SDC 1: Priorities Not Achieving Consensus

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| **Priorities that did not achieve consensus** | **% indicating Strongly Agree or Agree with item** |
| Identify the benefits and challenges of different curricular models on pediatric physical therapy education outcomes | 77.55% (38/49) |
| Identify the preferred type (model/method) and amount of interprofessional experiences that is meaningful to pediatric physical therapy education outcomes. | 75.51% (37/49) |
| Identify endpoints and accompanying outcomes that can be associated with each step on the education continuum. | 71.43% (35/49) |
| Identify the extent to which pediatric residency and fellowship education has an impact on pediatric physical therapy practice (quality of intervention/outcomes, preparation for practice, professional involvement, leadership, scholarship, etc). | 71.43% (35/49) |
| Identify the role of the human movement system (“term used to represent the collection of systems that interact to move the body or its component parts” (APTA)) AND the signature pedagogy of “human body as teacher” (Jensen) for pediatric physical therapy education. | 69.38% (34/49) |
| Identify the factors that facilitate and encourage students and practitioners to enter pediatric physical therapy education and practice.  | 65.31% (32/49) |
| Identify the preferred credentials and specific experiences for those who should be qualified as pediatric physical therapy educators, including both academic and clinical. | 58.33% (28/48) |
| Identify preferred timing (before or after a specific clinical experience, after residency or fellowship, before or after specialization, etc.) for measuring outcomes of educational experiences related to pediatric physical therapy. | 57.14% (28/49) |
| Identify when/where differences are acceptable and/or helpful in curricular models and content (depth/breadth) on pediatric physical therapy outcomes.  | 57.14% (28/49) |