student builds knowledge and applies skills while still in school. Finally, the undergraduate experience is designed for students to create a bond with the institution, while students in graduate programs develop a bond to the specific department. Table 2 summarizes the key descriptors associated with the elements of culture in undergraduate, graduate, and professional education.



**Table 2.1. Culture Comparison Between Undergraduate, Graduate, and Professional Education**

	Undergraduate Education	Graduate Education	Professional Education
Collective Representations	Reflected through goals: <ul style="list-style-type: none"> <li>• Educating students to expand viewpoints</li> <li>• Develop community</li> <li>• Develop skills</li> </ul>	Reflected through goals: <ul style="list-style-type: none"> <li>• Acquisition of specific knowledge and skill set</li> <li>• Research</li> <li>• Develop communication</li> <li>• Develop community of learning</li> </ul>	Guided by: <ul style="list-style-type: none"> <li>• Professional authority</li> <li>• Community sanction</li> <li>• Putting theory into practice</li> </ul>
Myth	<ul style="list-style-type: none"> <li>• Differentiates colleges and universities</li> <li>• Differentiates students: college vs. no college</li> </ul>	<ul style="list-style-type: none"> <li>• Differentiates graduate from undergraduate</li> <li>• Myth is discipline specific</li> </ul>	<ul style="list-style-type: none"> <li>• Myth is discipline specific and differentiates one profession from another</li> </ul>
Ritual	<ul style="list-style-type: none"> <li>• Admission to college</li> <li>• Convocation</li> <li>• Application to major</li> <li>• Graduation</li> </ul>	<ul style="list-style-type: none"> <li>• Admission to graduate school</li> <li>• Socialization process</li> <li>• Graduation</li> </ul>	<ul style="list-style-type: none"> <li>• Admission to professional program/school</li> <li>• Socialization process</li> <li>• Graduation</li> </ul>
Symbol	<ul style="list-style-type: none"> <li>• School song, colors, logo</li> </ul>	<ul style="list-style-type: none"> <li>• Language specific to discipline of study</li> </ul>	<ul style="list-style-type: none"> <li>• Language specific to discipline of study</li> <li>• Specific dress</li> <li>• Modes of communication</li> <li>• Professional symbol/logo</li> </ul>
Expected Behavior	<ul style="list-style-type: none"> <li>• Act, speak, write in behaviors consistent with college norms</li> </ul>	<ul style="list-style-type: none"> <li>• Act, speak, write in behaviors consistent with discipline</li> </ul>	<ul style="list-style-type: none"> <li>• Act, speak, write in behaviors consistent with profession</li> </ul>

### Professional Education

Greenwood (1957) defined a profession as

an organized group which is constantly interacting with the society that forms its matrix, which performs its social functions through a network of formal and informal relationships, and which creates its own subculture requiring adjustments to it as a prerequisite for career success” (p. 45).

He continued to identify five defining attributes that differentiated professions from non-professions: systematic theory/body of theory, professional authority, community sanction, ethical codes, and a culture (Greenwood, 1957). Professional authority comes from collective theory and the professionals' ability to dictate what is best for the client. Community sanction gives professions control over educational standards, admission to educational programs, and licensing authority. A profession's culture is multidimensional. That is, there are a number of groups within a profession that can have their own culture. The organizations where individuals perform their services such as hospitals, universities, or social agencies, have their own culture. The institutions where individuals are educated have a culture. Finally, the professional associations themselves have a culture. Part of the unique attribute of professions is that individuals must be able to move between these various cultural groups (Greenwood, 1957).

The aspects of culture that are found in any group: assumptions, values, norms, and behaviors, are a part of professional culture. Ritual helps to guide behaviors and role expectations. For example, an orientation process exists for physical therapists upon employment in any setting. The PT learns what is expected in terms of dress, communication, and organizational values. Often the dress helps to differentiate the PT from nurses or physicians. In some facilities, the PT may have a professional logo on a shirt or jacket.

Professional preparation, professional education, and professional training are sometimes used interchangeably; however, Stark, Lowther, and Hagerty (1986) proposed that professional preparation is all encompassing. According to Stark et al. (1986), professional education signifies programs that teach theory but no skills and professional training signifies programs that teach skills but no theory. Regardless of terminology, professional education implies gaining an understanding of theory and putting that theory into practice.

Professional education reflects theory and practice of an identified profession. In their review of the literature related to professional education, Stark et al., (1986) stated that a professional preparation field has a defined theoretical basis, a particular set of skills, standards of ethical conduct, and a way to monitor education and practice. As such, professional education programs have identified areas of professional competence and attitudinal outcomes. Graduates are expected to show competence related to theoretical underpinnings, technical skills, placing theory within the context of the social environment, interpersonal communication, integration of theory with practice, and adaptability as the profession changes. Attitudinal outcomes relate to career marketability, professional identity, professional ethics, scholarly concern for the improvement of the profession, and motivation for continued learning (Stark et al., 1986).

Martin (1999) identified six characteristics of all professions that closely mirror those of Stark et al. (1996): a defined body of knowledge representing the profession, a level of expertise within the profession exclusive to that profession, “affective neutrality” allowing professionals to adhere to a code of ethics, professional status determined through adherence to identified standards, altruism in practice, and monitoring of behavior, practice, and education. Carey and Ness (2001) added that part of the role of professional education is to socialize students by espousing the values, attitudes, and beliefs of the particular profession.

The similarities between graduate programs and professional programs are many. In fact, many graduate programs are considered professional programs. But there are some differences as well. Professional education occurs on both the undergraduate and graduate levels. Those graduate programs that advance knowledge and skills beyond content at the undergraduate level are considered post-professional programs. Those graduate programs that teach theory and skills for the first time are considered entry-level programs. Social work, psychology, and education

are examples of programs offered at the undergraduate and graduate levels; therefore, graduate social work programs are considered post-professional programs. Currently, physical therapy education is only offered at the graduate level; therefore, it's considered an entry-level graduate program.

### **A History Of Physical Therapy**

The profession of physical therapy can trace its roots to Europe and the medical gymnasts (Murphy, 1995). Medical gymnasts were initially trained in the art of massage followed by the development of exercises for various conditions. As word of the benefits of massage and exercise spread, individuals from the United States traveled to Europe to study medical gymnastics. Mary McMillan was one of these Americans. During World War I (WWI), the need for individuals who could rehabilitate wounded soldiers increased beyond the capacity of those individuals trained as rehabilitation aides (Moffat, 2003). Word of Mary McMillan's expertise in medical gymnastics spread and she was recruited by the military to teach women various skills in rehabilitation. Mary, along with Marguerite Sanderson, started training programs for reconstruction aides at the Walter Reed General Hospital (Moffat, 2003).

As the war progressed and the need for rehabilitation aides grew, those working as reconstruction aides wanted to differentiate themselves from physicians practicing rehabilitation medicine. Thus, in the early 1920s, reconstruction aides adopted the name physiotherapists (Moffat, 2003). These physiotherapists, who were exclusively women, organized themselves professionally and in 1921 established the American Women's Physical Therapeutic Association (AWPTA) (Moffat, 2003). Mary McMillan was the first elected president of the AWPTA.

The profession has realized many changes; a name change to reflect male membership, sophistication in theory related to scientific advancements, expansion of educational curricula in

response to changes in the knowledge base, and accountability for physical therapy outcomes. At the same time, education of physical therapists moved from the baccalaureate degree as the first professional degree to post-baccalaureate or graduate education (Echternach, 2003; Moffat, 2003; Murray, 1995). In 1978, the House of Delegates (HOD) of the APTA passed a position statement saying that physical therapist education should be at the post-baccalaureate level by 1990. Programs began transitioning from undergraduate to graduate education but because the pace was too slow, the APTA HOD passed a position statement in 2003 requiring that physical therapist education be at the post-baccalaureate level. This position statement was linked to accreditation of entry-level physical therapist education with the resultant elimination of all baccalaureate programs.

In June 2000, the APTA HOD approved a vision statement, termed Vision 2020. The vision provides direction and focus for change within the profession. There are six elements that reflect how the vision will be realized: autonomous practice, direct access, doctor of physical therapy, evidence-based practice, practitioner of choice, and professionalism. Autonomous practice will be realized by the ability of physical therapists to independently self-govern their profession rendering PT diagnoses for movement dysfunction. Direct access will allow physical therapy to be the health care entry point for individuals with movement dysfunction and will be reflected in state statute.

In order to prepare physical therapists to practice autonomously, physical therapist education needed to change. The vision element that identified the doctor of physical therapy as the appropriate degree served as the catalyst for physical therapist programs to transition from a master's degree to the doctoral degree. While the 2003 HOD position statement didn't specify whether graduate education should be at the master or doctoral level, at the present time, 222 out

of 227 entry-level physical therapist educational programs offer the clinical doctoral degree (Commission on Accreditation in Physical Therapy Education, 2011).

Now that the majority of physical therapist education programs are at the doctoral level, there is a drive within the academic community to focus on excellence in PT education through three pillars of the academic mission: “educating the next generation of physical therapists and scientists (education), discovering the causes of and treatments for disabling health conditions (research), and advancing the practice of patient care while caring for patients (practice)” (Gordon, 2011, p. 9). Gordon (2011) proposed four priorities for PT programs in order to realize the academic mission. The first is for all PT programs to engage in research/scholarship. The second is to develop a strategy for standardizing the curriculum. Third, to expect that all PT programs are engaged in clinical practice, and finally, to focus on program growth. These goals are shared by many within the academic community and are becoming more prevalent within the evaluative criteria used to accredit PT programs.

### **Current Physical Therapist Education**

Physical therapist education is referred to as professional education that occurs at the graduate level, therefore, shares the characteristics similar to any other graduate program. The overall purpose of the educational experience is to shape one’s knowledge and behaviors toward the goal of becoming a physical therapist. Students learn a defined body of scientific knowledge, are expected to espouse the values of the profession, and begin a socialization process where they learn the specific behaviors expected of a physical therapist. In essence, they become acculturated into the profession of physical therapy.

The basis for the collective representations that define the culture of physical therapy is written in a number of American Physical Therapy Association (APTA) documents. The APTA

mission statement, vision 2020, Standards of Practice, Guide for Professional Conduct/Code of Ethics, Core Values, and ten professional behaviors are considered core documents essential for every PT, physical therapist assistant (PTA), and student to be aware of and strive for. The APTA mission statement reflects the nature of the PT profession at the present time (APTA, 1993). Vision 2020 identifies the direction of the profession for the future. The APTA Standards of Practice (APTA, 2010), Code of Ethics (APTA, 2009), and APTA Guide for Professional Conduct (APTA, 2010) outline expectations regarding patient care and serve as three of the guiding documents that states use when regulating practice. The APTA core values represent what the student and professional should be demonstrating relative to professionalism: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility (APTA, 2004).

Finally, May, Morgan and Straker (1995) identified ten professional behaviors determined by PT clinicians that reflect the skills necessary to practice physical therapy: commitment to learning, interpersonal skills, communication, professionalism, giving/receiving feedback, problem solving, responsibility, critical thinking, and stress management. Each behavior has criteria that provide guidance when assessing the progression of behavioral development from the beginning level through the developing level to the entry level.

Once a student matriculates into the educational program, s/he begins the socialization process into the profession of physical therapy. This socialization process serves as a rite of passage from undergraduate student to professional student to physical therapist. The core documents become a part of the student's educational knowledge base, and serve as a guide for evaluating student behaviors during the educational experience. Deusinger (1999) identified four transitions associated with the rite of passage into physical therapy: admission to the professional

program, matriculation, participation in the educational process, and entry into employment. The first, admission to the professional program, can be linked to van Gennep's (1960) separation stage. Admission to the professional program is the first point in the journey to becoming a physical therapist and follows years of preparation in that the physical therapy applicant spends months and sometimes years planning for admissions. The applicants communicate with physical therapists, faculty members, family, and friends to ensure they have the courses they need and the volunteer experiences that reflect the knowledge of the profession. In addition, acceptance into a physical therapist program is competitive, resulting in a select group of student chosen to participate in this particular rite of passage. Admission into a physical therapy program marks the beginning of the separation stage.

Matriculation into the physical therapy program and participation in the educational process are the second and third stages identified in Deusinger's (1999) rite of passage. Matriculation overlaps with the separation stage, and participation in the educational process equates with the transition stage of van Gennep's (1960) rites of passage. Transition lasts throughout the length of the didactic portion of the physical therapy program. Participation in clinical education signifies the end of the transition stage and the beginning of the incorporation stage. Once the student graduates from a physical therapy program, successfully passes a licensing examination, and begins work, the incorporation stage is complete.

Looking at physical therapy students' journeys through the educational process from undergraduate to graduate education culminating with graduation and employment through the lens of myth, ritual, and classification will be helpful in understanding the students' alliance and allegiance to the physical therapy program and MWC. In addition, research related to culture,



rites of passage, and/or socialization of students into medicine, and specifically physical therapy, will provide additional insights into these experiences within the larger context at MWC.

### **Supporting Literature**

The literature related to physical therapist education is plentiful and somewhat diverse ranging from admission indicators that guarantee student success within a program to curriculum content related to professional values. Research related specifically to the student experience focused on factors causing student stress (Frazer & Echternach, 1991; O'Meara, Kostas, Markland & Preivity, 1994), relationships with clinical instructors (Stith, Butterfield, Strube, Deusinger & Gillespie, 1998), student learning (Sellheim, 2001) and the development of professional behaviors (Carey & Ness, 2001; MacDonald, Cox, Bartlett & Houghton, 2002; Teschendorf & Nemshick, 2001; Wolff, 2000). No literature to date has examined the physical therapy student experience as a rite of passage or social experience within the larger organizational context. However, several studies investigated elements of departmental and professional culture and the socialization process that students' undergo when in the program. This socialization process occurs during the transition stage of a rite of passage (van Gennepe, 1960).

Domholdt (1987) studied the degree of fit between physical therapy programs and their parent institutions, focusing exclusively on those that were identified as liberal arts or general baccalaureate institutions. Her focus was on cultural fit, as there is often a perceived tension related to educational values between faculty within liberal arts programs and faculty within professional programs. Domholdt (1987) identified 13 institutions that met the inclusion criteria and contacted the PT program directors within the institutions to see if they would agree to participate in the study: 11 agreed. Surveys were completed and data were analyzed to determine

congruence of mission fit and balance between liberal and professional education. From this data, Domholdt (1987) identified the institution with the best and worst fit. While there were several programs that were identified as having a good fit, Midwestern College was identified as the institution with the best fit.

An on-site visit was scheduled with the two institutions to gather additional data related to four goals: 1) enlarge on the survey data, 2) get a sense of the history of the PT and other professional programs within the institution, 3) determine the current status of the PT program within the institution and in relation to long term planning, and 4) “determine how identified tensions, conflicts, or uncertainties were managed” (Domholdt, 1987, p. 47). Domholdt (1987) found that MWC faculty within and outside the PT program shared the same mission related to the purpose of the institution. She also found that PT students at MWC had a good foundation in liberal education and the PT faculty were integrated within MWC. Additional findings related to program integration will be discussed in Chapter IV.

In general, Domholdt (1987) found that the educational values of students and faculty within professional education programs were similar to those of students and faculty within liberal arts programs. However, she also found a fair amount of isolation between physical therapy students, physical therapy faculty, and their institutions. This study suggested there may have been factors other than educational values that related to fit between liberal and professional programs.

Twenty years later, Domholdt (2007) identified seven sins of professional programs based, in part, on her role as Vice President for Academic Affairs at a Midwestern private liberal arts college. See Table 2.1 for a list of the identified sins. While all of the sins may contribute to departmental isolation or a feeling of “difference”, two of the sins, believing the professional

programs are different, and intellectual and social isolation, suggest there may be collective representations among physical therapy educators that result in separation from the parent institution.

**Table 2.2.** Sins of the Professional Programs

Sin #1	Paying Lip Service to the Liberal Arts
Sin #2	Excessive Elitism in Admission Decisions
Sin #3	Believing the Professional Programs Are Different
Sin #4	Complaining About the Burden of Clinical Practice
Sin #5	Pedagogical Stodginess
Sin #6	Budget Naiveté
Sin #7	Intellectual and Social Isolation

Believing the programs are different often means that faculty in physical therapy programs don't engage in the issues of the parent institution since they believe their issues aren't similar to those of faculty outside the PT department. Physical therapy courses may be scheduled at times that don't coincide with the general college schedule since most PT programs have cohorts of students who take the same courses that are closed to students outside the PT program.

Intellectual and social isolation can result from PT faculty prioritizing professional activities above college involvement. Often, PT departments have designated space which further isolates faculty since no students or faculty outside the program can utilize the space. Finally, PT programs may develop their own rituals such as a separate orientation process or commencement dinner. These rituals reinforce a feeling of difference among faculty, but also among students. While the educational values between a PT program and the parent institution may match, there may be myths and rituals specific to physical therapy faculty that underlie a difference in behavior from faculty outside the department.

Yarbrough (1980) also studied cultural fit between physical therapy and the parent institution, but focused more on the hospital setting. Her study was based on gaining an

understanding of cultural fit at a time when physical therapy education was changing from the baccalaureate to master's level and the profession was moving toward autonomous practice. Her question was whether the culture of the practice environment supported the professional values of advanced education and independent practice. If, upon graduation, students entered a culture that did not support the professional beliefs developed in school, how would the graduates resolve the cultural mismatch? For example, students are given the knowledge and skills within their educational programs to work autonomously and as professionals. Once the graduate moves into the work environment, s/he may be "forced" to work as a technician following orders from physicians and other health care providers.

Yarbrough found that while educational programs had content and experiences that related to the development of professionalism and autonomous practice, the reality of the practice setting didn't match that of the educational program. The result was that graduates often entered a practice environment with different cultural values. The graduate was left to resolve this mismatch on her/his own.

Part of the difficulty graduates encounter is that the professional culture isn't adequately defined. If, as Yarbrough suggests, there is a mismatch between what educational programs teach related to professionalism and what the graduate experiences in the working environment, perhaps part of the difficulty might be a problem with describing or accurately describing the culture of physical therapy.

Stiller-Sermo (1998) sought to describe the ethos of the physical therapy profession with the goal of helping programs more effectively socialize their students to the profession. Stiller-Sermo identified values that have not changed since the inception of the profession. However, she also identified forces/factors that led to changes in values as the health care environment

changed. If faculty weren't cognizant of these changes and/or if they weren't successful in helping students recognize the current professional culture, a mismatch could occur. In cases where a cultural mismatch occurred, the student may have had feelings of internal conflict.

One goal of all physical therapy programs, and to a large extent professional programs in general, is to socialize the student to the profession. Socialization was defined by Vollmer and Mills (as cited in Bartlett, Lucy, Bisbee, & Conti-Becker, 2009) as "the process through which individuals learn the attitudes, values, and beliefs of their chosen profession and develop a commitment to a professional career" (p. 17). Students are expected to understand and identify with the various roles associated with physical therapy such as educator, consultant, researcher, communicator, administrator, and clinician (Swisher & Page, 2005). In addition, they are expected to demonstrate professionalism through self-reflection, self-analysis, and demonstration of professional behaviors.

Within the field of physical therapy, socialization is strongly linked to the development of professional behaviors. May, Morgan and Straker (1995) identified ten behaviors that have been determined to reflect professionalism and professional socialization in physical therapy students. As students progress through a physical therapy program, they are expected to develop competence toward an identified goal within these behavioral domains. While not specifically stated, these professional behaviors provide the benchmarks that students need to achieve while transitioning from student to physical therapist.

The literature related to both socialization and the development of professional behaviors either focuses on the best methods to socialize students or problems encountered when behaviors are considered inappropriate. Socializing physical therapy students is often believed to be the role of the faculty within the educational programs. MacDonald et al., (2002) and Teschendorf &

Nemshick (2001) studied faculty's beliefs about the best way to foster professional behaviors and/or socialize students to the profession. These researchers found that faculty believed the best way to socialize students was to model professional behavior. They suggested that learning environments be structured to foster respect and collaboration between students and between students and faculty. Through role modeling, students developed attitudes and beliefs consistent with those of the profession. No literature was found related to whether faculty role modeling is a successful strategy to socialize students.

Foord-May and May (2007) expanded on their work related to professional behaviors and suggested a facilitation process to socialize students into the profession. The theory underlying their facilitation process came from the literature related to behavioral change; mainly from Prochaska and Di Clemente's transtheoretical model and Bandura's social cognitive theory. The transtheoretical model includes four stages that focus on a person's readiness for change, identifying those individuals who have the personal qualities that will result in success. Foord-May and May (2007) suggested that the first stage, precontemplation where the individual is unaware of the need to change, should be evaluated in physical therapy applicants. The remaining three stages would be implemented during the students' PT education.

Blackmer (1988) and Sathe (2000) suggested that professional socialization is a developmental model that is associated with program configuration. Both investigators looked at socialization in relation to clinical or professional internships and found that the clinical experience was a valuable asset in the socialization process. Blackmer (1988) suggested that early clinical contact was more valuable in helping students than waiting until the didactic portion of the curriculum was completed. Both investigators also discussed role transition as part of the socialization process. Students who enter professional programs are expected to develop

characteristics (behaviors) that reflect the role they assume within the profession. In Blackmer's (1988) study, students were determined to have a narrow understanding of the role of the physical therapist upon admission to the program. As the student progressed through the program, the understanding of that role became more diverse.

As part of the socialization process, Sathe (2000) studied the effect of a cohort model of education on the socialization of business students. Traditionally, business programs focus on the development of technical skills with little attention to professional socialization. Sathe's work focused on the process associated with the transition of ideas/beliefs as one became socialized into the profession. He chose to examine how this process works through a cohort model of education and through an internship experience. He found that the cohort and internship experiences increased the students' ability to develop aspects of professional behaviors (interpersonal skills, communication skills, and professionalism) that weren't otherwise included in traditional business education.

O'Loughlin, Dal Bello-Haas, and Milidonis (2005) developed and evaluated a systematic plan to socialize students into the various roles of the physical therapist. Their ultimate aim was to begin to describe socializing influences that may assist students in their transition to becoming a PT. The systematic plan was carried out through a Professional Development Plan (PDP) that began in the first semester in the PT program. The results of the study indicated that those students who engaged in the PDP had a better understanding of the varied roles associated with a PT and began to engage in these activities while in PT school. Their results suggested that a more formalized process associated with reflection during role transition provided better socialization outcomes.

All of the literature cited thus far examined either cultural fit within the parent institution, profession, or socialization of students during graduate or professional education. Becker et al., (1961) investigated cultural fit and socialization of medical students as they progressed through medical school. Their overarching goal was to explore what medical school did to medical students within the larger context of the organization. They were confident that medical students gained knowledge and skills to practice medicine, but they were more interested in the students' experience apart from learning.

Their methodological theory was based on symbolic interactionism allowing them to observe the interplay between individual and group behavior. In identifying cultural elements, they focused on perspective and role transition through rites of passage. They defined perspective as "a co-ordinated set of ideas and actions a person used in dealing with some problematic situation, to refer to a person's ordinary way of thinking and feeling about and acting in such a situation" (Becker et al., 1961, p. 33). Their definition is similar to Schein's (1992) habits of thinking and Lincoln's (1989) shared beliefs in that perspectives represent assumptions which are manifested through myth, ritual, and symbol resulting in expected behaviors.

Becker et al. (1961) differentiated perspectives from values which is helpful when looking at cultural fit. Perspectives are defined above. Values are generalized and relate to right and wrong, good or evil. Thus, values may transcend cultural groups. For example, many cultural groups value good health; however, the perspectives of how they maintain good health may vary: western allopathic medicine versus eastern natural medicine. This differentiation, then, may help to explain why Domholdt (1987) found a value fit between many physical therapy programs and their parent institutions. Physical therapy faculty valued sound educational



principles that aligned with the parent institution. However, as suggested by Domholdt (1987) differences in the perspectives between physical therapy programs and parent institutions may have contributed to the “other factors” that led her to observe isolation of physical therapy faculty and students from the institution.

There is ample literature that addresses physical therapy student issues, strategies to socialize PT students, and professional expectations. There is little literature that speaks to the student lived experience in general, and no literature related to the physical therapy student lived experience. While this study should provide physical therapy faculty insights into physical therapy students’ experiences within the larger context of MWC, it may also provide insight into socialization of physical therapy students beyond a “how to” approach considering the larger institutional context. The next section will summarize the theoretical underpinnings supporting the methodology of the study.

### **Theoretical Perspectives**

The works of Durkheim, Lincoln, Mead, and Goffman provided the theoretical basis for this study. When studying society, researchers agree that “one goal must be to understand the nature of society as well as the interrelationship between the individual and society” (Charon, 2001, p. 168). Charon (2001) quoted Comte stating that society could be divided into “statics (structure) and dynamics (change)” (p. 168). Statics or structure relates to organization or institutions, means of classification, and cultural patterns naturally present for a given population. Structure is relatively permanent and acts to shape individual thinking and behavior. Dynamics or change focuses on individual interaction as a means to change or shape society. Both statics and dynamics are influenced by the past and help to define the present (Charon, 2001).

Durkheim tended to focus more on the statics of society in studying how society is formed and maintained. He proposed that “the basic determining factors [of society] are the structural relationships among individuals, not the individuals themselves” (Collins, 1994a, p. 187). These structural relationships occur between individuals and take into consideration “who is in the presence of whom, for how long, and with how much space between them” (Collins, 1994a, p. 187). As individuals interact, a type of social density is created. Social density refers to the power of individual interaction to frame individuals thought. This power to influence thought can occur within large groups or within smaller groups. As a result, members of the group tend to behave according to the norms of the group and less as an individual. This power to influence is maintained through the use of ritual.

