CAPTE ACCREDITATION PORTAL | SELF-STUDY REPORT

2017 Self-Study Report - St Petersburg College - PTA

Institution

Institution Name:	St Petersburg College
Institution accrediting agency:	SACS -- COC
Name of Chief Executive Officer:	Tonjua Williams - PhD
Administrative Title:	President
Name of Chief Academic Officer:	Anne Cooper - PhD
Administrative Title:	SVP Instructional & Academic Programs
Name of Dean:	Richard Flora - DVM, MSBA
Administrative Title:	Dean - Veterinary Technology and Health Programs
Unit or school in which the program resides:	

Program Director/Administrator

Name of Program Director/Administrator:	Kory Thomas - PT, DPT
Administrative Title:	Program Director

Program

Title of Program:	Physical Therapist Assistant Program
Year of First Class Graduation:	1970
Program Accreditation Status:	Accreditation
Degree Awarded:	AS
Accreditation Status URL:	http://www.spcollege.edu/pta/#tab=6
Outcomes Location URL:	http://www.spcollege.edu/pta/#tab=6

Curriculum Design Characteristics

Type of Term:	Semester
Total # Terms to Complete Degree:	6
Total # of terms in academic year:	3
Term length (in weeks):	16
Length of professional/technical coursework in weeks (including exam week and count exam week as 1 wk):	69.5

Clinical Education

Total Hours of Clinical Education:	660
# Weeks Full-Time Clinical Education:	16.5

Coursework

Year of Term	Number of Term	Prefix and Number	Course	Type	Credits	Length of Course	Classroom Hours	Lab Hours	Distance Education Hours	Clinical Education	Other Hours	Students Per Class	Students Per Section	Primary	Other
1	1	PHI 1600	Studies in Applied Ethics	G	3	16	47	0	0	0	0	0	0	General Ed	
1	1	CGS 1070	Basic Computer and Information Literacy	G	1	2	16	0	0	0	0	0	0	General Ed	

Year of Term	Number of Term	Prefix and Number	Course	Type	Credits	Length of Course	Classroom Hours	Lab Hours	Distance Education Hours	Clinical Education	Other Hours	Students Per Class	Students Per Section	Primary	Other
1	1	BSC 2085	Human Anatomy & Physiology I	G	3	10	47	0	0	0	0	0	0	General Ed	
1	1	BSC 2085L	Human Anatomy & Physiology Laboratory I	G	1	10	0	45	0	0	0	0	0	General Ed	
1	1	HSC 1531	Medical Terminology	G	2	10	32	0	0	0	0	0	0	General Ed	
1	2	PHT 1200L	Introduction to Basic Patient Care Lab	T	3	16	0	92	0	0	0	34	17	Hanlon	Snellenburg
															Fox
															Heier
															Thomas
															Harwood
Year of Term	**Number of Term**	**Prefix and Number**	**Course**	**Type**	**Credits**	**Length of Course**	**Classroom Hours**	**Lab Hours**	**Distance Education Hours**	**Clinical Education**	**Other Hours**	**Students Per Class**	**Students Per Section**	**Primary**	**Other**
1	2	PHT 1121	Functional Anatomy & Kinesiology	T	3	16	47	0	0	0	0	34	34	Heier	
1	2	BSC 2086	Human Anatomy and Physiology II	G	3	16	47	0	0	0	0	0	0	General Ed	
1	2	PHT 1200	Introduction to Basic Patient Care	T	3	16	47	0	0	0	0	34	34	Hanlon	
1	2	ENC 1101	Composition I	G	3	16	47	0	0	0	0	0	0	General Ed	
1	2	PHT 1121L	Functional Anatomy & Kinesiology Lab	T	2	16	0	62	0	0	0	34	17	Heier	Hanlon
															Thomas
															Fox
															Harwood
															Snellenburg
Year of Term	**Number of Term**	**Prefix and Number**	**Course**	**Type**	**Credits**	**Length of Course**	**Classroom Hours**	**Lab Hours**	**Distance Education Hours**	**Clinical Education**	**Other Hours**	**Students Per Class**	**Students Per Section**	**Primary**	**Other**
1	2	BSC 2086L	Human Anatomy and Physiology II Lab	G	1	16	0	45	0	0	0	0	0	General Ed	
1	3	PHT 1217L	Physical Therapy Principles and Procedures Lab	T	3	16	0	92	0	0	0	34	17	Hanlon	Snellenburg
1	3	PSY 1012	General Psychology	G	3	16	47	0	0	0	0	0	0	General Ed	
1	3	REL 2300	World Religions	G	3	16	47	0	0	0	0	0	0	General Ed	
1	3	PHT 2252L	Orthopedic Disabilities and Treatment Lab	T	2	16	0	62	0	0	0	34	17	Heier	Snellenburg
1	3	PHT 2252	Orthopedic Disabilities and Treatment	T	3	16	47	0	0	0	0	34	34	Heier	

Year of Term	Number of Term	Prefix and Number	Course	Type	Credits	Length of Course	Classroom Hours	Lab Hours	Distance Education Hours	Clinical Education	Other Hours	Students Per Class	Students Per Section	Primary	Other
1	3	PHT 1217	Physical Therapy Principles and Procedures	T	3	16	47	0	0	0	0	34	34	Hanlon	
1	4	PHT 1801L	Physical Therapy Clinical Practice I		4	5	0	0	0	220	0	34	12	Thomas	Heier
															Hanlon
Year of Term	**Number of Term**	**Prefix and Number**	**Course**	**Type**	**Credits**	**Length of Course**	**Classroom Hours**	**Lab Hours**	**Distance Education Hours**	**Clinical Education**	**Other Hours**	**Students Per Class**	**Students Per Section**	**Primary**	**Other**
															Snellenburg
1	5	SPC 1017	Introduction to Speech Communication	G	3	16	47	0	0	0	0	0	0	General Ed	
2	5	PHT 2220	Therapeutic Exercise in Physical Therapy	T	2	16	32	0	0	0	0	34	34	Snellenburg	
2	5	DEV 2004	Developmental Psychology of the Life Span	G	3	16	47	0	0	0	0	0	0	General Ed	
2	5	PHT 2220L	Therapeutic Exercise in Physical Therapy Lab	T	2	16	0	62	0	0	0	34	17	Hanlon	Snellenburg
2	5	STA 2023	Elementary Statistics	G	3	16	47	0	0	0	0	0	0	General Ed	
2	5	PHT 2162	Neurological Disabilties and Treatment	T	3	16	47	0	0	0	0	34	34	Snellenburg	Thomas
2	6	PHT 2810L	Physical Therapy Clinical Practice II		4	5	20	0	0	200	0	34	12	Thomas	Hanlon
															Snellenburg
Year of Term	**Number of Term**	**Prefix and Number**	**Course**	**Type**	**Credits**	**Length of Course**	**Classroom Hours**	**Lab Hours**	**Distance Education Hours**	**Clinical Education**	**Other Hours**	**Students Per Class**	**Students Per Section**	**Primary**	**Other**
															Heier
2	6	PHT 2931	Trends in Physical Therapy	T	2	5	32	0	0	0	0	34	34	Snellenburg	
2	6	PHT 2820L	Physical Therapy Clinical Practice III		4	5	0	0	0	220	0	34	12	Thomas	Hanlon
															Heier
															Snellenburg

Core Faculty Workload

Faculty Name	FTE Institution	FTE Program	Hours - Fall	Hours - Winter	Hours - Spring	Hours - Summer	Teaching in Entry-level Program	Clinical Practice Teaching other programs	Committee Work	Admin Responsibilities	Scholarship	Total Enrolled In Degree Program

Faculty Name	FTE Institution	FTE Program	Hours - Fall	Hours - Winter	Hours - Spring	Hours - Summer	Teaching in Entry-level Program	Teaching other programs	Clinical Practice	Committee Work	Admin Responsibilities	Scholarship	Enrolled In Degree Program	Total
Hanlon, Mary	1.22	1.22	320	0	318	150	69	0	0	20	11	0	0	100
Heier, Barbara	1.22	1.22	256	0	238	150	57	0	0	30	13	0	0	100
Snellenburg, Kirsten	1.22	1.22	360	0	338	150	74	0	0	20	6	0	0	100
Thomas, Kory	1.33	1.33	128	0	78	150	21	0	0	15	64	0	0	100

Associated/Adjunct Faculty Workload

Faculty Name	FTE Institution	FTE Program	Hours - Fall	Hours - Winter	Hours - Spring	Hours - Summer	Teaching in Entry-level Program	Teaching other programs	Clinical Practice	Committee Work	Admin Responsibilities	Scholarship	Enrolled In Degree Program	Total
Fox, Debra			251	0	6	0								
General Ed, TBD			0	0	0	0								
Harwood, Doug			152	0	0	0								

Faculty

# of PT FULL-TIME core faculty positions:	4
# of PT PART-TIME core faculty positions:	0
# of Non-PT FULL-TIME core faculty positions:	0
# of Non-PT PART-TIME core faculty positions:	0
# of FTE's the above # of core faculty represents:	4.99
Describe the definition of 1 FTE at your institution (ie, 9 mo, 10 mo, 11 mo, 12 mo)	9 Months
# of current vacancies in currently allocated (budgeted) core faculty positions:	0
% of core faculty positions turned over in last year:	0
# of projected vacancies in currently allocated positions:	0
# of associated/adjunct faculty who teach half the contact hours of a course:	2
FTE's represented by the previous # of adjunct/associated faculty	0.1

Students

Freshmen:	0	**Sophomore:**	30

Student Ethnicity/Race

Hispanic/Latino of any race:	5	**American Indian/Alaskan Native:**	0
Asian:	0	**Black or African-American:**	2
Native Hawaiian/other Pacific Islander:	0	**White:**	21
Two or more races:	2	**Unknown:**	0
Total:	30		

Budget Statements

Academic Year	Year Beginning	Year Ending	Core FTEs	Total Allocations	Total Expenses
Academic Year Following Visit	2018	2019	5	$350,124.76	$348,150.93
Academic Year of Visit	2017	2018	5	$370,124.76	$358,150.93

Academic Year	Year Beginning	Year Ending	Core FTEs	Total Allocations	Total Expenses
Academic Year Previous to Visit	2016	2017	5	$370,124.76	$357,339.66

Allocations

Category	2018-2019	2017-2018	2016-2017
One college, one budget	$337,018.76	$29,108.00	$3,998.00
Total	$350,124.76	$370,124.76	$370,124.76

Expenses

Category	2018-2019	2017-2018	2016-2017
Core FTEs	5	5	5
Core Faculty Salary (Excluding Benefits)	$315,000.84	$315,000.84	$315,000.84
Staff Salary (Excluding Benefits)	$7,221.25	$7,221.25	$16,971.12
Associated Faculty Compensation (Excluding Benefits)	$13,528.84	$13,528.84	$2,562.00
Total	$335,750.93	$335,750.93	$334,533.96

Category	2018-2019	2017-2018	2016-2017
Faculty Development	$2,250.00	$2,250.00	$2,250.00
Clinical Education	$375.00	$375.00	$356.15
Equipment	$275.00	$275.00	$275.27
Operational	$4,900.00	$4,900.00	$5,029.28
Other	$4,600.00	$14,600.00	$14,895.00
Total	$12,400.00	$22,400.00	$22,805.70

Faculty List - Summary

Last Name	First Name	Credentials	Type
Fox	Debra	DPT, CWS	Adjunct/Associated
General Ed	TBD	None	Adjunct/Associated
Hanlon	Mary	PTA	Core
Harwood	Doug	PTA	Adjunct/Associated
Heier	Barbara	DPT	Core
Snellenburg	Kirsten	DPT	Core
Thomas	Kory	DPT	Core

Associated Faculty Details - Fox , Debra

Qualifications Narrative

Debra Fox received her Bachelor's of Health Science degree in Physical Therapy from the University of Louisville in August 1989. She is currently licensed to practice as a physical therapist in Florida (license no. PT7128).

Dr. Fox is an adjunct faculty member in the program. She has twenty-eight years of diverse clinical experience as a licensed physical therapist. Dr. Fox has extensive clinical experience with treating patients in the acute care setting. She is qualified in her ability to identify performance deficits and unsafe practices of students, determine student readiness to engage in clinical education, and to monitor and facilitate ethical and clinically appropriate behaviors in students.

Dr. Fox's teaching experience includes serving as a guest lecturer on the topic of wound care at St. Petersburg College for 14 years. She has clinical experience with providing wound care evaluations and treatments as well as positioning patients properly for wound care prevention in the acute care and long-term care settings. In addition, she has experience with providing patient transfers, gait training, and therapeutic activities. This experience qualifies her to assist in PHT1200L: Introduction to Basic Patient Care Lab. In addition, Dr. Fox is an APTA Credentialed Clinical Instructor.

Dr. Fox's experience in the acute care and long-term care environments provides her with the expertise needed for teaching students in PHT1121L: Functional Anatomy and Kinesiology Lab. Dr. Fox served as a Lab Facilitator in this course during the 2016-2017 fall semester in which she assisted the primary instructor with educating students on bony landmarks, palpation, and goniometry. As a Certified Wound Specialist, Dr. Fox is well positioned to educate students on this content.

Currently, Dr. Fox is a Clinical Specialist/Preceptor for American Medical Technologies and is employed by St. Petersburg General Hospital as a PRN Physical Therapist. Dr. Fox educates other health care personnel on proper wound care techniques. This experience assists her with having the strategies needed for teaching individuals with various learning styles. Recent continuing education that directly corresponds to the content of the courses in which she teaches includes *Essentials of Acute Care Physical Therapy* in March 2017. This content relates to the content of PHT1200L: Introduction to Basic Patient Care Lab.

Dr. Fox has proven to be an effective educator as evident by the Student Surveys of Instructions and Lab Facilitator Surveys that students completed during the 2016-2017 academic year. Students indicated that she made learning goals clear, used appropriate

instructional strategies, provided helpful feedback about their performance, and increased their understanding of the subject matter. Peer Review Forms, that were completed by the core faculty, indicated that Dr. Fox asked the students excellent questions that promoted critical thinking. Results indicate that Dr. Fox is a good listener, is approachable to students and challenges students appropriately.

CV Resume:	CV-Fox Debra.pdf

Associated Faculty Information

Sex:	Female
Total Teaching Contact Hours Per Academic Year:	9
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Bachelor's + Transition DPT
Highest Earned Degree (Not E-L PT):	Not Applicable
Discipline of Highest Earned Degree:	Not Applicable
Total Years As Faculty:	14
Total Years As Faculty in Program:	15
Primary Area of Expertise Taught in Curriculum:	Integumentary
Secondary Area of Expertise Taught in Curriculum:	Other
Enrolled in Degree Program:	No
Certified Clinical Specialist:	Yes
Certified Clinical Specialist:	Yes

Associated Faculty Details - General Ed , TBD

Qualifications Narrative

Not applicable.

