

PILOT STUDY

DPT Diversity, Equity, and Inclusion (DEI) practices and student physical therapists' self-perceived cultural competence

Kathryn A. Maeder, PT, DPT;¹ Christina M. Chavez, PT, DPT;¹ Tiffany N. Greenwood, PT, DPT;¹ Carla F. Huggins, PT, DPT;¹ Bradley J. Farrell, PhD¹

¹Georgia State University, Department of Physical Therapy

ABSTRACT

Purpose: The purpose of this study is to survey current and recently graduated students of Physical Therapy regarding the Diversity, Equity, and Inclusion (DEI) practices of their Doctorate of Physical Therapy programs, and how these practices influenced their experience and their perceived cultural competence in clinical practice. Student perceptions of these concepts and practices give programs an overall idea of the impact of the DEI and cultural competency training within their program. **Number of Subjects:** 162. **Methods:** Current students and recent graduates of eight physical therapy programs in the southeastern United States were recruited via email to participate in an online Qualtrics survey. The survey questions aimed to capture the student experience/perception of DEI practices implemented in their program and their perceived cultural competence skills. **Results:** A total of 162 students/alumni (n=162) completed the Qualtrics survey from 8 different DPT programs in the southeastern United States. True/False/Unsure questions regarding the presence of a student/faculty from an underrepresented minority group (URM) and the presence of someone of the same race/ethnicity as the subject in their cohort, program, and faculty showed an overall mean score of $x=0.907$ (0=False, 0.5=Unsure, 1=True). Questions regarding the subject's perception of their cohort, program, and faculty as "racially and ethnically diverse" showed an overall mean score of 3.3 (0=Strongly Disagree- 6=Strongly Agree). Questions regarding the subject's self-perceived cultural competency skills showed an overall average score response of 4.75. **Conclusion:** Subjects overall regard their program as racially and ethnically diverse across student cohorts and programs. Students on average regarded themselves as overall culturally competent. Faculty representation and diversity was overall reported below the average response. This suggests adequate DEI environments and cultural competency training, yet students recognize there may be a lack of diverse representation amongst DPT faculty.

Key Words: Diversity, Equity and Inclusion, DEI, cultural competency, DPT students, DEI practices, physical therapy

Background

Skilled, evidence-based practice paired with culturally competent delivery leads to improved patient care and more positive therapist-patient interactions in physical therapy. DPT programs provide rigorous curricula on the examination, evaluation, and treatment of various movement conditions that ensures students are properly trained in the skills and evidence-based practices of physical therapy. However, cultural competency is an additional aspect to patient care that often gets overlooked. Cultural competency (CC) is the ability to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of health care delivery to meet patients' social, cultural and linguistic needs.¹ Cultivating and achieving this in PTs and PTAs is a proclaimed professional commitment by the APTA in order to pursue principles of access, equity, advocacy². APTA's consideration of CC and diversity, equity and inclusion (DEI) suggest DPT programs must implement curricula and opportunities to adequately develop CC in students early on in their education. These efforts are often considered in tandem with DEI implementations for DPT programs due to the overlapping impact each has on the other. A program cannot aim to be more diverse, equitable, and inclusive without being more culturally competent.

Cultural competence is refined through clinical practice, but training should not come solely from those clinical experiences for students. Based on APTA guidelines and principles discussed, students should be provided training prior to their clinical education and throughout their careers, as the process of developing these skills is ongoing. Training has been shown to be a part of coursework for several other health professions. Students who received training feel more confident and have higher CC scores compared to those who do not. Patients also benefit from students who are

more trained in providing care to culturally diverse patient populations. Two studies found that patients who receive care from trained healthcare providers are more likely to have higher levels of attendance to sessions and more positive experiences compared to those that do not receive training^{3,4}. These studies illustrate the importance of exposing students to culturally inclusive and sensitive concepts and behaviors during their education, not relying on clinical experiences alone.

In addition to the curriculum, student experiences within a diverse and inclusive environment also introduces CC training to DPT students. Healthcare programs have aimed to diversify their programs and improve CC skills through the application and admissions processes to DPT programs because there is evidence demonstrating a connection between DEI learning environments and CC of students/entry level providers. Several studies have been conducted to discover aspects of programs that individual underrepresented minorities (URMs) consider important, individual factors that lead to cultural responsiveness, and overall trends and frameworks for application and acceptance of URM groups⁵⁻⁸.