Durkheim observed that ritual occurred at times of high social density. That is, when there was a significant number of individuals present focusing on the same behaviors. These behaviors may be gestures or verbal exchanges, but the key is that the group is focused on the same goal. Through the use of ritual, symbols are developed and represent the groups’ thoughts (Collins, 1994a).

Durkheim’s work is relevant when considering how individuals are socialized within their respective professions. The socialization process focuses on shared goals, rituals, and symbols characteristic of the given profession. In the case of physical therapy, using language associated with the profession and dressing appropriately are symbols that indicate the individual is becoming socialized. Ritual behaviors may occur when approaching a patient for the first time, or when students take an oath to serve at the time of commencement.

The work of Bruce Lincoln can also be considered somewhat structural in that he is concerned with myth, ritual, and classification as a means to develop, maintain, or dismantle

society (Lincoln, 1989). Classification is a way to organize information so it can be known to the participant and is expressed, in part, through taxonomies. Taxonomies serve to classify according to what is usual, positive or preferred, and what is unusual, negative or not preferred within a social system.

Lincoln (1989) summarized the use of myth and ritual in how they act to create and reinforce society. Lincoln focused on the forces that bring and keep people together rather than individual interaction within the group. Ritual and myth serve to create sentiments of affinity or estrangement. Similar to the power of social density, sentiments of affinity act to bring people together. Sentiments of affinity develop when individuals relate to certain discourse resulting in a sense of belonging within the group. Ritual serves to reinforce sentiments of affinity, however, can also result in sentiments of estrangement between groups.

The value of taking a structural approach lies in the ability to see how dynamics of society per se can affect group behavior and interaction. However, it is also valuable to attend to interaction from an individual perspective.

### **Symbolic Interactionism**

The perspective of symbolic interactionism allows study of both the static and dynamic elements of society even though Charon (2001) suggested that symbolic interactionists tend to take the dynamic approach when studying society. Berg's (2001) interpretation of symbolic interaction allows both static and dynamic elements to "fit".

*Symbolic interaction* is an umbrella concept under which a variety of related theoretical orientations may be placed. The theme that unites the diverse elements of symbolic interaction is the focus on subjective understandings and the perceptions of and about people, symbols, and objects. (Berg, 2001, p. 7)

In discussing the nature of symbolic interactionism, Blumer (1969) identified three premises. First, humans tend to act toward things (people, objects, etc.) based on the meaning

they have for the person. Second, this meaning is based on social interaction with other individuals. Third, meanings are processed and modified through interpretation. Taken separately, each premise is not necessarily significant. The key in symbolic interactionism is looking at the construction of meaning from a social perspective rather than a psychological perspective. Interpretation is a process that occurs through self-interaction and this self-interaction is based on social interaction.

Blumer (1969) also identified several “basic ideas or ‘root images’” that are a part of symbolic interactionism (p. 6). Several of these basic ideas relate to this study. The first is that human groups or society exist in action.

The action consists of the multitudinous activities that the individuals perform in their life as they encounter one another and as they deal with the succession of situations confronting them. The individuals may act singly, they may act collectively, and they may act on behalf of, or as representatives of, some organization or group of others. The activities belong to the acting individuals and are carried on by them always with regard to the situations in which they have to act. (p. 6)

The cultural norms and structure of a society are created based on this society in action. Symbol and ritual are derived from the norms and structure of society and can represent the static nature of society.

The second idea relates to the nature of objects. Blumer (1969) classified objects into three categories: physical objects, social objects, and abstract objects. The key is how the individual views and gives meaning to the object, not the object itself. This includes abstract objects which represent moral principles or ideas. The significance of the idea is the meaning the individual gives the idea.

The third idea relates to the nature of social interaction, thus, relates to the dynamic element of society. Blumer (1969) suggested the difference between a psychological view of interaction and a symbolic interactionism view results from looking at interaction as a process

that forms human behavior rather than behavior as an innate characteristic that is released.

Blumer based his work on that of George Herbert Mead who proposed that individuals can react or interact with others based on frames of reference of the self.

One reference, what Mead calls “I”, concerns spontaneous action by an individual. The second reference, “me” is the self that relates or reacts to other’s attitudes toward the individual. The third reference, the “generalized other”, represents the thinking of a community to which the individual relates (Collins, 1994a). These frames of reference influence how the individual sees him or herself, interacts with individuals, and interacts within groups. The key is that this self-reflection is a dynamic process where the individual influences others as well. Mead’s self-reflective process leads to role development within the individual; the ability to assume different roles (such as student, employee, husband, and father) and the ability to move between these roles accordingly.

Goffman expanded the thinking of symbolic interactionists with his works concerning social interaction. In *Interaction Ritual*, Goffman (1967) proposed that individuals learn how to present themselves through social interaction in an effort to maintain the persona they have created. There are social rules related to maintaining one’s persona based on the situation and these rules are learned through reactions from others. Goffman (1967) referred to the individual’s verbal and non-verbal communication to another as a line and the reaction from others to the line as face. If the communication the individual delivers invokes a response that is appropriate or anticipated, then line and face match and those behaviors will be reinforced within the individual. Goffman’s interaction ritual, like Mead’s frames of reference of the self, act to develop, maintain, or change behavior in a given social situation.

Goffman suggested that these interaction rituals could be used “as weapons that people can use to score points: to make the right contacts, to embarrass or put down rivals, to assert one’s social superiority” (Collins, 1994a, p. 219). In this sense, interaction ritual may be a type of performance, what Goffman referred to as frontstages or backstages. Frontstage interaction can occur when an individual is trying to role model, impress or act in a superior manner. Backstage interaction occurs when the individual is “letting his hair down” (Collins, 1994a, p. 219). For example, when I’m in the classroom, I’m conscious of how I dress, the language I use, and I try to model behaviors that are consistent with what I would do if I was in the clinic. When I’m in a meeting with PT faculty, or talking with a PT faculty member in my office, my language becomes more casual, I may tell a joke that wouldn’t be appropriate for the students, or talk about events outside of work. Thus, with students, I engage in frontstage interaction and with PT faculty outside of the classroom, I engage in backstage interaction.

Finally, Goffman’s (1974) *Frame Analysis* further expands on social interaction by looking at a situation through multiple perceptions or frames. Frames are “schemata of interpretation” that are used to guide perceptions about and within social situations (Goffman, 1974, p. 21). These “guided doings”

subject the doer to “standards”, to social appraisal of his action based on its honesty, efficiency, economy, safety, elegance, tactfulness, good taste, and so forth. (Goffman, 1974, p. 22)

Since frames are socially constructed, the individual may not be aware that she is using a particular frame. In addition, underlying assumptions about a social experience will change as the frame changes, which may change the rules associated with the social interaction. Using frames not only allows individuals to perceive events, but, depending on the frame used, allows a means to “describe the event to which it is applied” (Goffman, 1974, p. 24).

The physical therapy program can be considered a society or subculture within MWC and as such has static and dynamic elements. Looking at society from a static and dynamic perspective may provide insights into the PT student experience other than providing knowledge and skills to become a physical therapist. This study will not describe the structure of the PT program and the students' place in the program per se. Rather, it is an attempt to explain the society that is the PT program and the affect this has on students' lived experiences at MWC.

The framework for the data presentation came from Goffman's (1961) descriptions of a total institution (TI). The next section summarizes of the nature of a TI, and compares the characteristics of the TI with that of the PT program at MWC.

### **Midwestern College Physical Therapy Program as a Total Institution**

Goffman (1961) identified social institutions as places where a particular kind of activity is found, including homes, churches, schools, social clubs or organizations, and industrial organizations. There are specific characteristics of any institution based on its purpose. For example, homes usually include the primary family. Social clubs may accept all individuals, or may have special qualifications such as status that limits who may belong. Other institutions, such as colleges and universities, have a somewhat stable group of faculty and staff and a group of students that come and go.

Total institutions (TI) are a particular class of institution determined by how organizational society is created and maintained. These institutions, such as prisons and mental hospitals, are accepted by society but differ in that they "provide a barrier to social intercourse with the outside" often seen through the physical and social structure of the institution (Goffman, 1961, p. 4). This barrier creates a situation where individuals are forced to interact and adjust to their circumstance in a number of ways not experienced by others, or not experienced to the

same degree as others. The physical therapy program at MWC does not have a physical barrier as such, but the structure of the program creates a social barrier between the pre-PT students and the PT department, and between the PT students and those outside the PT program.

Goffman (1961) identified five purposes of total institutions. The first three purposes deal with safety, either of the individual primarily, or between the individual and the community. The fourth purpose focuses on the type of work done, such as the military. The final purpose focuses on the total institution as retreat, such as an abbey. The third purpose, protecting the community from danger, is similar in intent to any physical therapy program. The MWC PT program has, as one of its program outcomes, to graduate individuals who will be able to practice in a competent, ethical, and legal manner. To ensure this outcome is met, the faculty at MWC constantly monitors the students' progress not only in administering skills, but also in their clinical reasoning. Once students graduate and pass a licensing examination, the regulatory boards in each state monitor public safety.

Since one of the purposes of total institutions is similar in intent to any physical therapy program, the characteristics between a TI and physical therapist education programs may also be similar. The first two characteristics relate to blurring the lines between work and play, and structure as a way to survey and conform (Goffman, 1961). In general society, individuals often have separate social groups for work and play. However, in the TI, individuals work and play within the same group. As a result,

all aspects of life take place under the same place and under the same single authority; 2) each phase of the member's daily activity is carried on in the immediate company of a large batch of others, all of whom are treated alike and required to do the same thing together; 3) all phases of the day's activities are tightly scheduled, with one activity leading at a prearranged time into the next, the whole sequence of activities being imposed from above by a system of explicit formal rulings and a body of officials; and 4) the various enforced activities are brought together into a single rational plan purportedly designed to fulfill the official aims of the institution (Goffman, 1961, p. 6).



Midwest College's PT program has cohorts of students who take the same courses at the same time in a pre-determined order. There are no elective courses, and students not accepted into MWC's PT program are not allowed to register for PT courses. Courses are mainly scheduled within the physical space of the PT program and often begin and end at times inconsistent with the college. When in class, the PT students use their peers as patients, allowing them to practice skills on each other before practicing on simulated or actual patients. Class instruction and monitoring progress are conducted in view of their peers. All students are expected to abide by a code of behavior outlined in the department student handbook. Students are told to hold times available for clinical activities, and are encouraged to minimize paid work in order to focus on coursework. This structure, by curricular design, is an accepted part of physical therapist education.

Faculty support this structure as a means to provide physical therapist education for a number of reasons. It provides a way to offer the curriculum according to a stated philosophy: basic sciences followed by clinical sciences. Courses can be scheduled in larger periods in order to mix lecture and laboratory activities in a way that traditional scheduling doesn't allow. Since faculty are also specific to the program, the structure allows scheduling to occur around faculty availability.

A third characteristic similar between TI's and physical therapy programs is that each is set up to deal with a certain type of individual. Total institutions admit only individuals who meet certain criteria. In the case of a prison, the individual has broken the law. Physical therapy programs seek to admit individuals who have the academic ability to be successful, have certain interpersonal skills that will enable them to develop a positive rapport with their patients, and who share the values that the profession espouses.

The final shared characteristic concerns how the individual relates to various groups that exert social control, and how that social control influences personal identity. In the TI, the inmate no longer relates to family and friends in the same way. If allowed to re-enter society, the inmate must learn to navigate society in a manner acceptable to those with whom s/he lives. The physical therapy student must learn how to become a physical therapist (prepatient stage), create another dimension of the self (inpatient stage) before completion of the PT program, and reintegrate into society.

A case can be made that MWC's physical therapy program is much like a total institution; its students having to adjust to their circumstance in ways not experienced by others. A significant difference between this adjustment process in the TI and within MWC is that the PT students adjust to their circumstance in full view of the MWC community.

## CHAPTER III

### RESEARCH METHODOLOGY

The impetus for this study was the need to gain insight into perceptions by MWC faculty and staff outside the PT department that physical therapy faculty were “doing something” to the physical therapy students. In *Boys in White: Student Culture in Medical School*, Becker et al. (1961) wanted to know what medical school did to medical students other than to give them knowledge and skills to be physicians. I wanted to know what MWC did to physical therapy students other than giving them knowledge and skills to become physical therapists.

Insight was best gained using qualitative research since I was interested in physical therapy students lived experiences at MWC. Berg (2001) defined quality and qualitative research by stating that

Quality refers to the what, how, when, and where of a thing – its essence and ambience. Qualitative research thus refers to the meanings, concepts, definitions, characteristics, metaphors, symbol, and descriptions of things. (p. 3)

Using qualitative research methods allowed me to “investigate topics in all their complexity, in context” (Bodgan & Biklen, 1998, p. 2).

The theoretical perspectives that guided this research came from the work of Durkheim, Lincoln, and the symbolic interactionists including Mead and most particularly Goffman. These perspectives focus on symbol, ritual, and most importantly human interaction, and were summarized in Chapter II. Case study design was used to gather data related to the institution, educational program, and individual interaction.

#### **Case Study Research**

The case study method was used as the format for the study. Merriam (2002) stated that the case study “is an intensive description and analysis of a phenomenon or social unit such as an

individual, group, institution, or community” (p. 8). The institution of interest was MWC and the primary groups of interest were the physical therapy community: pre-PT students and PT students. Pre-PT and PT students described the meaning of their journey at MWC. Faculty, staff, students not pursuing PT, and PT alumni provided an “outsiders” perspective of pre-PT and PT students behaviors at MWC.

Berg (2001) stated that the case study can be used to “gather information about a particular person, social setting, event, or group to permit the researcher to effectively understand how it operates or functions” (p. 225). The case study approach lent itself to interpretation of student experiences at MWC partly due to its description as a funnel. Large amounts of information are gathered at the beginning of the study to help focus the progression of the study. Focusing the study is like the smaller end of the funnel; information is eventually narrowed in relation to the overarching questions (Bogdan & Biklen, 1998). Case study methodology is also beneficial in that each organization’s culture is unique; therefore, experiences students have may be unique to that institution.

### **Data Collection**

Consent to conduct the research study was obtained first by the Institutional Review Board (IRB) at the University of St. Thomas and then by the IRB at MWC. This was done in order to protect the rights of all individuals interviewed for the study and to ensure that data gathered through documents would remain confidential.

Data were collected with the case study format and symbolic interaction perspective in mind. To ensure that all communities of interest were represented in the data, and that the funnel of information was broad, I used various MWC documents, conducted interviews, and utilized participant observation. The MWC documents included, but were not limited to,

historical accounts retrieved from the physical therapy department archives, historical accounts related to the history of MWC, minutes from college and department meetings, mission and vision statements, goals of the college, college catalogs, correspondence between the physical therapy department and MWC administration, printed program information, alumni surveys, and curriculum and program surveys conducted while students were enrolled in the program.

### **Participant Interviews**

Interview groups were identified based on the perspective that could be given about the history of and experiences with the PT program. All individuals invited to interview were either affiliated with MWC during the time of the study or had graduated from MWC's physical therapy program. Table 3.1 presents the groups and number of individuals within each group who consented to be interviewed.

**Table 3.1 Groups Of Interest With Number Of Individuals Interviewed.**

Interview Group	Number of Individuals Interviewed	Interview Group	Number of Individuals Interviewed
Administration	3	First Year PT Students	9
Faculty Outside PT Program	6	Second Year PT Students	11
Pre-PT Students	3	PT Alumni	6
Non-PT Students	4		

Three administrators were identified and all three agreed to be interviewed. Two of the administrators were at the senior level, and one of those two had been instrumental in developing the physical therapy program. The third administrator was at the middle level. The administrators were identified based both on their role when the physical therapy program was developed and their historical perspective of the PT program and the PT students.

Only those non-physical therapy faculty who were at MWC when the physical therapy program began were identified to be included in the interview pool. Twenty five faculty were

identified and six agreed to be interviewed. All pre-PT, first-year PT students, and second year PT students were identified to be included in the interview pool. The non-PT students were sent an invitation to participate via MWC's student e-mail system. Only those PT alumni who worked within a 25 mile radius of MWC were identified to be included in the interview pool.

Once the subject groups were identified, individuals in each group were sent a letter stating the purpose of the study and asking permission to conduct an interview (See Appendix A-D for copies of the letters). Those individuals who responded to the letter were contacted by me to set up a time for the interview. The administrators and faculty were given the option of meeting in my office or in their respective offices. All the administrators and five of the six faculty chose to be interviewed in their respective offices. The sixth faculty preferred to be interviewed in my office. Each administrator chose to sit at their desk while I sat in a chair facing the desk. The faculty chose to sit at their desk, but arranged the office so their back was to the desk, eliminating any barrier between the two of us. Each interview was audio recorded and lasted between 45 to 60 minutes.

All students were interviewed, one on one, in my office due to ease of location and lack of an alternative private space. Interviews were conducted with us sitting at a small round table in an effort to increase comfort and minimize physical barriers. Again, each interview was audio recorded and lasted approximately 60 minutes. All alumni were interviewed at a location of convenience to them. One interview was conducted at the interviewee's workplace, one in my office, one in a restaurant, and three by phone. The alumni interviews were not audio recorded mainly due to location. Extensive notes were taken of each interview and immediately transcribed.

Before each interview, I reviewed the consent form with the individual and gave the interviewee the opportunity to ask questions before signing the consent form. In the case of the phone interviews, the interviewees were mailed the consent forms to sign and return. (See Appendix E for a copy of the consent form.)

A set of questions, developed from the literature, was designed for each subject group. (See Appendices F, G, and H for subject group questions.) A semi-structured interview format was chosen to allow the interview to flow freely based on the individual's response. Berg (2001) stated that

questions used in a semistandardized interview can reflect an awareness that individuals understand the world in varying ways. Researchers thus approach the world from the subject's perspective. Researchers can accomplish this through unscheduled probes... that arise from the interview process itself. (p. 70)

To gain a broad perspective of MWC, key interview questions were consistent within the groups but not always between the groups. I asked the administrators questions about the initiation and development of the PT program and perceptions about how the program and students "fit" within MWC. I asked faculty questions about their perceptions and observations of the PT program in relation to the other programs on campus. I was also interested in their perspectives about the pre-PT and PT students academically and as members of the MWC community. All the student groups had similar structured questions related to the reasons they came to MWC, their perspectives of the PT program, their general campus experiences, and their perspectives of the culture of MWC. The students in the PT program were asked additional questions about the PT admissions process, their social experiences within and outside of the PT program, and their thoughts about the structure of the PT program. The PT alumni were asked the same questions as the PT students plus additional questions about the transition from school to the clinic and their professional and collegiate identity.

The variation in questions according to the interview groups enabled me to gather data from a historic perspective, from an “outsiders” perspective (faculty and non-PT students), and as the students were progressing through their rite of passage from undergraduate student to graduate student to PT alumnus.

### **Personal Reflection**

The various roles I held over the period I’ve been at MWC were presented in Chapter 1. Perhaps the role that allowed me the most interaction with faculty and administration within MWC was that of department chair. I held the position between 1993 and 2002 returning to full time faculty status just prior to data collection via the interviews. During the time in my tenure as chair, the PT department underwent an external accreditation. Preparing the self-study report, along with faculty in the PT program, was a time of thoughtful reflection of the history of the program including changes up to the time of the report. Since I returned to full time faculty status, I have remained active within MWC through work on different committees. These experiences have provided added insights into the perceptions of the various programs on campus by faculty, staff, and administration. These insights will be bracketed to enable reflection apart from bias and will contribute to the overall data related to MWC and the workings of the PT program.

### **Participant Observation**

Due to my role as faculty in the physical therapy program, I was able to observe the physical therapy students during the data collection period. Merriam (2002) described a range of observation from “being a complete observer to being an active participant” (p.13). The complete observer is one who does not make himself known to those he’s observing. The active participant is often a part of the group, allowing her to observe while participating. My ability to



be an active participant allowed me to make observations that I could use to triangulate the data. Since I already had an established relationship with all the PT student interviewees, and that relationship included observation as a means to provide feedback related to acquisition of knowledge and skills, I did not have to change my behavior to gather data. In addition, I did not observe a change in the behavior of the PT student interviewees toward me after the interviews were completed.

### **Data Analysis**

Bogdan and Biklen (1998) described data analysis as “the process of systematically searching and arranging the interview transcripts, fieldnotes, and other materials that you accumulate to increase your own understanding of them and to enable you to present what you have discovered to others” (p. 157). The audio tapes from the interviews were transcribed and sent back to the interviewee for review and comment. One of the administrators made a clarification on the transcription. No other transcripts were revised by the interviewees. After review by the interviewees, the transcripts were coded according to the process described by Bogdan and Biklen (1998). I read through the transcripts and developed coding categories based on recurrent themes. Data were then sorted according to the themes. Coding themes included elements of culture: assumption, myth, ritual, and symbol. Ritual was subdivided into themes associated with rites of passage described by van Gennep (1960). The fieldnotes from active participation and documents were themed and coded using the same process as the transcript coding.

### **Internal and External Validity**

There were multiple strategies utilized to address validity. The first was triangulation of the data. Triangulation was accomplished through interviews, observations, and document

review. According to Merriam (2002), triangulation contributes to internal validity through the ability to compare multiple sources of data for consistency. Each interview group's questions had a standard set from which to begin. This allowed me to compare perspectives from each group for similarities. Data from interviews were compared with fieldnotes and document review to determine validity. The second strategy I used was to have each interviewee review their transcript. This strategy, suggested by Maxwell (1996), allowed the interviewee to confirm that the content was accurate and thorough from their perspective. The third strategy related to gaining an "in-depth understanding of the phenomenon" (Merriam, 2002, p. 26). This was accomplished by collecting data over a long enough period of time to determine that the findings were saturated. I gathered observational data throughout an academic year from September 2002 through the end of May 2003. After several faculty and student interviews, I noted similarities in their responses to my standard questions and felt confident that I had reached the saturation point to determine an accurate perspective.

Merriam (2002) equated external validity to generalizability: the degree to which the findings of one study can be applied to another study. Generalizability in qualitative research is possible when one considers how knowledge from in-depth analysis in one situation can be applied to "similar situations subsequently encountered" (p. 28). The insights gleaned from this study may be beneficial to similar situations encountered within MWC. However, the most common way generalizability is achieved is through the reader's interpretation of utility (Merriam, 2002). Readers of this study will determine on their own, whether the findings will be useful in their environment.

## **Ethical Considerations**

Ethical considerations for this study included issues of informed consent, confidentiality, and researcher bias. Permission to engage in the study at MWC was obtained from the Vice-President for Academic Affairs (VPAA) and the Interim Director of Graduate Studies prior to submitting the proposal to MWC's Institutional Review Board. These people were selected because they were the administrators responsible for the physical therapy program at the time the study was undertaken. A human subject's proposal was submitted to and approved by the Internal Review Boards of the University of St. Thomas and Midwestern College before data collection began.

Since I am a faculty member in the physical therapy program as well as the principle researcher, pre-PT and PT students could have felt they were coerced to participate or believed that participation in the study would somehow be of benefit to them. To guard against this, the nature of the study was discussed with each interviewee prior to giving consent. In addition, the consent form specified that information obtained for this study would be used solely for that purpose and not in my capacity as program faculty.

After the discussion, each interviewee consented to be audiotaped, and was assured that the audiotape, transcripts and any other identifying information would be secured in a locked location. The name of the institution where the case study took place, along with the names of the administration and faculty were given pseudonyms to protect anonymity. The pre-PT and PT students were referred to by their first name only (See Appendix I for a list of pseudonyms).

Since printed documents were a part of ongoing communication to varying groups, the use of documents did not require special consideration related to confidentiality except that no names or identifying characteristics associated with the documents were used (i.e. attendance at

meetings, etc). Observations were recorded through field notes without the use of any specific name.

Gathering and interpreting data may be clouded by the researcher's biases or perspectives about the phenomenon of study (Bogdan & Biklen, 1998). To guard against bias, I utilized semi-structured interviews to ensure I collected similar data from the interviewees. I conducted a number of interviews in each group to determine saturation of information, especially with the physical therapy students. I compared the interview transcripts with the audiotape to make certain I did not omit any data. Finally, my reason for conducting this study was to gain insight. I did not come into the study with the goal of manipulating data to fit preconceived notions. I did find, however, that during the data interpretation, I needed to let go of some of my own "baggage" experienced while I was a student at MWC. I did this through writing and discussion with various individuals including the chair of my dissertation committee and select faculty within the physical therapy program. Since PT faculty were not interviewed for this study, my discussion with them did not have an impact on data analysis or interpretation.

The next chapter provides a more in-depth background of the history of MWC and the physical therapy program, and summarized the current institutional climate at the time the data were collected. The summary includes data that relates to faculty and staff perceptions of MWC. Subsequent chapters will present the data interpretation based on student experiences, implications, and conclusions.

## CHAPTER IV

### THE PROGRAM PERSPECTIVE

#### **Midwestern College Heritage**

Midwestern College (MWC) was founded by Benedictine sisters in 1912 based on their history of serving the needs of the regions in which they were associated. At the time MWC began, the city was growing due to regional mining, shipping, and logging. The Benedictine sisters believed that part of their mission in serving the needs of the region was to educate the young and increase health care services. They responded to this mission by building a hospital and school: Midwestern College which originally began as a high school for girls. In the early 20<sup>th</sup> century, Midwestern became a junior college. Twelve years later, Midwestern expanded to a four-year college.