CV Resume:	DoNotBotherToOpen.pdf

Associated Faculty Information

Sex:	Male
Total Teaching Contact Hours Per Academic Year:	0
PT or PTA:	Neither
Entry-Level PT/PTA Degree:	Not Applicable
Highest Earned Degree (Not E-L PT):	Not Applicable
Discipline of Highest Earned Degree:	Not Applicable
Total Years As Faculty:	0
Total Years As Faculty in Program:	0
Primary Area of Expertise Taught in Curriculum:	Education
Secondary Area of Expertise Taught in Curriculum:	Education
Enrolled in Degree Program:	No
Certified Clinical Specialist:	No
Certified Clinical Specialist:	No

Core Faculty Details - Hanlon , Mary

Qualifications Narrative

Mary Hanlon, PTA, B.A. graduated from an accredited PTA program in May 1983 and is licensed in the state of Florida, PTA901. Ms. Hanlon graduated with a Bachelor's Degree in Interdisciplinary Social Sciences from the University of South Florida / St. Petersburg in 2006. Ms. Hanlon has been a physical therapist assistant for 33 years. She has 8 years' full time clinical experience in various settings to include; pediatrics, acute care, outpatient, SNF / ALF and home settings, and several years as a PRN PTA in an outpatient setting. Ms. Hanlon also was an adjunct instructor in Basic Patient Care Lab and Physical Therapy Principles and Procedures Lab prior to becoming full time faculty in SPC PTA program. Ms. Hanlon's clinical experience in carrying out the plan of care by the physical therapist and her 25 years of teaching in SPC PTA program has definitely prepared her to teach Introduction to Basic Patient Care with accompanying lab; Physical Therapy Principles and Procedures with accompanying lab; Therapeutic Exercise Lab; and

Clinical Experience I, II, III. Ms. Hanlon has also been a Clinical Instructor for physical therapist assistant students. She is also an APTA Credentialed Clinical Instructor. Ms. Hanlon has been a member of the APTA for over 33 years and also a member in the Education section. Ms. Hanlon also was instrumental in starting the Physical Therapy Clinic at SPC in 2004.

As will all faculty, Ms. Hanlon's teaching effectiveness is assessed through the process described in Element 4E.

The Student Survey of Instruction (SSI) was designed to acquire information on the student perception of the quality of courses, faculty and instruction, and provide feedback information for improvement. The survey consists of 18 questions based on a 7-point scale. There are three categories that are addressed: Faculty Engagement (FE), Preparation and Organization (PO) and Course Instruction (CI). Ms. Hanlon's combined ratings of all courses for FE is 6.62, PO is 6.70 and CI is 6.58.

Ms. Hanlon's approach to effective teaching is finding out the various learning styles of the students and incorporating these learning styles into various delivery approaches in both lectures and labs. Ms. Hanlon utilizes group work, team testing, demonstrations, analogies, online discussions, clinical experiences, and student experiences in the learning process. Ms. Hanlon also encourages the students to "own their learning" and holds them accountable.

PHT 1200 Introduction to Basic Patient Care / Primary Instructor for 25 years

(Content covered: APTA / Patient's Rights / Standards of Conduct for the PTA, HIPAA, vital signs, inflammation and repair, pain, thermal agents, gait, assistive devices, motion restrictions, massage, selected pathologies such as but not limited to: RA, OA, SCI, CVA and developmental sequence in pediatrics, wound care 101)

Ms. Hanlon has maintained current practice knowledge through CEUs, conferences, and readings published through the APTA. Furthermore, her application of practice is evidenced in the patients/employees that she treats at the college. Aside from normal teaching responsibilities, Ms. Hanlon, along with the PTA staff and PTA students, instruct nursing students annually at the college in basic gait and mobility/transfer techniques to enhance interdisciplinary collaboration between the two departments, Ms. Hanlon also instructs students in a mock hospital setting called the SCENE in transfers and mobility. In addition, Ms. Hanlon has participated with the PTA department in Posture / Orthopedic / Vital Signs Screening clinics with PTA students for SPC employees, (9/2015, 10/2016) and Posture and Flexibility Clinics (8/2016). Some of the CEUs that she has attended include Cardiopulmonary Physical Therapy for the PTA, (5/2016), Rehabilitation for the Amputee, (4/2011), Differential Diagnosis, (4/2011) Treating a Runner, (5/2012), the APTA National Conference,"Hooked on Evidence: Searching Skills for Clinicians" and "Functional Biomechanics and Physical Examination of the Foot and Ankle" (6/2012), the APTA Educational Leadership Conference: Innovations in Teaching and Clinical Instruction, (10/2011) and Neuroscience Seminar, (10/2010). Included in these CEUs every renewal is the medical errors course with HIPAA training. Furthermore, she regularly collaborates (biannually) with a wound care specialist in teaching the various stages of wound healing and care.

PHT 1200L Basic Patient Care Laboratory / Primary Instructor for 25 years

(Content covered: positioning, vital signs, thermal agents (hot / cold packs, ice massage, fluidotherapy, paraffin, hydrotherapy, contrast baths) body mechanics, wheelchairs, transfers, gait training, assistive devices, range of motion and basic massage)

Please see Appendix: 4A Narrative Response Hanlon.pdf for continued information.

Documents

CV Resume:	CV-Hanlon Mary.pdf
Faculty Scholarship:	

Core Faculty Information

Position:	Other Faculty
Months Appointed Per Academic Year:	11
FTE (for Institution):	1.22
FTE (for Program):	1.22
PT or PTA:	PTA
Entry-Level PT/PTA Degree:	Associates
Highest Earned Degree (Not E-L PT):	Bachelor's
Discipline of Highest Earned Degree:	Other
Rank:	Instructor
Total Years As Faculty in Program:	26
Primary Area of Expertise Taught in Program:	Electrotherapy/Modalities
Secondary Area of Expertise Taught in Program:	Professional Issues (Communications, Ethics, etc.)
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No

Teaching (%)			
Entry-Level Program:	69	**Other Programs:**	0
Service (%)			
Clinical Practice:	0	**Committee Work, General Advising, Etc:**	20
Other (%)			
Administrative:	11	**Scholarship:**	0
Enrolled in Degree Program:	0		

Associated Faculty Details - Harwood , Doug

Qualifications Narrative

Doug Harwood received his Associate in Science degree in Physical Therapist Assistant from St. Petersburg College in May 2015. He is currently licensed to practice as a physical therapist assistant in Florida (license no. PTA 25876).

Mr. Harwood is a Lab Facilitator in the program. He has clinical experience with treating patients in the skilled nursing and outpatient settings which provides him with the clinical knowledge that is necessary to assist the primary faculty member in PHT1200L: Introduction to Basic Patient Care Lab. In this course, students learn skills such as transfer and gait training, patient positioning, and wheelchair management.

Mr. Harwood is a Lab Facilitator in PHT1121L: Functional Anatomy and Kinesiology. In this course, he assists the students with palpation, identifying bony landmarks, and performing goniometric measurements. His experience in the outpatient setting provides him with the skills need to function in this role as Lab Facilitator.

Mr. Harwood currently works in two skilled nursing facilities and an outpatient clinic as a PRN physical therapist assistant. By working in more than one facility, he has treated a diverse patient population with various diagnoses. This enables him to facilitate students' learning experiences by providing context and depth to skills being taught and relating those skills to real life experiences.

Prior to his appointment as a Lab Facilitator, Mr. Harwood was employed by the College as a tutor for students. In this role, he assisted with solidifying students' knowledge and hands-on skills. During his time as a student in the program, Mr. Harwood served as a mentor to PTA students.

Doug Harwood has proven to be effective with his teaching as evident by the Lab Facilitator Surveys that students completed during the 2016-2017 academic year. Students indicated that he made learning goals clear, used appropriate instructional strategies, provided helpful feedback about their performance, and increased their understanding of the subject matter. Peer Review Forms, that were completed by the core faculty, indicated that he encourages students to problem solve and is committed to guiding students in the right direction.

CV Resume: CV-Harwood Doug.pdf

Associated Faculty Information	
Sex:	Male
Total Teaching Contact Hours Per Academic Year:	47
PT or PTA:	PTA
Entry-Level PT/PTA Degree:	Associates
Highest Earned Degree (Not E-L PT):	Bachelor's
Discipline of Highest Earned Degree:	Other
Total Years As Faculty:	1
Total Years As Faculty in Program:	1
Primary Area of Expertise Taught in Curriculum:	Other
Secondary Area of Expertise Taught in Curriculum:	Musculoskeletal
Enrolled in Degree Program:	No
Certified Clinical Specialist:	No
Certified Clinical Specialist:	No

Core Faculty Details - Heier , Barbara

Qualifications Narrative

Barbara Heier, PT, DPT graduated from an accredited PT program in June 1986 and is licensed in the state of Florida PT 4843. Dr. Heier graduated with a Bachelor's Degree in physical therapy from University of Illinois at Chicago in June 1986 and completed her transitional Clinical Doctorate Degree in Physical Therapy at University of South Florida in May 2014. Barbara Heier has been a

physical therapist for 30 years. She has worked in the outpatient setting and acute care. She is currently employed with Morton Plant Bay Care Hospital as a PRN physical therapist which keeps her current in contemporary clinical practice. Her clinical experience includes treating a variety of diagnoses in the acute care setting. She worked 10 years as an outpatient orthopedic specialist which has adequately prepared her to teach Basic Patient Care Lab, Functional Anatomy & Kinesiology Lecture and Lab, and Orthopedic Disabilities and Treatment Lecture and Lab. Dr. Heier is an APTA Credentialed Clinical Instructor, was a Clinical Coordinator of Clinical Education (CCCE), and also has 30 years of experience practicing in the Tampa Bay Area. This contributes to clinical site professional relationships for the clinical education aspect in the PTA program to assist our program's ACCE.

The Student Survey of Instruction (SSI) contains 18 items that include extensive feedback to assess the effectiveness of the faculty teaching method, engagement, communication and organization. The Student Survey of Instruction (SSI) is performed at the end of every semester that faculty is working. The yearly review takes into account all the SSI's for each semester taught, the student feedback, and the formal assessment by the Program Director and Dean. The faculty also performs a self-evaluation using the instrument called Faculty 180. Faculty 180 assists the teaching staff to formulate a progressive plan in assessing and correcting the effectiveness issues of teaching and communication with students. Faculty 180 also assists to engage the faculty to address community service, self-growth professionally and growth in the PTA program and academic environment.

Dr. Heier's effectiveness is demonstrated by the faculty evaluation process (see Standard 4E). Dr. Heier's SSI ratings are always above the college average. In addition, the program's first-time pass rate for the NPTE is 100% providing further evidence of Dr. Heier's teaching effectiveness. Student feedback following PHT 2252/2252L Orthopedic Disabilities and Treatment Lecture and Lab indicates an effective teaching style.

Dr. Heier has been the lead instructor for **Functional Anatomy and Kinesiology Lecture and Lab (PHT1121/1121L)** for 7 years and was the assistant instructor for 3 years. Dr. Heier's educational experience for teaching functional anatomy and kinesiology includes transitional doctorate course work 2012-2014 and her bachelors of science in physical therapy in 1986. Continuing education courses that added to her expertise to allow contemporary teaching include courses that focused on innovation at the APTA educational leadership conference in October 2011, *Creating Interactive Educational Presentations with Google Slides* June and October 2016, and *Jump Start: Improving Student Success in Anatomy and Physiology* in Fall 2016. Other educational courses include *How to Teach an Online Course and How to Maximize Face-to Face Instruction* April 2016, *What is Essential in a Grading Policy* course in Fall 2016, *How can I Assess Critical Thinking with Objective Items* course in Fall 2016, *How Can I Align Technology with Pedagogical Goals* course in Spring 2017 along with faculty certification for learning a new learning management system (MyCourses) for our college in October 2013.

Dr. Heier has been an assistant instructor for **Basic Patient Care Lab (PHT1200L)** for 10 years and was the lead instructor for 3 years. Dr. Heier's educational experience for teaching basic patient care lab is the same as noted above for Kinesiology course. Continuing education courses that added to her expertise include both clinical and educational courses to allow contemporary teaching and clinical expertise. These include *Florida Update in HIV/AIDS in the Millennium* July 2016, *Infection Control-Program Management and Communication* July 2016, *Cardiopulmonary PT for the PTA* May 2016, and *PT Treatment, Assistive Technology and Wheelchair Fitting in Neuromuscular Disease* May 2014. Continuing with clinical work helps Dr. Heier remain contemporary to keep the students updated in Basic Patient Care Lab skills in the field. In addition, PTA staff and PTA students present to Level I nursing students on how to perform mobility training with assistive devices.

Please see Appendix: 4A Narrative Response Heier.pdf for continued information.

Documents

CV Resume:	CV-Heier Barbara.pdf
Faculty Scholarship:	

Core Faculty Information

Position:	Other Faculty
Months Appointed Per Academic Year:	11
FTE (for Institution):	1.22
FTE (for Program):	1.22
PT or PTA:	PT
Entry-Level PT/PTA Degree:	Bachelor's + Transition DPT
Highest Earned Degree (Not E-L PT):	Not Applicable
Discipline of Highest Earned Degree:	Physical Therapy
Rank:	Instructor
Total Years As Faculty in Program:	10
Primary Area of Expertise Taught in Program:	Musculoskeletal
Secondary Area of Expertise Taught in Program:	Anatomy
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No

Teaching (%)

Entry-Level Program:	57	**Other Programs:**	0
Service (%)			
Clinical Practice:	0	**Committee Work, General Advising, Etc:**	30
Other (%)			
Administrative:	13	**Scholarship:**	0
Enrolled in Degree Program:	0		

Core Faculty Details - Snellenburg , Kirsten

Qualifications Narrative

Kirsten Snellenburg, PT, DPT is licensed both in the state of Florida (PT 17873) and New York State (PT 025448-1). Dr. Snellenburg graduated with her Bachelor's Degree in Business Management from Eckerd College in 1986. She completed her Master's degree in physical therapy at Nova Southeastern University in 1998 and her Doctoral degree in physical therapy from St. Augustine University in 2008.