However, even if CC is integrated into the curricula and there are efforts to accept more diverse students, this does not necessarily translate to efficacy of the program's curricula or inclusive learning environments. The "hidden and informal curriculum" plays a constant role in how students learn to interact within an environment, which includes the physical environment and faculty and peers within that space⁹. This type of experience is hard to capture and standardize, although it is one of the most consistent influences on a student's overall learning. In addition to the lack of capturing the impact of the student environment, there are still gaps in healthcare equity, research in education, and assessment of physical therapy students' retention and application

of cultural competence. Several studies reveal there is also a gap in the education portion for health professions (including PT) due to improperly resourced faculty to provide adequate lessons and less prioritization towards CC¹⁰⁻¹². Some faculty stated feeling “limited to their own experience and perspective”¹⁰, which highlights the importance of having diverse faculty in addition to students. This resource gap present in the didactic portion of training impacts the clinical aspects for many healthcare students. Studies^{13, 14} found students in the medical and nursing profession less confident with their own skills even in the final years of schooling, while culturally and linguistically diverse students felt perceived as less competent providers by their clinical instructors due to their differences. This demonstrates a potential carryover from lack of adequate training during schooling leading to lack of adequate training as a professional practicing clinician.

The review of current literature pertaining to the diversity, equity, and inclusion educational components of physical therapy programs and cultural competency assessments of both students and programs revealed several important themes: the importance of culturally competent providers in healthcare, a growing awareness and effort towards diversifying healthcare programs, and a lack of carryover from didactic learning to clinical experience in regards to diversity, equity, and inclusion in healthcare systems and cultural competence in entry-level clinicians. There is also a lack of evidence on how being a part of a culturally diverse group of peers affects students’ cultural competence (i.e. are culturally diverse cohorts more successful on average?). Programs are in the varying stages of attracting a more diverse student population and implementing curricula to develop the behavior of cultural competence. What is virtually nonexistent, particularly for physical therapy U.S.

educational research, is an assessment of the efficacy and outcomes of these efforts thus far. There is a need for further evidence pertaining to how diversification efforts and cultural competence curricula/extracurricular opportunities impact the student experience.

Our research would aim to address these gaps in evidence. In assessing physical therapy programs’ formal curriculum and the experiences of students currently enrolled in the program and post-graduates, we aim to capture both the effectiveness of the learning environments and the carry over into the clinical setting after matriculation. The evidence provided by our research will allow programs to not only assess the effectiveness of their program’s curricula regarding cultural competence, but also to evaluate the student experience in regards to DEI. It is our belief that cultural competence and program diversity are keystone components of physical therapy programs for delivering enriching educational experiences that will result in greater success in delivering care to patients.

Purpose

This study aims to capture the student experience of DEI initiatives within their programs by surveying current and recently graduated students of Physical Therapy regarding the DEI practices of their Doctorate of Physical Therapy programs, and how these practices influenced their experience and their perceived cultural competence in clinical practice. Based off this review of literature we predict schools that have highly perceived diversity, equity, and inclusion environments within their DPT program will have students with a stronger sense of perceived cultural competency compared to schools with a lower sense of perceived diversity, equity, and inclusion environment

Methods

Online Questionnaire

A 33- question digital survey (Qualtrics) was developed to capture demographic information, student experience/perception of DEI practices in their program, and their self-perceived cultural competence skills (See Appendix #1). At the beginning of the survey, working definitions for perhaps unfamiliar terms were provided to the participant; these included terms such as “underrepresented minority” and “cultural competency”. A mixture of Likert scale, true/false and open-ended questions were included in the survey. Likert scale questions ranged from a 0-6 (Strongly Disagree, Disagree, Somewhat Disagree, Neither Disagree or Agree, Somewhat Agree, Agree, Strongly Agree). At the end of the survey, a comments space was provided for participants to share any additional thoughts or feelings.

Recruitment

The survey was distributed via email to student leaders, program directors, alumni presidents and local APTA leaders of programs within the greater southeastern United States. These contacts were asked to disseminate the survey to current students or recent alumni (graduated within 1-2 years prior to taking the survey) of their respective DPT programs. Follow-up emails were sent over the 4-month period.

Participants

A total of 162 current students and recent alumni completed the anonymous survey. All participants provided consent by acknowledging the electronic consent form and were asked to provide honest answers to all questions, but could opt not to answer the questions.