The relatively fast transition from a two-year to a four-year college allowed MWC to “meet the vocational needs of immigrant populations as well as staffing requirements of their own hospitals and schools” (History of CSS, 1988). They accomplished this while emphasizing their religious background and education founded on the liberal arts.

The driving force behind Midwestern College’s identity has always been an identified set of values grounded in the Benedictine tradition. During the time MWC was a two-year college, the primary aim was to “provide for the Christian education of young women” (CSS Bulletin, 1921). This aim continued when MWC became a four-year college through emphasis on the whole college experience. This college experience included religious, social, and athletic pursuits (CSS Bulletin, 1925-8). At that time, women at MWC experienced an education that emphasized religious study and liberal education as a means to provide for a whole life. Vocation and/or work were secondary to this goal.

The onset of the depression resulted in a shift in the needs of the region and the employability of MWC graduates. Students who came to MWC could no longer secure employment as high school teachers, MWC's main focus. Rather, they were interested in a more expansive range of professions including nursing, medical technology and home economics (Birmingham, 1946).

This trend toward vocationalism forced the administration and the faculty to meet the issues involved, namely, revamping the college offerings on the basis of the needs of the students, or retaining the original concept of the function of a liberal arts college (Birmingham, 1946).

The shift in the needs of the students from education for education's sake to education for vocation was a turning point for MWC. They could no longer base their aims at providing Christian education and remain viable. Their challenge was to provide vocational and/or professional education without losing the Benedictine identity. Midwestern College met the challenge.

In the 1940's, Midwestern College's goals were to "enable each student to develop into a dynamic Christian woman mentally, emotionally, physically, socially, and vocationally prepared to live effectively in the world of today" (CSS Bulletin, 1947). The Benedictine values, which were part of the lived experience of the college, continued to be woven into curricular and co-curricular activities. Students were required to take a broad range of liberal studies emphasizing moral development, social action, critical thinking through studying a broad range of topics, and social justice. At this time, MWC began to specifically identify the ideals of the college. These would eventually be linked to and replaced by the Benedictine values. These ideals were: regard for the spiritual, honesty, courtesy, appreciativeness, poise, loyalty, friendliness, initiative, and love of scholarship and continued to be at the forefront of the educational aims of the college

through the next decade (CSS Bulletin, 1947). Mention of work or vocation was always placed within the context of MWC's ideals.

The 1960's brought significant change within all institutions. The Vietnam War resulted in protests and acts of defiance toward the government. Technological advances enabled travel to the moon, and women were fighting for equal rights with those of men. The messages that I received as a young girl in the 1960's was that I would go to college to pursue a career. These messages came more from society than from home, although this was never discouraged at home. Midwestern College was struggling with these changes as well. More students were seeking an education that would lead to satisfying employment rather than an education that had a spiritual basis as its main tenet. If Midwestern College wanted to continue to attract students, it needed to examine its educational philosophy. Midwestern College met these challenges by engaging in institution wide retreats to discuss the nature of education and what it meant to the college.

These discussions resulted in several significant changes. First, while MWC continued to espouse the value of a Christian education, the educational outcomes changed somewhat from an emphasis on liberal education to an emphasis on professional education. In 1966, the educational outcomes for a MWC graduate were

[to] be a professionally competent woman. She will participate in and assume positions of leadership in professional organizations, be familiar with continuing development in her field and contribute creatively to it. She will manifest Christian norms and ideals to her colleagues (CSS Bulletin, 1966-68).

This was the first time that leadership and continued education were identified as an expectation.

The second change was to redefine who the typical student was. Since the beginning of MWC, the typical student was a Christian woman who was educated to be a home maker or teacher. As a result of the college wide discussions, the typical student was a person of any faith

who was “preparing for graduate study, for a professional career, and/or for an enriched personal and vocational life” (CSS Bulletin, 1968-69). This redefinition allowed the college to begin admitting men and was the beginning of a de-emphasis in the Catholic tradition and/or the church. What remained was the emphasis in the Benedictine tradition and values. The redefinition also positioned MWC as an institution that recognized formalized continual study and laid the foundation for a move to graduate education.

In 1969, MWC admitted the first male students. The objectives of the college were to provide an intellectual climate, promote growth of a sense of values, establish a climate of social awareness and promote a sense of professional responsibility (CSS Bulletin, 1968-69). The values of MWC would be manifested through work, civic responsibility, and leisure.

The changes in educational philosophy and redefinition of the MWC student were evident in the college catalog. But there also existed an institutional planning document that laid the foundation for a significant shift in the balance between the liberal arts and professional education. This planning document summarized the outcomes of the campus retreats and outlined the actions to be taken in the next five years. The most significant decision was to place professional education above liberal arts education.

Administrative planning for the College revolves around our basic option for professional training as opposed to a heavy emphasis on liberal arts. Although we will continue to offer – indeed, require – a number of general education courses, the pressures of time and professional recognition in various fields have forced us to cut back on fundamental College requirements in general education (Boo, 1970).

Within professional education, MWC decided to focus its efforts in teacher education, the health sciences, and library science (Boo, 1970). Some liberal arts majors were to be eliminated and others were to be merged together into new departments.



Focusing on professional programs would allow MWC to attract a larger student population. By 1970, MWC had become co-educational. It had also begun to invest in adult education as a means to attract another segment of the student population. These two initiatives would ensure that MWC remained competitive within its small private college peers. Although MWC decided to emphasize professional study, it continued to place spiritual and religious study at the center of the curriculum (Boo, 1970).

### **Present Day Campus**

Currently, MWC continues to focus on the Benedictine values as a means to develop collective identity within the campus community. The college is listed as a comprehensive college by the Carnegie Commission. “Liberal arts with its sleeves rolled up” has given way to “learning to touch the world”. Graduate programs have grown to 15 and non-traditional based programs are offered online and through four extended studies sites within the state where MWC is located.

The main campus, where the physical therapy program is housed, has two academic buildings, a recreational center, and eight housing complexes. One of the original housing complexes includes a large social space that has been used for class sessions when necessary. The two academic buildings tend to house departments according to disciplines. The science center houses all the natural and health science departments, and is sometimes referred to as the “lower campus” even though it is next to the main building. The main building, referred to as the “upper campus” includes the original campus which physically expanded as the MWC community grew. Midwestern College’s administration and faculty in the humanities, management, education, and psychology are housed in the main building. The Sisters of the

MWC community live on campus in a monastery which is physically attached to the main building.

The physical separation of the natural and health science programs from the humanities, management, education, and psychology programs at times is a factor in faculty and staff social isolation. Professor Harris's comment on faculty interaction was representative of faculty and staff interviewed.

you know yourself, that there's not a lot of contact often times between Tower Hall and the Science Hall. If I go – I mean I make efforts to go over to the Science Hall to visit or talk with people. But if I didn't make the efforts, a year or two could go by and I wouldn't see people for so long.

Although the buildings are housed in close proximity, most faculty and staff need a specific reason, such as a meeting or course location, to walk to the "other building".

Despite the physical separation between academic programs, MWC's collective representations center on the Benedictine values of community, respect, love of learning, stewardship, and hospitality. Of all the faculty, staff, and students interviewed, the most frequently mentioned value was that of community. The challenge in developing community given the physical separation is addressed in a number of ways. Faculty, faculty and staff, and committee meetings provide an opportunity for faculty and staff to mix. Social events that occur at the beginning and end of the traditional academic year are well attended by all. Administrator Adams commented on the dichotomy between the Benedictine value of community and the physical separation between the "lower" and "upper" campus.

And you find that with faculty that have come from other places, their appreciation of mingling and every once in a while surfacing a lack of it the science faculty and the rest of the faculty and that's just a physical thing. You put people here you put people there. We try to do things that bring them together as one faculty.

## **Development Of The Physical Therapy Program**

In the late 1960's, Midwestern College made a conscious shift from providing an education that was mainly based on the liberal arts to a focus on professional education that had as its base a liberal education. Midwestern College had made a decision to increase its student base by admitting men and developing continuing education for the adult learner. Finally, MWC had decided to focus its growth in the area of greatest strength: the health sciences.

Physical therapy was considered as an addition to MWC programs because of its possible attraction to male students and because of its fit with MWC's strong reputation in health science education. The idea of adding a physical therapy program was brought forward by the Chair of the Health Science Division and received support from the President of the college.

Midwestern College had recently been restructured into divisions: health science, humanities, behavioral arts and sciences and natural sciences. The chair of the health sciences division at that time, Administrator Cleary, was also faculty in a health care profession that began at Midwestern College. As such, she had been actively involved in health care initiatives on the national level. She was aware that there was a shortage in health care personnel, especially in professions other than nursing, and that, along with the desire of Midwestern College to increase enrollments, prompted her to investigate the initiation of a fifth health care program.

..at that point in time, there was a lot being written about increasing the numbers of programs, students maybe more than programs, increasing the numbers of student graduates in the health professions because there just generally needed to be more.  
(Admin Cleary)

Administrator Cleary was also aware that there was grant money available to support the development of health science programs.

There were some very good grants, allied health professional grants that the federal government was handing out there so they could encourage colleges to start the programs or to grow the ones they already had. And they were for specific professions and they were allied health and not nursing, so we did get monies basically for medical records and for medical technology. But PT was there as a program for which there was encouragement from the government to get things moving. And I felt that with our history here in the college in the health professions that we should be able to develop a physical therapy program. (Admin Cleary)

After making the decision to pursue the development of a physical therapy program at Midwestern College, Administrator Cleary contacted the American Physical Therapy Association (APTA) for more information.

...I called the PT, American Physical Therapy Association, APTA. And I got very little encouragement. ... We were just a small college, private, how would we ever be able to develop a physical therapy program? Generally they're in universities. It ticked me off, honestly, and I thought, "Doggone it, we can do this here." (Admin Cleary)

The concerns expressed by the APTA dealt with resources.

I don't know if it was so much that we were a private college but we weren't associated with a medical school, and we weren't yet then. There was just no way that they saw that we could ever have the resources that would be necessary for this program. I was a bit irritated by that, so I did ask for more information and started plotting how we could meet those requirements. (Admin Cleary)

At the same time Administrator Cleary was investigating the possibility of offering a program in physical therapy, the state university, located a half mile from Midwestern College, had begun to secure the resources they needed for a medical school. They had hired faculty to develop the program, but hadn't yet enrolled students. This provided the opportunity for Midwestern College to develop a relationship with the medical school faculty and resulted in utilizing the medical school faculty to teach some of the physical therapy foundational science topics. This was a good start, but additional resources were needed including physical therapy faculty, space, and equipment.

Administrator Cleary's contacts at the national level resulted in her appointment to a national grant review board. Through her contacts on the board, Administrator Cleary was able to secure grant funding to develop the physical therapy program. By 1973, Northwestern College had secured the resources needed to start the physical therapy program and had hired a program director to develop the curriculum. The first cohort of students were enrolled in the fall of 1974 and graduated in August 1976.

Faculty at Northwestern College were aware that a physical therapy program was being developed and believed that the program would be a good addition to the college based on the Benedictine heritage and the strength of the college in educating students for health care professions. I asked faculty about their perceptions associated with the development of the PT program. Professor Harris's comment reflected the thoughts of many of the faculty who were interviewed and indicated that faculty believed the program would be a good fit.

the reason it originally came was first of all because it was a fit with who we were and so we did have that kind of – we did have the health science, a strong health sciences program, and the second reason, if I remember correctly, was that this was potentially a program that would increase enrollments.

I asked Professor Harris to elaborate on what he meant by a good fit.

There were a significant number of nursing students on campus and the college was known as being a nursing – for its nursing education programs. And I think that was principally connected to the history of the Benedictine Sisters coming to [city] and too, I think, if I'm not mistaken, coming originally because what they were doing was offering health care or health services to immigrants and also to loggers or at least to workers in the area. So I think that's why I'm saying it was a fit in the sense that what PT would be doing– because it was a health care program building on or using the kind of credibility that was already inherent to [Northwestern College].

Adding a physical therapy program to MWC was considered a good fit with the mission of the college and would further strengthen the division of health sciences. Faculty and administration believed that the program would contribute to the economic health of the college

by bringing in additional students to MWC and because there was a reported shortage of PTs. That would ensure the ability to fill each PT cohort to capacity.

### **The Program Begins: Challenging The Status Quo**

The development of the PT program resulted in several firsts for MWC both in personnel and interaction of the program within the college. The chair of the PT program was the first health science administrator to be recruited from outside the MWC community, the first male department chair within the division of health sciences, and the first time there was a lack of presence from the MWC monastery within any of the health science programs.

We had nobody from the Monastery and nobody from our culture in that first faculty.  
(Professor Ely)

The chair of the PT program came to MWC with experience in developing other PT programs. In the planning year, he developed the curriculum and made sure that the program was adhering to the accreditation criteria identified by the CAPTE. By the time the students enrolled, the first year of the curriculum was finalized and the second year was proposed.

While the process related to the planning of the program followed the usual procedure, curriculum and program development did not. The expectation at the time was that faculty in new programs would work with others to determine pre-requisite, and to some extent, professional course work. When the PT chair came to Midwestern College, the curriculum and program requirements were developed without input from the other faculty within MWC. This was something that was noted by many of the faculty as not typically done.

As part of the development of the program, the chair began recruiting students. There were a handful of students on campus that had heard that a PT program was being developed. I was a student on campus at the time and decided to pursue pre-requisite course work toward the physical therapy degree. There were other students on campus who decided not to enroll in the

PT program as the program was not yet accredited. While there were some students at Midwestern College who were interested in the physical therapy program, the chair needed to recruit students from outside the campus. That was also something that wasn't traditionally done.

Not all the circumstances surrounding the initiation of the program were considered unusual. Several faculty acknowledged that new programs needed to focus on curriculum and faculty development at the expense of participating in service to the college.

..when you start a new program, you have to really just focus on yourself, on that, getting it going. (Administrator Cleary)

[The program chair] had a level of presence [that] was what you might expect to be for somebody who was starting a brand new program because of all the things that he had to be pulling together to make it happen and get it going. (Professor Good)

Faculty in the college also saw the new program adding to the college's strengths: increasing enrollment within the health science majors, thereby increasing revenue.

For many years, the physical therapy program brought large freshman numbers to the college. While all these students didn't continue to pursue physical therapy, they remained at the college to pursue other degrees. The growth in health science careers meant a greater number of students enrolling in the college resulting in economic stability. Overall, the development of the physical therapy program fit with the heritage and mission of the college, helped to increase student enrollments, and increased the financial strength of the college.

### **The Physical Therapy Program: A Developmental Perspective**

This section will provide data from an organizational perspective focusing on the interface between the PT program and MWC. Providing a developmental perspective will illustrate changes between the PT program and MWC throughout the tenure of the program.

## **The Beginning**

For the PT faculty, the model of PT education developed at MWC was not unusual. Admission to PT programs was limited and once students matriculated, they had a pre-determined curriculum with no electives, a set schedule, and a designated physical space. The main changes throughout all PT programs over the years related to curricular content reflecting changes in practice, and a move to post baccalaureate education. Thus, when the MWC PT program was developed, the model was not unique for PT education. It was, however, unique for MWC.

Soon after the program began, faculty and administration noticed differences in how PT faculty and students interacted within the college. This included curricular and physical isolation of the PT program and students. Once students were accepted into the program, they literally disappeared from view both because of the closed curriculum and because the original program was physically housed in a dead end hallway. All faculty and administrators were asked about their perceptions of the PT program when it was first developed. Professor Dawson's comment was reflective of how faculty saw the program when it began.

Well, I think it's pretty isolated from day one.... I think the general student body or the faculty considered them a little kind of mini university in this area, or mini college on this college campus. It was kind of like a lower campus and upper campus but this was a little campus just within one building.

In addition to curricular and physical isolation, there was an indifference to the values or norms of the college. The chair had an idea of how the PT program should operate but he wasn't interested in working within the parameters of the college. Administrator Baker spoke of the immediate isolation of the program not only physically but also in policy and practice.

My strongest recollection of the very first program we had was that it became a pretty exclusive group of people who were almost like a school of their own.... Once they [the



students] were part of that program it was like nobody had a say about what those students did after that. That was my perception. That they had a program and it was sacrosanct. Nobody interfered with it and nobody had anything to say about what else those students should or should not be doing.

The lack of student visibility and the curricular isolation were also viewed as going against the Benedictine values espoused by MWC. Knowing that the Benedictine value of community is a strong tenet within Midwestern College, faculty were asked about program/college fit. One faculty member gave an example of how the sisters would go out of their way to make lay faculty a welcome part of the college and how, when the program began, the PT personnel didn't seem interested in a sense of community.

...probably because there were so few lay people, the sisters made a real effort to integrate them [lay faculty] and they were – they were full fledged, participating, voting (pause) outspoken members of the faculty when I came along. But I think that, for example, [the chair of the PT program] never did get integrated into the faculty as a whole. It was like an extra job which he didn't want to do. (Professor Ely)

Part of looking at fit between the PT program and college, in addition to the curricular model, policy development, and a sense of community was looking at PT faculty and student participation outside the program. Faculty were asked about their perceptions of how the PT faculty fulfilled their roles as academicians and how the pre-PT and PT students interacted within MWC in comparison to faculty and students in other programs. The discussion excerpts from Administrator Adams summarized perceptions related to PT faculty.

There have been times in the history of the program, and I can't put my finger on years, when the physical therapy faculty isolated themselves and there have been times when they've been very active.

Administrator Adams was asked to clarify what she meant by the PT faculty isolating themselves.

Not active in any committees. Not active in faculty assembly. Not active in faculty meetings. In fact, it seems to me in that one point they tried to run their own college calendar.

As a basis for comparison, Administrator Adams was asked to describe faculty roles and expectations within the college.

Integrated. That we're one faculty. That's the difference between a college and university. A college is one faculty. A university is a collection of colleges or schools and the faculties are all separate. You don't get a feel of a university with the school of this or a school of that. So our tradition has always been one faculty. At times some are not as integrated as others but there's not been a total separation like there was at one point with PT.

The consensus among all faculty and administrators interviewed was that pre-PT students tended to be involved in campus activities, in fact, maybe more than other students. However, once admitted into the PT program, they seemed to disappear. This perception that students disappeared continued throughout the tenure of the program.

The initiation of the PT program challenged the long standing ideals of what MWC believed about providing education, faculty roles, and student interaction. At the time of the first PT accreditation visit, which was two years after the program began, the President sent a memo to the PT department chair with concerns about fit between the program and MWC. Excerpts from the memo are provided below.

I reviewed the report and found it to be quite comprehensive and I am sure it will be well received. However, I wanted to give you my reaction to the program. I don't want to minimize my concern for the highly technical nature of the junior and senior years. There is absolutely no guarantee that a transfer student would meet the goals and objectives as stated by the college. I don't see room for one elective during the final six quarter of the program. In other words, as the program is now constituted, there is no reason why it should be located on the [MWC] campus. ...I don't see any particular attention paid to competencies in the area of liberal education, value clarification, or social responsibility...I am certainly not pointing this out as a personal criticism in the development of the program. If that's the way the program has to be constituted, then so be it. But if it is the way the program has to be constituted, I strongly challenge the rationale for it to be part of [MWC] since it is far too technical for the goals that have been established by the college..... I am looking forward to the upcoming visit from the accreditation team and most particularly to talk with the members to discuss what latitude an institution has to insure the total education of its students.

The President's comments reflected tension created due to differences between preferred educational models and student interaction and those seen within the PT program. The PT program, however, continued to grow in student and faculty numbers. It also continued with the same educational model.

### **Making Adjustments**

As the PT program became established within MWC, faculty outside the PT program saw changes in PT faculty behavior. The two most significant changes related to PT faculty were participation within MWC and a change in PT faculty credentials that seemed to match MWC expectations. What didn't change was the structure of PT education. These two changes may have been enough for MWC faculty to begin to accept or tolerate the differences in the PT educational model. Administrator Baker was asked about whether the perception of the PT program had changed over the years, and how well integrated the PT program had become within recent years. Her response indicated that she thought perceptions about how isolated the program was initially had changed and that she believed the PT faculty had assumed the roles of the academy.

I think as the years went on that perception [of the program's isolation] did change. I think the faculty has been integrated very well.

Some of the faculty also saw a change in PT faculty behaviors related to the role within MWC. Professor Ely had seen a change in faculty participation in MWC between the time the program began and the present time.

The faculty is very well integrated. They work on everything. They participate in, well, I shouldn't say everything 'cuz I really don't even know all of the faculty down there but, it seems to me like they really – that y'all pull your weight on the whole enterprise.

These comments are reflective of some of the faculty interviewed but not all. The perception remains that the program remains isolated to some extent. Since I did not interview faculty who

were newer to MWC, that is, did not have a history with the program, it's difficult to speculate whether this perception of program isolation is representative of the faculty as a whole.

Faculty credentials, such as holding a terminal degree in one's discipline, was and remains, a gauge for fit. There was a definite difference in how faculty viewed the credentials of the PT faculty between those in the liberal arts and natural sciences from those in the health sciences. Professor Good is a faculty member in a health science program, and was asked about how the PT faculty credentials were viewed by faculty outside the program.

My sense from it... certainly internally within the division, we were pretty OK with how qualified the faculty were. And I'm sure a lot of it had to do with the folks who came in, came in with experience; clinic based experience and I think that was kind of what the judgment was based on.

The views from faculty within the liberal arts and natural science were different from those of Professor Good. Professor Ely taught in the natural science division. I asked how well PT faculty were positioned when we made the move from undergraduate to graduate education.

Well, I thought not well at all, but now this is the snob from a department in which if you don't have a Ph.D., you're not there, you're not on the horizon. And it's been that way for centuries.

When I was appointed to the PT program at MWC, my professional degree was at the baccalaureate level. I knew I needed to complete a graduate degree and did so after six years with the program. The remaining faculty had completed their graduate degrees at the master's level and one faculty member had completed a post professional doctoral degree. The impetus for increasing the number of doctorally prepared PT faculty did not come from MWC, it came from the CAPTE. Once the APTA developed Vision 2020, the CAPTE criteria were modified, requiring that there be a mix within the faculty of those who were doctorally prepared, had clinical specialist certification, or had a post professional master's degree.

While faculty and administrators interviewed for this study saw a change in integration of the PT faculty within MWC, they did not see a change in integration of students to MWC once they matriculated into the program. Administrator Baker had commented that she believed that the PT faculty had been integrated into MWC. When asked about the students, Administrator Baker commented

I'm not sure whether the program has been integrated or if we've just accepted it to be what it has to be. You know because we always say, well when they get down the science building we don't see them again, and that's pretty true. But that's where they spend their time so that's where it has to be. But I think that they are more integrated in terms of outside of class kinds of things.

One of the faculty, Professor Good, was asked how she believed the PT students were viewed by the rest of the college. Her interview was the only one where I asked that question based her response to a question about program integration. Her response mirrors that of some of the student responses that will be presented in Chapter V.

I think the students... not that I know what all the students do, but my perception is that the college sees the PT students as separate....I think they're seen as being a little clicky. I think they're seen as doing their own thing. I think it's not personalizing them I think people see that because they they're doing things together. They just.. they have to work hard to get in and that's a huge thing so once they're in, it's like it becomes the focus of their life. And I think that's.. and people see that clickiness but they see it as a part of the way the system ...you know, they don't see that necessarily it as just the way they are. It's more the way they have to be, they feel they have to be, because the nature of the program they're in, the intensity of the program. The program captures them as a body once they get in. They're not necessarily seen as people that are engaged in other things.

While the changes that PT faculty made regarding participation within MWC and improving their credentials improved perceptions related to the PT program from a faculty standpoint, it did not change perceptions from a student standpoint. Earlier in this chapter, I mentioned tension as a consequence of differences in taxonomy. It appears that the tension is either felt by or directed toward the pre-PT and PT students.

The purpose of Domholdt's (1987) study was discussed in Chapter II along with the

findings that PT faculty shared the same educational values as the rest of MWC. Domholdt (1987) also looked at integration of PT faculty and students within MWC as one means to gauge tension. Perceptions of faculty outside the program echoed those interviewed for this study. That is, that PT faculty had made efforts to be more participative within the college. This led her to conclude that there was little to no tension between PT faculty and the institution as a whole. She also found, however, that a certain amount of faculty isolation remained and determined it was due in part to PT faculty load and the physical location of the program.

Domholdt's (1987) visit to the campus came approximately 13 years after the first cohort began their PT coursework. Faculty were asked about the unique aspects of the PT program and responded that PT was "just another major" or "just another fish in the tank" (p. 109-110). By this time, MWC had developed several new programs and faculty viewed the PT program as "old news" (p. 110). Faculty did not see the PT program differently than other professional programs when it came to salaries, space, or other resources. In their mind, the PT program was no longer distinct.

From the perspective of student integration, faculty saw the pre-PT and PT students as hard working and engaged. They also saw the admissions process as a significant difference between the PT program and other programs on campus. Before the admission decision was made, faculty and students outside the program saw pre-PT students as participative in campus activities. Once students matriculated into the program, their participation almost completely stopped. Some faculty and non-PT students believed the PT students were a bit more "snobbery" but attributed this to the small size and resultant close ties between physical therapy students" (Domholdt, 1987, p. 117).

Finally, Domholdt (1987) asked about benefits that the PT program brought to MWC.

Faculty and administration cited the ability to attract high quality students, increased revenue to the college, and the ability to provide a needed service to the region. Faculty and administration did not articulate any disadvantages of having the PT program at MWC. Domholdt's (1987) final impressions were that "the relationship between the PT program and [MWC] appears to be one of peaceful co-existence" citing a long history of health science education (p. 119).