Dr. Snellenburg has over 19 years of extensive clinical experience in the outpatient, SNF and home health setting. As a private practice owner for 13 years, Dr. Snellenburg was responsible for evaluating and treating all patients with pelvic floor dysfunction, neurological conditions, balance and vestibular disorders. Dr. Snellenburg has also practiced part-time in the SNF/ALF settings for 4 years and home health setting for 2 years. Her current clinical practice includes outpatient coverage for the county jail for 4 years as well as fee for service in-home services.

Her clinical experience in outpatient, SNF, home health and in-patient jail settings has adequately prepared her to teach PHT1200L Basic Patient Care laboratory, PHT2220 Therapeutic Exercise Lecture and PHT2220L Therapeutic Exercise Lab, PHT2162 Neurological Disabilities and PHT2931 Trends in Physical Therapy. Dr. Snellenburg was the CCCE in her private practice for 13 years and obtained her clinical instructor certification through the Florida Consortium of Clinical Education (FCCE) 16 years ago.

Dr. Snellenburg has 9 years of teaching experience as a lab facilitator and adjunct faculty for St. Petersburg College prior to her appointment as a full-time instructor. Dr. Snellenburg also taught for 10 years at a vocational school, Cortiva-School of Massage, as an instructor teaching anatomy, physiology, neuroanatomy and advanced hands-on soft tissue mobilization techniques. Dr. Snellenburg also has been a CE provider in massage therapy in the state of Florida for 19 years teaching CEs for massage therapists in advanced hands-on modalities in the Tampa Bay Area.

The faculty's individual effectiveness in teaching and student evaluation is reviewed yearly, with each new faculty member being evaluated at the mid-point of the first year and at the completion of the first year. Dr. Snellenburg's 2015-16 yearly review by the Program Director and Dean demonstrated positive effectiveness in teaching and student communication with student survey scores >6.7 (out of 7) and positive student course comments. After the May 2016 evaluation with the Program Director, Dr. Snellenburg set up two teaching goals that included being more efficient with online skills and stimulating students in critical thinking. Goals were established to address opportunities for growth for Dr. Snellenburg in the 2016-2017 school year.

In addition to the yearly review, Dr. Snellenburg was evaluated by the Dean and Senior Vice President of Instructional Programs on her effectiveness in teaching, organization and faculty engagement. This evaluation is the standard procedure for any new full-time faculty members who do not have a continuing contract status. Student survey (SSI) scores for the summer & fall semesters in 2016 are as follows: Faculty Engagement (scale 1.0-7.0): 6.90 compared to Department scores of 6.75, Preparation & Organization: 6.80 compared to PTA Dept. 6.77, and Course Instruction: 6.73 compared to PTA Dept. 6.73. Student comments included positive feedback for student communication, encouragement and good teaching techniques. Feedback for improvement included improving PowerPoint presentations in lectures, organizing lectures with a time schedule for each class and adding more reviews of the reading assignments.

Dr. Snellenburg has been the lead Instructor for **PHT 2220: Therapeutic Exercise in Physical Therapy Lecture** for the past two years. She has been the assistant instructor in PHT **2220L: Therapeutic Exercise in Physical Therapy Lab** for the past two years. Dr. Snellenburg's educational experience for teaching therapeutic exercise includes doctoral course work in 2004-2008 and Masters of Physical Therapy in 1998, as well as the FCCE clinical educational certificate in 1999. Continuing education courses that add to her expertise include clinical instructor courses, FPTA Functional Approach to Analyzing & Treating Hemiplegic Gait associated with Stroke in September 2016, Cardiopulmonary for the PT/PTA in May 2016 and Strategic Crossroads of the Body in July 2016.

Please see Appendix: 4A Narrative Response Snellenburg.pdf for continued information.

Documents

CV Resume:	CV-Snellenburg Kirsten.pdf
Faculty Scholarship:	

Core Faculty Information

Position:	Other Faculty
Months Appointed Per Academic Year:	11
FTE (for Institution):	1.22
FTE (for Program):	1.22
PT or PTA:	PT

Entry-Level PT/PTA Degree:	Master's + Transition DPT
Highest Earned Degree (Not E-L PT):	Not Applicable
Discipline of Highest Earned Degree:	Physical Therapy
Rank:	Instructor
Total Years As Faculty in Program:	10
Primary Area of Expertise Taught in Program:	Therapeutic Exercise
Secondary Area of Expertise Taught in Program:	Neuroscience
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No

Teaching (%)

Entry-Level Program:	74	**Other Programs:**	0

Service (%)

Clinical Practice:	0	**Committee Work, General Advising, Etc:**	20

Other (%)

Administrative:	6	**Scholarship:**	0
Enrolled in Degree Program:	0		

Core Faculty Details - Thomas , Kory

Qualifications Narrative

Kory Thomas, PT, DPT is a licensed Physical Therapist in the states of Florida and Virginia; Florida License Number: PT 22092; Virginia License Number: 2305204262. The courses in which she teaches and related experiences are below:

PHT 2162: Neurologic Disabilities & Treatment – Secondary instructor for lecture course (Content: advanced study of the nervous system and selected neurological disabilities encountered in physical therapy practice)

Previous Experience:

Developed course objectives, examinations, assignments, determined readings/reference material, created learning experiences and was the instructor for PTA 217: Applied Neurology and Lab in the Physical Therapist Assistant Program at Florida Career College.

Education:

Journal Articles Read: 2016: Journal of the American Physical Therapy Association: “Client Perspectives on Reclaiming Participation After a Traumatic Spinal Cord Injury in South Africa”

Completed CEU Course: 2016: American Physical Therapy Association – “Sports-Related Mild Traumatic Brain Injury”

Completed CEU Course: 2015: PESI – “Neurologic Degenerative Disorders”

Completed CEU Course: 2014: St. Petersburg College – Stroke Conference

Clinical Expertise:

PRN Physical Therapist at Hawthorne Nursing and Rehabilitation Center; Caseload includes neurologic patients; May 2012 – April 2017

PRN Physical Therapist at HCR ManorCare; November 2014 - March 2016

PHT 1121L: Anatomy & Kinesiology & Lab – Secondary instructor for lab course (Content: palpation, goniometry, manual muscle testing, exercise performance)

Previous Experience:

Developed course objectives, examinations, assignments, determined readings/reference material, created learning experiences, and was the instructor for PTA 116: Applied Kinesiology and Lab in the Physical Therapist Assistant Program at Florida Career College.

Education:

Completed CEU Course 2014: St. Petersburg College – “Rehab for the Lower Prosthetic Patient)

Completed CEU Course: 2010: Florida Physical Therapy Association Annual Conference: “Therapeutic Exercise and the PTA: Understanding Dosing and Progression”

Completed CEU Course: 2011: American Physical Therapy Association: Combined Sections Meeting – “Knee Changes from the Sports Injury to the TKA, Part 2: Clinical Biomechanics of Osteoarthritis”

Clinical Expertise:

Current PRN Physical Therapist at Hawthorne Nursing and Rehabilitation Center; Caseload includes orthopedic patients (evaluations and treatments include goniometric and manual muscle test assessment)

2015: Special Olympics Fun Fitness Volunteer: Conducted screenings for children and young adults with physical and/or mental disabilities (screenings included goniometric and balance measurements); Supervised St. Petersburg College and Keiser University PTA students as they assisted with data collection

PHT 1200L: Basic Patient Care Lab – Secondary instructor for lab course (Content: patient positioning, transfers, gait training, passive range of motion, modalities)

Education:

Completed CEU Course: 2016: Florida Physical Therapy Association – "Cardiopulmonary PT for the PTA" (Course included vital signs discussion)

Completed CEU Course: 2011: American Physical Therapy Association: Education Leadership Conference: "A Model for Improving Student Efficacy and Confidence during the Introduction of Handling Skills in PTA Students"

Consultation and Service:

Consultant/Guest Speaker for SPC Level I and III Nursing students; Topic: Mobility (Gait Training with Assistive Devices and Transfer Training); September 2016 and February 2017

2009: In-service given to South University nursing students regarding proper body mechanics and lifting techniques during transfers

PHT 1801L: Clinical Practice I – Manage and monitor students as they complete their clinical affiliations; make phone calls, site visits, assess student progress and performance

Previous Experience:

Developed curriculum for clinical courses at Florida Career College and monitored student progress

Education:

Completed CEU Course: 2011: American Physical Therapy Association: Education Leadership Conference: Innovations in Teaching and Clinical Instruction – "Assessing Clinical Reasoning: The Health Science Reasoning Test;" "An Innovative Approach to Threading PT-PTA Relationship Content throughout a DPT Curriculum;" and "A Model for Improving Student Efficacy and Confidence during the Introduction of Handling Skills in PTA Students"

Completed CEU Course: 2011: American Physical Therapy Association: Combined Sections Meeting – "Structure and Intentional Teaching Strategies for the Clinical Instructor: Development and Deployment of a Clinical Curriculum"

Please see Appendix: 4A Narrative Response Thomas. pdf for continued information.

Documents

CV Resume:	CV-Thomas Kory.pdf
Faculty Scholarship:	

Core Faculty Information

Position:	Director & Clin Ed Coordinator
Months Appointed Per Academic Year:	12
FTE (for Institution):	1.33
FTE (for Program):	1.33
PT or PTA:	PT
Entry-Level PT/PTA Degree:	DPT
Highest Earned Degree (Not E-L PT):	Not Applicable
Discipline of Highest Earned Degree:	Physical Therapy
Rank:	Administrative Appointment
Total Years As Faculty in Program:	4
Primary Area of Expertise Taught in Program:	Neuroscience
Secondary Area of Expertise Taught in Program:	Musculoskeletal
% of Time Enrolled in Degree Program:	No
Certified Clinical Specialist:	No

Teaching (%)

Entry-Level Program:	21	**Other Programs:**	0
Service (%)			
Clinical Practice:	0	**Committee Work, General Advising, Etc:**	15
Other (%)			
Administrative:	64	**Scholarship:**	0
Enrolled in Degree Program:	0		

Outcome Data

General Information

	2012_1	2013_1	2014_1
Graduation Rate	71.9	72.4	90.3
Admission Month/Year	08/2010	08/2011	08/2012
Students Matriculated	44	40	37
Expected Graduation Month/Year	05/2012	05/2013	05/2014
150% Expected Graduation Month/Year	April 2013	April 2014	April 2015

Number of Students Who Did Not Complete the Program Due to:

	2012_1	2013_1	2014_1
Academic Standards	9	8	2
Clinical Standards	0	0	1
Disabled/Deceased	0	0	0
Other	4	6	6

Students Graduated

	2012_1	2013_1	2014_1
On Time	21	21	28
Required 101% to 150%	2	0	0
Required > 150%	0	0	0
> 150% Still Matriculated	0	0	0

Graduation Rate

Class Year	Graduation Rate (%)
2012	71.9
2013	72.4
2014	90.3

Class Year - 2012

G1.1. Cohort Graduating	Yes
G1.1a. If Yes, how many cohorts graduated in the year being reported?	1

2012 - Cohort 1

G1.2. MM/YYYY of Matriculation	08/2010
G1.3. MM/YYYY of Expected Graduation	05/2012
G1.4. MM/YYYY that represents 150% of program length	April 2013
Number of Students Matriculated:	
G1.5. Number of students matriculated 1st term after Add/Drop	44

Number of Students In Original Cohort Who:	
G1.6. Graduated on Time	21
G1.7. Required 101%-150% of Time	2
G1.8. Required > 150% of Time	0
G1.9. Are Still Enrolled in Program	0
Number of Students In Original Cohort Who Did Not Complete the Program Due To:	
G1.10a. Academic Deficit	9
G1.10b. Clinical Deficit	0
G1.10c. Died/Severely Disabled/Active Military Duty	0
G1.10d. Health/Family Issues	8
G1.10e. Other Reasons	4
G1.11. Graduation Rate	71.9

G1.12. If students left for other reasons (G1.10e), identify the reasons, the number of students involved for each reason and briefly describe the assessment of changes needed/taken, if any:

Three students left for financial reasons. They couldn't make ends meet with the reduction in work hours required for outside of class study. One student left to pursue a nursing career. She had entered the PTA Program and completed the first year and then got accepted into a nursing program which is what she really wanted to do. Due to the low graduation rates of the last several classes, a new selective admission process was implemented. The selective admission process is based on GPA scores of the pre-entry requirements and a group interview process. Group interviews were added to the PTA program admission process in an effort to determine if behaviors such as: lack of maturity, emotional instability, inability to be reflective or handle stressful situations and lack of willingness to put mental effort into individual and team projects could be identified prior to being admitted into the program. These were identified as barriers for those students who were academically unsuccessful. During the group interview process facilitators (1 PTA faculty and 1 employee at the Health Center (nursing faculty, respiratory faculty, health center advisor, learning center facutly)) evaluate each participant for behaviors ranging from lack of interest, being overbearing or exhibiting frustration to full participation, asking for input, listening and respect for others, eye contact, and overall communication skills. Part 2 involves the same group of participants performing a team project where they have to identify an uncommon item in a bag. The group has fifteen minutes to pass the bag around, feel the object through the bag, discuss and agree upon three questions to ask the facilitators that would help them identify the object. Facilitators observed individuals for their willingness to put mental effort into the team project to the best of their ability, acceptance of others input/feedback, maturity level and ability to handle the stress of completing a project with a team under time constraints. Part 3 has candidates going to a computer lab for a two part writing assignment.

Class Year - 2013

G1.1. Cohort Graduating	Yes
G1.1a. If Yes, how many cohorts graduated in the year being reported?	1

2013 - Cohort 1

G1.2. MM/YYYY of Matriculation	08/2011
G1.3. MM/YYYY of Expected Graduation	05/2013
G1.4. MM/YYYY that represents 150% of program length	April 2014
Number of Students Matriculated:	
G1.5. Number of students matriculated 1st term after Add/Drop	40
Number of Students In Original Cohort Who:	
G1.6. Graduated on Time	21
G1.7. Required 101%-150% of Time	0
G1.8. Required > 150% of Time	0
G1.9. Are Still Enrolled in Program	0
Number of Students In Original Cohort Who Did Not Complete the Program Due To:	
G1.10a. Academic Deficit	8
G1.10b. Clinical Deficit	0
G1.10c. Died/Severely Disabled/Active Military Duty	0
G1.10d. Health/Family Issues	5
G1.10e. Other Reasons	6
G1.11. Graduation Rate	72.4

G1.12. If students left for other reasons (G1.10e), identify the reasons, the number of students involved for each reason and briefly describe the assessment of changes needed/taken, if any:

Two students left the program due to "life changes" (they did not explain what those were), three left due to not being able to sustain the rigors of the program and work the necessary hours needed to pay their bills, and one left stating he was "unprepared" to begin such a time-consuming program. In August of 2012, the program began a new selective admissions process due to a trend of several years of low graduation rates. We began implementation of this new process with the cohort entering the program in August of 2012. We had a wait list for this cohort, which we honored, but were able to fill 21 of the 39 seats from this new selective admission process. Of those 21 selected on pre-entry GPA and a group interview, 17 graduated in May of 2014 giving an 81% graduation rate for this group of students. Of the 18 who came from the wait list 10 graduated giving a 55% graduation rate. For the entire class of 2014 we achieved an overall graduation rate of 69%. It appears from one cohort of data that the selective admissions process has been effective in raising the program's graduation rate, however assessment will be on-going. The program still had students on a wait list through 2014 so we will not have a cohort completely from the selective admissions process until August of 2015.