Analysis

The Likert scale data was used to calculate the mean response for the DEI and CC questions as well as the percent responses

that generally agreed or disagreed.

True/False questions regarding the presence of URM and the presence of a person of the same race/ethnicity as the respondent were reported as percentage with “True” responses. The questions were then grouped into categories to illustrate the perception of program/cohort/faculty diversity, URM representation, and self-perceived cultural competence. Quantitative statistics we used to average the mean and the standard (SD) of the collected data. The mean averages of each response were calculated as well as the overall total average of responses for each category of questions.

Results

The 162 participants who completed the survey were from 8 different DPT programs in the southeastern United States. The demographics for each program based on participant responses can be seen in Table 1.

True/False questions aimed to capture the URM representation at DPT programs at the level of cohort, overall program, and faculty (Graph 1). Less than 35% of respondents responded with “True” to the statement “There is someone in my faculty that is from a URM” for 3 out of 8 schools. Less than 65% of the respondents responded with “True” to the statement, “There is someone on my faculty that is the same race and/or ethnicity as me” for 2 out of 8 schools. This particular statement response is dependent upon the identified race of the respondent.

Questions regarding the subject’s perception of their cohort, program, and faculty as “racially and ethnically diverse” showed an overall mean score of 3.3 on the Likert scale, as depicted in Graph 2. This gives an overall average response of program DEI between “Neither Agree nor Disagree” and “Agree”. Faculty was most often scored lower on the Likert scale for perceived diversity with an overall mean of $N=2.99$. 5

out of 8 schools had an average response to faculty diversity lower than the overall average (Schools 2, 4, 6, 7, and 8). 5 out of 8 schools also had an average response to cohort diversity below the total overall average (Schools 2, 5, 6, 7 and 8).

The four survey questions aimed to capture aspects of the CC environment and self-perceived cultural competence are represented in Graph 3. Self-perceived CC of the total pool of respondents showed a mean of N=5.07 and how welcoming the program is to different cultures and backgrounds had an overall mean of

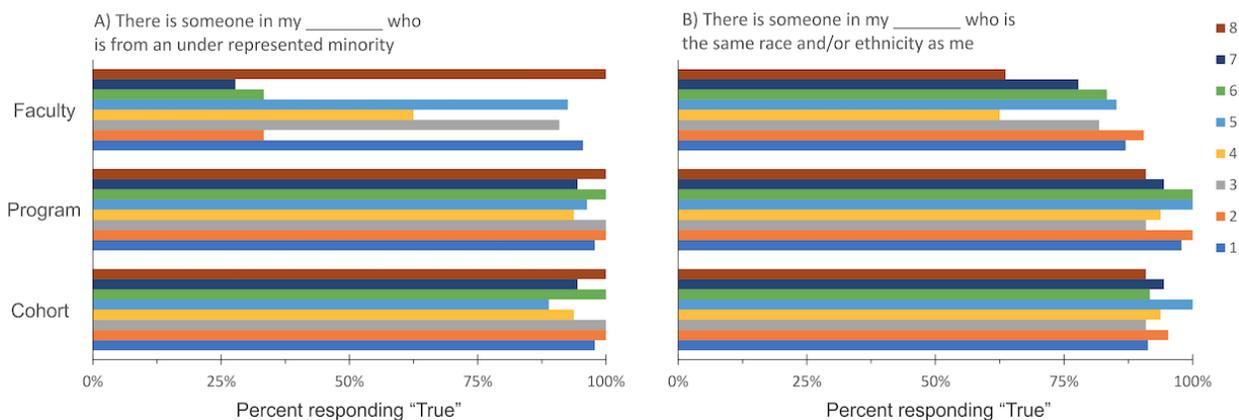
N=4.93. The two remaining survey items considered the program's role in CC training. One statement regarding how well the program prepared students in CC had an overall mean response of N=4.57.

Introduction of the concept of CC in the curriculum had an overall mean response of N= 4.95.

It is important to note there were varied survey response rates from each program. A breakdown of respondents per school can be seen in Table 1.