In summary, the structure of the PT program did not change between the initiation of the program and the time Domholdt's (1987) study was conducted. However, the perceptions about the fit of the PT program by faculty and administration did change. Based on the President's memo to the initial program chair, the nature of PT education was markedly different from any other program on campus and the question of fit was raised. Thirteen years later, the perception of fit was different, noting that faculty seemed integrated and PT was just another program on campus. The perception of student participation and visibility, however, did not change. If the program structure did not change, why did the perception of the PT program by faculty and administration change? Why didn't it change when considering student interaction?

### **Current Physical Therapy Program**

From the first years of the program to the present day, the PT program has transitioned from undergraduate to graduate education. Midwest College's PT program moved to the graduate level in response to the CAPTE standards that all PT programs transition to the graduate level by 1990. The PT curriculum was redesigned and the first cohort to receive a Master of Arts degree graduated in 1992. By that time, most physical therapy programs graduated PT students at the master's level.

In 1993, an initiative began from PT educators to transition to an entry-level doctoral degree (DPT). Midwest College's physical therapy faculty kept apprised of the movement to

transition to an entry-level doctoral degree and made a decision in the early 2000s to begin the transition to the DPT. Since MWC had moved PT education from an undergraduate to graduate level, transitioning to offer the DPT was not a difficult process. The administration at MWC supported the transition and the MA degree was phased out in 2005. The first DPT students graduated in 2007.

When the PT program moved to the graduate level awarding a MA degree, a 3+3 curricular model was developed: three years of undergraduate education and three years of graduate education in physical therapy. The 3+3 model was in place when the data were collected for this study and remained when the program transitioned to the DPT. At the present time, the PT department is phasing out the 3+3 model in favor of a 4+3 model, or a post baccalaureate degree. The last of the 3+3 students will graduate from the PT program in 2015. Since MWC is still in the phase out stage of the 3+3 model, the description of the progression and admissions process is still relevant.

It will be helpful to compare and contrast the structure of MWC's PT program with that of other health care programs in order to understand the unique structure of the 3+3 configuration. The nursing program offers both undergraduate and graduate programs. The undergraduate program is configured to enable the students to take elective courses within the junior and senior years and students graduate with a BA in nursing after four years. The graduate nursing program is designed for the working professional so course work is offered during evening hours. Students often take one or two courses at a time and do not progress as a cohort. The exercise physiology department also offers undergraduate and graduate degrees. Undergraduate students progress similar to the nursing students, taking electives during the junior and senior years. The exercise physiology Master of Arts program is similar to the PT



configuration in that students progress as a cohort with a rather defined set of courses. They do, however, have to have completed an undergraduate degree in exercise physiology or exercise science, making graduate study more specialized.

Chapter V will present the data from the students' perspective using Goffman's (1961) Total Institution (TI) framework to present the data and Lincoln's (1989) discourse theory to expand on the data based on social interaction. Chapter VI will expand further on the meaning of the data from Chapters IV and V using discourse theory. Chapter VII will present implications and conclusions from this study.

## CHAPTER V

### THE STUDENT PERSPECTIVE

The work of Erving Goffman (1961) in *Asylums* provided a useful framework for investigating and presenting the data addressing the question of what MWC “did” or “does” to physical therapy students. Goffman (1961) investigated the social world of inmates in mental institutions, and chose that setting because it provided a more controlled environment with which to examine social interaction. The comparison between Goffman’s (1961) description of total institutions and the similarities to MWC’s PT program were described in Chapter II. This chapter will summarize the key principles for the data and the emergent themes presented from the data through the framework of the TI.

The themes that emerged from the data related to how the physical therapy students adjusted as they assumed the role of physical therapist. Specifically how the social structure of MWC’s physical therapy program influenced social interaction related to role change and the tensions PT students experienced while navigating inside and outside the PT program.

#### **The Nature of Social Interaction: Key Principles for Data Presentation**

The Total Institution provided a useful framework for looking at MWC’s physical therapy program due to the similarities in structural and social barriers. However, examining social interaction more closely provided additional insight into understanding actions and perceptions that guided behavior of pre-PT students, PT students, and PT faculty. Additional frameworks used to present and interpret the data also came from Goffman’s various works. Examining social interaction as a ritual act provided insight into the complexities of how individuals balanced the various life roles. Goffman suggested that interaction between individuals can be used to both affirm relationships and create an air of social superiority

(Collins, 1994a). Thus, in some interactions, an individual may align with those to whom he is communicating. This same individual may assert his superiority within another group. Goffman used the analogy of front-stage and backstage to illustrate the complexities of interaction (Collins, 1994a).

Front-stage behavior occurs when individuals put their “best foot forward”. This behavior may be seen during an interview for a job, or when entertaining guests in one’s home. During the job interview, the individual dresses according to how she perceives what is appropriate for the organization. When entertaining, the individual may clean her home by putting items in a closet that she doesn’t want guests to see. Backstage behavior represents the individual’s actions in a more relaxed situation. For example, after the job interview, the individual may meet friends and talk about how the interviewer was dressed. Goffman suggested that interaction rituals are performances, various facets of the self that individuals use to navigate within various everyday situations (Collins, 1994a).

Front-stage/backstage performances also occur when considering social class or leadership. Those on the front-stage are usually in the higher social class or strata. For example, PT faculty at MWC can be said to control the front-stage due to authority and power over the PT students. We have a higher social status by virtue of our role as physical therapists. Students are the order takers, passive members of the audience. Thus, performance as ritual can have a structural element as well as an interpersonal element.

Goffman also analyzed social interaction to answer the question “What is going on here?” (Collins, 1994a, p. 280). In an attempt to address the question, Goffman suggested that one look at interaction from a series of frames (Goffman, 1974). A frame is a way to interpret a situation based on a particular schemata or point of view. For example, a PT student at MWC

may interact and interpret an event from the point of view of a student, a future PT professional, or an individual who has job and home responsibilities. Each perspective comes from a different frame.

In addition to using the TI as a framework for structure, the data is presented according to two ways of understanding. The first is from the point of view of the institution: policies and procedures, ways of doing, and rituals. The second is from the point of view of social interaction: interaction rituals, front-stage/backstage behavior, and various frames. Finally, not all data fits neatly into the framework of the TI. Some of the data will be presented within a section, and other data will be presented as a separate section. In both instances, I will make sure to differentiate the data that fits with the various frameworks from that which doesn't.

### **Characteristics of a Physical Therapy Student: Do I belong?**

The pre-PT period is a time when students are fulfilling the pre-requisite courses and getting ready to apply for admission to the physical therapy program. They have an idea of what a physical therapist does both through mandatory volunteer work and personal experience receiving physical therapy. Through these experiences, along with their perceptions of what a PT's role is, they begin to shape their behaviors according to a pre-conceived notion of what it means to be a PT. Their notions may or may not align with those of MWC's physical therapy department and ultimately the profession.

When students first come to MWC as freshman students, their perception of the role of the physical therapist entails helping people, fixing patients' problems, sometimes just listening to the patient, and most importantly, having the time to get to know and relate to the patient.

Megan believed that the PT

...knew how to fix people with better methods than what we had been relying on in the past. If someone was in pain, you don't have to take a bunch of drugs, I can do this to

you and it'll work. Or, you don't have to have surgery for that, you can – let's try this and this might save you a lot of trouble. That's the way that I looked at it. I thought it was a – I liked the fact that there were a lot of newer ideas coming out at the time and that's what I wanted to take part in (second year student).

Megan's description implied that the PT needs to have current knowledge related to physical therapy treatments. Lisa was attracted to PT because of the personal interaction.

we have a lot more patient contact and a lot more personal relationship type of experience than when compared to medicine a lot of times (first year student).

Megan and Lisa's perceptions were representative of those interviewed and implied that the physical therapist needed certain knowledge and the ability to interact with the patient.

As students progressed with their pre-PT coursework, their perceptions of the behaviors associated with a PT student changed based on what they observed the PT students doing, and through discussions with mutual friends of PT students. Several student responses reflected the range of characteristics that pre-PT and PT students believed they needed to possess in order to be successful. Amber summarized the personal characteristics of PT students in relation to excellence and hard work.

I did see physical therapy – or pre-physical therapy students as being more ambitious. In general it seemed like, and maybe it's just a part of wanting to be a physical therapist, but we, as a whole, seem to excel more in our classes or work harder and just really apply ourselves compared to some other students (second year student).

Sara noted that PT students tended to be similar in characteristics.

You know, you just want to be the best which is a good thing, I think, and they all kind of seem a lot alike in like their characteristics just it seems like the same kind of person is always a PT (pre-physical therapy student).

Lisa believed that students should show respect when interacting with faculty, while Andrea remembered that as a pre-PT student, she had respect for the students already in the program.

there are one or two people that I know I wasn't too interested in having to work maybe in groups with because I know that they have very strong personalities and kind of combative in certain situations that I'm not always one to voice my opinion as loud as I

should sometimes but that's just out of respect in certain situations that I think some people lacked (Lisa, first year student).

I had a lot of respect for them because I knew they had to work hard to get there 'cuz I was taking the classes at the time and struggling through them (Andrea, second year student).

Sarah identified the underlying values that a PT would need to possess.

You would definitely need to be a caring, kind, compassionate type of person (second year student).

The preconceived notion by pre-PTs of what one needed to be a physical therapist included excellence in course work, a serious work ethic, demonstration of respect for faculty and peers, and kindness and compassion. In addition, pre-PT students noticed that all or most PT students shared these characteristics.

The behavioral observations by pre-PT students are similar in intent to prepatients when considering mental institutions. The prepatient phase is one where the individual begins to compare his behaviors with those of the patients in the TI (Goffman, 1961). In some cases, the prepatient willingly enters the TI because he sees that treatment will be of benefit. In other cases, the prepatient resists entering the TI because he believes he doesn't belong. In both cases, the individual is comparing his behaviors with those of others and deciding whether they align. While pre-PT students were not comparing themselves to mental patients, they did compare their characteristics with those of the PT students. Two trends were identified: competition and avoidance. Competition was often the mechanism where students decided whether they belonged and whether to pursue PT education. Once students believed they possessed the desired characteristics of the PT students, they avoided contact with the department until they were accepted into the program. Pre-PT student avoidance did not seem to be due to a lack of identity with the PT student role; rather, pre-PT students believed they didn't belong yet.

### **Competition: Affirming Self and Eliminating Those That Don't Belong**

As pre-PT students began to align their behaviors with those they believed PT students or physical therapists should demonstrate, a sense of competition developed. The pre-PT students viewed competition as either self-motivating or as a way to “get ahead” of their peers. They also saw competition as a means to eliminate students that didn't have the characteristics to be successful as a PT student. The students who viewed competition as self-motivating focused on their studies and tended to find peers who they could work with collaboratively. The ultimate goal was for the individual to be recognized as having those qualities that would ensure admission to the program. A secondary goal was to have their peer group do well so all would be admitted to the physical therapy program.

The following excerpts represent student perspectives regarding the nature of competition as self-motivating and were given in response to questions about how they viewed the admissions process.

I have to do super, super good. I have to get an “A” in chemistry. If I don't get an “A” in chemistry, they're not gonna take me. And that was kinda the way I felt, too, because the program emphasized you have to have good grades, and you have to be well rounded, and, you know, you need volunteering, you need this and you need that (Erin, first year student).

I feel that also stems from probably the under grad education a little bit, you know, how it's so competitive to get into the program you need to be at the top of your game, you need to have those good grades, you know, it's kind of you're looking out for yourself to get into the program which isn't a bad thing at all (Sarah, second year student).

Sarah also thought that maybe

Um, you know, maybe it's just the traits to begin with. I mean, I understand as a whole maybe a physical therapist is a very competitive person whether that be in their personal life or whether that be strictly competing in a positive aspect to get a patient better, you know, to beat the disease that they have ... (second year student).

The students who persisted and aligned their behaviors with those they saw in the PT students tended to see competition as a means to strengthen the characteristics they believed would make

them successful students once in the PT program. They also developed a peer group that may or may not have continued this sense of competition.

The personal drive to do your best remained, but those that believed they had the desired characteristics tended to align with other students who shared the same perspectives. Melanie commented on the sense of competition and peer relationships.

‘Cuz I know a lot of people think it’s so competitive that you can’t be friends with other physical therapy students because they might get in and you might not. But I guess I never really felt the competition here. I still studied. One of my best friends is also a physical therapy student and we’ve studied right along from the beginning and never had any problems (first year student).

Alec described the sense of competition diminishing as one got closer to the admissions process.

...beginning of junior year, it’s like you’re friends with everybody that you’re kind of applying with and so it wasn’t more – it dropped the competition level because you knew you were on the same level with a lot of ‘um (first year student).

The majority of students who spoke of the competitive nature in aligning with perceived PT characteristics acknowledged the sense of competition decreasing the closer they came to the admissions process.

The pre-PT students who believed they were developing and strengthening desired characteristics noticed when their peers dropped out of a class or decided to change majors. They rationalized peer action by stating that the “unsuccessful” students really didn’t belong in the first place. Alec knew several students who changed their majors due to lack of fit or inability to demonstrate excellence in academics.

My roommate changed her major. And hers was she had no idea when she came in what she wanted to do and PT sounded cool. I mean, she didn’t have anything initially. She didn’t job shadow it or anything. And she ended up changing to, she changed like four times and then she ended up – she transferred school and she’s like a dental hygienist now or something. So hers was she just had no clue what she wanted to do and it took job shadowing. Another one of my really good friends, she dropped it because of grades. She knew she didn’t have a chance and she actually did OT now after job shadowing and stuff. And there were a couple girls on the team that dropped it ‘cuz of grades and they



just changed majors just 'cuz they figured they couldn't get in and, um, it was, I think, a lot of times it was grades 'cuz people thought you needed that 4.0 to get into PT (first year student).

Amber also noted a lack of fit within the pre-PT group.

Well, to be honest, I saw a lot of 'um as not making it because there were so many people that I knew that were pre-physical therapy students that ended up changing their majors. Which was good for them 'cuz it wasn't the right profession for them (second year student).

Jenni believed some students may not have had the right work ethic.

I think they thought it was too hard and they wouldn't get into the program. Just from what I've from previous years, you know, the GPA was always higher and I think they thought, well, I want to play sports or I want to do this, I want to work, I don't know if I'll have time to study all the time or they got a B or a C in a class and they thought they wouldn't have a chance of getting in. I think that was the main thing why they quit 'cuz they didn't think they'd have a chance (first year student).

The students who didn't pursue pre-PT were, for the most part, seen by the pre-PT students as not possessing excellence in course work or a serious work ethic.

In summary, the students who pursued pre-PT coursework began to align with the behaviors they saw in the PT student: excellence in coursework, a strong ethic as seen by persistence in studying, a compassionate and caring attitude, and persistence through competition. Competition was viewed as good when it served as a self-motivator and also good in that it served as a mechanism to eliminate students who didn't fit the PT student characteristics.

### **Avoidance: I Belong, But Not Yet**

As pre-PT students developed the characteristics that were believed to be those of PT students, they also realized that they didn't belong in the PT program yet: either symbolically or physically. In the TI, the prepatient may not identify with the institution, or assume his identity as an inpatient until admission (Goffman, 1961). At the point of admission, the prepatient and his

support system begin to see the patient as someone who belongs. The pre-PT students tended to think they couldn't or didn't identify with the program, and wouldn't until they were accepted into the program. One result was that students avoided coming into the physical space of the department.

The belief by pre-PT students that they couldn't or shouldn't come up to the physical therapy department intensified as the students identified with the characteristics believed to be reflective of PT students. This resulted in the greatest avoidance immediately before the PT admissions process began. Alec described why he avoided coming to the department by stating

I was never in this hallway, I guess it was kinda like the hallway you just never go down 'cuz it's the PT hallway (first year student).

When questioned further, Alec continued

I guess I didn't think I belonged yet, 'cuz I wasn't in the program yet. So I think it was just intimidation, you know, I could always go the other route and ask somebody else, I guess. Yeah, I just never walked down here (first year student).

The intimidation Alec spoke of was common among many of those interviewed. For some, the sense of intimidation resulted in an incapability of physically walking to the department.

Well, to be completely honest with you, [I] came up here a couple times and turned around – like I would look down the hallway see if I saw anyone and turn around and walk away. I just – I really didn't. I was just intimidated. I was like once I get in, you know, it'll be different, I'm sure, but I didn't. And I regret not doing it but at the time I did not (Lisa, second year student).

For others, the presence of the physical therapy students rather than the physical space prevented them from coming to the department.

I kinda felt like I was an outsider because it's – especially when I walk here by myself, obviously I didn't know really anyone who was in the hallway because they were all quite a few years older than me so I feel like I just walked down the hall, I didn't really know anyone (Melanie, first year student).

Lack of communication between the PT department and pre-PT students was a barrier for some students. Sara didn't know whether it was acceptable to contact faculty with questions which was a factor in her avoidance with the department.

I wanted to but I didn't feel like it was my place. I felt like I can go there when I'm accepted into the program. I didn't know – I didn't go down the hallway because I didn't know how inviting it was going to be or if pre-PTs were not supposed to – I didn't know if we were even able to like come into the offices and ask questions about appointments, I didn't know how that worked (first year student).

Not all students felt intimidated or believed they couldn't come up to the department.

Ben, a first year student had transferred to MWC during his sophomore year. He had sought out PT faculty to answer questions and stated he was comfortable coming to the department. Kristy, a pre-PT student, also felt comfortable coming to the department. She was a student employee in the natural sciences department and frequently came up to the PT department delivering mail or running errands.

It's fun and I know, like I know [A PT professor], too, 'cuz I talked to him when I first came to look at the school so. Yeah, everybody's really nice and it's not a big deal at all to come up here.

Ben felt comfortable most likely because he had transferred to MWC and had not interacted with many of the pre-PT students. Kristy was comfortable because her student work experience resulted in her seeing PT faculty as “real people” not as professors in the classroom.

A sense of role identity developed as the pre-PT students observed PT student behaviors and determined the desired characteristics that s/he should possess. Competition was a means to enhance or strengthen desirable characteristics for some, while serving as a means to eliminate those pre-PT students that didn't belong. Strengthening desirable characteristics also resulted in pre-PT students avoiding contact with the department because, while they believed they possessed what it takes to “be a good PT”, they were not part of the group yet.

The development of pre-PT identity has focused thus far on factors within the peer group that determine courses of action. What other factors may have contributed to the development of pre-PT role identity? Looking at pre-PT identity formation from the point of view of the program provided insight into professional role expectations from the “inside”.

### **What Are We Looking For?**

Physical therapy faculty across programs often share information related to admissions criteria for various reasons. Perhaps the most significant reason is to effectively coordinate pre-requisite requirements between programs to enable the PT applicant to apply to multiple programs without excessive coursework. Beyond that, individual programs seek candidates that will be academically successful, but what else? The data representing views of PT programs and specifically MWC’s PT program was based on my experience as a former MWC PT program chair, my attendance at APTA Academic Administrator’s meetings, and my having served on MWC’s PT Admissions Committee.

In a total institution, the staff role is to ensure that the goals of the institution are met. To ensure goal achievement, staff identify and admit individuals because they are “the kind of person the institution was set up to handle” (Goffman, 1961, p. 84). This is the same goal for PT Admissions Committees. At MWC, the “right” person is one who will be academically successful, has the interpersonal skills to put the patient at ease while developing trust, will place the patient’s needs before her own, will practice ethically, and will provide safe and effective PT services.

The faculty in MWC’s PT department believe that the admissions process is designed to evaluate and admit those students who have the best chance of achieving what it takes to be the “right” PT. Most students who apply meet the academic criteria of a 3.0 GPA, and if a student

applies with a GPA under 3.0, their application is not considered for admission. In addition to GPA, the application portfolio includes a writing sample, scores on the graduate record examination (GRE), letters of recommendation from various individuals within and outside of the PT profession, number of volunteer hours shadowing PTs, and scores from two interviews conducted by members of the PT Admissions Committee. The GPA is an indicator that the student can be academically successful. The GRE gives an indication of writing and analytic ability, two attributes that enable the PT student to present herself well through written communication, and the ability to integrate and think on one's feet when working with patients. Letters of recommendation speak to a student's personal attributes, and the interviews allow members of the PT Admissions Committee a first look at how well potential applicants present themselves in stressful situations.

### **Controlling Communication: Conscious Decisions and Student Perspectives**

While PT faculty at MWC have a clear idea of the attributes they are looking for when evaluating PT applicants, it's difficult to convey that when communicating with pre-PT students. On the one hand, if we say we're looking for an outgoing personality (not necessarily the case) will all pre-PT students begin to act as if they are outgoing? On the other hand, will a pre-PT student who has great potential as a PT decide she isn't outgoing and change her major? The MWC PT faculty have decided the "solution" to this conundrum is to present information to the pre-PT students based on averages in the admissions portfolio categories and have been doing this up to the present time. Pre-PT students are given averages for GPA, GRE scores, and volunteer hours. Candidates can meet with the chair of the PT Admissions Committee to seek additional information related to the "desired applicant", but the response is often vague and emphasizes the averages.

Is this strategy an attempt to control communication, keeping pre-PT students “in the dark”? Or, is it an attempt to give pre-PT students the same information and let them come to their own conclusions? Goffman (1961) suggested that communication between the staff and inmates within the TI is limited by staff as a means of control over the inmates. The result of restricted communication is the creation of antagonistic stereotypes. Staff and inmates belong to their respective cultural groups with occasional contact but significant cultural interaction does not happen. At MWC, communication control happens mainly between PT faculty (staff) and the pre-PT students (inmates), since once students are admitted to the program communication related to their “fate” is open and continuous. The PT faculty believe that giving pre-PT students general information related to the “average” applicant is non-biased and enables the pre-PT student to come to their own conclusions regarding whether they have the characteristics to be successful in the admissions process. But doing this creates confusion and a communication barrier between the PT faculty and pre-PT students.

Students interpreted the lack of communication in various ways. Ashlee saw the lack of communication as an indication that the PT faculty didn’t care about the pre-PT students.

I didn’t feel like people were really concerned about getting us to the point that we are right now and, um, I always felt like I was in the dark about stuff and that I didn’t know if I was doing the right things or if I was on the right track and that made it really hard for me (first year student).

She was also concerned about how she would be perceived by PT faculty.

I know there were lots of questions I had but I felt stupid asking a faculty member about it. I didn’t really know any of the faculty members and so, um, it was just kind of out of fear of having a stupid question (Ashlee, first year student).

Other students believed they could have taken the initiative to seek out information. Andrea commented on the limited contact from her perspective as a pre-PT student.

I never was necessarily encouraged to come up here and ask questions. I never really was. And I think I had a lot of questions, too, but I was always too afraid to come and ask them. I don't know as though that's anybody's fault but my own because I'm just like that, you know, I don't want to bother anybody. But I definitely was never – I didn't feel like I necessarily could or should come up and use you guys as a resource for anything, you know, questions that I had (second year student).

There were students whose initial impression of the department was welcoming.

Melanie, a first-year student, described her encounter when she came on campus with a group of high school peers several years earlier.

I came on a school day 'cuz they said, you know, you'll actually see students in class and it might be a better experience and it might've been like a Thursday or a Friday and it was a tour guide and she just happened to come down the hallway and there were just PT students everywhere. And she asked, do you mind showing her a few of the things in your labs and they said, oh, no, of course not, and they were on a break or something so they went around and showed me and I remember went into the lab room and they just kept showing me equipment and stuff...

However, after she came to MWC, she described her hesitancy to come to the department based on messages from other pre-PT students.

I don't think that anyone ever did anything actually to me to make me feel unwelcome when I came here in the department... it was mostly like things that I had heard. Like, "oh, you can't go into PT hallway 'cuz they'll look at you funny." And so that's just like things that people had told me so it wasn't like anyone actually did look at me funny... (Melanie, first year student).

The excerpts suggest that pre-PT students interpreted the lack of communication from the PT program in various ways: lack of caring, concern for personal impression, and rumor from other pre-PT students regarding accessibility. It also suggested that there was a front-stage/backstage element coming from the PT department. When potential students visited the campus, they had personal attention from the PT faculty and sometimes the PT students. The message was that the department is open and welcoming to all students (front-stage). Once enrolled at MWC, their lived experience was quite different (backstage). There was also a front-

stage element in the PT admissions process. During the time of admission, students put on their best performance in an effort to be selected.

### **Physical Therapy Admissions As Theater**

In addition to completing coursework, the pre-PT years were a time where students determined whether they had the characteristics needed to be a physical therapist. However, they also began to position themselves for the ultimate performance to date: the PT admissions process. As discussed in previous sections, some pre-PT students avoided coming to the department because they believe they didn't belong. Others avoided coming to the department because they were concerned with appearances. During the pre-PT years, students used various front-stage performances to convince the PT Admissions Committee that they belonged.

Prior to the application deadline, pre-PT students strived to achieve a high GPA. They believed the higher the GPA, the better their chances for acceptance.

I felt like you needed, you needed to have really good grades, I mean, Bs and Cs were not something, you know, that would be good for you to get, you know, I thought you need to have As (Jessica, first year student).

For some students, this meant repeating a course, especially if a grade was below a C.

I knew the grades, the GPA had to be up there and I was very, very stressed, very nervous. I even failed a class on my way in here. I got a D+ in one of them and I was a wreck... I retook it and I got an A in the program, in that class, and I got admitted so that was a huge relief on my part (Jenni, first year student).

Raising the GPA was one means to present oneself in the most favorable light and reflected academic excellence, even though the applicant knew that the previous grade would show on their transcript. Melanie had been accepted to two other PT schools that had freshman enrollment but chose MWC even though there was no guarantee she would be admitted to the PT program. Because of this, she believed she needed to present her best efforts.