Class Year - 2014

G1.1. Cohort Graduating	Yes
G1.1a. If Yes, how many cohorts graduated in the year being reported?	1

2014 - Cohort 1

G1.2. MM/YYYY of Matriculation	08/2012
G1.3. MM/YYYY of Expected Graduation	05/2014
G1.4. MM/YYYY that represents 150% of program length	April 2015
Number of Students Matriculated:	
G1.5. Number of students matriculated 1st term after Add/Drop	37
Number of Students In Original Cohort Who:	
G1.6. Graduated on Time	28
G1.7. Required 101%-150% of Time	0
G1.8. Required > 150% of Time	0
G1.9. Are Still Enrolled in Program	0
Number of Students In Original Cohort Who Did Not Complete the Program Due To:	
G1.10a. Academic Deficit	2
G1.10b. Clinical Deficit	1
G1.10c. Died/Severely Disabled/Active Military Duty	0
G1.10d. Health/Family Issues	0
G1.10e. Other Reasons	6
G1.11. Graduation Rate	90.3

G1.12. If students left for other reasons (G1.10e), identify the reasons, the number of students involved for each reason and briefly describe the assessment of changes needed/taken, if any:

Two students decided that this career was not one that they wanted to pursue. Two students needed to withdraw from the program due to financial reasons. One student did not pass a drug test for their clinical, therefore, they were removed from the program. Another student did not show up for his clinicals and the student did not return our calls. The selective admissions process that the SPC PTA program is now implementing will assist with the selection of students who should not have obstacles or barriers to succeed in the program such as those outlined above.

Preface

St. Petersburg College is a public, state funded institution that serves the greater Pinellas county area. With multiple campuses throughout the county and various degree options, SPC has become one of the more affordable and accessible higher learning institutions available. Currently, SPC offers certificates, associate degrees, and bachelor's degrees. The College also offers degree opportunities in more than twelve health programs at its Health Education Center.

At St. Petersburg College there has been a long standing tradition of providing excellence in education for students seeking higher learning opportunities since 1927. The desire of the College is that each student will succeed in their academic studies through career development and self-discovery; thus, enriching the community around them. SPC fosters diversity, empowers leaders, upholds ethics, and maintains a student focus. The College embraces an attitude of openness, desires mutual respect, and promotes global citizenship. In upholding these values and commitment to character, SPC seeks to become a great college that transforms the lives of its students, communities, and its employees.

St. Petersburg College's Physical Therapist Assistant Program has been a testament of such mission. Established in 1968, St. Petersburg College's PTA Program was one of the first colleges to offer training in the field of Physical Therapist Assistant. The program's first class graduated in May of 1970 whereby it was awarded its first programmatic accreditation. Since then, the program has maintained its accreditation with its most recent reaccreditation occurring in 2008. Today, the PTA Program seeks to establish proficient Physical Therapist Assistants equipped with the knowledge and training necessary to perform quality care while integrating evidence based research.

Name
SSR Check In.docx
Signature Page.pdf

Evaluative Criteria

Standard 1:
The program meets graduate achievement measures and program outcomes related to its mission and goals.

1A

The mission of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation of physical therapist assistants.

The mission statement for St. Petersburg College is, "Promote student success and enrich our communities through education, career development and self-discovery."

The mission of the St. Petersburg College Physical Therapist Assistant program is to prepare licensed graduates who provide quality, evidence based physical therapy interventions to patients/clients under the direction and supervision of a physical therapist in a variety of health care settings. The program facilitates student attainment of the knowledge, clinical skills, clinical decision making abilities, values and professional behaviors essential to function as a competent physical therapist assistant by providing quality, student-centered learning experiences which are based upon contemporary educational theory and student support services designed to maximize student success.

The program's mission demonstrates congruency with the institution's mission by describing how the program "promotes student success." The program's mission delineates methods the program utilizes to "maximize student success" including "providing quality, student-centered learning experiences." Furthermore, the program mission is congruent with the institution's mission to "enrich our communities" through its statement indicating graduates will provide physical therapy interventions in a variety of health care settings. Overall the program, through its mission, facilitates the institution mission by helping students develop the critical thinking skills necessary to successfully graduate and begin working as a licensed physical therapist assistant, thus leading to self-discovery while teaching students to use best practice in their communities.

The primary way the program's mission demonstrates consistency with contemporary profession expectations for the preparation of physical therapist assistants is through the indication that the graduate will provide interventions "under the direction and supervision of a physical therapist." This is the most foundational expectation of a PTA within the profession. In addition, the program mission places an emphasis on preparing graduates who provide "quality, evidenced based interventions." This is consistent with the physical therapy profession's focuses on evidence based outcomes and interventions. As such the Physical Therapist Assistant program at SPC is focused on educating students in the most effective treatments of contemporary practice. Students are also trained to select appropriate interventions within the plan of care for the variety of pathologies they treat while developing an understanding of the effective collaboration between Physical Therapists and Physical Therapist Assistants as is demonstrated in the mission by indicating graduates will be able to function "in a variety of settings."

1B
The program has documented goals that are based on its mission, that reflect contemporary physical therapy education and practice, and that lead to expected program outcomes.

The program's goals that lead to the expected program outcomes are as follows:

1. The graduate will provide physical therapy interventions under the direction and supervision of a physical therapist in a competent, safe and effective manner, maintaining compliance with federal and state licensing requirements and facility policies and procedures.

2. The graduate will determine each patient's response to the intervention through accurate, reproducible, safe, and valid data collection methods using accepted tests and standard procedures.

3. The graduate will demonstrate effective critical thinking and clinical decision making skills to determine the patient's appropriateness for and response to interventions and to modify, progress or stop interventions as indicated to achieve goals as established in the plan of care.

4. The graduate will demonstrate behaviors that are legal, ethical and safe and that are consistent with APTA's Values Based Behaviors and Standard of Ethical Conduct for the Physical Therapist Assistant.

5. The graduate will communicate effectively with all stakeholders, including patients/clients, family members, caregivers, the physical therapist, and other health care providers utilizing effective verbal and non-verbal communication strategies for the level of the individual.

6. The graduate will complete accurate, legible documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.

7. The graduate will appropriately utilize information from health care literature to guide clinical decisions related to the provision of interventions as directed by the PT.

8. The graduate will participate in the APTA and related professional organizations to promote and maintain the future of the Physical Therapy profession.

9. The graduate will identify career development and lifelong learning opportunities, including the role of the physical therapist assistant in the clinical education of physical therapist assistant students.

The faculty goals are as follows:

1. The faculty will demonstrate skills reflective of best practice of physical therapy.

2. The faculty will foster positive learning experiences through innovative educational principles.

The program goals are as follows:

1. The program will provide a comprehensive educational curriculum that is reflective of best practice of physical therapy.

2. The program will maintain program policies and procedures that support the effective implementation of the program.

3. The program will provide a clinical education environment that is safe, supportive and ind integrates the academic learning experiences in a variety of clinical exposures.

4. The program will transform the lives of students by providing effective and innovative learning experiences that are consistent with contemporary education theory.

The goals reflect the mission statement in that, through the achievement of these goals, students receive a quality education, develop professional behaviors, gain knowledge of physical therapy, and become competent physical therapist assistants utilizing evidence based practice in the variety of interventions they employ in the treatment of patients under supervision of the physical therapist.

1C
The program meets required student achievement measures and its mission and goals as demonstrated by actual program outcomes.

1C1 Graduation rates are at least 60%, averaged over two years. If the program admits more than one cohort per year, the two year graduation rate for each cohort must be at least 60%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 60%.

One cohort is admitted each year.

For the class of 2017, the program admitted 34 students and graduated 25 students for a graduation rate of 73.5%. For the class of 2016, the program admitted 40 students (2 students withdrew prior to the add/drop period) and graduated 27 students for a graduation rate of 71%. This equals a two-year average of 72.25%.

The program graduates one cohort of students each year.

1C2
Ultimate licensure pass rates are at least 85%, averaged over two years. If the program admits more than one cohort per year, the ultimate two-year licensure pass rate for each cohort must be at least 85%. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.

There were 21 graduates from the 2015 cohort and 27 graduates from the 2016 cohort that took the NPTE exam. The first-time pass rate for both cohorts was 100% for a two-year ultimate pass rate of 100%.

1C3
Employment rates are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two year employment rate for each cohort must be at least 90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.

The employment rate for the 2016 cohort (graduating class) was 96.29%. Of the 27 2016 graduates, 26 sought employment and 25 were employed within one year. The employment rate for the 2015 cohort (graduating class) was 100%. Of the 21 2015 graduates, 21 sought employment and 21 were employed within one year.

1C4
Students demonstrate entry-level clinical performance prior to graduation.

The Faculty Clinical Coordinator and the ACCE utilize the information on the CPI as the mechanism to determine entry-level performance of students prior to graduation. The marks provided on the Visual Analogue Scale by the Clinical Instructor (the Web CPI will be utilized effective summer 2017) as well as the written comments for each criterion and the comments provided by the Clinical Instructor on the last page of the CPI provide the information needed for the Faculty Clinical Coordinator and ultimately the ACCE to make a decision about whether or not the student has met entry-level performance prior to graduation.

The Minimum Passing Proficiencies for each criterion of the Web CPI are listed in a table format and are provided to students and clinical education faculty prior to the clinical experience. They are found on pg. 35 of the Clinical Instructor's Manual (Appendix: Clinical Education Handbook.pdf) and pg. 78 of the Policies and Procedures Manual (Appendix: Policies and Procedures Program.pdf). The Clinical Education Rubric is also provided to students prior to the start date of the clinical experience (Appendix:

Clinical Education Grading Rubric). This rubric includes the requirements pertaining to all clinical education assignments and the criteria for passing the clinical experience.

The graduates who completed the program within the last year have met entry-level performance by the end of their last clinical experience. This is documented in the Appendix: CE Student Experiences.pdf. Please refer to this appendix.

1C5
The program graduates meet the expected outcomes as defined by the program.

Name
1C5 Narrative Response.pdf

Graduate goals 1 - 7 & 9 have the following expected outcome and level of achievement. Each goal is evaluated per specific performance criteria from the CPI that directly correlate with the goal. The global expected outcome for graduate goals 1 – 7 & 9 is:

Expected Outcome:

Students enrolled in each clinical course will achieve the minimum passing requirements for each clinical experience.

The global level of achievement for each graduate goal is:

Expected Level of Achievement:

90% of enrolled students in each clinical course achieve the minimum passing requirements, including entry-level performance for PHT2820L Clinical Performance Instrument.

The individual(s) who are responsible, as described in the Assessment Matrix, utilize the Clinical Performance Instrument to gather information to determine if the goal/outcome has been met. This information is gathered after completion of each clinical course. Action is taken when 10% or more of the enrolled students in each clinical course do not achieve the minimum passing requirements, including entry-level performance for PHT2820L.

Specific Performance Indicators used to determine achievement of graduate goals/outcomes 1 – 7 & 9 are as follows:

1. The graduate will provide physical therapy interventions under the direction and supervision of a physical therapist in a competent, safe and effective manner, maintaining compliance with federal and state licensing requirements and facility policies and procedures.

· PC #2, 8, 9, 10 11, 12

2. The graduate will determine each patient's response to the intervention through accurate, reproducible, safe, and valid data collection methods using accepted tests and standard procedures.

· PC #1, 3, 7

3. The graduate will demonstrate effective critical thinking and clinical decision making skills to determine the patient's appropriateness for and response to interventions and to modify, progress or stop interventions as indicated to achieve goals as established in the plan of care.

· PC # 7

4. The graduate will demonstrate behaviors that are legal, ethical and safe and that are consistent with APTA's Values Based Behaviors and Standard of Ethical Conduct for the Physical Therapist Assistant.

· PC # 1,2,3

5. The graduate will communicate effectively with all stakeholders, including patients/clients, family members, caregivers, the physical therapist, and other health care providers utilizing effective verbal and non-verbal communication strategies for the level of the individual.

· PC #5; PHT2820L- In-service Assignment

6. The graduate will complete accurate, legible documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.

· PC # 13

7. The graduate will appropriately utilize information from health care literature to guide clinical decisions related to the provision of interventions as directed by the PT.

· PC # 6

9. The graduate will identify career development and lifelong learning opportunities, including the role of the physical therapist assistant in the clinical education of physical therapist assistant students.

· PC # 6

In addition to CPI grades of specified performance indicators goals 5, 7 & 9 have additional clinical assignments which are used to determine if the graduate goals are met. Expected outcomes and level of achievement for these are consistent with those for the CPI. Assignments (assessment tool), outcomes and level of achievement expected are as follows:

5.The graduate will communicate effectively with all stakeholders, including patients/clients, family members, caregivers, the physical therapist, and other health care providers utilizing effective verbal and non-verbal communication strategies for the level of the individual.

· PHT2820L In-service Assignment

Expected Outcome:

Students enrolled in PHT2820L will successfully complete the in-service requirement that involves educating others regarding a topic related to physical therapy.

Expected Level of Achievement:

90% of the enrolled students in PHT2820L are successful with completion of the in-service requirement that involves educating others regarding a topic related to physical therapy.

7. The graduate will appropriately utilize information from health care literature to guide clinical decisions related to the provision of interventions as directed by the PT.

· PHT1801L: Clinical Practice I and PHT2810L: Clinical Practice II- Case Study Requirement

Expected Outcome:

Students enrolled in PHT1801L and PHT 2801L will successfully complete the case study requirement which requires research to guide clinical decisions for the patient.

Expected Level of Achievement:

90% of the enrolled students in PHT1801L and 2810L are successful with completion of the case study requirement which involves research to guide the clinical decision for the patient.

Please Appendix: 1C5 Narrative Response.pdf for continued information.

1C6
The program meets expected outcomes related to its mission and goals.