School	Number Responses (n)	Average Age (Year)	Gender Identity (Male, Female, Non-binary)	Average Year in program (Years)	% URM respondents per school
#1	46	22-25	15 M; 31 F	2.72	23.91%
#2	21	22-25	5 M; 16 F	1.9	9.52%
#3	11	22-25	3 M; 8 F	2.18	18.18%
#4	16	22-25	5 M; 11 F	1.69	12.5%
#5	27	22-25	5 M; 22 F	1.89	18.52%
#6	12	22-25	2 M; 10 F	3.00	0%
#7	18	22-25	5 M; 13 F	1.94	16.67%
#8	11	22-25	0 M; 10 F; 1 Non-binary	2.55	45.45%
Total	N=162	22-25	40 M; 121 F; 1 non-binary	2.15	19.75%

Table 1: Demographics of participants for each participating school, Schools 1-8



Graph 1: Summary of Minority and Race Survey Questions By School. Responses are represented by percentage of “True” to Statement A and B at the level of faculty, program, and cohort of each program

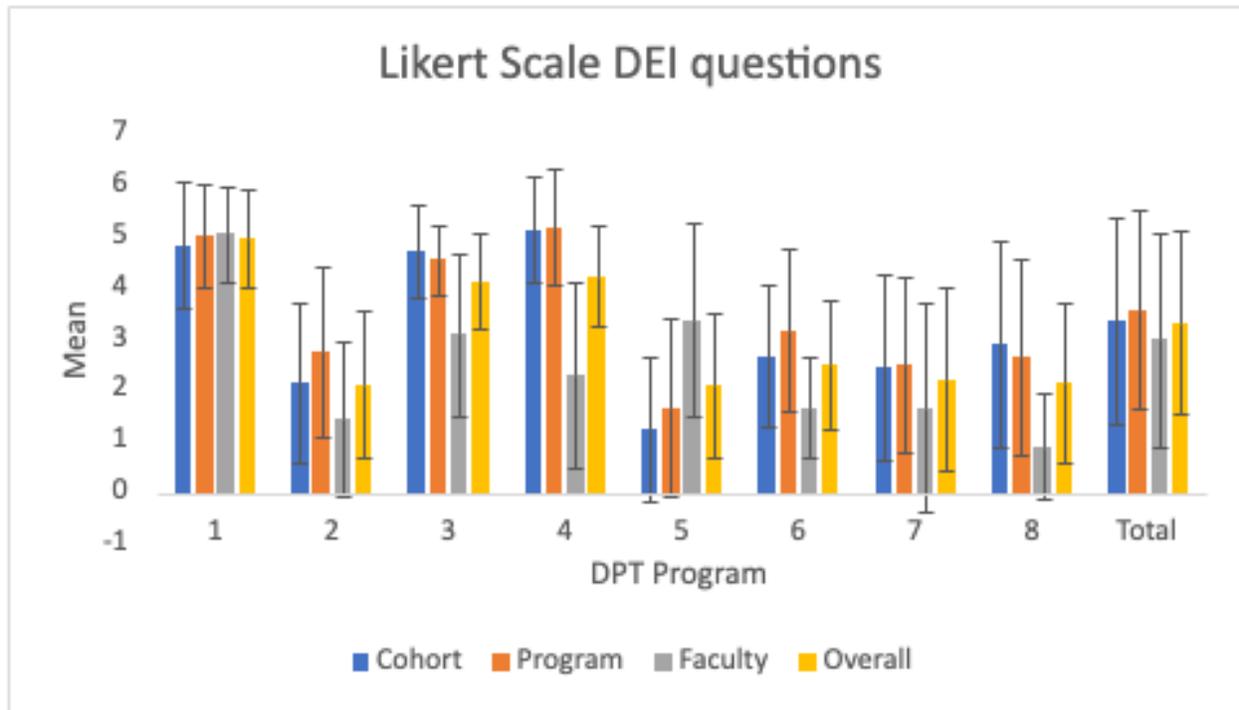
Table 2: A) There is someone in my _____ who is from an underrepresented minority

School #	1	2	3	4	5	6	7	8
Cohort	97.8%	100.0%	100.0%	93.8%	88.9%	100.0%	94.4%	100.0%
Program	97.8%	100.0%	100.0%	93.8%	96.3%	100.0%	94.4%	100.0%
Faculty	95.6%	33.3%	90.9%	62.5%	92.6%	33.3%	27.8%	100.0%

Table 3: B) There is someone in my _____ who is the same race and/or ethnicity as me

School #	1	2	3	4	5	6	7	8
Cohort	91.3%	95.2%	90.9%	93.8%	100.0%	91.7%	94.4%	90.9%
Program	97.8%	100.0%	90.9%	93.8%	100.0%	100.0%	94.4%	90.9%
Faculty	87.0%	90.5%	81.8%	62.5%	85.2%	83.3%	77.8%	63.6%