I know I tried a lot harder then 'cuz I just didn't want Bs in my classes, I wanted to have As because I thought, you know, the better grades I get, the better I had a shot of getting in (first year student).

A student's GPA was one example of front-stage performance. The PT application interview was another opportunity for students to engage in front-stage behaviors. Some students prepared by practicing their interview skills at the student development center. Nick prepared by asking PT students about their interview experiences.

I talked to tons of people on the interview process and what kinds of questions do they ask and so I did more research on the actual interview process and things like that than the actual PT program (second year student).

Nick's focus on the interview process was not unusual among those interviewed. Students believed that the interview provided the best opportunity to demonstrate their compatibility with the characteristics the admissions committee was seeking. In the students' mind, a poor interview may have been a deciding factor regarding admission. Lisa was somewhat relieved that she didn't interview with a PT faculty member, but was nervous about presenting herself positively.

I actually did not have an interview by any [PT] faculty members... there was other faculty at the college that I had my interviews done by which, at the time was kinda nice cuz I was kinda like, oh, what if I say the wrong things (second year student).

Front-stage behavior during the interview process was also demonstrated through dress. Students tended to dress in apparel not commonly seen of typical college students. Physical therapy students often commented that it's easy to know when PT interviews are in process because of the number of non-PT students who came to the department in dress clothes. The overall concern by the majority of PT applicants was that they present themselves as best as possible through their application portfolio. They accomplished this through grades, how they presented themselves during the interview, the "quality" of their interview, and the quality of their admission portfolio. Erin's comment was representative of the majority of PT students.

I mean, you have your grades, you have the interview, you have your essay, you have everything and just trying – my concern was hoping that everybody could see who I really was through the paperwork or through everything and see that I really am competent and I do want this and I do (first year student).

Once admission decisions were made, behavioral interaction shifted among students who were accepted to the PT program and between students within the PT program and outside the PT program. The admission decision allowed the pre-PT student to begin to identify with the department. However, matriculation into the program was the point where students become “inmates” of the TI.

### **Excitement to Struggle: The Initial Inpatient Phase**

Student reaction to the admission decision was variable. Some students eagerly opened their admissions letter. Other students were apprehensive, afraid their portfolio didn't demonstrate attributes that matched those of the PT profession. Erin was so nervous she couldn't open her notification letter herself.

It's just a matter of getting everything done, it's kind of overwhelming right away, and when somebody said our letters were in our mailbox, I was like, well, I got in, I did. I mean, my grades were great, I had lots of volunteer hours, I did everything. My interview went great, but then when I got the letter, I couldn't open it. I was scared. I'm like, I can't open it, and so my roommate opened it for me (first year student).

The admission letter was affirmation to students that they belonged. At that point, they began to identify with their peers who had been admitted to the program. They also began to feel separation from their non-PT peers. This separation process is similar to the pre-patient phase in the total institution (Goffman, 1961).

Pre-patients, before admission to the TI, begin to distance themselves from family and friends. Part of the distancing process is the loss of rights and privileges in the “outside” world. Once the individual is admitted to the TI, he is forced to assume a different role. As part of the new role, the inmate loses previous support and is stripped of many coping mechanisms that may

have been successful outside the TI (Goffman, 1961). Pre-PT student interaction with their non-PT peers began to reflect the change in social relationships. April summarized a conversation she had with her non pre-PT friends once she received her acceptance letter.

In fact, when I got accepted, they would always tease me that they're gonna buy me my first pair of wind pants and, you know, not give me their phone number any more because they knew I'd never call (second year student).

When asked about her perception of the PT students when she was a pre-PT student April described observations that were similarly expressed by many students interviewed.

It almost – we'd make jokes about the PT clique, that they always wore the windpants to school, and they always ate lunch together and it was almost kind of like an elite image that if you made it into the PT class, you no longer associated with your friends that were Tower majors. And you were into this little exclusive club and you were – its own society, almost, in [Midwestern College]. It seemed like its own grouping (second year student).

The pre-PT students were able to describe the behaviors of the PT students and knew that social relationships would change. Whether they were joking or serious, the relationships did change.

The most significant changes in social relationships with friends outside the program occurred during the first year. As students assumed the role of physical therapy student, they began to socialize more with their PT peers. Part of the adjustment in the inpatient phase is to first identify with subgroups and then to navigate the various subgroups (Goffman, 1961). As physical therapy students began to identify with subgroups, they slowly shifted their peer relationships from friends outside the program to those within the program. Most students believes this was a natural consequence of entering graduate school, in part due to added behavioral and academic responsibilities. Alec reflected on how his relationships had changed due to the demands of the PT program.

First year, I kind of lost my life for a while. I studied a lot and kind of lost some friends because I didn't want to go out all the time on weekends and strained a relationship I had, but I guess it all happens for a reason (second year student).

Ashlee, a first year student, didn't think about the change in her relationships until asked to reflect.

I hadn't even put much thought into it before it happened but now that I look back on it, I realize that a lot of my friends who aren't in – they're just in the regular four-year program, I've kind of lost touch with them in a way. I think it happened gradually. It - probably last year too just as people started getting busier and they started developing their friendships with the people in their own programs.

At the same time students were redefining peer relationships, they experienced a significant change in behavioral and academic expectations. Both sets of expectations allow the PT faculty (staff within the TI) to monitor student progress in achieving the goals of the program. At the time of admission, the inmate experiences a loss of control over their previous self. They are told what to wear, given a schedule for the day, and have a specific set of rules to follow. Reviewing the rules can often happen through a welcoming ceremony (Goffman, 1961).

As soon as students matriculated into the PT program, they attended an orientation presented by faculty with the goal of welcoming new students and reviewing policies and procedures of the program as written in the Physical Therapy Student Handbook. The chair reviewed the program outcomes followed by a time for the incoming (first year) students to discuss implementation of policies with the second year students. Faculty and second year students made sure the incoming students knew about dress codes, policies related to absenteeism, beliefs about physical therapy education, and academic and behavioral progression. Students were introduced to the professional behaviors and are told they would be evaluated against the behaviors as they progressed through the program.

The change in role from pre-PT (undergraduate) student to PT (graduate) student was initially exciting. However, students learned to adjust to the added demands of graduate school and the additional requirements of learning to be a professional. The initial change in role,

especially in the TI, often results in psychological stress. The inmate immediately transitions from an environment where there is more self autonomy to one where individual autonomy is minimized in an effort to create deference and compliance (Goffman, 1961). The ultimate outcome is for the inmate to “reorganize” according to their new role.

For most students, the struggle to make the adjustment happened during the first year.

Andrea discussed her perceptions of the transition.

I just know that it was a tough transition but it wasn't as bad as I think it could've been. I wasn't crying every night when I got home from school. I wasn't pulling out my hair so that's good, right?

When asked to explain what was tough about the transition, Andrea continued

I think it's tough in that you go from undergrad having just kind of just random schedules. You can have a class at 9 in the morning and then not have another class until whenever. And this is pretty much set time, most of the day, it's the same everyday and a lot more time in class. Definitely a lot more time in class. I think the amount of personal responsibility for what you're learning is definitely higher in the PT program.

Megan was asked about her impression of what the program would be like and then asked whether her perception once in the program was accurate.

I was under the impression that the commitment was going to be just as demanding as anything that you could imagine. And it is a very, very demanding program.

But I think everyone once they get there, kinda has the same reaction to it whereas this is a lot of work but it's not as bad as I thought it was gonna be...It [adjustment to the program] was probably towards the middle of the second semester, the first year of the program. The first semester was as close to murder as I think school can get. But I think after that first semester, everyone sort of fell into their groove (second year student).

The admissions and initial inpatient phase of the TI is a time of loss and stress for the inmate. Major differences between the TI and other organizations is the degree to which the transitions occur (amount of stress with a change), the degree to which roles within the institution are different (faculty and students) and how the inmate adjusts to the new role while maintaining the ability to navigate inside and outside the TI. During this phase, the inmate

develops relationships with peers while feeling somewhat alienated to the outside. The ultimate goal for the inmate is to reintegrate to the outside while having developed a new sense of self in relation to the new role (Goffman, 1961). The TI accomplishes this, in part, by how inmates' experiences are constructed and controlled. The next sections will describe PT students' experiences as they transition to physical therapist and how this transition is seen by PT students and those on the "outside".

### **Becoming a Physical Therapist: Structural Control**

Physical therapist education in most programs, and at MWC, is a closed enrollment program designed in a cohort format. Cohort education provides multiple opportunities from a pedagogical and resource perspective. Midwest College's curriculum is designed to be sequential and integrative. This allows faculty to build upon previous information and requires that students apply knowledge across courses. Faculty believe the curricular design helps in assessing student competency. Through practical examinations in various courses, faculty monitor skill development in behaviors as well as knowledge. If students have substandard performance in one course, faculty can monitor progress in another course.

Resources such as space and number of faculty can also be controlled through a cohort model. The same number of students take the same courses thereby decreasing the number of course offerings. Faculty can control the course schedule to ensure that all courses are scheduled during the nine hour day and there are no course overlaps for faculty. Controlling the schedule also ensures that the space designated for physical therapy can be utilized as best as possible. Faculty have accepted this as the way PT education is delivered since MWC's model of PT education is the similar to all PT education.

Midwest College's PT faculty also believe this is the best model to monitor acquisition of knowledge and behaviors that are deemed necessary as a physical therapist. Upon admission, students are expected to remain academically strong, above a 3.0 GPA and achieve competence in identified professional behaviors. Faculty believe their role is not only to make sure students are academically strong but possess the behaviors that reflect professionalism in physical therapy. The closed enrolled and cohort model of education can be considered an extreme example of social control. According to Goffman (1961), social control exists in any organization. Within the TI, social control is extreme. This extreme control creates an experience where all individuals, regardless of individual differences, respond to the control in similar ways. The ultimate result is the creation of a common character (Goffman, 1961). For MWC's PT program, the common character is that of a physical therapist.

As part of social control, individuals are expected to act in prescribed ways. Those that do are considered to make primary adjustments. Primary adjustments reinforce organizational stability since individuals are acting according to norms (Goffman, 1961). Individuals can also make secondary adjustments which are behaviors that circumvent the norms for behaviors. Secondary adjustments can be disruptive or contained (Goffman, 1961). An example of a disruptive secondary adjustment would be to either leave the organization or lobby for a structural change. Contained secondary adjustments are often similar to primary adjustments and may deflect disruptive behaviors. Contained behaviors may not be the norm, but do not create pressure for change (Goffman, 1961). Students tend to respond to the structural control positively, and for the most part, progress through the program without difficulty. In this case, they are said to make primary adjustments.

### **Responsibility: Making Primary Adjustments**

Physical therapy students believed their peers and program faculty were open-minded, friendly, and for the most part, met the needs of the students. They also realized that the goal of their education was to become competent physical therapists. Kate described her belief when asked about the culture of the program.

I feel like the program is open to students being involved in things and trying to be diverse in their interests and activities; however, I feel like they do maintain their, I mean, their goal and responsibility is to make us good PTs, too, and I feel like – I feel that that is what their responsibility should be and that's what we've all – I think all of us pretty much have expected so at this point in our lives (first year student).

Megan summed up what she saw as differences between undergraduate and graduate education.

Responsibility. I won't say that in the past instructors held our hands through our courses but there was a lot more of a, like a heads up, when we needed it. Sort of like a kick in the pants when you needed it. If we were getting close to the edge, instructors would reach out and grab us by the neck and pull us back. Now, at the graduate level, it's sort of like, okay, you know what needs to be done and you have to do it. We're not gonna do it for you. We're not going to stand and look over your shoulder just to make sure that you're doing every step of every process correctly. We'll look at your end result and if it's right, then that's good. I think the responsibility just changed dramatically. I shouldn't say that they wouldn't – that they only cared about the end result because that's not true. But it certainly wasn't (pause) I realized that we weren't gonna get carried through the same way that we were in the past if we were close to failing (second year student).

To achieve the goal, PT students focused their time on studying and practicing skills. Most PT students believed that spending most of their time in class or studying was an expected part of PT education. They often stated that they didn't have a life outside of PT.

I'm a very hard worker so I knew that if it – I didn't know how I was going to be like brain wise. If I could handle it, but I knew that I was a very hard worker so that if I could study all the time, I would do that if I had to. So I knew that I had that going for me and I knew that I care about people so the compassionate part of therapy would be fine but I just kinda came into the program thinking well, if I have to study all day and all night, I'll do that, and I won't have a life outside of PT if that's what it takes to get me through (Alec, second year student).



Adjusting to the change in educational expectations was stressful on students. Jessica was asked about her perceptions of the program as a pre-PT student and whether those perceptions were accurate.

As a pre-PT, I looked at the physical therapy students as, they go to school all day, I mean, they study all night, all week, and all weekend and you're not going to get any time off and especially I knew that the first year was the hardest. That was what I had always heard, like if you can make it through the first year, you'll be fine. But that first year is a killer (first year student).

Educational expectations included behavioral expectations such as attending class, demonstrating listening skills, showing empathy, and dressing professionally. Alec summarized what he thought about and how he learned the importance of demonstrating professional behaviors.

We're expected to behave as professionally as we can imagine ever needing to behave in our career setting. So we never had that pressure before the grad program. If you couldn't get out of bed on Monday morning 'cuz you had a cold or your tummy hurt or if your girlfriend dumped you the night before, you could probably miss class and talk to your teacher afterwards and say, sorry I didn't make it. But now, if you're gonna miss a day of work, you should consider what you would do in that situation when you're gonna miss class. That's not something that we all really saw coming. And some of us discovered it a little later on. Like I, for one, had to make a few mistakes before I realized that they were mistakes, so that was sort of a big difference, also. Just the way that we approach school in general was different (second year student).

Primary adjustments can also be thought of as frontstage behaviors. As the students act in ways that reflect professional behaviors, they are "on stage" taking on the role of physical therapist. Frontstage behaviors occur within and outside the program. Within the program, students started to use terminology associated with anatomy, physiology, the examination and evaluation processes, and when administering interventions. In courses with a laboratory component, students dressed in shorts and t-shirts to allow examination of the body. They developed a comfort level that allowed them to approach a classmate and not think about personal boundaries. When asked about how she adjusted to the need to approach a classmate, and in the future a patient, and "get in their space", April stated

There's – I mean, once that initial first semester gets over, there's this general sense of comfort that I can go up to whoever's sitting next to me and poke as hard as I want in their arm and they know that it's for an educational purpose and that. For outside of classmates, I think it is the same, too. I'm much more comfortable if someone has a random question to give me a quick explanation of what I'm doing and start poking and prodding and not feel nervous that I'm touching somebody (second year student).

In cases where students worked with patients or when guest speakers presented within a course, students were expected to dress in clinic attire. In all the courses, student behaviors were monitored by faculty. If students were not wearing the appropriate dress, they may have been denied the experience. For example, during the first contact with patients, students may not have worn appropriate shoes, may have had shirts that were too short, or had shirts where the neckline was too low. In these instances, if the student didn't have alternative clothes, they didn't work with the patient.

Practicing skills and using clinical language became second nature during courses. However, students noticed the subtle shift in using professional language through interactions with individuals outside of the program. April, a second year student, was asked whether she noticed occasions where she used PT language outside the classroom.

[I notice I] share more information with people with like my family and my close friends. And then I find the other aspect of, you know, acquaintances and whatnot ask you where you're going to school, what your major is. They hear physical therapy and then it's like, oh, I had this pain in my back or that kind of thing so, yeah. I also see my family is much more dependent on me interpreting lab values and stuff like that, you know, my grandma will call me up on the phone and be like, "the doctor told me this, what did he mean?"

Students noticed that they slowly became the people family and friends turned to when they had health related questions. Kevin was happy to share information with friends, but was cautious not to initiate the health related conversations.

The only time I ever really bring up anything if they [my friends] ask me something and then I like to go into a subtle bit of like bragging like by I'll just overstate something. You know, I'll use layman terms so they understand but I'll just like throw in some extras

that I know that, you know, that, they're like, wow, you know that stuff pretty well (second year student).

As students transitioned to the role of PT, they looked at using professional language as more natural or as a way to show their abilities. Kate described how she practiced her professional jargon on her friends and family.

And sometimes it's actually – it's like you tell them and they're like, whoa, what are you talking about, you know, or then you kind of catch yourself and you're like, okay, well and it's fun to try and create a challenge for yourself to explain it to somebody and think about this is somebody who knows nothing or has no background in neuroscience (first year student).

Role transition occurred mainly through students making primary adjustments and practicing frontstage behaviors consistent with a physical therapist. Students willingly embraced the transition even though it resulted in initial stress and loss of social control. They viewed this as a necessary part of physical therapist education, especially once they had an internship and were able to compare their experiences with students in other PT programs. As students transitioned, they used language consistent with a PT, dressed up when working with patients or dressed down when working on skills in their courses, shared the same schedule, took courses with the same students, and chose to socialize with their peers. While this became the norm for PT students, PT student behavior was seen as unusual to students outside the program. Non-PT students tended to look at PT students as belonging to a cult or clique and that view had profound social consequences.

### **Consequences of Primary Adjustment: The Cult of PT**

The behavioral expectations of an organization are considered to be norms to those who live or work within the organization. As norms, individuals conform to behaviors deemed appropriate while a part of the organization. Within the TI, behavioral expectations may seem exaggerated since a larger number of individuals exhibit the prescribed behaviors. To those

outside the TI or any organization, behavioral norms may appear different or strange based on work and leisure experiences. The differences in behavioral norms may result in stigmatization of those within the TI from those outside the TI (Goffman, 1961). Inmates are often aware of the stigmatization and seek ways to distance themselves from outside perceptions. The ability to distance one's self from various perceptions is not unique to those within the TI. In any organization, an individual must figure out how to navigate the various roles or expectations in order to maintain a balance within the self. However, the social pressure to conform or assume prescribed behaviors within the TI results in the inmate being more sensitive to maintaining balance, but also makes them more sensitive to perspectives from outside the TI.

The PT students at MWC sought to balance expectations of the program by continuing to engage in leisure and social activities. The main difference was the extent to which they engaged in these activities. Jenni's comments regarding school and leisure activities was characteristic of those students interviewed.

I thought it was gonna be like you'd have nothing to do but physical therapy, you know, no social life, nothing. But I think my whole class actually has reached the balance of fun and other activities in physical therapy. You know, I mean, we do what needs to be done but we also realize that you need a social life and you need to play sports or do whatever just to make school a little easier (first year student).

Regardless of how well PT students maintained a sense of balance while in the program, they were aware that students outside the PT program viewed them as different, often referring to the group as the PT cult or clique. The following excerpt between Andrea, a second year PT student, and me provided a cohesive summary of thoughts related to the PT cult and was representative of those interviewed.

Sandy: How do you think the physical therapy students are viewed by the rest of the college?

Andrea: As a cult. I've gotten that on numerous occasions.

Sandy: From?

Andrea: Friends of mine that I made before I was in the program and then like when I see them now, oh, you guys always hang out together, you don't ever hang out with anybody else and whatever. They just think that we're always together and we don't branch out to other people who are in other programs I suppose. And that's just people who have told me. I don't – I can't say that that's based on everybody in the college. That's just people who, you know, a few of my close friends who have said that to me.

Sandy: Now are these people that are in the program, pre-PTs, outside of the program?

Andrea: Outside. Definitely outside the program. I'm trying to think... I know a few pre-PTs. I think they view us as people who have worked really hard to get here and who have to work really hard to stay here. I think pre-PTs have a better understanding of who we are than people who are in other – and even, I think occupational therapy students and pre-occupational therapy. I think they understand a little more but I think people who are in programs that aren't as, you know, as specialized as ours, I think they just think that gosh, they spend all their time together, they don't like anybody else. And I always try to explain to them, no, we just have to spend all our time together. It's just that our breaks are the same, you know, so that means it just happens that way. It's not that we don't necessarily want to be around other people 'cuz I do, but I have found since I've been in the program, it is hard to really keep in touch with friends who aren't in the program just because we are so busy here and like during the week it's like we're in class all day, every day and when we have a break, we tend to be with each other just 'cuz they're nearby, hey, you want to do this, yeah, okay. So we just go do something.

Sandy: Now, the description and the perception that physical therapy students are a cult –

Andrea: I think they say that jokingly.

Sandy: Well, jokingly or not. Okay. So it's a joke that PT students are a cult.

Andrea: That we're a big clique, and I do think that they think that we are a big clique.

For students outside the program, seeing the PT students together, dressed a certain way fostered this sense of “otherness”. Melanie commented on how PT dress contributed to the stigma of PT clique.

I know one thing that they talk about that's not a big deal but they say you can always see a physical therapy student walking down the hallway because we're always dressed in lab clothes. I don't know. I know that's one thing. It's been in our paper – our school paper here before. Like, you know, they'll have like a picture of shoes like what major are these shoes and they'll say, oh, it's a physical therapy major because they're wearing tennis shoes (first year student).

Alec was given feedback from his non-PT roommates that PT students gave the impression that they were better than other students.

But I've asked my roommates because they're seniors in other programs this year, and they have informed me that they think that we are cliquey and that we think we're better than other people and we're always wearing our grungy clothes. So maybe we're sloppy, I don't know (second year student).

Inga felt isolated from the rest of the college once she began the PT program.

I almost feel like after I got into the physical therapy program I'm kind of almost closed off from other people then. Like you get into the program and you're like, now I'm a PT major, now I'm here, now I'm there, and like I know people always refer to us as a cult like we walk around together and we're always together and I kind of get this feeling – like, we're so close (first year student).

Many of the PT students responded to this by trying to educate or convince their non-PT peers that they weren't different and wanted to be a part of the college.

I think it was kind of hard at first 'cuz I had a lot of friends that were like, "oh, you're in PT," you know, it almost like set me apart from a lot of people. But I think if you just keep telling people it doesn't make me any different, you know, I'm still gonna be your friend even if I'm in PT and I'm not going to stop hanging out with people just because I made new friends in PT that people got better but I think people still look at us and they're like, oh, PT. You know, I just feel like there's almost a stigma there but not that it's necessarily bad, but that we have that we are really focused and motivated and aggressive toward our major that it almost makes people kind of standoffish of us (Inga, first year student).

Other students looked at comments as jokes or an attempt a humor, at the same time, realizing that their behavior was not the same as non-PT students. Regardless, PT students had a clear understanding of who they were as individuals and how they were perceived as a group. Kate's response to the question of how PT students were perceived by the rest of the college reflected this understanding.

I think that the PT program, the students are dedicated, goal achieving. There's a sense of teamwork. Everyone's trying to get through the program 'cuz it's very intense. I think people perceive us as being a bit of a clique around campus and everyone thinks that they can identify PT around campus. I don't, you know, I guess I get the jokes and the humor,

but I don't see us being any different from any other department around here (first year student).

Primary adjustments to role transition within the PT program led to the perception that PT student behaviors were not the norm for majors at MWC. However, secondary adjustments may also have contributed to this perception. The next section discusses secondary adjustments and gives examples of adjustments within and outside the PT program.

### **Misfit Manifesto: An Example of Secondary Adjustments**

Secondary adjustments are ways to get around the behaviors associated with primary adjustments. That is, behaviors that allow individuals to act in ways not associated with the role related to primary adjustments. These secondary adjustments can be considered backstage theater or behavior. As mentioned previously, backstage behaviors are those that individuals may not want others to see. Or, they may be “guilty pleasures” not associated with the primary role, in this case becoming a PT. There were two main circumstances where students engaged in secondary behaviors. The first related to ways students relieve stress associated with the structure and rigor of the PT program. The second related to conscious attempts by students to avoid the stereotypes associated with becoming a PT.

The structure of the curriculum resulted in PT students taking their breaks together. Within the department, students were often reminded to keep quiet in the hallway, especially when another class was in session. The reminder wasn't to control behavior per se. Physical therapy faculty knew that PT students needed to relax between classes by socializing. However, the configuration of the PT department's physical space was such that noise in the hallways drifted into faculty offices, the administrative assistant's area, and PT classrooms. Reminders happened when noise levels become too high.

While the PT faculty acknowledged that PT students needed to relieve stress, students outside the PT area generally didn't relieve stress in the same way or within large groups. Thus, PT student behavior was often times noticed by students outside the program. Inga and Erin, both first year PT students, recognized the effect of PT student stress relief on students outside the program. Inga commented on the physical presence of students while Erin commented on behaviors.

We turn down the hallways in huge packs because we're all going to the same place... And we're almost getting made fun of and also people, like, then get kind of standoffish about us, I think (Inga).

I think the group can be really intimidating to the rest of [MWC]. Especially for undergrads, you know, I mean, we're older and here we are all together acting like a bunch of morons while we're on break releasing all this tension. So, I mean, we just kinda take over areas and, you know, we try not to (Erin).

In general, all PT students interviewed were aware of how their behavior outside of the PT department came across to other students and that it could be seen as intimidating. Physical therapy students acknowledged seeing similar behaviors in other groups around campus, however, not to the same extent. Inga commented that she saw similar "pack" behavior among the baseball players.

The stereotypes associated with becoming a PT from students outside the program have, to some extent, been introduced in previous sections. To summarize, PT students were perceived as studious, dressed in role specific clothes: for laboratory or clinical experiences, tended to socialize within their group, and spent most of their time pursuing their education. While most students accepted this as the norm, some students consciously refused or "played" with the stereotypes. Kevin, a second year student, decided he wasn't going to wear the usual laboratory clothes.



Everybody wears their windpants and the sweatpants. I have yet to ever wear a pair. I refuse to.