Name
1C6 Narrative Response.pdf

Goal 1) The program will provide a comprehensive educational curriculum that is

reflective of best practice of physical therapy. (2B3)

2B3: 100% of the PTA core faculty will be compliant with participation in a professional development plan that assists them with achieving current skills reflective of best practice of physical therapy.

Goal 2) The program will maintain program policies and procedures that support the

effective implementation of the program. (2B5)

2B5: The program policies and procedures, as well as relevant institutional

policies and procedures, enable the program to meet its needs 100% of the

time.

Goal 3) The program will provide a clinical education environment that is safe,

supportive and integrates the academic learning experiences in a variety of clinical exposures. (2C and 2B2)

2C: The number of available clinical sites will be 125% of the number of enrolled students for each cohort.

2C: There will be a variety of clinical experiences offered by each clinical site.

Goal 4) The program will transform the lives of students by providing effective and

innovative learning experiences that are consistent with contemporary educational theory. 2B1 (grad rates), 2B2 (pass rates, grad rates, employment rates)

2B1: Graduation rates for each cohort of the PTA program will be 93%.

2B2: The NPTE pass rates for the PTA program will be 93% for each cohort.

2B2: Graduation rates for each cohort of the PTA program will be 93%.

2B2: Employment rates averaged over the most recent two years will be greater

than 98%.

1. The expected level of achievement for program **goal #1**, "The program will provide a comprehensive educational curriculum that is reflective of best practice of physical therapy" is described under the Goal/Outcome listed below. The individual(s) who are responsible, as described in the Assessment Matrix, utilize the assessment tools listed below to gather information to determine if the goal/outcome has been met. This information is gathered during the summer semester after the faculty have submitted their Faculty 180 Faculty Development Plans. Action is taken when less than 100% of the PTA faculty is compliant with participation in a relevant professional development plan that assists with achieving current skills reflective of best practice of physical therapy.

Assessment Tools:

Annual Faculty Development Plan (see faculty180)

Goal/Outcome:

100% of the PTA core faculty will be compliant with participation in a professional

development plan that assists them with achieving current skills reflective of best practice of physical therapy.

Threshold for action:

Less than 100% of the PTA faculty is compliant with participation in a relevant

professional development plan that assists with achieving current skills reflective

of best practice of physical therapy.

2. The expected level of achievement for program **goal #2**, "The program will maintain program policies and procedures that support the effective implementation of the program" is described under the Goal/Outcome listed below. The individual(s) who are responsible, as described in the Assessment Matrix, utilize the assessment tools listed below to gather information to determine if the goal/outcome has been met. This information is gathered throughout each year. Action is taken when there is implementation of an institutional policy or procedure that does not enable the program to meet its needs 100% of the time.

Assessment Tools:

Weekly Dean Meetings, Assessment of PTA Student Handbook (annually during summer semester), Review of College Catalog (annually during summer semester), Annual PTA Program Assessment for Academic Faculty form (during spring semester), Periodic PTA Core Faculty Meetings (ongoing), Clinical Education Communication/Complaint Form (ongoing), Biweekly Program Director/Class President Meetings (biweekly), Advisory Committee Meetings (biannually).

Goal/Outcome:

The program policies and procedures, as well as relevant institutional policies and procedures, enable the program to meet its needs 100% of the time.

Threshold for action:

Implementation of an institutional policy and/or procedure that does not support meeting the needs of the program.

Please see Appendix: 1C6 Narrative Response for continued information.

Standard 2:
The program is engaged in effective, on-going, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement.

2A

The program has documented and implemented on-going, formal, and comprehensive assessment processes that are designed to determine program effectiveness and used to foster program improvement.

Name
Program Assessment Matrix.pdf

The program's assessment process includes established goal statements and thresholds for specific outcomes pertaining to each content area (ie: admissions process and criteria, core, associated, and clinical education faculty, program resources). Various sources of information have been used to gather the data pertaining to each element. Each assessment tool or source of information has an associated timeline that may differ from other tools. Throughout the year, the persons responsible (ie: Program Director, core faculty) disseminate the tools such as Student Exit Surveys, Program Advisory Committee Feedback Forms to collect the data necessary to identify whether the program's goals and thresholds have been met. If a threshold is not met, the information is documented and an action plan is established as well as a timeline for re-assessment of the effectiveness of any necessary changes. The assessment matrix grid includes the specific results for each goal and whether each goal has been met.

Overall strengths identified through analysis of cumulative assessment data include the program having strong outcomes with 100% pass rates on the NPTE on the first attempt for 2014-2016 and 100% employment rates for 2014-2015; 96.29% for 2016. Sources of evidence that led to this determination include licensure pass rates and employer surveys. Other strengths include the program having a strong core faculty that meet SACS and CAPTE requirements with an adequate blend of experience in physical therapy as well as more than adequate student support services offered at the College. Sources of evidence include a review of employee files, employee performance evaluations (Faculty180), Student Satisfaction Survey results, classroom observation forms, peer review forms, biweekly Program Director/Class President meetings, student exit surveys, and alumni surveys.

Overall weaknesses identified include the program's graduation rates. The rates have been below the program's goal of 93% and threshold of 88% for any cohort of the program. Since the 2017 graduation rate of 73.5% is below the established threshold, the core faculty will determine an action plan in the 2017 summer semester.

Based on not meeting the program's thresholds and goals related to graduation rates, the core faculty will meet in the 2017 summer semester to determine an action plan. The rates have been below the program's goal of 93% and threshold of 88% for any cohort of the program, with 2017 graduation rates being 73.5%. No formal change has been made up until this time as the methods of assessment have recently been developed. Over the past year, the Program Director and core faculty have, however, implemented new strategies for improving graduation rates such as offering critical thinking workshops, creating a remediation policy for clinical education, and increasing out of class support hours to accommodate the students.

No other changes resulting from the assessment process have been made since the appointment of the current Program Director. In the spring of 2017 the assessment plan and processes were revised to include new thresholds and goals to better align with current program practices and CAPTE's Standards and Elements. Changes are noted related to specific content and practices in each Standard 2 Element as appropriate. Some data from the previous assessment plan is not available.

2B
For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which:

2B1
the admissions process and criteria meet the needs and expectations of the program.

Overall, the data indicate that the program's admissions process meets the needs and expectations of the program. The cumulative GPAs for 2017 graduates are not currently available, however, the data will become available during the summer semester. In 2016, the program met its goal in regard to the cumulative GPA for graduates. All 2016 graduates had a cumulative program GPA that was higher than a 2.5. There are no results from 2015 and 2014 as this is a new assessment tool that was implemented in 2016.

The goals for graduation rates in 2017, 2016, 2015, and 2014 were not met as the rates were 73.5%, 71%, 66.7%, and 90.3%, respectively. The core faculty will discuss this during a summer faculty meeting and a plan of action will be determined.

In the spring of 2017, the Program Director and Dean identified that the required pre-entry courses should be open to SPC students taking courses in the summer term to enable students to complete the program in no more than 104 calendar weeks. The Program Director reviewed the Admissions Guide and submitted recommendations for change to the Student Services Manager. The PD worked with the program's consultant in regard to the types of questions for the group interview and written essay. These will be further reviewed during the 2017 summer semester.

Overall, the program's graduation rates for the past four years have been below the program's goal of 93% for each cohort, however, the selective admissions process that has been utilized for the past few years has assisted with increasing each cohort's graduation rates for the 2016 and 2017 graduates; 71% and 73.5% respectively. The core faculty will discuss the graduation rates during a meeting in the summer semester and an action plan will be determined. By the summer semester of 2018, the core faculty will reassess the effectiveness of any changes that will be made during the next year. All other assessment tools that have been

utilized to gather data related to the admissions process and criteria indicated that the needs of the program are being met. No expected program outcomes fall below the CAPTE required levels.

2B2
program enrollment appropriately reflects available resources, program outcomes and workforce needs.

Overall, program enrollment appropriately reflects available resources, program and outcomes and workforce needs as evidenced by 100% NPTE pass rates on the first attempt between 2014-2016 (no data for 2017 at this time), and 100% employment rates between 2014-2015 (96.29% for 2016; no data for 2017 at this time). In addition, proposed enrollment numbers have not exceeded 125% of clinical site to student ratio between 2014-2017. Market vacancy analyses will be conducted in the future to determine if the number of existing employment vacancies support the maximum capacity of enrollment for the program.

Overall, the program's graduation rates for the past four years have been below the program's goal of 93% for each cohort, however, the graduation rates improved for the 2016 and 2017 graduates; 71% and 73.5% respectively. The core faculty will discuss the graduation rates during a meeting in the summer semester and an action plan will be determined. By the summer semester of 2018, the core faculty will reassess the effectiveness of any changes that will be made during the next year. All other assessment tools that have been utilized to program enrollment indicated that program enrollment appropriately reflects available resources, program outcomes, and workforce needs. No expected program outcomes fall below the CAPTE required levels.

2B3
the collective core, associated and clinical education faculty meet program and curricular needs.

Based on the data collected from the various assessment tools, it is evident that the core faculty meet program and curricular needs. The results from 2016 and 2017 indicate that the goals for core faculty have been met. These goals include meeting SACS and CAPTE faculty requirements, maintaining all appropriate licensure, meeting expectations on the Faculty180 Evaluation, achieving a minimum score of 3.5 on the Student Surveys of Instruction, creating engaging learning experiences during classroom observations, receiving positive comments on Peer Review Forms and Faculty Course Assessment Forms, being compliant with participation in a professional development plan that assists them with achieving current skills reflective of best practice of physical therapy, indicating that their completed professional development activities have been effective in assisting with achieving their goals as faculty, and no concerns about core faculty members being shared from the Class President during the PD/Class President meetings. Prior to 2016, the data is limited as these are new assessment tools and procedures that were implemented by the current PD.

The data is limited as the program has only utilized one adjunct instructor between 2014-2017. Debra Fox served as an adjunct faculty member in 2016. During this time, the goals that were put in place for adjunct faculty were met which indicate that she has met the program and curricular needs. These goals included meeting SACS and CAPTE requirements, meeting all expectations on the faculty evaluation for the 2015-2016 academic year, receiving scores that were higher than a 3.5 for each criterion on the SSI Report, and creating engaging learning experiences and receiving positive comments during observed class sessions and on the Faculty Course Assessment Form. Debra Fox has been participating in a professional development plan that includes taking a CEU course that relates to the acute care setting.

Based on the data gathered from the various assessment tools, it is evident that the program's clinical education faculty meet program and curricular needs. The results are from 2017 as the current assessment procedures and tools have been recently developed by the current PD. Assessment results from previous years under the former PD have not been found. The results indicate that each assigned Clinical Instructor for 2017 has at least one year of clinical experience, all clinical sites for 2810L and 2820L provided the opportunity for observation or discussion of the PT/PTA relationship, there was no identification of an inappropriate level of supervision or role modeling, each development activity provided to clinical education faculty was effective, no student indicated any concerns during their online discussion posts, and a minimum of 3.0 was achieved by the Faculty Clinical Coordinators for each criterion on more than 80% of the Student Evaluation of Faculty Clinical Coordinator Forms.

No student achievement or expected program outcomes have fallen below the CAPTE required or program expected levels.

2B4
program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to, financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services.

Name
2B4 Narrative Response.pdf

Financial Resources:

The data from 2017 and 2016 indicate that the financial resources meet current and projected program needs. The program's goal was met in 2017 as the PTA budget includes the funds necessary to meet the program's goals and objectives 100% of the time. The goal was also met in 2016 as the program budget provided adequate funds to meet the program's goals and objectives 100% of the time. All purchase requests were approved in 2016. There is no data prior to 2016 as this is a new assessment procedure that was implemented in 2016.

Staff:

The results from 2016 and 2017 indicate that program staff meet current and projected program needs. The data from the 2017 and 2016 Student Exit Surveys indicate that the administrative staff is sufficient in meeting the needs of the program. The Annual PTA Program Assessment for Academic Faculty forms from 2017 identified that there is an adequate number of faculty employed as full-time for the number of enrolled students in the program. The Annual PTA Program Assessment for Academic Faculty forms were implemented in 2017, therefore, no results prior to this year are available. Student Exit Surveys were not utilized by the program prior to 2016. No other assessment documentation pertaining to staff prior to 2016 has been located.

Space:

The results indicate that the program's space meets current and projected needs. The 2017 Student Exit Surveys indicate that 23 out of 23 students, who returned a survey, state that the classrooms and laboratory meet the needs of the students (goal met). In 2016, 17 out of 19 responses on this survey indicated that the classroom and laboratory met the needs of the student. Two out of 19 responses indicated that the classrooms and laboratory partially met the needs of the students. There are no results from 2015 and 2014, as the Student Exit Survey is a new assessment tool that was implemented in 2016.

The Annual Program Assessment for Academic Faculty forms from 2017 indicate that one core faculty member rated the question pertaining to the facility being adequate in size as a "3" due to the need for an additional closet. No action is necessary as the threshold for action was not triggered. There is no data prior to 2017 as this is a new assessment tool and procedure that was implemented in 2017.

The Faculty Core Assessment forms from 2017 indicate that our goal was met. All of these forms indicated that the facility is adequate in size by rating the question pertaining to program size as a "4" or higher. In 2016, all core and adjunct faculty members indicated that the facility is adequate in size by rating the question pertaining to this content as a "4" or higher. There are no results from 2015 and 2014 as this is a new assessment tool and procedure that was implemented in 2016.

Equipment:

The data from 2017 and 2016 indicate that the program's equipment meets the current and projected needs of the program. The program's goal related to equipment was met in both 2017 and 2016. In 2017, all students who completed the Student Exit Survey, indicated that the PTA equipment met their needs. Also in 2017, 100% of the returned Program Advisory Feedback Forms (7 out of 7) indicated scores higher than a "3" for all criteria in the "Facilities and Equipment" category. On the Annual PTA Program Assessment for Academic Faculty, one faculty member provided a score of "3" for the facility being safe, sanitary, and adequate in size, well-lit, and well ventilated. No action is needed because the threshold for action was not triggered.

In 2016, 17 out of 19 responses on the Student Exit Surveys indicated that the equipment met their needs. Two out of 19 students indicated that the equipment partially met their needs. No Program Advisory Committee Feedback forms indicated a score of less than a "3" for any criterion in the "Facilities and Equipment" category. There were no results from the Annual PTA Program Assessment for Academic Faculty forms due to this being a new assessment tool and procedure that was implemented in 2017.

The program does not have data from 2015 and 2014 as the above tools have recently been implemented. The current PD has not located any assessment data from these years.