Table 2 & 3: Percentage values of Graph 1. Percentage of “True” responses to Statement A & B

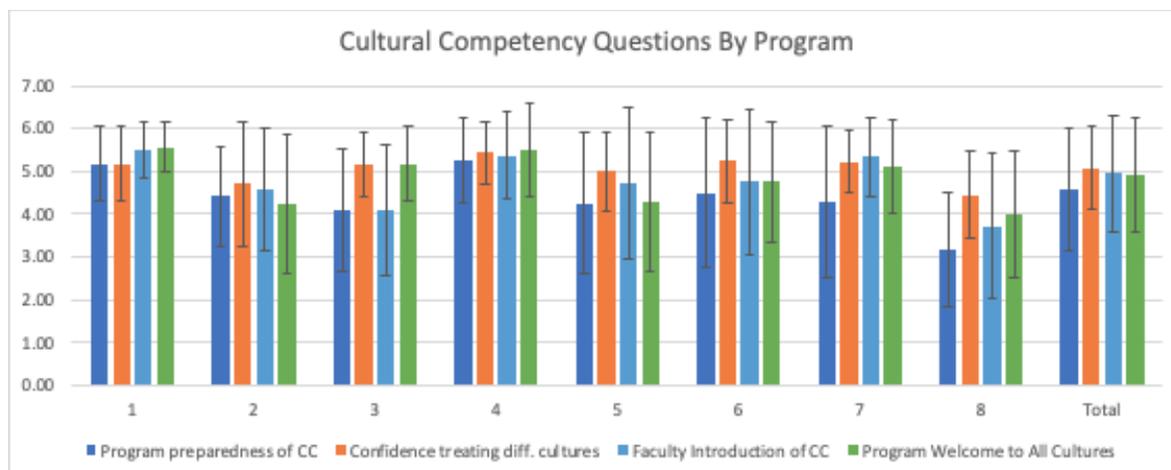


Graph 2: Perception of Diversity of Cohort, Program, and Faculty vs School. Responses were separated by school and the average response to each diversity question was compared to an overall average response

Mean and Std Deviation: Diversity

School #	Cohort Diversity	Program Diversity	Faculty Diversity	Overall Diversity
1	4.83 ± 1.24	5.02 ± 1.00	5.04 ± 0.92	4.96 ± 0.96
2	2.14 ± 1.56	2.76 ± 1.67	1.43 ± 1.50	2.11 ± 1.44
3	4.73 ± 0.91	4.55 ± 0.69	3.09 ± 1.58	4.12 ± 0.92
4	5.13 ± 1.03	5.19 ± 1.11	2.31 ± 1.82	4.21 ± 0.98
5	1.26 ± 1.40	1.67 ± 1.73	3.37 ± 1.88	2.10 ± 1.43
6	2.67 ± 1.37	3.17 ± 1.59	1.67 ± 0.99	2.5 ± 1.25
7	2.44 ± 1.82	2.5 ± 1.74	1.67 ± 2.06	2.20 ± 1.78
8	2.91 ± 2.02	2.64 ± 1.91	0.91 ± 1.04	2.15 ± 1.54
Total	3.35 ± 2.01	3.57 ± 1.95	2.99 ± 2.09	3.30 ± 1.78

Table 4: Mean and standard deviation values of diversity for each school and overall total



Graph 3: CC Questions By Program and Total. These four questions capture the program's preparedness in CC training, self-perceived depicts responses to questions regarding cultural competency skills and influence from the program.

Mean and Std Deviation: Cultural Competency

DPT Program	Program Preparedness	Confidence	Faculty Intro	Welcoming to Cultures
1	5.18 ± 0.88	5.17 ± 0.88	5.5 ± 0.66	5.56 ± 0.58
2	4.43 ± 1.16	4.71 ± 1.45	4.57 ± 1.43	4.24 ± 1.64
3	4.09 ± 1.45	5.18 ± 0.75	4.09 ± 1.51	5.18 ± 0.87
4	5.25 ± 1.00	5.44 ± 0.73	5.38 ± 1.02	5.5 ± 1.10
5	4.26 ± 1.65	5.00 ± 0.92	4.74 ± 1.77	4.30 ± 1.64
6	4.50 ± 1.73	5.25 ± 0.97	4.75 ± 1.71	4.75 ± 1.42
7	4.28 ± 1.78	5.22 ± 0.73	5.33 ± 0.91	5.11 ± 1.08
8	3.18 ± 1.33	4.45 ± 1.04	3.73 ± 1.68	4.00 ± 1.48
Total	4.57 ± 1.42	5.07 ± 0.98	4.95 ± 1.37	4.93 ± 1.33