During laboratory classes, students were expected to wear t-shirts and shorts. Most students wore sweat pants or wind pants between courses so they wouldn't need to constantly change into street clothes. If a course was lecture based or in instances where a guest speaker presented, students were expected to dress in clinic appropriate attire. During the 2010-2011 academic year, the first year students decided to have "tie Tuesdays" during fall semester and "wardrobe Wednesdays" during spring semester. About half the students wore dress casual attire, with the male students in dress shirts and ties. This allowed the students to break the stereotype by dressing up rather than wearing sweat pants and wind pants.

Perhaps the most significant example of a secondary adjustment occurred with the graduating class of 2004, represented as first year student data. These students opted to work with the student development center to develop strategies to avoid the stress associated with the PT program. When asked how the manifesto idea started, Ashlee felt it came about, in part, because of the pre-PT experiences with competition to gain admission to the program.

Um, I guess it turned around the negative experiences we had that a lot of us feel we had in common. Going through the pre-physical therapy portion ...so we just kinda want to start the trend, I think, of showing that you can be comfortable in your class and showing that you have to, um, respect other people's differences because in our class, a lot of us are different but we all focus on our similarities and it helps us to come together as a big group as just one whole group and be able to interact with anybody in our class (first year student).

Ashlee's class had noticed that students had a difficult time switching from the competition to gain admission to the program to working collaboratively within the program. That and the stress of the transition to the demands of the program provided the motivation to work with the student development center on strategies to find a balance. The follow excerpt from an interview with Jenni summarized how the manifesto developed.

Sandy: Now, [the department chair] shared something with us at the last faculty meeting and it sounded like it was something you guys were working on within your class, kind of like a credo or something. Can you tell me about that?

Jenni: (pause) Yeah, um, well it's from that student support services – we have that counseling sessions every month and I guess our class was seen as the more relaxed class so we just gave rules of what we did that we weren't as stressed as the other classes had been. ...I think just, we emphasize having fun but not to the point where it gets in the way of our studying. I think that's pretty much the main thing – we're not gonna stress if we don't read every page of the chapter that's assigned for tomorrow. I mean, we do enough to get the main idea and not gonna stress about the little things and just get the main ideas. I mean, I wouldn't say we're slackers. I think other classes have said that about us, kinda got that perception, but –

Sandy: You mean you've gotten – you've had conversations with students in the second –

Jenni: Yeah.

Sandy: -- and they're saying?

Jenni: Like, oh, yeah, you guys aren't doing any work again; or, oh, are you going out again tonight? You know. But they think we have it easier for some reason. I don't really know 'cuz I wasn't in second year so I can't compare programs but I think grade wise, everyone's doing fine, everyone's passing and we're learning the concepts, just having fun with it. I think that's the main thing.

Sandy: So when you mentioned before that everyone thinks you're the relaxed class, who's everyone?

Jenni: Just – well, what I've heard from second year or when we've had the counseling sessions, they would say, oh, you're class is so much different. That's why we wrote that, Manifesto is what we called it – PT Manifesto or the Misfit Manifesto, that's what it was called.

Sandy: Where did the name come from?

Jenni: Misfits just 'cuz we're kinda seen as the misfits around here, I guess, just kinda having fun, goofing off.

Sandy: Okay, so misfits where? In what environment are you a misfit?

Jenni: Probably in the whole PT stressful environment. It kinda gets that stereotype where everyone – I think that's part of our manual that we wrote that students – PT students in the past haven't been fun to be around. They're always stressed and studying and we're kinda the misfits where we're having fun but still learning.

The first year class decided to break the stereotype by showing that students could learn and have balance and fun at the same time. This type of secondary adjustment didn't challenge the nature of the institution, or in this case the program, but allowed the students "forbidden satisfactions" while creating solidarity among the students (Goffman, 1961, p. 54). This particular cohort believed they were behaving in a manner not usual of PT students. From a faculty perspective, we didn't notice much difference in attaining the skills and abilities within this group of students.

The majority of students in the first year class believed they broke the stereotype of the serious student by having more fun. However, a few students still saw behaviors that were characteristic of PT students in relation to the perception of the PT cult. Erin commented on similarities of her class in comparison to other PT classes when asked about how students outside the department viewed the PT students.

We're a cult. (laugh) We're a group of students who hang out morning, day, and night together and our class said we weren't going to do that, but we ended up that way just like every other class does (first year student).

Although the first year students conscientiously sought to change the stereotype of the PT student, some realized that their efforts may not have changed the overall perception that much. Subsequent cohorts did not continue the idea of a manifesto, nor did they try to change the stereotype by any other means.

The final section in this chapter presents data that does not fit neatly within the framework of the Total Institution. The use of van Gennep's rites of passage may be more useful as a means to provide insight into student experiences as they transition from undergraduate to graduate student.

### **Structural Difference: Indifference, Distancing, and Giving In**

During the first PT year, MWC students take graduate courses but have not yet received their undergraduate degree. These graduate courses count toward completion of the requirements for a baccalaureate degree in health sciences. For most students, undergraduate commencement is a significant ritual that marks the end of the transition from college student to college graduate. Within van Gennep's (1960) rites of passage, the transition to incorporation stage signifies that the rite is complete. The college graduate, having completed the ritual of commencement, is incorporated into the chosen profession/career.

Physical therapy students at MWC received their baccalaureate degree in the spring of their first year, but continued to progress with course work during the summer. For most of the students, commencement was not a significant event and many chose to attend only because their parents would expect it, or chose not to attend due to its insignificance in their progression. Structurally, they needed to complete their baccalaureate degree to continue in the program. However, socially, undergraduate commencement resulted in a feeling of indifference for most of the PT students. Melanie, a first year student, was asked about what the 3+3 configuration of the program meant to her in light of commencement and her friends moving on.

I know one thing is, first of all it's really hard to explain to other people what I'm doing because people will ask me, oh, so you're graduating in May. So what are you going to do after graduation? And I say, well, I'm gonna keep going to school. Well what school are you going to? Well, the same one I go to now. And so they don't really understand well, how are you working your first year of your master's degree when you still haven't gotten your bachelor's degree yet? And so it's mostly hard to explain but then there's also – I really like it because I'd rather do it this way than have to go to another year of school. But then also when I'm graduating in two weeks, I feel like I'm getting a degree that really means nothing to me. I mean my family's going to come up because it means something to them. But to me, I'm just walking up there, getting a diploma that I probably won't even do anything with, just probably put away in a drawer somewhere and then, you know, keep going to school, and so it's like it doesn't really mean anything to me.

All students realized that they were working toward their master's degree which added to the insignificance of obtaining their baccalaureate degree. Kevin commented on how the progression within graduate school affected his perception of completing his undergraduate degree.

if I had never gone into physical therapy, I still wouldn't have stopped after a bachelor degree, I would've kept going to as much school as I could humanly take and I think I could do five years, six years for the master's degree. So I probably would've always gone to that level because right now, just having like – I feel that my BA, as nice as it looks on the wall, doesn't really mean that much (second year student).

Inga acknowledged the importance of obtaining a baccalaureate degree, more for her family than for her personally.

It's a milestone for me. I feel like I've finished four years of college. It's a very big deal for my family to have graduated with a bachelor's degree. And yet to me, myself, personally, it is a milestone but it's not what I'm working towards (first year student).

The majority of first and second year students interviewed looked upon undergraduate commencement as insignificant. For them, the ritual of commencement did not signify the end of one stage and the beginning of another. They were still transitioning in their role from student to physical therapist. The transition did, however, lead to added feelings of distancing due to the nature of completing graduate coursework. At the same time the PT students saw their peers completing the coursework in their major; they believed the nature of entering a graduate program also contributed to a feeling of distance from their non-PT peers. For some, distancing may have been the result of confusion in role identity: undergraduate or graduate student? Other students believed there was a stigma associated with graduate school resulting in non-PT students believing PT students were somehow better because they were taking graduate courses and hadn't completed their undergraduate degree.

Sara was asked to comment on her perceptions of how her graduate status affected her relationships with peers outside the department.

I personally don't have a problem with that. [graduating with her peers] I don't like to throw it around a lot that I'm a graduate student. I just don't use that word very often because I know the perception that comes with it and I don't want people to think that, well, I'm graduating with you in May, but I'm better than you 'cuz I'm a graduate student. That's the whole idea behind it and I try not to use it so for me it hasn't been a big issue. But it's confusing because I haven't graduated and I'm a graduate student and even with financial aid forms and stuff, I didn't know what to mark as far as am I an undergraduate or a graduate? That's the only real specific example I can think of as where it was confusing for me. And I did mark that down (first year student).

She added that for others, being called a graduate student came with a certain perception.

Once you get up into a graduate program, it has this stigma with it that you act a certain way or you think you're better than people because now you say you're a graduate student, not an undergraduate student (first year student).

Inga also believed there was a stigma associated with the program.

You know, I just feel like there's almost a stigma there but not that it's necessarily bad, but that we are really focused and motivated and aggressive toward our major that it almost makes people kind of standoffish of us (first year student).

Ashlee was asked to comment on benefits and limitations of the structure of the program, specifically as a cohort. She identified benefits and limitations as similar: the ability to get to know your peers, but the isolation from the rest of the college.

I guess it does provide limitations in that, um, I don't even know how to word it exactly but, um, it's just our own little world and I don't feel like we're a part of the community which I had mentioned was a big aspect of what this college is. It's almost like we kinda separate off at the end part of our education and, um, that's the only way to describe it, I guess (second year student).

Ashlee had discussed earlier in the interview that one of the attractive elements of attending MWC was a sense of community. Now, however, she saw a lack of community between the PT students and the rest of the college.

The distancing that happened during the first year was, in part, due to social factors discussed in earlier sections. It also appeared that a part of the distancing resulted from the differences in structure between the PT program and the college. Students entered graduate school during their senior year of undergraduate education. For some, their status was confusing: graduate or undergraduate student? For others, becoming a graduate student resulted in non-PT students believing that PT students were somehow different.

There appeared to be a point where the PT students gave up and acknowledged that PT students acted a certain way. Even the students who developed the misfit manifesto acknowledged that they saw themselves acting in ways that were similar to the “myth” of the PT student. I’ve called this giving in, and it usually occurred during the second year once PT students had a chance to reflect on their first year in the program. Some students attributed giving in to an inevitable fact of the program.

I remember saying before we were in the program, “we’re not gonna be like that, we’re not gonna wear wind pants and sweatshirts everyday, we’re not all going over to the union together with our lunch bags and eat lunch” but inevitably, it happens. Basically, because we have to. (Brenda, second year student).

Brenda continued

When I was a pre-PT, I don’t know if, I kinda looked at it [the perception of PT students by pre-PT students] and was like I don’t really want to be like that, but I think it’s just something that kinda naturally happens just because you’re so busy studying and everything that you don’t really – and when you do get a chance to take some time off, you don’t want to be here anymore. You know, it’s like I’m at my apartment or somewhere else, not here. I think when I was pre-PT, I said “Oh, I really don’t want to be like that” but now being in the position, you understand why that happens.

Some students noticed that they gave in when they were asked to compare their perceptions of PT students when they were pre-PTs to their experience now. Alec attributed giving in to loss of undergraduate peer groups.

It's so weird now because I'm that person and I don't feel like I'm like that, you know, but I suppose they're wearing their sweatshirts and you're younger and you're like, wow, they must be smart – smarter than I ever could be. And we still do kind of travel in groups because it's like the only people left that we know (second year student).

Giving in appeared to be inevitable due multiple factors: the loss of non-PT peers upon graduation, structure of the program resulting common actions, and convenience. It may also have been a factor of social control associated with forced relationships. The structure of the program forced students to adapt to a non-flexible schedule resulting in strategies to increase efficiency. For example, wearing sweatpants or wind pants were more efficient between classes because the students could keep their laboratory clothes on underneath. Students “moved in herds” because they had limited time between classes to eat or connect with others outside the program. Giving in may not have been a conscious process for PT students but it appeared to be inevitable.

## **Conclusion**

Using Goffman's (1961) framework of the Total Institution provided insight into the social interactions of physical therapy students at MWC. The nature of the TI separates individuals from the outside world through various barriers, resulting in forced relationships that control behaviors. While the PT program at MWC does not have physical barriers, the structure of the program resulted in a social barrier between the PT students and the rest of the college. Physical therapy students made primary adjustments as they transitioned between the role of student to the role of physical therapist. The primary adjustments resulted in behaviors that physical therapy faculty reinforced, but had unintended consequences with peers outside the program. Physical therapy student behaviors were seen as atypical when compared to students in other programs, resulting in social isolation by non-PT peers. Secondary adjustments were, at times, also seen as atypical of students within MWC but helped PT students relieve stress. Or



they may have been ways for PT students to have choices, as in the example of the student refusing to wear wind pants.

The structure of PT program as total institution achieves program outcomes. It is also a widely accepted model of physical therapist education. However, is the current model of PT education worth the social tradeoff that students experience? The following chapter will investigate the strengths and limitations of physical therapist education at MWC through the lens of discourse theory.

## CHAPTER VI

### MAKING SENSE USING DISCOURSE THEORY

In presenting data about the PT program, it was useful to organize descriptively around Goffman's Total Institution model. Goffman (1961) wanted to "learn about the social world of the hospital inmate, as this world is subjectively experienced by him" (p. ix). I wanted to learn about the social world of the PT students as experienced by them. In looking at PT education from this framework and considering the nature of social interaction, it was possible to identify different phenomena related to the institution as a whole, the department of physical therapy, and the students themselves. In this chapter, I will explore more deeply into the meaning of some of these phenomena through the use of Bruce Lincoln's theories on discourse and social organization. Looking specifically at these phenomena through a social discourse lens will help to identify whether or not these advanced the mission of the institution, the department, and the educational and social experiences of the students.

Physical therapy students at MWC tended to embrace the rigors associated with their major field of study at a time earlier than their peers resulting in a cohort of students admitted to the program that were ready to embrace PT education. This sense of commitment developed before the admissions process and may have been a factor in who completed the application portfolio. Once students matriculated, they developed a strong peer bond enabling them to assist each other in developing the knowledge, skills, and aptitudes of a physical therapist. In addition, they tended to develop a strong allegiance toward the faculty, and thus, the PT program at MWC during and after graduation. From a program perspective, the faculty have been satisfied with skills and abilities of the PT students upon graduation, especially since they are highly sought

after for employment. From an institutional perspective, the PT program has a strong reputation that is a factor in attracting and retaining qualified students.

The PT students indicated that they were aware of the intensity associated with studying to become a physical therapist. They viewed and seemed to accept this phenomenon as part of what they needed to do to become a PT. They were also aware that this intensity had, for them, a social consequence when considering peer relationships. Thus, while the intensity of study helped the students transition to the role of a PT, it was also associated with a separation from their MWC peer group. This separation began just before and during their first year in the PT program and occurred, in part, due to the natural process of role transition all students experienced as they pursued their major field of study. It also occurred due to differences in myth and ritual embraced by students pursuing the general college experience from those embraced by the PT students.

The relationship between the PT program and the institution as a whole was and is, for the most part, one that advances the mission of both. However, this relationship continues with a slight “lack of fit” when considering the structural framework of the PT program in comparison to other programs within MWC. There are advantages and consequences of this lack of fit for the program, MWC, and the students. Discussing advantages and consequences of lack of fit, along with differences in myth and ritual between the PT program and the institution, and between the PT students and their non-PT peers through Bruce Lincoln’s modes of discourse can be instructive in understanding the dynamics of social interaction, both from an interpersonal perspective and an institutional perspective. These perspectives can be utilized by MWC and other organizations to reinforce practices that enhance the mission of the organization, a particular program, and the educational experiences of the students. They can also be used to

develop strategies to address those practices that do not enhance mission and student experience. The discourse related to myth and ideology and its influence on social interaction will be discussed first followed by ritual and classification.

### **The Power of Ideology and Myth in Developing Affinity, Creating Identity, And Stabilizing Society**

Goffman's (1961) Total Institution created a situation where the staff used influence over the inmates to control behavior toward achieving the goals of the institution. In circumstances where the group voluntarily entered the TI, this influence may have acted as a catalyst in developing affinity. In the case of professional education, students eagerly accepted entrance into the highly structured program and seemed to quickly develop a collective identity reflected by the profession. Medical students tended to change their way of thinking according to the ideas and ideals of the faculty (Becker et al., 1956). They did this, in part, by developing a group perspective and solving problems which, over time, became legitimate ways of thinking.

Physical therapy students, at least at MWC, also entered the professional program eager to shift their role from student to physical therapist. They learned to solve the problems associated with a change in study habits, found a balance between study and leisure activities, and began to think and act like physical therapists. The use of myth and ideology is a phenomenon that assisted in developing affinity and socializing students to accept their role as a physical therapist.

Ideology and myth are powerful modes of discourse that, in this case study, resulted in creating and stabilizing the society that is physical therapy. Ideology, as defined by Eagleton (1994), is the dominant perspective of a group, class, or society. As such, ideology can be used to persuade a group to believe or follow a particular way of thinking. For example, a common

ideology in the United States is that individuals can become successful and achieve their goals if they try hard enough. If an individual fails, the fault lies with the individual, not the system.

Myth is used to reinforce or perpetuate ideology in a number of ways. Roland Barthe, as cited in Lincoln (1989), characterized myth as a “form of meta-language in which preexisting signs are appropriated and stripped of their original context, history, and signification only to be infused with new and mystificatory conceptual content of particular use to the bourgeoisie....myth has the task of giving an historical intention a natural justification, and making contingency appear eternal” (p. 5). In this way, Barthe suggested that myth was used to define the beliefs of a group through ideology.

Midwest College and the PT program faculty have, over the tenure of the program, taken a rather universal message and elevated it to the level of authoritative myth. The universal message, college students generally work hard to achieve good grades and everyone can be successful if they try, is not the same message that pre-PT and PT students hear. The ideology associated with the PT program is that only the best students are admitted into the program, and all the best students may not be successful in being selected to the program. In addition, once students are admitted to the program, the expectation is that because they are the best students they should continue to act like the best students. The use of myth as authority is beneficial in reinforcing the program ideology and developing affinity among the PT students.

Myth brings individuals together based on similar beliefs or collective representations. During various interactions, individuals begin to align with those who share similar beliefs. These beliefs are based on what individuals perceive is true or the truth. Those individuals who share certain truths belong to a certain group. Those that have a different truth are considered outsiders. Myth has numerous qualities based on the purpose served: truth-claims, credibility,

and authority (Lincoln, 1989). To be credible, myth must have historic accuracy. The myth that only the best students get into the PT program is accurate if one looks at the class attributes during the history of the program.

Those myths that have a high level of authority are considered to be based in truth. When myth is considered truth, it “is somewhat akin to that of charters, models, templates, and blueprints” (Lincoln, 1989, p. 24). Lincoln (1989) summarized this aspect of myth by stating that

...myth is not just a coding device in which important information is conveyed, on the bases of which actors *can then* construct society. It is also a discursive act through which actors evoke the sentiments out of which society is actively constructed (p. 25).

In this study, pre-physical therapy students used myth to construct their perception of what it meant to be a professional. Myth was shared verbally by faculty and PT students and served to validate existing beliefs about professional education and being a professional. At the same time, myth served as a cue to those who aspired to become professionals about expected beliefs and behaviors. As a result, students began to distinguish between those who possessed the desired attributes from those who didn't. In this way, the society that constituted physical therapy was and is actively constructed.

As the society of PT is constructed, the authoritative myth continues to be a powerful force that binds students together and leads to the students' acceptance of and adjusting to the rigors of the program. This adjustment represents what Lincoln (1989) called “a new level of integration” where members, in this case PT students, accepted the rules and shared a sense of affinity, discarding their previous identity in favor of the new identity (p. 73). This sense of identity was strong enough to persist even when challenged by those students who tried to change the myth as in the case of the Misfit Manifesto.

The Misfits attempt to change the discourse related to who PT students were may have failed for several reasons. Lincoln (1989) suggested that there are three conditions where myth can result in a change in social formations.

...one might struggle to deprive an established myth of its authority; one might agitate for the elevation of a lesser narrative to the status of myth; or one might modify the details in an accepted myth's standard narration or advance new lines of interpretation for it (p. 27).

The Misfits most likely tried to modify the details of the current myth when stating that PT students can have fun while pursuing PT education. However, as indicated in the previous chapter, the Misfits acknowledged they ended up acting like the typical PT student suggesting that the modification to the myth wasn't different enough or had enough credibility to result in a change.

Thus far, the discussion of myth as a means to create the society of physical therapy has focused on myth as a positive force in realizing the mission of the program through student acceptance of the ideology of the program. As students identified who belonged and accepted the program ideology, they developed an affinity toward each other. An unintended consequence of this process was separation from their non-PT peers. This can be explained through the metaphor of social borders.

### **Separation and Disenfranchisement**

As individuals come together based on acceptance of and identification with myth, they begin to see differences between their beliefs and behaviors and those of others. Lincoln (1989) referred to this as a social border: "imaginary lines that distinguish one group of persons from another" (p. 9). These borders are created as individuals more consciously see differences between groups and align themselves more intentionally with a particular group. They develop

affinity toward the group they identify with, and begin to feel distanced or estranged from groups that are dissimilar. Lincoln (1989) described affinity and estrangement as

all feelings of likeness, common belonging, mutual attachment, and solidarity – whatever their intensity, affective tone, and degree of consciousness - and, on the other hand, those corresponding feelings of distance, separation, otherness, and alienation (p. 10).

The development and presence of borders is a complex social phenomenon. Individuals and groups may align even though there may be feelings of distance. The reverse is true; groups may remain distanced even though there are feelings of affinity. In these cases, social borders are less obvious and perhaps less permanent. There are, however, situations where group affinity is strong resulting in a more permanent separation or estrangement from another group. Lincoln (1989) referred to these situations as cleavages. More specifically a cleavage is “those situations in which strong sentiments of estrangement persist between constituent subgroups of an encompassing social aggregate” (p. 10).

The affinity that pre-PT students developed as they began to align with students who shared similar attributes desired by the PT program tended to become more obvious once admission decisions were made. This affinity toward one another was viewed by non-PT students as different, setting up a situation where a social border developed. From the data presented in the previous chapter, it appeared that non-PT students tended to distance themselves from pre-PT and PT students at the time of admission and throughout the program resulting in a cleavage. The myth that seemed to perpetuate this separation was that once in the program, PT students couldn't associate with non-PT students. To explain this phenomenon, non-PT students used the myth of the cult of PT.

From a program perspective, ideology and myth associated with the PT program tends to foster goal attainment. Students achieve their goal of becoming a PT, but perhaps at a social cost:



that of separation and estrangement from non-PT peers. The following section will discuss symbolic discourse through ritual and how that may or may not advance the mission of the program and student experience.

### **Ritual: Affirming and Distancing**

Ritual, like myth, has the power to evoke sentiments of affinity and estrangement. Lincoln (1989) differentiated ritual from myth by suggesting the differences are a “matter of genre, ritual discourse being primarily gestural and dramatic; mythic discourse, verbal and narrative” (p. 53). Ritual, then, aligns with myth. For example, if the myth associated with the PT program was that only the best students gained admission to the program, students would begin to demonstrate those behaviors in obvious ways. Pre-PT students constantly monitored peer behaviors as a reference for “doing the right thing”. Taking the right courses and getting good grades were gestures used to demonstrate academic excellence. Sentiments of affinity developed among those students who believed they possess the desired PT attributes.

Ritual contributes to the ideology that maintains the PT society as faculty and students model professional behaviors within and outside the classroom. The professional dress and language of PT faculty and students is first modeled and practiced in the classroom. Students look to faculty for affirmation of behavioral achievement and once they receive affirmation, continue to practice in view of the greater community. As students practice, they transition from their former role as student to a new role as physical therapist. Physical therapy faculty view this as a sign that the student is becoming socialized to the profession, in other words, is successfully attaining the attributes of a PT.

A specific type of ritual, a rite of passage, is often associated with role transition. For a ritual to be considered a rite of passage, three conditions need to be met (Dunham et al., 1986).

First, the rite needs to be an accepted and significant part of the culture. Second, the rite is usually associated with a public ceremony or recognition. Finally, the rite should give the individual or individuals the sense of beginning a new role or new stage in life (Dunham et al., 1986). The ritual of PT admissions was a defining moment that formalized the rite of passage into physical therapy. Admission decisions were communicated through letters sent to the students. As mentioned in the previous chapter, receiving the letter was an emotionally charged event and students didn't hesitate to share the decisions with pre-PT and non-PT friends. Once accepted, student affinity with their pre-PT peers and the program became stronger.

From a program perspective, this ritual is significant in that it identifies those students who will matriculate into the program and allows us to formally communicate our expectations. From an institutional perspective, PT admission is a means to guarantee that a certain number of students will continue at the college for three additional years bringing in a defined amount of tuition. Those students who aren't accepted tend to remain at MWC rather than transfer to another college. From the perspective of the students, PT admission signifies who truly belongs.

As discussed in the previous chapters, all students at MWC undergo admission to the major. The difference between admission to the major and admission to the PT program was and is the highly ritualized manner in which PT students are chosen. It's a process that is visible to all on campus and, like myth, contributed to the cleavage between PT and non-PT students. Non-PT students rationalized PT student behavior through the metaphor of a cult. It was and is an acceptable explanation for a somewhat sudden change in alliance seen within the PT student group. The metaphor helped non-PT students rationalize the behavioral differences they saw within the PT group from those seen within the non-PT student group. In general, the PT students tended to remain estranged from the non-PT students, especially in the first year of the

program. They also tended to try and minimize the feeling of estrangement by convincing non-PT students they weren't different, and could still socialize. The estrangement between PT students and non-PT students was one facet leading to disengagement, and was a natural process that occurs with role transition.