Technology:

The data from 2017 and 2016 indicate that the program's technology resources meet the current and projected needs of the program. The program's goals were met in both 2017 and 2016 with regards to the technology provided by the program. The Student Exit Surveys for both years indicated that the technology resources met their needs. The 2017 Annual PTA Program Assessment for Academic Faculty included scores of a "4" or higher for the question related to technology. This assessment tool was implemented in 2017, therefore, there are no results prior to 2017.

Please refer to Appendix: 2B4 Narrative Response.pdf for continued information.

2B5
program policies and procedures, as well as relevant institutional policies and procedures meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures.

Overall, program policies and procedures as well as institutional policies and procedures meet the needs and expectations of the program. Between 2016 and 2017, there have been no institutional policies and/or procedures that do not support meeting the needs of the program 100% of the time. There are no results prior to 2016 as the PD does not have access to former PD assessment documentation.

Currently, there is no data from the Program Policies and Procedures Manual as this is a new assessment tool and procedure that was developed in 2017. There is no 2017 assessment data related to the PTA student admissions files as the admissions process for 2017 will begin in the summer semester. In 2016, one student was allowed back into the program secondary to the transition period between Program Directors and the implementation of new policies and procedures. There is no data from 2015 and 2014 as the above sources are new assessment tools and procedures that were implemented in 2016. The current PD has not located any assessment data from either of these years.

2C

The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the changing roles and responsibilities of physical therapist assistants and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The assessment addresses clinical education sites including, at a minimum, the number and variety and the appropriate length and placement within the curriculum.

Name
2C Narrative Response.pdf
Curriculum Assessment Matrix.pdf
Survey Forms.pdf

The program has established goal/outcome statements and thresholds for action regarding the consideration of the changing roles and responsibilities of physical therapist assistants and the dynamic nature of the profession, as well as the health care delivery system. During advisory committee (during summer and fall semester) and core faculty meetings (ongoing), the Program Director gathers information pertaining to the above. It is the program's goal to include relevant information in the curriculum regarding these topics. Feedback from the advisory committee and faculty is requested to determine if more information needs to be integrated into curriculum. In 2017, the program's goals were met. During the discussions with the advisory committee members, it was evident that the curriculum considers the changing roles and responsibilities of PTAs. No feedback was received regarding the need for integrating more information pertaining to the profession and the health care delivery system into the curriculum.

The program utilizes student achievement and graduate outcomes to determine if the program's overall goals are being met. For the program goal that states, "The program will transform the lives of students by providing effective and innovative learning experiences that are consistent with contemporary educational theory," graduation rates, NPTE pass rates, and employment rates are utilized as assessment tools to determine if this program goal is being met. Achieving this goal indicates the curriculum is providing students with the appropriate content to allow them to be successful. The goal/outcome statements are as follows: Graduation rates for each cohort of the PTA program will be 93%, NPTE pass rates for the PTA program will be 93% for each cohort, and employment rates averaged over the most recent two years will be greater than 98%. For the 2017 graduating class, the graduation rate was 73.5%. NPTE pass rates and employment rates are not yet available. For the 2014-2016 graduating classes, the graduation rates were as follows: 71%, 66.7%, and 90.3%, respectively. The NPTE pass rates were 100% for the 2014-2016 graduating classes with 100% of the 2016 and 2015 graduates passing the exam on the first attempt. Employment rates were 100% between 2014-2016. Based on the above data, it is determined that the program has reached its goal of "transforming the lives of students by providing effective and innovative learning experiences that are consistent with contemporary educational theory." The core faculty will meet during the summer semester to determine an action plan for improving the program's graduation rates in the future.

The program has an established goal/outcome statement for assessment of the program's plan being based on contemporary information. The program goal states, "The program will provide a comprehensive educational curriculum that is reflective of best practice of physical therapy." During the summer semester, the Program Director completes an annual review for each core faculty member that involves a review of the information provided by the faculty in their Faculty180 Annual Faculty Development Plan. The goal associated with the professional development plan is as follows: 100% of the PTA core faculty will be compliant with participation in a professional development plan that assists them with achieving current skills reflective of best practice of physical therapy. There is no data for 2017 at this time as the core faculty will complete their Annual Faculty Development Plans in the summer semester. There is no data from previous years as this is a new assessment process/procedure that was implemented in 2017. The program will have data upon completion of the 2017 summer semester.

For the program goal that states, "The program will transform the lives of students by providing effective and innovative learning experiences that are consistent with contemporary educational theory," graduation rates, NPTE pass rates, and employment rates are utilized as assessment tools to determine if this program goal is being met. Achieving this goal is indicative that the curriculum plan includes contemporary information. The goal/outcome statements are as follows: Graduation rates for each cohort of the PTA

program will be 93%, NPTE pass rates for the PTA program will be 93% for each cohort, and employment rates averaged over the most recent two years will be greater than 98%. For the 2017 graduating class, the graduation rate was 73.5%. NPTE pass rates and employment rates are not yet available.

Please see Appendix: 2C Narrative Response.pdf for continued information.

2D

The faculty is engaged in formal short and long term planning for the program which guides its future development. The planning process takes into account program assessment results, changes in higher education, the health care environment and the nature of contemporary physical therapy practice.

Name
Planning Document.pdf

Core faculty participate in short and long-term planning on an ongoing basis. This typically takes place during formal faculty meetings. The Dean is present during most of these meetings. Program assessment results are reviewed during these meetings. The Program Director seeks the feedback of the faculty regarding various aspects of the program, including but not limited to the planning involved in faculty scheduling for each semester, equipment needs for the upcoming fiscal year, specifics regarding the admissions group interview, and the planning involved in providing volunteer opportunities for our students. Core faculty are also involved in long term planning such as assisting with acquiring new contracts for clinical education and designing a plan for increasing the number of our active clinical sites.

By having the Dean present for most of the core faculty meetings, any changes in higher education are explained and discussed. This helps to drive the short term and long-term planning process for the core faculty. Many of the core faculty members are currently involved in active physical therapy practice which assists them with bringing current information pertaining to the health care environment to these meetings as well as information regarding contemporary physical therapy practice, in turn guiding the short term and long-term planning process.

The program plans to have a representative from the Florida Physical Therapy Association give a presentation to the freshmen students consistently each year to learn about the importance and benefits of APTA membership. Critical thinking workshops are planned for the next few years to better assist our students with obtaining these skills. A plan is in place to integrate more of our current equipment (ie: Biodex Balance machine) into our curriculum to assist students with maximizing their learning. The program also plans to relocate within the Health Education Center during the 2017 summer semester.

Standard 3:
The institution and program operate with integrity.

3A

The sponsoring institution(s) is (are) authorized under applicable state law or other acceptable authority to provide postsecondary education and has degree granting authority. In addition, the institution has been approved by appropriate state authorities to provide the physical therapy education program.

St. Petersburg College has authority to operate as an institution of higher education via the Florida Department of Education, Division of Florida Colleges. Florida College System institutions are not required to seek authorization from the Florida Department of Education to offer individual AS programs. Institutions are granted authority through Florida Administrative Rule 6A-14.030 and through their individual boards seek approval to offer specific programs and accreditation through Southern Association of Colleges and Schools Commission on Colleges (SACS).

The institution is not in a collaborative arrangement with any other institution to award degrees.

No clinical education experiences occur in other states at this time.

3B

The sponsoring institution(s) is (are) accredited by an agency or association recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA).

St. Petersburg College is accredited by the Southern Association of Colleges and Schools. Accreditation status was reaffirmed in June 2008. St. Petersburg College does not have any collaborative agreements with other institutions.

3C

Institutional policies related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and technical aspects of the physical therapist assistant program, including providing for reduction in teaching load for administrative functions.

Name
Handbook Institution Faculty.pdf
Organizational Chart.pdf
Other Policies.pdf
Policies and Procedures Program.pdf
Policy Location Chart.pdf

St. Petersburg College supports the professional judgment of the Program Director and core faculty regarding curriculum planning, programmatic policies and procedures, professional behavior expectations of students, and the facilitation of new contracts and the relationships with clinical affiliates.

It is expected that St. Petersburg College will continue to support the program as evidenced by the College's history of supporting the diverse needs of the PTA program as well as other health programs at the institution. The College recognizes that the core faculty possess the clinical expertise to determine the academic regulations and professional behavior expectations students, including classroom and clinical education requirements.

The College workload policy found on pgs. 13-14 of the Program Policies and Procedures Manual (Appendix: Policies and Procedures Program.pdf) indicates that all full-time faculty will teach at a minimum of 36 ECH per academic year. The Program Director is expected to carry a teaching load of 6 ECH per academic year.

College-wide faculty roles and workload expectations are applied to the PTA program in a manner that considers the administrative responsibilities of the core faculty. Additional administrative support has been provided to the Program Director and core faculty to enable them to have more time for program and clinical education administration, development of the Self-Study Report, and assessment-related activities. In addition, regular teaching responsibilities have been shifted among the faculty to allow the Program Director to have more time to devote to administrative duties at this time. For example, due to the intense nature of the course, the Program Director was not the primary instructor for PHT 2162: Neurologic Disabilities and Treatment in the fall of 2016.

According to the College's Weekly Hours for Faculty Procedure (P6Hx23-2.141) found on pgs. 15-16 of the Program Policies and Procedures Manual (Appendix: Policies and Procedures Program.pdf) faculty with a 36 ECH contract must be on campus for 30 hours each week during both the fall and spring semesters and 18 hours during the summer. This procedure is applied to the Physical Therapist Assistant Program. The total weekly hours include course instruction time and non-instructional time including on-campus office hours, along with time spent on on-campus and off-campus working on college-related business such as committee work, moderating student clubs, and other similar activities. The total weekly hours during each semester allow for adequate time for core faculty to provide service to the College and maintain expertise in contemporary practice by completing available professional development activities.

College-wide faculty roles and workload expectations are applied to the PTA program in a manner that considers the number of students per laboratory and the methodology utilized in each course. For example, in PHT 2220L: Orthopedic Disabilities and Treatment, additional faculty support has been provided due to the number of case studies and student presentations. Also, due to the complexity of the course content, students benefit from the additional faculty resources to assist in the critical thinking component of the course.

Faculty workload expectations take into account the total number of credits for each course, weekly contact hours, and ECH. When assigning ECH, the Program Director takes into account responsibility required of the instructor (ie: primary instructor versus secondary) and additional work and preparation time involved for the course. Some instructors may have more contact hours assigned to them, however, their responsibilities and preparation time may be less than the primary instructor of the course.

The College-wide procedure for required weekly hours for faculty, (P6Hx23-2.141), as found on pg. 15 of the Program Policies and Procedures Manual (Appendix: Policies and Procedures Program.pdf) applies to the PTA program in a manner that allows for time to conduct and coordinate a clinical education program. The procedure states, "When full-time faculty must regularly travel between the College and an off-campus but in-district clinical, work experience, committee work, or cooperative education site on the same day, travel time will be credited as part of the total weekly hours and should be states as such in office schedules."

3D

Policies and procedures exist to facilitate equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students.

Name
Handbook Institution Faculty.pdf
Other Policies.pdf

Policy Location Chart.pdf

St. Petersburg College's equal opportunity and nondiscrimination statements are below:

Equal Opportunity and Nondiscrimination Statement

"The Board of Trustees of St. Petersburg College affirms its equal opportunity policy in accordance with the provisions of the Florida Educational Equity Act and all other relevant state and federal laws, rules and regulations. The college will not discriminate on the basis of race, color, ethnicity, religion, sex, age, national origin, marital status, pregnancy, sexual orientation, gender identity, genetic information, or against any qualified individual with disabilities in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this Rule, the college will not tolerate such conduct. Should you experience such behavior, please contact Pamela Smith, the director of EA/EO/Title IX Coordinator at 727-341-3261; by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489; or by email at eaeo_director@spcollege.edu."

The College's nondiscrimination statement is made available to faculty, staff, prospective/enrolled students and the public on the College's website at the footer of each page via link, as well as the Equal Access/Equal Opportunity (EA/EO) and Title IX webpages. The statement has been incorporated into the Student Planner and Handbook (pg. 86; Appendix: Handbook Institution Student.pdf), Faculty Manual (pg. 19; Appendix: Handbook Institution Faculty.pdf), employee policies, and is included in college publications such as catalogs, and official forms of the College. A RESPECT poster highlighting the nondiscrimination statement and a link to the reporting officers on each campus is posted in each classroom on every campus, and in administrative areas of the College's facilities.

The College's nondiscrimination policy is made available to faculty, staff, prospective/enrolled students and the public through the EA/EO Office and several pages via link, on the College's website. Specifically, the policy is available by link on webpages such as: Equal Access/Opportunity; Board Rules and College Procedures; and Students Right to Know; and Human Resources. The College's policy is also available (online and hard copy format) in the Student Planner and Handbook and online in the Faculty Manual.

3E
Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff are written, disseminated, and applied consistently and equitably.

Name
Handbook Institution Faculty.pdf
Other Policies.pdf
Policies and Procedures Program.pdf
Policy Location Chart.pdf

All policies, procedures, and practices are applied equitably among all PTA faculty and staff. For example, all program full-time faculty are evaluated by the Program Director using the same performance standards which are based on information gained from materials provided by the instructors pertaining to their instructional activities during the year, results of the Student Survey of Instruction (SSI), and information gained from classroom visitations.

All policies and procedures regarding faculty and staff rights, responsibilities, safety, privacy, and dignity are documented in the PTA Program Policies and Procedures Manual and SPC Faculty Manual. All PTA faculty receive the PTA Program Policies and Procedures Manual upon employment. The St. Petersburg College Faculty Manual is made available to all faculty on an ongoing basis via the College website. All faculty members are held to and receive equitable standards.

3F
Policies, procedures, and practices exist for handling complaints that fall outside the realm of due process, including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.

Name
Policies and Procedures Program.pdf

The Physical Therapist Assistant Program welcomes feedback from both those associated with the program (students, clinical and academic faculty) as well as the general public (employers, alumni, patients, etc). If employees or students of St. Petersburg College ("College") have a grievance or complaint on matters covered by the College's rules and procedures, then the employee or student shall utilize the complaint or grievance procedure which corresponds with the subject matter of the complaint or grievance, including Rule 6Hx23-4.36 (Student Grievance), Procedure P6Hx23-2.021 (Employee Grievance), Procedure P6Hx23-1.34 (Discrimination Grievance), or as otherwise required by any other such applicable College rule or procedure. If a complaint is made by a member of the general public over which the College has authority and control relating to the Physical Therapist Assistant Program, the matter shall be handled in accordance with the below General Procedure, unless College rules or procedures require otherwise.