Table 5: Mean and Standard Deviation of CC for each school and overall total

Discussion

The results indicate varied responses across programs regarding perceived diversity and CC preparedness. No school had 100% of students respond with “True” to the presence of a URM faculty member, with the exception of School 8 (Graph 1). Schools 2, 6, and 7 reported the lowest percentage of “True” responses to the presence of URM faculty, with response rates of 33.33%, 33.33%, and 27.78%, respectively. Overall, the respondents scored an average response of $N=3.3$ on the Likert scale, equaling a response between “Neither Agree nor Disagree” and “Agree.” This suggests the overall respondents only slightly agree that programs are racially and ethnically diverse. A majority of programs (5 out of 8) had lower means of diversity scores across all diversity levels compared to the means of the total respondents, with the exception of School 5’s mean faculty diversity score. The remaining 3 out of 8 schools, School 1, 3, and 4, had generally higher mean responses. School 1 had mean responses above the total mean for each level of diversity, while Schools 3 and 4 had mean responses above the overall mean on all levels except for faculty. Despite the lack of diversity and URM at some programs, especially at the faculty level, students still showed confidence in CC skills. “CC training” and “self-perceived CC” on average scored more positively. It should be noted that statements specific to “faculty/program CC preparedness” and “inclusive environment” were rated slightly lower compared to the respondents’ confidence, yet still perceived positively.

This raises the question of if there is any connection between CC curriculum and preparedness and the lived diversity experience within the program. These results reveal students are aware their program may be less diverse, specifically regarding race/ethnicity as this study focused on, but still identify as culturally competent

physical therapy students. Students were also given the opportunity to provide a free response with any additional comments about their own experience within their program and comfortability in treating patients of different cultures. No formal qualitative analysis was performed on these free responses at this time. After reading through all the responses some broad ideas and themes tended to be repeated and are worth noting. Responses varied in the details of the tone, desires, and satisfaction with their program’s DEI and CC efforts. Some noted their program was beginning to change this area of the curriculum and program. Some students shared unique ways their program has effectively addressed CC and created an inclusive space that encourages individual and communal growth in this area. At the same time, some students expressed frustration and exasperation with their DEI experience. Respondents also iterated the lack of diversity at varying levels within their program and the implications.

Conclusion

To uphold the stated values and mission statement of the American Physical Therapy Association (APTA), it is imperative to ensure physical therapy students are prepared to deliver excellent therapy, professionalism, and compassion in their practice for patients of all backgrounds. Further, the promotion of DEI practices in the clinic must begin with creating a diverse, inclusive, and welcoming environment within the cohorts, faculty, and curriculum of physical therapy programs. This study provides valuable insight into the current student experience of the DEI practices and preparation in their DPT programs. Acknowledging the impact of how each DPT program currently implements DEI principles directly impacts physical therapy as a profession and better advances greater

overall patient care. As mentioned, CC skills can be just as important to the patient experience and outcomes as hands-on clinical skills. Incorporating CC directly into the curriculum ensures all students are able to be exposed and developed in this skill, just like they are with all other clinical skills. It is a valid, evidence-based component of physical therapy and should therefore be formally developed throughout all aspects of the curriculum.

This study did not analyze any statistically significant connections further, largely due to the skewed sampling for each DPT program. These results allow us to see areas where programs can grow in their DEI efforts. Of note, faculty diversity was an apparent area where programs lack diversity. Considering cohorts and programs were often regarded as diverse, this is even more important to consider. As cohorts continue to be made up of a student body that is diverse in all types of backgrounds, having a faculty that can reflect aspects of the student diversity is imperative. Representation provides the sense that there is someone with similar lived experiences as individual students acting in roles they aim to pursue. Though this diverse representation is important for cohesiveness and connection, this does not solely come from having a racially and ethnically diverse faculty. Faculty that are willing and able to prepare culturally competent students and allow students to be their full representation of themselves and feel safe is significant. Students from URM will continue to make up more and more of the programs in the coming years. It is imperative that faculty at DPT programs are equipped to care for all types of students adequately and, in turn, prepare them to care for all types of patients.