Most rituals that signify a change in role or identity have a separation phase where the individual or individuals disengage from their former role and associate with the new role (Ebaugh, 1988). Those in the military change from civilian to soldier. Students in medical school aren't graduate students; they assume the role of doctor as seen through a white coat ceremony early within the first year (Becker et al., 1961). Physical therapy students are expected to think and act like physical therapists. This process of disengagement allows the individual to assume a new way of thinking associated with the group they've transitioned to. Ebaugh (1988) noted that as individuals removed themselves "from the social expectations and associations with members of a previous role set, they in turn usually begin to withdraw from the exiting individual both emotionally and physically" (p. 4). This phenomenon began in the second year as a pre-PT and culminated once the admissions decisions were made. Students outside the PT program viewed these ritual behaviors as signs the students were becoming less like them.

Another facet of disengagement occurred as PT students become estranged from MWC as a whole. One example, seen through the data, was the lack of participation in the baccalaureate commencement. In a stable society, myth and ritual are means to continually reinforce sentiments of affinity. The "truth" spoken through myth is reinforced by "doing" through ritual. Thus, ritual should reinforce myth, making it real. Commencement is a highly ritualized act that symbolizes completion of a rite of passage from student to graduate. It usually occurs at the end of the fourth year, but can be longer or shorter depending on the pace of

coursework and previous credits students bring with them to college. Commencement is also considered the beginning: of employment or continued education through graduate work.

Baccalaureate commencement was not a significant event for most of the physical therapy students interviewed. They experienced an alternate “reality” where students were admitted to graduate school without having first obtained a baccalaureate degree. To PT students, the significant commencement ceremony occurred at the end of their education, just as it does for most college students. The difference was that the completion of PT student education occurred after six years rather than four years.

Lincoln (1989) noted that when rituals don’t align with myth, the ritual is either discontinued or individuals stop participating in the ritual. Physical therapy students stopped participating in baccalaureate commencement because for them, it did not signify the end of the educational experience. They did, however, realize that baccalaureate commencement had meaning for their families; those that participated did so because the ritual had significance for them. Baccalaureate commencement was also a time where PT student sentiments toward the program increased. Their non-PT peer group was no longer at MWC and their lack of interaction with those outside the program (or the TI) resulted in increased isolation from the college.

The ritual of commencement is a significant ceremony for all colleges and universities. For PT students at MWC, baccalaureate commencement had lost ritual significance. Their relative absence at baccalaureate commencement, in and of itself, may not have been significant to MWC. However, the loss of significance associated with baccalaureate commencement resulted in social distancing from MWC which may be significant when considering alumni identity. Physical therapy students aligned and align with the program more than they align with MWC which has resulted in low alumni giving. Overall, the differences in rituals between the PT

program and MWC tend to affect PT student affinity the most resulting in a loss of identity with the general student population and increased alliance with the PT program.

The discussion thus far, has focused on affinity and estrangement associated with ritual. The nature of the PT program, as a TI within a larger institution, can also contribute to the development of affinity and estrangement. This is best explained through classification.

### **Physical Therapist Education: An Anomaly Within Midwestern College**

Goffman's (1961) Total Institutions, identified in the previous chapter, are separate both physically and in purpose. For example, prisons serve to protect the general population from harm and always have separate physical facilities. The military and higher education institutions are TIs that have as their purpose a specific type of work. Mental hospitals serve to protect individuals from themselves and the general public. Each society, the TI as one example, has a system of classification: what Lincoln (1989) referred to as taxonomies. Taxonomies are systems of classification that help to organize society according to what is usual or acceptable and what is unusual or taboo. This organization is a means to develop and keep social stability. For example, to enter prison, the inmate must have been convicted of a crime. The military has specific physical requirements that the recruit must meet. Colleges and universities have admission and graduation requirements. These examples reflect acceptable classifications according to the purpose of the organization. There are, however, "instruments that can be used to challenge an entrenched sociotaxonomic order, instruments such as inversion and anomaly" (Lincoln, 1989, p. 141).

A symbolic inversion is an attempt to change or challenge accepted norms. Often the inversion results in conflict or chaos within a group, leading the members to align or realign according to whether they accept the inversion (Lincoln, 1989). If the discourse surrounding the

inversion is successful, a new classificatory taxonomizer is created. An example of an inversion would be to appoint a woman as a bishop or pope within the Catholic Church.

An anomaly is an entity that either doesn't fit the existing classification or, similar to inversion, challenges an existing taxonomy (Lincoln, 1989). The entity, in and of itself, is not anomalous. It becomes anomalous within a society or organization where the characteristics of the entity aren't recognized under the usual classificatory system. The PT program at MWC has several characteristics that don't fit with how one classifies undergraduate or graduate education. Several taxonomizers previously identified within Chapters IV and V are presented in Table 6.1. I will not be discussing the taxonomizers further in this chapter; however, putting these taxonomizers within a framework allows a way to look social hierarchies within MWC.

**Table 6.1. Comparison Between Undergraduate, Physical Therapy Program, and Graduate Characteristics at Midwestern College.**

Taxonomizer	Undergraduate (UG)	Physical Therapy Program		Graduate (G)
		Compared to UG	Compared to G	
Contact with faculty in major	+	-	+	+
Application to major: Sophomore (UG) or senior year (G)	+	-	-	+
Application requirements	+	-	-	+
Matriculation into graduate school			-	+

**Note: A positive sign (+) indicates the preferred or usual characteristic. A Negative sign (-) indicates an unusual or lesser preferred characteristic.**

The structure of the physical therapy program, in and of itself, is not anomalous. It becomes anomalous when compared to the typical structure of undergraduate and graduate education.

How do the differences in structure affect the program, the college, and the students?

From a program perspective, the differences have little to no effect on faculty when considering

their role within the institution. Faculty fulfill their roles of teaching, service, and professional development within and outside MWC. Most of the program faculty have achieved tenure, are engaged in scholarly activity, serve within the MWC community, and are active within the profession of physical therapy. Faculty outside the program do not view faculty within the program as being different or not belonging within MWC. Differences do affect the program when considering student activities. Since the majority of the students are in their senior year in college and have not received their baccalaureate degree, those that are eligible to play team sports continue to do so. This results in a larger number of student absences, and at times, risk of academic decline.

The faculty and staff outside the PT program at MWC have accepted that the PT program is a bit different. However, the presence of an anomaly in society or an organization can have differing consequences within subgroups. Rodney Needham, as cited in Lincoln (1989), challenged the perception that all anomalies are inherently dangerous to societies and suggested that some organizations or societies need anomalies. If so, MWC needs the PT program regardless of the structural lack of fit. A case was made in Chapter IV that the PT program has a history of being “different”; however, this difference has largely been ignored and is beneficial for MWC in a number of ways. The PT program attracts and retains academically qualified students. In addition, the program generates at least 2.5 times its annual budget in revenue to the college. Finally, the reputation of the program is a powerful recruiting tool for potential students when considering college choices for undergraduate and graduate education. The program is one of many strong health science majors, and in fact, the structural anomaly of the 3 + 3 program is marketed as an advantage of attending MWC. Overall, although the structure of the PT program

is seen as anomalous with MWC, from the perspective of the administration the advantages of this structure outweigh the disadvantages.

While the PT program has been an accepted part of MWC, the presence of anomalies poses a threat to a given taxonomic system and as such the organization or society needs to respond to it. Lincoln (1989) noted that

anomalies can be ignored, ridiculed, distorted, or suppressed, these all being means whereby they are relegated to the margins and interstices of both a given classificatory system and of lived experience (p. 165).

Over time, the PT program's "lack of fit" has largely been ignored by administration most likely due to the benefits the program brings to the college. However, the nature of an anomaly creates tension "between the taxonomic order and countertaxonomic anomaly" (Lincoln, 1989, p. 163). This tension continues to threaten social stability since a countertaxonomic anomaly threatens to reveal limitations or shortcomings within a current taxonomic order. Responses to the tension created by anomaly can be varied based on how the anomaly is perceived. If the anomaly is perceived as dangerous, that is, threatens to alter the taxonomic order, tension could manifest through conflict between those who espouse the current taxonomic order and those who espouse the countertaxonomic anomaly. In other circumstances, tension can continue to exist but in ways either not noticed or acknowledged (ignored) by the current taxonomic order. In this case, the countertaxonomic anomaly may not be perceived as legitimate enough to result in a change. Regardless, tension exists and in the case of MWC, the data suggest this tension may be inadvertently directed at or felt by the pre-PT and PT students.

The differences in taxonomizers presented in Table 6.1 appeared to contribute to the separation and resultant cleavage between pre-PT/PT students and the general MWC student population. The lack of contact with faculty within an undergraduate major coupled with the



competition in demonstrating the desired attributes of a physical therapy applicant resulted in less identity development as an undergraduate student. As a consequence, pre-PT students developed a stronger affinity within their pre-PT peer group that began within the freshman year and became stronger as the admissions process drew closer. The point of acceptance into the program was a significant ritual for the pre-PT students, one that was not usual within other programs but one that was highly visible on campus. From the perspective of students outside the program, the PT program's differences contributed to the myth of the cult of PT: a form of ridicule that resulted in PT students living as outsiders within MWC.

### **Conclusion**

The use of a discourse analysis, particularly in looking at the PT program as a TI within MWC, was instructive in looking at strengths and limitations or vulnerabilities affecting the program, MWC in general, and the students. Discourse associated with myth and ritual helped to advance the mission of the program in selecting good students who eventually became well prepared in their role as physical therapists. Discourse associated with myth and ritual within the PT program, or perhaps any program of study, strengthened a sense of affinity which in turn contributed to successful role transition. The use of authoritative myth within an environment such as the TI assisted in developing affinity toward achieving the goals and objectives of the institution, or in this case the program, even when truth was challenged as in the case of the Misfits.

The PT program advances the mission of the college by admitting well qualified students, graduating successful students, is a revenue generating program, and through its reputation as an excellent program helps bring students to the college. In addition, PT faculty are well integrated within MWC. The taxonomic differences between the PT program structure and that of other

undergraduate and graduate programs at MWC has resulted in the program being somewhat of an anomaly. The tension created as a result of this taxonomic difference seems to be experienced most by students who align with the PT program.

Lincoln's (1989) discourse theory has been helpful in identifying and understanding differences in myth, ritual, and classification between the PT program and MWC in general. So far, MWC is reacting to these differences largely by ignoring them. However, there are vulnerabilities that affect the students and MWC because of these differences. All students make the transition to their new role as PT, history major, musician, nurse, or in the case of medical school, physician. As students transition, they need to separate from their previous identity. The differences in myth and ritual between pre-PT and PT students, and the rest of the college seemed to contribute to a greater sense of disenfranchisement between undergraduate peer groups and eventually MWC than may have been seen otherwise. An example was the lack of participation in undergraduate commencement by PT students, as this ritual had lost meaning for them.

The tension created by taxonomic differences has the potential to create change. However, the program has been an anomaly for a long period of time. What is happening that allows this taxonomic difference to continue? What would it take to change the current status quo? The next chapter will provide insights into these questions. Implications for keeping the status quo along with consequences associated with change according to the effect on the various constituencies within MWC will be discussed.

## CHAPTER VII

### IMPLICATIONS AND CONCLUSION

My interest in conducting this case study was to gain insight into PT student experiences at Midwestern College. The initial questions leading to the purpose of the study were addressed within the data presentation and analysis. Erving Goffman's (1961) *Asylums* provided insight into the nuances of the Total Institution and how, because of the unique characteristics of the TI, individuals created their social world. Bruce Lincoln's (1989) discourse theory provided further insight into social interaction according to myth, ritual, and classification. In this chapter, I discuss factors that may allow organizations to tolerate and maintain taxonomic differences including those within MWC. I also discuss the implications of modifying these taxonomic factors within MWC to illustrate the consequences of changing a long standing social order. Finally, I discuss how the insights I've gained through this study relate to leadership for me personally, and in general.

#### **Threshold For Change**

In thinking about factors that contribute to tolerating and maintaining taxonomic factors within organizations, I couldn't help but think of change, or more specifically, embracing or resisting change. The discussion of anomaly in the previous chapter suggested that tension can be created between taxonomic order and countertaxonomic anomaly and that the consequences of this tension can be dangerous or be ignored. If tensions are considered dangerous, the result could lead to change. If tension is ignored, change is less likely to occur.

The danger in tension is the capacity to create instability. When considering social systems, instability can lead to changes in affinity among groups, questioning existing rituals and myth, and may lead to change in long held collective representations. From an organizational

perspective, the presence of instability is often considered a first step in realizing the need for change (Schein, 1992). The key here, however, is that the factors leading to the instability need to be seen as significant and valid enough to warrant attention. This attention creates the impetus for reflection of long held beliefs and may be the beginning of a different way of thinking about the various taxonomizers used to classify the organization. In this case, change happens because the society or organization wants to make changes.

One of the factors that can maintain the presence of anomaly is to ignore the tension created by the negative taxonomizers. In this case, social stability is less likely to be challenged, and the impetus for reflection is not present (Schein, 1992). Another factor may be that the negative taxonomizer is not perceived by the majority as a factor that creates tension. A third factor may be that the nature of the negative taxonomizer is not inherently different enough from the usual taxonomizer to create a sense of instability. Finally, Needham (as cited in Lincoln, 1989) suggested that, contrary to the belief that the presence of anomaly is inherently dangerous; anomaly may not create feelings of unease or danger. In fact, societies may need or be attracted to anomalies. I use examples from MWC to illustrate how these factors can be seen within an organization.

In an effort to ignore the tension created by negative taxonomizers, the faculty, administration, and staff at MWC tended to either dismiss observations by stating “that was the way things were”, or tended to reflect the tension back to the department. For example, asking what we were doing to students that made them unhappy. Either strategy absolves the faculty, administration, or staff of feeling ownership of the tension, resulting in a continued sense of stability. Schein (1992) suggested that disconfirming data is a strategy to avoid disequilibrium and guilt resulting in a lack of motivation for change.

The presence of a negative taxonomizer may not be perceived as such by the majority of individuals within a society or organization. In this case, the effects of or tension created by the negative taxonomizer would only affect a small number of individuals. If, as suggested in the previous paragraph, these individuals ignored the negative taxonomizer by shifting tension back to the department (in this case), the larger group wouldn't be aware that a "lack of fit" is occurring. At MWC, faculty and staff that were farther removed from the department, that is, those that didn't have direct contact with the department or students, tended not to pay attention to whether students had access to faculty in their major, the separation from their peers upon admission, or the feelings of students toward baccalaureate commencement. Most knew that the PT program was marketed as a 3 + 3 program, but really didn't consider how the structure of the program fit within MWC's norms.

The negative taxonomizers, while different in one context, may not be all that different in another context. If so, then the nature of the negative taxonomizer would not be that different from the accepted taxonomizer. While pre-PT students don't have contact with PT faculty, they can. There is no policy that states that pre-PT students cannot have contact with faculty. It's a choice made due to the myth associated with who belongs. In this case, a change in myth may change the negative taxonomizer into an accepted taxonomizer. In addition, all students complete an application process either to their undergraduate major or graduate field of study. The taxonomizer is considered negative due to the time of application in comparison to other undergraduate or graduate students. It may also be negative due to the ritual associated with PT admission; however, the celebratory nature of acceptance into the PT program is not that different from other professional or graduate programs such as medicine.

The program requirements may also be a matter of timing. Once students matriculate into the PT program, the courses completed in the first year count toward undergraduate degree requirements, thus, considered courses in the major. The students receive their baccalaureate degree after four years, similar to most undergraduate students. The difference lies in letting the first year graduate coursework count toward an undergraduate degree. Perhaps the only taxonomizers that are different in nature relate to degree completion. Physical therapy students complete pre-requisite course work for the graduate program, but do not have an undergraduate degree before they matriculate.

The suggestion that anomaly is not inherently dangerous can also be illustrated with examples from MWC. The purpose and methodology of Domholdt's (1987) study was briefly summarized in Chapter II: investigating value fit between physical therapy programs and their parent institutions. The results of Domholdt's (1987) study were presented in Chapter IV and found that the MWC faculty in general viewed the PT program as just another program on campus. While faculty acknowledged there were some unique characteristics of the PT program such as the admissions process, they thought of the program as one of many with no inherent advantages or disadvantages in comparison to any other major. They mentioned PT faculty and student isolation from the rest of the college, but cited examples of other programs that they considered to be similar. This suggests that the PT program was not viewed as all that different within MWC (therefore, not a threat to social stability) 25 years ago, and data from this study confirms that perception.

The values and ideals of the physical therapy faculty in comparison to MWC in general were found to be congruent within the Domholdt (1987) study and remain congruent today. The differences lie in some of the myths and many of the rituals associated with the college and the

PT program. The administration and faculty have accepted these differences perhaps because the benefits of having the PT program, such as increased revenue to the college, excellent student retention, and the ability to attract qualified students in general, have been long standing. In this case, the organization (MWC) has always benefited from the PT program as an anomaly. However, the data from this case study suggests that there are tensions created due to the differences in myth and ritual associated with the PT program, and that the tensions are felt by the students associated with the PT program. These tensions led to greater student affinity toward their PT peers, and a degree of disenfranchisement from their non-PT peers that seemed to be stronger than that experienced between other student groups.

Anomaly is one means to challenge long a standing taxonomic order. However, for anomaly to successfully challenge the current order, the negative taxonomizers must be perceived to better classify the society (Lincoln, 1989). The myths and rituals associated with undergraduate and graduate education have been accepted for decades. Thus, the expectation that one program's efforts at redefining these myths and rituals will result in a significant change is not likely to happen. In the case of MWC, faculty, administration, and students accepted the taxonomic differences between the PT program and other programs within MWC. This illustrates that anomaly can be tolerated for a long period of time if justification for the anomaly outweighs any consequences. The problem, however, is that tension still exists.

What are the implications, then, for minimizing the tension that is felt by the negative taxonomizers? It may well be to align with the norms of higher education. The next section will discuss implications that changing the negative taxonomizers will have on the students, PT program, and MWC in general.

### **A Matter Of Realignment?**

In the case of MWC, or any situation, care should be taken when considering a change that may affect a large group either at a smaller level such as the PT department, or a larger level such as MWC as a whole. The changes need to be perceived as positive for all constituents even if there is a period of adjustment. The nature of the changes relate to re-establishing MWC rituals as valid while continuing to support some of the myths and rituals associated with the PT program. This could be accomplished through changing the negative taxonomizers so they align with MWC as a whole.

The myths associated with developing a PT identity are not inherently different than that of other disciplines. Faculty in all programs want their students to develop attitudes and behaviors that are associated with the discipline. They also want students who are engaged and who want to pursue that particular field of study. In the case of MWC, changing myths associated with the PT program may not be desired since these myths serve as the beginnings of an alliance with the PT program and socialization into the profession. The change, then, would not be associated with myth, but with ritual.

Table 6.1 illustrated the preferred and negative taxonomizers between MWC and the PT program. Many of the taxonomizers identified rituals such as admission and matriculation. If the PT rituals were aligned according to the norms of higher education, in essence eliminating the negative effects of the rituals, the tension felt by the pre-PT and PT students may diminish. There are, however, implications that could positively or negatively affect both MWC and the PT program. Aligning the rituals would mean that the application for graduate school would occur during the senior year of college, resulting in the students having to achieve an undergraduate



degree before matriculation: a change from a 3+3 program to a 4+3 program. Table 7.1 presents the same characteristics found in Table 6.1 based on realignment of rituals.

**Table 7.1. Comparison Between Undergraduate, Physical Therapy Program, and Graduate Characteristics at Midwestern College Realigned.**

Taxonomizer	Undergraduate (UG)	Physical Therapy Program		Graduate (G)
		Compared to UG	Compared to G	
Contact with faculty in major	+	+	+	+
Application to major: Sophomore (UG) or senior year (G)	+	+	+	+
Application requirements	+	+	+	+
Matriculation into graduate school			+	+

**Note: A positive sign (+) indicates the preferred or usual characteristic. A Negative sign (-) indicates an unusual or lesser preferred characteristic.**

The characteristics previously identified as negative would now become positive, or preferred. In general, MWC would see additional revenue from tuition due to the additional year needed to obtain an undergraduate degree. Undergraduate commencement would be a more significant ritual for pre-PT students since they would not be able to matriculate into the program without the degree, and could result in students feeling a stronger sense of affinity toward MWC as a whole. Possible negative implications would be students not seeking to complete their undergraduate work at MWC since tuition is somewhat higher than neighboring institutions. Realigning rituals would not have much of an impact on the PT program itself other than the possibility that during a transition, the program may not fill its cohort to capacity. The result would be less revenue to MWC, but this would be a temporary situation.

Realigning rituals would have a fiscal impact on students since they would be paying tuition for another undergraduate year. However, the positive impacts related to social interaction

may be greater. Students would link with faculty in their undergraduate major and maintain relationships with non-PT seeking peers. Most importantly, the cleavage that develops at the time the PT admissions decisions are made would most likely be eliminated. The application process would occur at times when non-PT students are also seeking admission to graduate programs, eliminating or minimizing the stigma associated with acceptance into the PT program.

The ability to address the original questions using Lincoln's discourse theory has provided insight into the lived experience of the PT students while at the same time, examining the social dynamics of the larger society. The next section discusses the implications for leadership based on lessons learned through this case study.

### **Implications For Leadership**

The insights gained from this case study may be helpful to those interested in or already engaged in leadership more so than the specific suggestions and recommendations for the PT program within MWC. First, be mindful of the history and ethos of the organization as a whole. The long standing myths and rituals associated with organizations are stable and unlikely to be easily challenged or changed. When the values and beliefs of units or departments are aligned with those that underlie the basis of an organization or society, some amount of difference can be allowed or even encouraged. This is especially true when the benefits to the organization as a whole are greater than any consequences due to these differences. What may appear different or unique may only be different on the surface.

Second, pay attention to the consequences of these differences as they often create some amount of tension. While the tension may not directly affect those in leadership, the tensions manifest in some way. Thoughtful leaders will pay particular attention to differences and similarities in myth, ritual, and classification among the units or departments within the

organization and where there are differences consider how these differences may affect all constituents. In some instances, differences may result in creative energy or foster examination of long held beliefs or rituals. In other cases, similar to MWC, ignoring differences may lead to marginalization or dissatisfaction.

Third, consider that pressures or changes from the environment outside the society or organization may lead to the need to re-evaluate or change myth, ritual, or classification within the society or organization. This is especially true within organizations that have a long history. One such example within MWC was transitioning from a women's college to a co-educational institution. This was an example of changing the taxonomizers related to the preferred student. Finally, careful reflection of one's own narrative is important. Because PT education is the norm within the profession doesn't mean it's the norm within the parent institution. It's often easier to see similarities than it is to see the differences.

## **Conclusion**

Conducting this study provided the opportunity to reflect on the narrative that is PT at MWC. Our narrative is not that different from other PT programs. It may not be that different from non-PT programs. Looking at the PT program as a Total Institution was instructive in how students align and develop affinity, but that process is not inherently different than other programs within MWC. Goffman (1961) suggested that the characteristics of TIs were not unique to the TI, but found in other institutions or organizations. The difference was the degree to which the characteristics were seen within the TI. Examination of the PT narrative suggests that the differences in rituals between the PT program and MWC are not so critical that they can't be realigned.

The theoretical basis of the Durkheim tradition (as cited in Collins, 1994a) focused on an analysis of society, specifically social structure and interaction, and how that structure influenced behavior. That schematic was presented in Figure 2.1. Expected behaviors were those that reflected cultural assumptions. Actual or perceived behaviors were what other individuals saw or interpreted. The ability to use Lincoln's (1989) discourse theory to examine myth, ritual, and classification within the PT program and MWC shed light on why there is a "does not equal" sign. Having done so allows the ability to reflect and perhaps modify myth and ritual ultimately effecting classification. That will be the challenge for the future.

One final reflection: I couldn't help but rethink Domholdt's (2007) sins of the professional programs in light of using the TI framework and also in light of the nature of graduate and professional education. I mentioned that sin #3, believing that professional programs are different and sin #7, intellectual and social isolation may reflect collective assumptions about physical therapist education. I'm not so sure. The nature of physical therapist education does look different from other professional programs with the exception of medicine. Here, form follows function. In a sense, then, the form of physical therapist education is different. However, the value assumptions about physical therapist education may not be any different than that of any other professional or graduate program. Intellectual and social isolation may be a choice by the faculty within the programs or a structural consequence. At MWC, isolation is not exclusively an issue with the PT faculty.

Future work could expand on looking into the lived experiences of physical therapy students apart from stress or whether they are happy with their clinical internship environments. Doing so would broaden the body of research related to physical therapist education and may continue to provide direction for the future.

## Epilogue

In the first chapter, I mentioned that there was a gap between the time the data were collected and the time the dissertation was completed. During this time, the PT faculty at MWC discussed the advantages and disadvantages of moving to a post-baccalaureate program configuration requiring that students complete an undergraduate degree before matriculation into the PT program. The initiative was motivated by several factors. The first was the data from this case study. The MWC PT faculty knew the nature of this study and the implications were shared. Second, the APTA and CAPTE were clearly stating that PT education be at the post baccalaureate level. Third, the MWC PT faculty believed that having students complete an undergraduate degree would help develop critical thinking skills associated with a discipline of study: something that the 3+3 students lacked.