GENERAL PROCEDURE

1. A complaint may be reported either verbally or in writing to either the PTA Program

Director or the Dean of Health Programs if the complaint involves the Program Director.

2. If the complaint involves an allegation of misconduct by an employee or student that

involves a potential violation of state, federal or local law or the College's rules and

procedures then the complaint shall be handled in accordance with College rules and

procedures governing the subject matter of such complaint.

3. If the complaint does not involve allegations of misconduct described in Section 2 above, the Program Director or the Dean, as the case may be, will within a reasonable time period investigate the complaint and take whatever action the Program Director or Dean in their sole discretion deems necessary to resolve the complaint. If a complaint is verbal and falls within this Section 3, the PTA Program Director or Dean will request the complainant to provide formal written comments with a signature. Anonymous complaints will not be acknowledged.

4. A record of all complaints will be filed in the Dean of Health Programs' Office.

5. Policies and procedures pertaining to complaints that fall outside of due process will be applied consistently and equitably with prohibition of retaliation following complaint

submission.

A record of all complaints outside of due process will be filed in the Dean of Health Programs' Office. Currently, there are no records of complaints.

3G
Program specific policies and procedures are compatible with institutional policies and with applicable law.

The program-specific policies and procedures that differ from those of the institution are:

• Admissions Criteria

• Readmission Policy

• Clinical Education; including Dress Code, Professional Behavior, Clinical Education

Agreement and HIPPA

• Grading including progression through the program

• Attendance/Tardiness Policy

• Program Comprehensive Examination Requirement

The following describes how the above program-specific policies and procedures are different from the Institution's and why.

Admissions Criteria– Admission to the college for non-health related programs is open to the community. The Health Programs, including the PTA program, have a selective admissions process. Admission to SPC does not guarantee admission to a specific limited-enrollment program such as PTA. The PTA program is a competitive specific limited-enrollment program with additional admissions criteria because it has a limited number of seats due to the faculty to student ratio, the local market needs, the nature of the field of study, available clinical sites, and the number of applicants. Applicants with a complete file are required to participate in an in-person interview which differs from other health programs.

Readmission Policy– Students who withdraw or are dismissed from the PTA program are not guaranteed readmission into the PTA program. This is due to the program's policy for preventing over-enrollment secondary to number of faculty, available lecture and lab space, and clinical sites. All applicants for readmission into the PTA program must meet current admission criteria. Students are eligible for readmission into the program one time only.

Clinical Education; including Dress Code, Professional Behavior– SPC does not have specific policies related to clinical education and allows program-specific guidelines to be developed in order to meet program-specific accreditation standards and/or requirements for the education of the PTA. Students must adhere to the dress code of the clinical agency to which they are assigned; students are expected to check with the agency regarding their policy prior to arrival at the clinical site and are expected to dress professionally at all times. PTA students are expected to abide by the Values Based Behaviors for the PTA while in the program.

Grading including Progression through the Program– The SPC grading standard is utilized within the PTA pre-entry and support coursework. However, once a student is admitted to the program, the professional core coursework is graded on a consistent scale of:

A = 94 – 100 (Excellent)

B = 85 – 93 (Very Good)

C = 78 – 84 (Satisfactory)

D = 69 – 77 (Unsatisfactory)

F = Below 69 (Failing)

In courses which have didactic (lecture), practical (lab), and/or clinical components, a passing score (a minimum of 78%) must be obtained in each component in order to pass the course.

Attendance/Tardiness Policy– All students are expected to attend every class or clinical day, being present, on time, and staying through the full duration of the class/clinical day. You are required to **call** the PTA Program at 727-341-3611 or your instructor (including your clinical instructor) if you are going to be late or absent.

LECTURE ATTENDANCE: Students who miss more than three class meetings (if you meet twice a week) for any PHT lecture course or who miss more than 2 class meetings (if you meet once a week) for any PHT lecture course will automatically be withdrawn from the course. The student is responsible for all work missed during absences. It is expected that the student will contact the instructor to make arrangements for class work missed. Make-up work for extended illness or emergency absence is required. It is the student's responsibility to contact the instructor to make arrangements for class work missed. Arriving late to class or leaving class early constitutes a tardy. Two tardies equal one absence. If any student violates the instructor's attendance/tardy policy the instructor will withdraw the student and assign a grade pursuant to BOT Rule 6Hx23-4.31.

Program Comprehensive Examination Requirement– In order to evaluate the minimal level of competence needed to practice, a final comprehensive examination is given at the end of the second year. Students must satisfactorily pass this examination in order to graduate from the PTA program. This requirement differs from some of the other health programs such as the Orthotics and Prosthetics and Veterinary Technology.

Previously, the Student Handbook has not been reviewed annually by the College's legal counsel when revisions to policies and procedures have been made. The program's new process with involve submitting new policies and procedures to the Dean and legal counsel for review prior to distributing it to students. The Program Director requests approval from the Dean of Health Programs regarding program policies and procedures that differ from those of the institution. Documented approval will be available to the onsite team.

3H
Program policies, procedures, and practices provide for compliance with accreditation policies and procedures including:

3H1 maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement) and current student achievement measures;

3H2 timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates

3H3 following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure;

3H4 timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education; and

3H5 coming into compliance with accreditation criteria within two years of being determined to be out of compliance.

Name
Other Policies.pdf
Policies and Procedures Program.pdf
Policy Location Chart.pdf

The Program Director is responsible for maintaining compliance with accreditation policies and procedures. The Program Director's role in accreditation as well as the Program Director's job description is documented in the Policies and Procedures Manual on pages 5-7.

The Program Director submitted the 2016 annual accreditation fee in a timely manner. The receipt for this transaction is included in the onsite materials. The Program Director has also emailed the appropriate SPC department for making changes to the PTA website in regards to accurate reporting of graduation rates, performance on the licensure examination, and employment rates. An example email is included in the onsite materials.

Standard 4:
The program faculty are qualified for their roles and effective in carrying out their responsibilities.

Individual Academic Faculty

4A

Each core faculty member, including the program director and clinical education coordinator, has contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs/PTAs and who are teaching clinical PT/PTA content are licensed or regulated in any United States jurisdiction as a PT or PTA.

Name
4A Narrative Response Hanlon.pdf
4A Narrative Response Heier.pdf
4A Narrative Response Snellenburg.pdf
4A Narrative Response Thomas.pdf

Please refer to the Core Faculty Detail Section for each core faculty member and the attached appendices.

4B

Physical therapists and physical therapist assistants who are core faculty have a minimum of three years of full time (or equivalent) post-licensure clinical experience in physical therapy.

Each core faculty member has a minimum of three years of full time, post-licensure clinical experience in physical therapy. Kory Thomas, PT, DPT graduated with her Doctor of Physical Therapy degree in December 2004 and has five (5) years of full time clinical experience. Mary Hanlon, PTA graduated from the St. Petersburg College PTA program in May 1983. She has eight (8) years of full-time clinical experience. Barb Heier, PT, DPT graduated with her Bachelor's in Physical Therapy in June 1986. She has twenty (20) years of experience as a full-time physical therapist. Kirsten Snellenburg, PT, DPT has eighteen (18) years of experience. Dr. Snellenburg graduated with her Master's in Physical Therapy on July 28, 1998.

4C

Each core faculty member has a record of institutional or professional service.

Faculty are encouraged, but are not required, to engage in service related and professional development activities. The faculty members are expected to document these activities in their Faculty180 portfolio each year in preparation of their annual review. According to P6Hx23-2.141, to promote student success, faculty ensure appropriate time on campus for out-of-classroom support, preparation for instruction, curriculum development, involvement with College/campus committees, other important College/campus activities, and professional development. The College provides full-time faculty members $1500. every two years for professional development.

Mary Hanlon has served as the Health Education Center's FGO (Faculty Governance Organization) Chair for over nine years. She recently resigned from this position for the 2016 academic year. She also serves as a member of the SACSCOC Standards Writing Group (Southern Association of Colleges and Schools and Commission on Colleges) and 2016-2017 SPC Student Grievance Committee.

Barb Heier has served on the College's Academic Assessment Sub-Committee and the College's Foundation Scholarship Committee since 2015. She also serves as the Student Government Agency (SGA) Physical Therapist Assistant Club Advisor which involves assisting the PTA Class President with completing paperwork, attending meetings, and coordinating events. Dr. Heier's professional service includes providing pro bono physical therapy with PTA students for a member of the community for the past 10 years, providing physical therapy screenings, along with students, for SPC PTA employees during a Posture and Vital signs clinic in 2014, and Special Olympics Fun Fitness screenings with SPC faculty and our PTA student volunteers in 2015.

Kirsten Snellenburg became a full-time faculty member in May 2016. She became a member of the new faculty cohort for CETL (Center of Excellence in Teaching and Learning) during the 2016 and 2017 academic years. Dr. Snellenburg joined the Institution Animal Care and Use Committee (IACUC) in February 2017. She serves on this committee along with the Dean of Health Science Programs. Her professional service includes providing professional training for the United States Coast Guard Air-station Health Services Members in the summer of 2016 and providing physical therapy Fun Fitness screenings for the Special Olympics in summer 2016.

4D

Each associated faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.

The program has several associated faculty members who serve as guest lecturers on an annual basis. These faculty members are responsible for less than 50% of the course. Each individual is qualified by education and clinical experience. Information regarding each faculty member is below.

Name and Credentials: Marlon Alaan, PT, DPT

Content Taught: Geriatric Rehabilitation

Course Number and Title: PHT2810: Physical Therapy Clinical Practice II

Total Contact Hours: 3

Source(s) of contemporary expertise related to assigned responsibilities: Certified Geriatric Specialist with extensive clinical experience.

Name and Credentials: Zoltan Bouwhuis, PT

Content Taught: Lymphedema

Course Number and Title: PHT2810L: Physical Therapy Clinical Practice II

Total Contact Hours: 5

Source(s) of contemporary expertise related to assigned responsibilities: Certified Lymphedema Specialist with extensive clinical experience.

Name and Credentials: Teresa Chiavacci, PTA

Content Taught: Discharge Planning

Course Number and Title: PHT2931: Trends in Physical Therapy

Total Contact Hours: 3

Source(s) of contemporary expertise related to assigned responsibilities: Sixteen years teaching this subject matter in the program as well as experience past and current experience as a PTA in the subacute setting.

Name and Credentials: Steve Hardt, RT

Content Taught: Respiratory/Pulmonary

Course Number and Title: PHT2810L: Physical Therapy Clinical Practice II

Total Contact Hours: 3

Source(s) of contemporary expertise related to assigned responsibilities: Program Director of SPC Respiratory program and currently practices as a Respiratory Therapist.

Name and Credentials: Pamela Petsopoulos, PT

Content Taught: Medicare Documentation and Prospective Payment System

Course Number and Title: PHT2931: Trends in Physical Therapy

Total Contact Hours: 6

Source(s) of contemporary expertise related to assigned responsibilities: Senior Vice President Clinical Operations at Solaris HealthCare; President Solaris Clinical Consulting, LLC (experience with documentation and reimbursement)

Name and Credentials: Margaret Reilly, PT

Content Taught: Pediatrics

Course Number and Title: PHT2220: Therapeutic Exercise in Physical Therapy

Total Contact Hours: 6

Source(s) of contemporary expertise related to assigned responsibilities: Extensive experience as a pediatric physical therapist.

Name and Credentials: Maryellen Sullivan, PT, DPT

Content Taught: Vestibular Rehabilitation

Course Number and Title: PHT2810: Physical Therapy Clinical Practice II

Total Contact Hours: 3

Source(s) of contemporary expertise related to assigned responsibilities: Extensive clinical experience treating vestibular patients.

Please refer to the Core Faculty Detail Section for each associated faculty member who is responsible for 50% or more of the course.

4E
Formal evaluation of each core faculty member occurs in a manner and timeline consistent with applicable institutional policy. The evaluation includes assessments of teaching, service, and any additional responsibilities. The evaluation results in an organized faculty development plan that is linked to the assessment of the individual core faculty member and to program improvement.

Name
Handbook Institution Faculty.pdf
Policies and Procedures Program.pdf
Policy Location Chart.pdf

An annual performance evaluation is completed for each core faculty member. Faculty members are required to update/complete their Faculty180 portfolio by performing a self-assessment and identifying goals that have been achieved since the previous evaluation cycle. After this is submitted to the Program Director, the PD completes their evaluation by assessing different performance measures. The performance measures include the following: current knowledge of academic discipline, maintenance of academic standards, reviewing and updating course content, developing and utilizing organized course syllabi and other materials, using current teaching techniques, incorporating course materials/activities to promote higher order critical thinking skills, utilizing a variety of instructional strategies, keeping timely and accurate records, communicating in a timely manner, offering out of class support, referring students to appropriate college services, demonstrating respect for individual and socio-cultural differences, maintaining professionalism, participation in college-wide initiatives, contributions to the discipline/department/campus, and interpersonal skills. After completing the evaluation, the Program Director submits it to the Dean. A meeting with the core faculty member is then requested, and during this meeting the faculty member and the PD review the evaluation. After the Dean has approved the evaluation, the faculty member has an opportunity to make comments in Faculty180 if desired.

Mary Hanlon plans to attend continuing education courses that directly relate to the content of her courses. Barb Heier plans to adopt effective stress management techniques during times of increased workload. Kirsten Snellenburg plans to become familiar with the SPC system for full time faculty, become involved with a college student/faculty organization, and to complete continuing education courses that directly relate to the specific content of the courses in which she teaches. The above development activities were based on the results of their 2015-16 annual evaluation and were established for the 2016-17 academic year.

4F
Regular evaluation of associated faculty occurs and results in a plan to address identified needs.

Name
Handbook Institution Faculty.pdf
Policies and Procedures Program.pdf
Policy Location Chart.pdf

Adjunct faculty members are required to complete an annual faculty development plan in Faculty 180 (a hard copy evaluation is accepted for some adjunct faculty members). This formal process is new for adjunct faculty members. The annual evaluation involves the faculty member completing a self-assessment and submitting it to the Program Director. The PD then completes the evaluation and makes recommendations for goals for the following year. After both the PD and faculty member agree on the goals, the evaluation is then submitted to the Dean for approval and signature.

The program has only recently utilized one adjunct instructor, therefore, multiple examples of development activities to address identified needs are limited. An annual evaluation was performed for Debra Fox and a professional development plan was created based on the results. For example, during the self-assessment process, Debra identified the need to meet with the students prior to the students beginning their clinical affiliations. By doing so, the instructor would be familiar with their learning needs and would be able to better meet their expectations. The Program Director recognizes this need and plans to introduce the students to the adjunct instructor prior to students beginning their clinical affiliations. All adjunct moving forward will be required to complete a Faculty 180 portfolio that requires activities to be completed each year.