Limitations and Further Research

There are some notable limitations of this study that should be taken into consideration when using the results and study design as a foundation for future studies. The surveyed

subjects were recruited from schools located in a region of the southeastern United States, and therefore cannot be concluded as a generalized representation of all DPT programs in the country. Programs also varied in setting, with some schools in a more urban setting while other schools were in more rural settings. These varied settings may play a role in the specific demographics of the programs. This survey was also disseminated in the immediate aftermath of the civil unrest that took place across the country in the wake of the murder of George Floyd in 2020; it is possible that perceptions about individual and program cultural competence may have shifted as a result of increased conversation and self-reflection regarding the topic. As is the nature with any survey, respondents who are interested in the survey are more likely to participate in the survey, leading to a biased sample of people who are either interested in the concepts discussed and have biased opinions in these ideas, one way or another. In addition, as stated previously the sample size for each involved program varied widely. This likely leads to an incomplete picture of the DEI environment for each program. This study inquired about students' perceived CC. Further research could be done to examine the connection between students' perceived sense of CC compared to an objective measure of their actual CC skills. This would help programs address areas within their CC training to better equip their students.

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Appendix 1

DEI + Cultural Competency

Start of Block: Consent

Q40

Thank you for your interest in completing this survey. The purpose of this survey is to investigate and assess DPT program methods in promoting diversity equity and inclusion and training in cultural competency skills through their curriculum and their environment, and to assess current and past student's perceptions of their cultural competency training and experiences.

You may complete the survey at your convenience. The survey should take 10-15 minutes to complete. There is no time limit. Your DPT program will not know if you participated or not, and your responses will not be shared with your DPT program. Questions related to specific Universities are used only for the purposes of collecting demographic data by the researchers. Universities will be anonymously coded in any published material. Upon completing and submitting the survey, your responses will remain anonymous. When we present or publish the results of this study, we will not use your name or other information that may identify you.

The team conducting the survey consists of:

Principal Investigator

Clinical Assistant Professor, Director of Clinical Education, Department of Physical Therapy
Byrdine F. Lewis College of Nursing and Health Professions
Georgia State University

Student Assistants:

Alex Maeder, SPT, Graduate Research Assistant, Byrdine F. Lewis College of Nursing and Health Professions, Georgia State University

Christina Chavez, SPT, Byrdine F. Lewis College of Nursing and Health Professions, Georgia State University

Tiffany Greenwood, SPT, Byrdine F. Lewis College of Nursing and Health Professions, Georgia State University

Contact Carla Huggins at chuggins@gsu.edu with any questions or feedback about the survey

End of Block: Consent

Start of Block: Demographics

Q34 Key Term Definitions:

1. Underrepresented minority: "The American Physical Therapy Association defines "Underrepresented" in physical therapy education as the racial and ethnic populations that are underrepresented in physical therapy education relative to their numbers in the general

population, as well as individuals from geographically underrepresented areas, lower economic strata, and educationally disadvantaged backgrounds.” (APTA, 2019) The following populations are currently underrepresented in physical therapist education programs as compared to the US population: Hispanic/Latino, African-American/Black, American Indian/Alaskan Native, and Hawaiian/Pacific Islander. Whites (not of Hispanic origin) and Asians are not currently underrepresented in the profession at the national level, but may be at the local or regional levels.

2. Diversity: the “range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs”.

3. Equity: the fair treatment, access, opportunity, and advancement for all people, while at the same time striving to identify and eliminate barriers that have prevented the full participation of some groups (Kapila, M. (2016, October 6). Why Diversity, Equity, and Inclusion Matter.)

4. Inclusion: “involvement and empowerment, where the inherent worth and dignity of all people are recognized”. (APTA, 2019)

5. Cultural Competency: APTA defines cultural competence as “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations.” (APTA, 2019)

Q1 What is your age?

18-21 (1)

22-25 (2)

26-34 (3)

35-44 (4)

46+ (5)

Other - (Please self-identify) (3)

Prefer not to answer (4)

Q2 What was your sex assigned at birth?

Male (1)

Female (2)

Q4 Are you Hispanic or Latinx?

Yes (1)

No (2)

Q5 What is your race? (Select all that apply)

White (1)

Black or African American (2)

American Indian or Alaska Native (3)

Asian (4)

Native Hawaiian or Pacific Islander (5)

Other (6) _____

Q3 What gender do you identify as?