The MWC administration approved a change in configuration from 3+3 to 4+3 and during the past three years, MWC has phased out the 3+3 program. The incoming cohort of students beginning summer 2012 is the first of the 4+3 configuration. If the assumptions associated with using discourse theory are accurate, the tensions experienced between the pre-PT/PT students and the general study body should be eliminated or significantly reduced due to PT aligning with the norms of the college. The significance of undergraduate commencement as a meaningful ritual should also improve possibly resulting in greater affinity by the PT students to MWC as a whole.

## REFERENCES

A Brief History of [CSS]. 1988.

American Physical Therapy Association. (1993). *Mission statement of APTA*.

Retrieved April 14, 2012 from

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/HOD/Goals/HOD.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Goals/HOD.pdf)

American Physical Therapy Association. (2000). *APTA vision sentence for physical therapy*

*2020 and APTA vision statement for physical therapy 2020*. Retrieved April 14,

2012 from

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/HOD/Goals/Vision.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Goals/Vision.pdf)

American Physical Therapy Association. (2004). *Professionalism in physical therapy: Core*

*values*. Retrieved April 14, 2012 from

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/BOD/Judicial/ProfessionalismPT.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Judicial/ProfessionalismPT.pdf)

American Physical Therapy Association. (2009). *Code of ethics for the physical therapist*.

Retrieved April 14, 2012 from

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/HOD/Ethics/CodeofEthics.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/CodeofEthics.pdf)

American Physical Therapy Association. (2010). *APTA guidelines for professional conduct*.

Retrieved April 14, 2012 from

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/Bylaws\\_and\\_Rules/GuidelinesforProfessionalConduct.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Bylaws_and_Rules/GuidelinesforProfessionalConduct.pdf)

American Physical Therapy Association. (2010). *Standards of practice for physical therapy*.

Retrieved April 14, 2012 from

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/HOD/Practice/Standards.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Practice/Standards.pdf)

Association of American Colleges and Universities. (2007). *College learning for the new global century: A report from the National Leadership Council for Liberal Education & America's Promise*. Washington, D.C.: Association of American Colleges and Universities.

Bartlett, D.J., Lucy, S.D., Bisbee, L., & Conti-Becker, A. (2009). Understanding the professional socialization of Canadian physical therapy students: A qualitative investigation. *Physiotherapy Canada, 61*, 15-25.

Becker, H.S., Geer, B., Hughes, E.C., & Strauss, A.L. (1961). *Boys in white: Student culture in medical school*. New Brunswick, NJ: Transaction Publishers.

Berg, B. L. (2001). *Qualitative research for the social sciences* (4<sup>th</sup> ed.). Needham Heights, MA: Allyn & Bacon.

Birmingham, S.D. (1946). *Graduates of a Catholic liberal arts college*. Unpublished doctoral dissertation: University of Minnesota.

Blackmer, B.W. (1988). *Professional socialization in physical therapy: Cooperative work experience and student perceptions of the role of the physical therapist*. Unpublished doctoral dissertation: Northeastern University.

Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. Englewood Cliffs, NJ: Prentice-Hall, Inc.

- Bok, D. (2006). *Our underachieving colleges: A candid look at how much students learn and why they should be learning more*. Princeton: Princeton University Press.
- Bogdan, R. C., & Biklen, S. K., (1998). *Qualitative research for education: An introduction to theory and methods* (3<sup>rd</sup> ed.). Needham Heights, MA: Allyn & Bacon.
- Boo, S.M.R. (1970). *A sense of direction for the next half-decade: 1970-1975*. CSS.
- Boo, S.M.R. (1991). *House of stone: The Duluth Benedictines*. Duluth, MN: Priory Books.
- Carey, J. R., & Ness, K. K. (2001). Erosion of professional behaviors in physical therapist students. *Journal of Physical Therapy Education*, 15(3), 20-22.
- Carnegie Foundation for the Advancement of Teaching. (1993). *Campus life: In search of community*. Princeton, NJ: Carnegie Foundation for the Advancement of Teaching
- Charon, J.M. (2001). *Symbolic interactionism: An introduction, an interpretation, an integration* (7<sup>th</sup> ed.). Upper Saddle River, NJ: Prentice Hall.
- Collins, R. (1994a). *Four sociological traditions*. New York: Oxford University Press.
- Collins, R. (1994b). *Four sociological traditions: Selected readings*. NY: Oxford University Press.
- Commission on Accreditation in Physical Therapy Education. (2011). *2010-2011 Fact sheet: Physical therapist education programs*. Retrieved April 14, 2012 from [http://www.capteonline.org/uploadedFiles/CAPTEorg/About\\_CAPTE/Resources/Aggregate\\_Program\\_Data/AggregateProgramData\\_PTPPrograms.pdf](http://www.capteonline.org/uploadedFiles/CAPTEorg/About_CAPTE/Resources/Aggregate_Program_Data/AggregateProgramData_PTPPrograms.pdf)
- Conrad, C. F., Duren, K. M., & Haworth, J. G. (1998). Students' perspectives on their master's degree experiences. In M. S. Anderson (Ed.), *New directions for higher education: No. 101. The experience of being in graduate school: An exploration*. San Francisco: Jossey-Bass Publishers.



CSS Bulletin. (1921).

CSS Bulletin. (1925-8).

CSS Bulletin. (1947).

CSS Bulletin. (1966-8).

CSS Bulletin. (1968-9).

Deusinger, S. (1999). Rites of passage into the profession. *Journal of Physical Therapy Education*, 13(1), 2.

Domholdt, E. (1987). *Professional education and the liberal arts: Physical therapy programs at liberal arts institutions*. Unpublished doctoral dissertation, Indiana University, Indiana.

Domholdt, E. (2007). 2007 Pauline Cerasoli lecture: Sins of the professional programs. *Journal of Physical Therapy Education*, 21(2), 4-9.

Duderstadt, J. J. (2000). *A university for the 21<sup>st</sup> century*. Ann Arbor, MI: The University of Michigan Press.

Dunham, R.M., Kidwell, J.S., & Wilson, S.M. (1986). Rites of passage at adolescence: A ritual process paradigm. *Journal of Adolescent Research*, 1(2), 139-154.

Eagleton, T. (1994). *Ideology*. New York: Longman Publishing.

Ebaugh, H.R.F. (1988). *Becoming an ex: The process of role exit*. Chicago: The University of Chicago Press.

Echternach, J. L. (2003). The political and social issues that have shaped physical therapy education over the decades. *Journal of Physical Therapy Education*, 17(3), 26-33.

- Fischer, B. A., & Zigmond, M. J. (1998). Survival skills for graduate school and beyond. In M. S. Anderson (Ed.), *New directions for higher education: No. 101. The experience of being in graduate school: an exploration*. San Francisco: Jossey-Bass Publishers.
- Foord-May, L., & May, W. (2007). Facilitating professionalism in physical therapy: Theoretical foundations for the facilitation process. *Journal of Physical Therapy Education*, 21(3), 6-12.
- Frazer, G. H., Echternach, J. L. (1991). Response of physical therapy students to stress indicators. *Journal of Physical Therapy Education*, 5(2), 72-77.
- Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates*. NY: Anchor Books.
- Goffman, E. (1967). *Interaction Ritual*. New York: Random House.
- Goffman, E. (1974). *Frame Analysis*. Cambridge, MA: Harvard University Press.
- Gordon, J. (2011). Excellence in academic physical therapy: What is it and how do we get there? *Journal of Physical Therapy Education*, 25(3), 8-13.
- Greenwood, E. (1957). Attributes of a profession. *Social Work*, 2(3), 45-55.
- Hirt, J.B. & Muffo, J.A. (1998). Graduate students: Institutional climates and disciplinary culture. In K.W. Bauer (Ed.), *Campus climate: Understanding the critical components of today's colleges and universities*. San Francisco: Jossey-Bass Publishers.
- Hockey, J. (2002). The importance of being intuitive: Arnold van Gennep's the rites of passage. *Morality*, (7)2, 210-217.
- Kamens, D.H. (1977). Legitimizing myths and educational organization: The relationship between organizations ideology and formal structure. *American Sociological Review*, 42(April), 208-219.

- Lincoln, B. (1989). *Discourse theory and the construction of society: Comparative studies of myth, ritual, and classification*. New York: Oxford University Press.
- MacDonald, C.A., Cox, P.D., Bartlett, & D.J., Houghton, P.E. (2002). Consensus on methods to foster physical therapy professional behaviors. *Journal of Physical Therapy Education*, 16(1), 27- 36.
- Manning, K. (2000). *Rituals, ceremonies, and cultural meaning in higher education*. Westport, CT: Bergin & Garvey.
- Martin, J. L. (1999). A True Profession. *Physical Therapy*, 79(10), 979.
- Maxwell, J.A. (1996). *Qualitative research design: An interactive approach*. Applied Social Research Methods Series, Vol. 41. Thousand Oaks, CA. Sage Publications.
- May, W., Morgan, B., & Straker, G. (1995). Model for ability based assessment in physical therapy education. *Journal of Physical Therapy Education*. 9(1), 3-6.
- McLaren, P. (1993) *Schooling as a ritual performance: Towards a political economy of educational symbols and gestures* (2<sup>nd</sup> ed). NY: Routledge.
- Merriam, S.B. (2002). *Qualitative research in practice: Examples for discussion and analysis*. San Francisco: Jossey-Bass.
- Moffat, M. (2003). The history of physical therapy practice in the United States. *Journal of Physical Therapy Education*, 17(3), 15-25.
- Murphy, W. (1995). *Healing the generations: A history of physical therapy and the American physical therapy association*. Lyme, Connecticut: Greenwich Publishing Group, Inc.

- O'Loughlin, K., Dal Bello-Haas, V., & Milidonis, M. (2005). The professional development plan: Cultivation of professional development and lifelong learning in professional (entry-level) physical therapist students. *Journal of Physical Therapy Education*, (19)2, 42-51.
- O'Meara, S., Kostas, T., Markland, R., & Preivity, J. C. (1994). Perceived academic stress in physical therapy students. *Journal of Physical Therapy Education*, 8(2), 71-74.
- Sathe, R. (2000). *Socialization in accounting: A case study in the cohort model of MBA education*. Unpublished doctoral dissertation. University of St. Thomas, Minnesota.
- Schein, E.H. (1992). *Organizational culture and leadership* (2<sup>nd</sup> ed.). San Francisco: Jossey-Bass.
- Sellheim, D. O. (2001). *Physical therapy students' approaches to learning: Faculty beliefs and other educational factors that influence them*. Unpublished doctoral dissertation, University of Minnesota, Minnesota.
- Simpson, G. (1963). *Emile Durkheim*. Thomas Y. Crowell Company: NY.
- Shore, P. (1992). *The myth of the university: Ideal and reality in higher education*. Lanham, MD: University Press of America, Inc.
- Stark, J. S., Lowther, M. A., & Hagerty, B. M. K. (1986). *Responsive professional education: Balancing outcomes and opportunities*. ASHE-ERIC Higher Education Reports No. 3.
- Stiller-Sermo, C. (1998). *Value negotiation as the basis for professional socialization: The example of physical therapy*. Unpublished doctoral dissertation. Michigan State University, Michigan.

- Stith, J. S., Butterfield, W. H., Strube, M. J., Deusinger, S. S., & Gillespie, D. F. (1998). Personal, interpersonal, and organizational influences on student satisfaction with clinical education. *Physical Therapy, 78*(6), 635-645.
- Swick, H.M., Szenas, P., Danoff, D., & Whitcomb, M.E. (1999). Teaching professionalism in undergraduate medical education. *JAMA, 282*(9), 830-832.
- Swisher, L. L., & Page, C. G. (2005). *Professionalism in physical therapy: History, practice, & development*. St. Louis: Elsevier Saunders.
- Teschendorf, B., & Nemshick, M. N. (2001). Faculty roles in professional socialization. *Journal of Physical Therapy Education, 15*(1), 4-10.
- The Carnegie Foundation For The Advancement of Teaching. (1993). *Campus life: In search of community*. New Jersey: Princeton.
- Turner, V. W. (1982). *The ritual process: Structure and anti-structure*. Aldine Publishing Co: NY.
- van Gennep, A. (1960). *The Rites of Passage*. Chicago: University of Chicago Press.
- Weingartner, R.H. (1993). *Undergraduate education: Goals and means*. Phoenix: Oryx Press.
- Wolff, M. (2000). *Addressing inappropriate professional behaviors demonstrated by physical therapy student on clinical rotation*. Unpublished doctoral dissertation, The University of Tennessee, Tennessee.
- Yarbrough, P (1980). *An ethnography of physical therapy practice: A source for curriculum development*. Unpublished doctoral dissertation. Georgia State University, Georgia.

Appendix A

Letter of Purpose to Faculty

Dear

I am currently gathering data for my dissertation as part of the requirements for a doctoral degree in Educational Leadership from the University of St. Thomas. My dissertation is an ethnographic case study focusing on the physical therapy department at The College of St. Scholastica (CSS). Specifically, I'm interested in gaining an understanding of students expectations and experiences as they make the transition from pre-physical therapy student to practicing physical therapist.

Part of the study entails examining the history of the physical therapy program at CSS. I am writing to you because you were faculty when the physical therapy program began. Your insights related to the history and subsequent changes of the physical therapy program are an important part of the study.

I am asking if you will be willing to meet with me and let me interview you about the physical therapy program. If you are interested in participating in this study, you can contact me by e-mail or by phone. My extension is 6090 and e-mail address is [slokken@css.edu](mailto:slokken@css.edu).

This study has been approved by the University of St. Thomas and CSS Institutional Review Boards. If you express interest in the study, I will explain more about the nature of the interview. You will have an opportunity to ask questions, and will be asked to sign a consent form.

Thank you in advance,

Sandy Marden-Lokken, PT, MA  
Teaching/Learning Coordinator  
Assistant Professor  
Department of Physical Therapy  
The College of St. Scholastica  
1200 Kenwood Avenue  
Duluth, MN 55811  
(218)723-6090  
[slokken@css.edu](mailto:slokken@css.edu)

Appendix B

Letter of Purpose to Pre-Physical Therapy Students



Dear

I am currently gathering data for my dissertation as part of the requirements for a doctoral degree in Educational Leadership from the University of St. Thomas. My dissertation is an ethnographic case study focusing on the physical therapy department at The College of St. Scholastica (CSS). Specifically, I'm interested in gaining an understanding of the internal and external factors that have influenced the program and also student expectations and experiences as they make the transition from pre-physical therapy student to practicing physical therapist.

As a student interested in the physical therapy program, your insights related to your education and professional development provide important information for my dissertation. I am asking if you will be willing to meet with me and let me interview you about the physical therapy program. The interview would last from 30 minutes to an hour. If possible, I would like to audio-tape the interview, however, this is not a requirement. If you are interested in participating in this study, you can contact me by e-mail or by phone. My extension is 6090 and e-mail address is [slokken@css.edu](mailto:slokken@css.edu).

This study has been approved by the University of St. Thomas and CSS Institutional Review Boards. If you express interest in the study, I will explain more about the nature of the interview. You will have an opportunity to ask questions, and will be asked to sign a consent form.

Thank you in advance,

Sandy Marden-Lokken, PT, MA  
Teaching/Learning Coordinator  
Assistant Professor  
Department of Physical Therapy  
The College of St. Scholastica  
1200 Kenwood Avenue  
Duluth, MN 55811  
(218)723-6090  
[slokken@css.edu](mailto:slokken@css.edu)

Appendix C

Letter of Purpose to Physical Therapy Students

Dear

I am currently gathering data for my dissertation as part of the requirements for a doctoral degree in Educational Leadership from the University of St. Thomas. My dissertation is an ethnographic case study focusing on the physical therapy department at The College of St. Scholastica (CSS). Specifically, I'm interested in gaining an understanding of the internal and external factors that have influenced the program and also student expectations and experiences as they make the transition from pre-physical therapy student to practicing physical therapist.

As a student in the physical therapy program, your insights related to your education and professional development provide important information for my dissertation. I am asking if you will be willing to meet with me and let me interview you about the physical therapy program. The interview would last from 30 minutes to an hour. If possible, I would like to audio-tape the interview, however, this is not a requirement. If you are interested in participating in this study, you can contact me by e-mail or by phone. My extension is 6090 and e-mail address is [slokken@css.edu](mailto:slokken@css.edu).

This study has been approved by the University of St. Thomas and CSS Institutional Review Boards. If you express interest in the study, I will explain more about the nature of the interview. You will have an opportunity to ask questions, and will be asked to sign a consent form.

Thank you in advance,

Sandy Marden-Lokken, PT, MA  
Teaching/Learning Coordinator  
Assistant Professor  
Department of Physical Therapy  
The College of St. Scholastica  
1200 Kenwood Avenue  
Duluth, MN 55811  
(218)723-6090  
[slokken@css.edu](mailto:slokken@css.edu)

Appendix D

Letter of Purpose to Physical Therapy Alumni

Dear Alum,

I hope this letter finds you well and enjoying your work in physical therapy. I am currently gathering data for my dissertation as part of the requirements for a doctoral degree in Educational Leadership from the University of St. Thomas. My dissertation is an ethnographic case study focusing on the physical therapy department at The College of St. Scholastica (CSS). Specifically, I'm interested in gaining an understanding of the internal and external factors that have influenced the program and also student expectations and experiences as they make the transition from pre-physical therapy student to practicing physical therapist.

As a graduate of CSS, your insights related to your educational and professional development provide important information for my dissertation. I am asking if you will be willing to talk with me and let me interview you about your progression from pre-PT student to practicing physical therapist. The interview would last from 30 minutes to an hour. If possible, I would like to audio-tape the interview, however, this is not a requirement. If you are interested in participating in this study, you can contact me by e-mail or by phone. My phone number is (218)723-6090 and e-mail address is [slokken@css.edu](mailto:slokken@css.edu).

This study has been approved by the University of St. Thomas and CSS Institutional Review Boards. If you express interest in the study, I will explain more about the nature of the interview. You will have an opportunity to ask questions, and will be asked to sign a consent form.

Thank you in advance,

Sandy Marden-Lokken, PT, MA  
Teaching/Learning Coordinator  
Assistant Professor  
Department of Physical Therapy  
The College of St. Scholastica  
1200 Kenwood Avenue  
Duluth, MN 55811  
(218)723-6090  
[slokken@css.edu](mailto:slokken@css.edu)

Appendix E  
Consent Form

## Consent Form University of St. Thomas

### **Cinderella Before the Ball: Locating the Collective Experience of a Physical Therapy Department within its Institutional and Professional Contexts**

IRB #02-069-2

I am conducting a study about why students chose the physical therapy program at The College of St. Scholastica and how they progress toward completion of the program. I invite you to participate in this research. You were selected as a possible participant because you are currently making progress toward completion of a degree in physical therapy or you have supporting information related to physical therapy education. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Sandra Marden-Lokken, doctoral student in the Educational Leadership program at the University of St. Thomas. Dr. Bruce Kramer is the chair of Ms. Marden-Lokken's dissertation committee.

#### **Background Information:**

The purpose of this study is: to gain an understanding of how physical therapy students at The College of St. Scholastica (CSS) interpret various experiences related to their pursuit of physical therapy education.

#### **Procedures:**

If you agree to be in this study, I will ask you to do the following things: participate in an audio taped interview of approximately one hour. You will be given a written transcription of the interview to review for accuracy and/or allow observation of your participation in usual activities such as meetings within and outside the department.

#### **Risks and Benefits of Being in the Study:**

The study has several risks. Since you are associated with CSS, there is a risk of identification. To minimize that risk, no names will be used in the process of data collection and analysis. A code will be given to the material used for data collection. All data will be kept in a locked file cabinet in the researcher's office for a period not to exceed two years. Audio tapes will be destroyed once you have an opportunity to review the transcription for accuracy.

There are no direct benefits to you for participating in this project.

#### **Confidentiality:**

The records of this study will be kept private. In any sort of report I publish, I will not include information that will make it possible to identify you in any way. Research records will be kept in a locked file; I am the only person who will have access to the records. Audio tape recordings will be destroyed once you review the written transcript for accuracy.

#### **Voluntary Nature of the Study:**

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with The College of St. Scholastica or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will not be used in this study. Regardless of whether you decline to participate, participate or withdraw during the study, your relationship with me and the physical therapy department will not be harmed.

#### **Contacts and Questions**

My name is Sandra Marden-Lokken. You may ask any questions you have now. If you have questions later, you may contact me [(218) 723-6090], or my advisor, Dr. Bruce Kramer [651-962-4184]. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

**You will be given a copy of this form to keep for your records.**

#### **Statement of Consent:**

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and give my consent to be audio taped and observed.

\_\_\_\_\_  
Signature of Study Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Date

Appendix F

Interview Questions: Faculty and Administrators



**Interview questions –Faculty and staff**

Tell me about how and why the physical therapy program started. What information did you as a faculty member receive?

At the time the program began, how did it fit with the mission of the college?

How was the program received by the faculty within the college? By the greater community?

What were the constraints on the program related to how many students could be accepted?

When did the program first fill its class?

How well do you believe the program has been integrated into the college? Has this always been the case?

How well do you believe the faculty are integrated into the college? Has this always been the case?

How well do you believe the students are integrated into the college? Has this always been the case?

How has the program changed over the years?

In the early 1980's why did the program move from a 4 year to a five year program?

What was your understanding related to the reasons why the program wanted/needed to move to awarding a post - baccalaureate degree?

What is your understanding related to the rationale for moving to the DPT?

What is the aim or goal of an education founded in the liberal arts?

What is the aim or goal of professional education?

When thinking about your contact with students over the years, what would you say are the attitudes of the pre-physical therapy and physical therapy students toward their education? Toward their general experiences at CSS?

## Appendix G

### Interview Questions: Students

**Student questions**

What brought you to CSS?

Why did you choose a career in physical therapy?

How did you seek information related to a career in physical therapy?

When you first became interested in physical therapy, what did you see as the role of the physical therapist?

Now that you're a student in the physical therapy program, what do you see as the role of the physical therapist?

How will your role change when you graduate?

What information or experiences helped to change your perspective related to the role of the physical therapist?

What do you think about this difference? How does this difference relate to why you chose to pursue a career in physical therapy?

*I'm going to give you a definition of culture. Culture is the integration of knowledge, beliefs, values and behaviors that represent a group or society.*

*How would you describe the culture of CSS?*

*How would you describe the culture of the physical therapy program?*

How would you describe the culture of the health care profession? Physical therapy profession?

*As a pre-physical therapy student what did you think about the process of getting into the program?*

*As a pre-PT student, what was the perception of students in the program?*

*As a pre-PT student, how did you view other pre-PT students?*

*Before you were admitted into the program, did you have an idea of what the program would be like?*

*As a pre-PT students, what type of interaction did you have with students or faculty in the program?*

*How are the physical therapy students viewed by the rest of the College?*

How were you socialized into the program?

How are physical therapy students in this program socialized into the profession? What are some examples of how physical therapy faculty and clinical instructors socialize students into the profession?

The program is a cohort program, you're with the same students for the classes for nine months out the year. What do you see are the advantages of that and what do you see are the disadvantages of that?

What do you believe is the status of the physical therapy profession within health care?

What do you believe is the status of the program within the College?

**Note: questions in italics were always or most frequently asked.**

Appendix H

Interview Questions: Alumni

## **Alumni Interview Questions**

Why did you choose a career in physical therapy?

When you first became interested in physical therapy, what did you see as the role of the physical therapist?

What information or experiences helped to change your perspective related to the role of the physical therapist?

How did your role change when you moved from a physical therapy student to a physical therapy practitioner? When did you become comfortable with your role as a physical therapist? Who were your role models?

What are the values of the profession of physical therapy?

What do you believe is the status of the physical therapy profession within health care?

Describe how you are able to practice as a physical therapist? How does this match with what you learned about physical therapy practice in school? What was lacking or what weren't you prepared for?

You graduated with a master's degree in physical therapy. How do you believe your knowledge and skills compare with those of physical therapists who graduated with a baccalaureate degree?

What is your understanding of the move to the DPT? Are you able to practice independently now? Why or why not? How will the move to the DPT enable you to work more independently?

How do you believe that will change or affect physical therapy practice?

How will that affect you as a master's prepared physical therapist?

How were you socialized into the profession once you graduated from school?

Who do you socialize with at work? Who did you socialize with in school?

I'm going to give you a definition of culture. Culture is the integration of knowledge, beliefs, values and behaviors that represent a group or society.

How would you describe the culture of CSS?

How would you describe the culture of the physical therapy program?

How would you describe the culture of the health care profession? Physical therapy profession?

As a pre-PT student, what was the perception of students in the program?

As a pre-PT student, how did you view other pre-PT students?

Before you were admitted into the program, did you have an idea of what the program would be like?

As a pre-PT student, what type of interaction did you have with students or faculty in the program?

How are the physical therapy students viewed by the rest of the College?

How did your education prepare you to work with and/or collaborate with other health care professionals and/or individuals?

How were you socialized into the program?

How are physical therapy students in this program socialized into the profession? What are some examples of how physical therapy faculty and clinical instructors socialize students into the profession?

What do you believe is the status of the program within the College?

Appendix I

Pseudonyms for Administrators and Faculty With Interview Order in Parentheses



## Pseudonyms for Administrators and Faculty With Interview Order in Parentheses

Interview Group	Pseudonyms
Administration	Administrator Adams (F1)
	Administrator Baker (F3)
	Administrator Cleary (F11)
Faculty Outside PT Program	Professor Dawson (F2)
	Professor Ely (F4)
	Professor French (F5)
	Professor Good (F6)
	Professor Harris (F7)
	Professor Ink (F8)
	Professor Jones (F9)