Male (1)

Female (2)

Q41 What is your religion?

- Jewish (1)
- Muslim (2)
- Christian (3)
- Buddhist (4)
- Hindu (5)
- Agnostic (6)
- Atheist (7)
- Prefer Not to Answer (8)
- Other (9)

Q6 Relationship Status

- Unmarried (1)
- Married with no children (2)
- Married with children (3)
- In a domestic partnership with children (4)
- In a domestic partnership with no children (5)
- Divorced (6)
- Widowed (7)

Q7 What DPT program do you attend/graduate from? ***School names are blacked out in order to preserve anonymity of programs involved in the study***

- [Redacted] (1)
- [Redacted] (2)
- [Redacted] (3)
- [Redacted] (4)
- [Redacted] (5)
- [Redacted] (6)
- [Redacted] (7)
- [Redacted] (8)

Q10 I am/was an

- In-state student (1)
- Out-of-state student (2)
- International student (3)

Q8 What is your current year in the DPT program?

- 1st (1)
- 2nd (2)
- 3rd (3)
- I am an alumni (4)

Q9 How many long-term clinical experiences have you had, if any?

- 1 (1)
- 2 (2)

- 3 or more (3)
- I have not had a long-term clinical experience yet (4)
- I am a licensed working clinician (5)

End of Block: Program Demographics

Start of Block: DEI Perceptions

Q11 There is someone from my COHORT (those in your own class) that is from an underrepresented minority group

- True (1)
- False (2)
- Unsure (3)

Q31 There is someone in my PROGRAM (across all student cohorts) that is from an underrepresented minority group

- True (1)
- False (2)
- Unsure (3)

Q12 There is a faculty member in my program that is from an underrepresented minority group

- True (1)
- False (2)
- Unsure (3)

Q13 There is a classmate in my cohort that is the same race and/or ethnicity as me

- True (1)
- False (2)
- Unsure (3)

Q32 There is a student within my program that is the same race and/or ethnicity as me

- True (1)
- False (2)
- Unsure (3)

Q33 There is a faculty member at my program that is the same race and/or ethnicity as me

- True (1)
- False (2)
- Unsure (3)

Q14 My cohort is racially and ethnically diverse

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q15 My DPT program is racially and

ethnically diverse

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q16 My DPT faculty is racially and ethnically diverse

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q19 There are opportunities made available to us by the program to help promote DEI education and/or cultural competence **outside of the curriculum** (i.e. a program-wide club, extra seminars, discussion groups, book clubs)

- Strongly agree (1)
- Agree (2)

- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q18 The faculty has introduced topics of cultural competency within the curriculum (courses you take)

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q20 There are voluntary clinical experiences abroad and/or locally at my program

- Yes (1)
- No (2)
- Unsure (3)

End of Block: DEI Perceptions

Start of Block: Cultural Competency Readiness

Q21 My program has prepared me for interacting with/treating culturally diverse patients in my clinical rotations

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q22 I feel confident treating a patient who is from a cultural background that is different from my own

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q24 My program has introduced DEI practices that have impacted the way I think about different cultures

- Strongly agree (1)
- Agree (2)

- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q23 (For RECENT GRADUATES only; if still in school, answer “N/A”) My program introduced DEI practices that have helped me in my career as a physical therapist

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)
- N/A (8)

Q17 I feel that my program is welcoming to all cultures/backgrounds/lifestyles

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)

Somewhat disagree (5)

Disagree (6)

Strongly disagree (7)

Q25 I have learned about effective DEI + culturally competent practices within physical therapy through the following resources: (click all that apply)

Program curriculum (i.e. the classes you take) (1)

Extra-curricular program opportunities (2)

Classmates (3)

Coworkers (4)

DPT faculty member (5)

Clinical instructor/mentor/mentee (6)

Clinical experience (7)

Other (8)

Q28 I feel my program could do more to equip students with DEI and cultural competency training within the program

Strongly agree (1)

Agree (2)

Somewhat agree (3)

Neither agree nor disagree (4)

Somewhat disagree (5)

Disagree (6)

Strongly disagree (7)

Q38 Please use this space to share any other thoughts you may have about your overall experience within your program and how it has impacted your comfortability to treat diverse patient populations (i.e. ways your program could improve in DEI + cultural competency training, your experience with your classmates, etc.)