4G

The program director is a physical therapist or physical therapist assistant who demonstrates an understanding of education and contemporary clinical practice appropriate for leadership in physical therapist assistant education. These qualifications include all of the following:

- **a minimum of a master's degree;**
- **holds a current license/certification to practice as a PT or PTA in any United States jurisdiction;**
- **a minimum of five years (or equivalent), full-time, post licensure experience that includes a minimum of three years (or equivalent) of full-time clinical experience;**
- **didactic and/or clinical teaching experience;**
- **experience in administration/management;**
- **experience in educational theory and methodology, instructional design, student evaluation and outcome assessment, including the equivalent of nine credits of coursework in educational foundations. [Proviso: CAPTE will begin enforcing the expectation for post-professional course work in 2018. This will be monitored in the Annual Accreditation Report.]**

Name
4G Narrative Response.pdf

Kory Thomas, Program Director, is a licensed physical therapist and holds a current license in Florida and Virginia. Dr. Thomas holds a position as a PRN physical therapist in the skilled nursing setting. She received a Bachelor of Science degree in Biology from the Mary Washington College (now known as the University of Mary Washington) in 2000. She received a Doctor of Physical Therapy degree from the Virginia Commonwealth University in 2004. She has twelve years of clinical experience with five of these years as a full-time clinician.

As a full-time faculty member in St. Petersburg College's PTA program, Dr. Thomas was responsible for teaching the following courses: Basic Patient Care Laboratory, Anatomy and Kinesiology Laboratory, Principles and Procedures Laboratory, Orthopedics Disabilities & Treatment Laboratory, Neurologic Disabilities and Treatment, Trends in Physical Therapy, and Clinical Practice I, II, and III. She and Dr. Snellenburg taught Neurologic Disabilities and Treatment in the 2016 fall semester. Dr. Thomas also assisted in Basic Patient Care Lab and Anatomy and Kinesiology Lab in the fall of 2016.

In addition, Dr. Thomas has experience teaching as an adjunct instructor in the St. Petersburg College Orthotics and Prosthetics baccalaureate program. While employed in this program, she gained experience instructing students in both lecture and lab courses and evaluating their performance. She taught Biomechanics, Clinical Methods Lab, and Gait Analysis & Pathomechanics (Lecture and Lab). The Gait Analysis course was a new class in the O&P baccalaureate program, and Dr. Thomas was the first instructor to teach the course. She was responsible for designing course rubrics and student assessments. She assessed the students' learning in both lecture and lab.

Dr. Thomas has previous experience with performing student evaluations and outcomes assessment while employed by Florida Career College as the PTA Program Director. She taught many courses in the FCC PTA Program, including both lecture and laboratory classes. The specific course names are below:

HSP 105: Medical Terminology

HSP 101: Anatomy & Physiology I

HSP 102: Anatomy & Physiology I Lab

HSP 103: Anatomy & Physiology II

HSP 104: Anatomy & Physiology II Lab

PTA 116: Applied Kinesiology & Lab

PTA 146: Musculoskeletal Orthopedics & Lab

PTA 298: PTA Capstone

PTA 217: Applied Neurology & Lab (Supervised and mentored adjunct instructor)

While employed by HCR ManorCare, Dr. Thomas served as a Clinical Instructor for PTA and DPT students over the course of two (2) years. She has been an APTA Credential Clinical Instructor since 2010.

Dr. Thomas currently supervises three full-time PTA faculty members, one adjunct faculty member, two lab facilitators, and the PTA Administrative Specialist. She maintains regular communication with the Dean, Program Advisory Committee and Clinical Coordinators of Clinical Educators (CCCEs). She created an admissions search committee for PTA faculty and scheduled and conducted interviews for PTA faculty candidates. Since being hired as Program Director, Dr. Thomas has attended weekly College Experience and Deans' Retention meetings as well as periodic Academic Chair/Program Director meetings. In addition, she has attended periodic management meetings at the Health Education Center campus. She organizes and conducts periodic PTA faculty and staff meetings. She has experience with delegating tasks to faculty members and administrative staff.

As a full-time faculty member in the SPC PTA program, Dr. Thomas served on the SPC Center of Excellence for Teaching and

Learning (CETL) Board of Directors. This further enhanced her leadership skills that she had acquired while employed as PTA Program Director at Florida Career College. The Program Director gained experience in administration and management at FCC as described in her curriculum vitae. She was responsible for achieving initial accreditation for the PTA program as well the development of the academic and clinical curricula for the program. She was responsible for hiring adjunct faculty for core courses and communicating PTA program budgetary needs to the Campus Executive Director as well the Vice President of Academic Affairs. Dr. Thomas directly reported to both the Vice President of Academic Affairs and Campus Executive Director while developing the program and received leadership coaching from the FCC Corporate Director of Health Science Programs. She also communicated regularly with the Senior Vice President of Regulatory Compliance as she developed the program's Application for Candidacy and Initial Accreditation Self Study Report. Dr. Thomas supervised the Director of Clinical Education for the PTA program, an adjunct faculty member, and the PTA Program Admissions Coordinator.

Please see Appendix: 4G Narrative Response.pdf for continued information.

4H

The program director provides effective leadership for the program including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation.

Name
4H Narrative Response.pdf
Handbook Institution Faculty.pdf
Policy Location Chart.pdf

Communication: The Program Director is effective in communicating with program faculty, the Library Director, other Program Directors, and the admissions staff. Communication is typically via email but face-to-face communication is utilized as well. The Program Director is involved in meetings at the Health Education Center in which these individuals are usually present. The Program Director also requests individual meetings as needed, for example, with the Connections Coordinator to discuss available resources for our students. The Program Director organizes monthly PTA faculty and staff meetings in which she communicates with the team regarding program updates, etc.

Program Assessment and Planning: The Program Director is responsible for the programmatic assessment and planning of the PTA Program. She coordinates with the SPC assessment team as needed regarding assessment reports completed by the College. The Program Director has been effective in modifying/updating the program's assessment matrix to better fit the needs of the program. Her previous experience with developing a PTA program assessment process has assisted her with creating goals, thresholds for action, and a process for documenting all assessment activities for the SPC PTA program.

Fiscal Management: The Program Director is responsible for managing the PTA program budget and works with the PTA Administrative Specialist in making purchases for the program. The Program Director and the Dean collaborate each year in regard to the long-term fiscal planning for the program. The Program Director has been effective in managing the program's budget since being hired as PD in 2015.

Faculty Evaluation: The Program Director is responsible for completing annual faculty evaluations. After completing the evaluation, it is submitted to the Dean. Since the Program Director has been in this position, she has been timely in the completion of full-time and adjunct faculty member's evaluations. She scheduled individual meetings to review the evaluations with each faculty member in a timely manner. Constructive feedback was provided to each faculty member.

The Program Director is required to complete an Annual Performance Evaluation in which objectives must be identified for the following year as well as operating principles/performance measures. The evaluation is submitted to the Dean for review and approval. The Dean completes as evaluation of the Program Director in which strengths are identified as well as opportunities for growth.

Vision for PTA Education: Since Dr. Kory Thomas began her official role as the SPC PTA Program Director in November 2015, she has made a number of modifications to the program to facilitate positive change. Using her experience with developing a new PTA program during her previous employment as Program Director at Florida Career College, Dr. Thomas has had a clear vision to achieve positive student and program outcomes.

Experience with Curriculum Content, Design, and Evaluation: Dr. Thomas has utilized her knowledge of and experience with curriculum content, design, and evaluation to lead her team with reviewing course objectives, teaching methods, and rubrics used in laboratory courses. Dr. Thomas has modified and created rubrics to assist with clarifying expectations of students. Dr. Thomas has educated the core faculty on Bloom's Taxonomy and how the objectives of each course need to reflect the appropriate expectation level according to the sequencing of the courses. She has enhanced her own knowledge by engaging in an independent study with one of the professors at the college. She has used this knowledge while instructing students this year and has shared some of the key points with the faculty.

Strategies to Promote and Support Professional Development: The Program Director promotes and supports professional

development of the core and associated faculty. She frequently disseminates information related to upcoming FPTA conferences as well as SPC continuing courses that relate to specific course content. In addition, she encourages faculty to participate in volunteer activities such as the Special Olympics and voluntary clinics for HEC employees that are organized and conducted by the Program Director and students.

Interpersonal and Conflict Management Skills: Dr. Thomas has effective interpersonal skills as evidenced by her ability to manage a fairly large staff, including faculty and administrative personnel. She strives to maintain a positive environment and is open for consultation if conflict arises. She maintains frequent communication with the Dean as well as other staff members in various departments at the Health Education Center.

See Appendix: 4H Narrative Response.pdf for continued information.

Clinical Education Coordinator
4I
The clinical education coordinator is a physical therapist or physical therapist assistant who is licensed or regulated in any United States jurisdiction as a PT or PTA and has a minimum of three years of full-time post-licensure clinical practice. Two years of clinical practice experience must include experience as a CCCE or CI in physical therapy, or a minimum of two years of experience in teaching, curriculum development and administration in a PT or PTA program.

Kory Thomas, PT, DPT is designated as the Academic Coordinator of Clinical Education. She is a licensed physical therapist in Virginia and Florida. Dr. Thomas has five years of full-time post-licensure clinical practice and almost eight years of experience in teaching, curriculum development, and administration in a PTA program. She also has two years of experience as a Clinical Instructor for both Doctor of Physical Therapy students and Physical Therapist Assistant students.

Each core faculty member assists the ACCE with conducting site visits, monitoring student progress during their clinical affiliations, and completing the final assessment upon the completion of each clinical affiliation. Each core faculty member also communicates with the student and Clinical Instructor as needed.

4J
The clinical education coordinator is effective in developing, conducting, and coordinating the clinical education program.

Name
4J Narrative Response.pdf
Clinical Education Handbook.pdf
Other Policies.pdf
Policy Location Chart.pdf

The faculty members who monitor student progress during the students' clinical affiliations are evaluated by the students upon completion of the clinical course. The students complete a Student Evaluation of Faculty Clinical Coordinator form that is handed out to them upon their return to campus. In addition, the students receive a prompt within MyCourses upon the completion of the clinical course which asks the student to fill out a Student Survey of Instruction (SSI). The responses on both the Clinical Faculty Coordinator Evaluation and SSI are reviewed by the Program Director. The SSI results are made available to the Dean as well. SSI results are reviewed during each faculty member's annual evaluation. Both documents serve to assess the effectiveness of the Faculty Clinical Coordinators.

The Clinical Instructors and CCCEs also receive a survey upon completion of each clinical affiliation.

The effectiveness of the Faculty Clinical Coordinators' interpersonal and counseling skills, facilitation of the clinical education program as well as the ability to resolve affiliation-related concerns is determined by the student responses on the Student Evaluation of Faculty Clinical Coordinator forms. The results of the Student Evaluation of Faculty Clinical Coordinators reveal that the faculty were effective in their interpersonal and counseling skills, facilitation of the clinical program, and ability to resolve any concerns. In 2016, each faculty member received a rating of at least a 4 out of 5 for each performance measure.

The effectiveness of the ACCE and Clinical Faculty Coordinators in planning, developing, coordinating, and organizing the clinical education program has not been formally assessed in the past, however, while developing the Self-Study Report, the ACCE identified that a method of assessment is needed. CCCE and CI surveys are now being utilized to provide the data needed to assess the effectiveness of the ACCE and Faculty Clinical Coordinators in these areas.

Based on the CCCE surveys and CI surveys, the ACCE and the Clinical Faculty Coordinators have been effective in planning, developing, coordinating, and facilitating the clinical education program. The surveys indicated that the ACCE and faculty are effective in their ability to work with clinical education faculty to address the diverse needs of the students.

The ACCE primarily uses email correspondence to communicate information about clinical education with clinical education sites, including the CCCEs and CIs. After a student assignment has been made, the ACCE completes a Student Information Sheet that includes the student's contact information. This is sent to the CCCE via email. Clinical education information is communicated to core

faculty by periodic formal faculty meetings and less formal face-to-face discussions. Students receive information about the available clinical sites via a clinical schedule that is posted in MyCourses and distributed to students in a hard copy format. Once clinical assignments have been made, the clinical schedule is posted in MyCourses as well as in the PTA laboratory. Students also receive a Clinical Practice Information Sheet that includes contact information for the CCCE and/or CI as well as other special instructions.

The ACCE sends the Clinical Instructor Manual, syllabus for the clinical course, and a CCCE letter to the CCCE prior to the beginning of the clinical affiliation. This information outlines the responsibilities of the clinical education faculty. The CCCE is asked to share the information with the clinical education faculty. The student brings a hard copy of the Clinical Instructor Manual on the first day of their clinical affiliation and they provide it to the Clinical Instructor.

The ACCE confirms clinical placement with the CCCEs several months prior to the start date of the clinical affiliation. The CCCE communicates directly with the CIs. Once the clinical affiliation has begun, the Faculty Clinical Coordinators communicate with the CIs via in person conversations during the midterm visit for Clinical Practice I and II and via phone call for Clinical Practice III. It is the ACCE's goal that information related to students' clinical placements is provided to the students several months in advance of the start date for the clinical. Extenuating circumstances do occur in which a student may be placed closer to the start date. The core faculty members receive information about clinical education on an ongoing basis during formal faculty meetings and informal impromptu conversations.

Please see Appendix: 4J Narrative Response.pdf for continued information.

Collective Academic Faculty
4K
The collective core and associated faculty include an effective blend of individuals who possess the appropriate educational preparation and clinical and/or professional experiences sufficient to meet program goals and expected student outcomes as related to program mission and institutional expectations and assigned program responsibilities.

St. Petersburg College currently requires full-time and adjunct faculty members in the PTA program to possess a Doctorate or Master's degree in Physical Therapy OR a Master's degree with 18 graduate semester hours in Physical Therapy OR a Master's degree with an Associate degree in Physical Therapy Assistant AND 5 years of clinical experience in the discipline. Any faculty members who have been hired prior to the implementation of the Master's degree requirement, must have completed appropriate continuing education courses that meet approval from the College's administration to fulfill this requirement. The College also expects faculty members will have the knowledge and clinical experience to allow the program to meet its program goals and expected student outcomes.

The core and associated faculty collectively possess an adequate blend of clinical experience. As a whole, the PTA faculty have many years of experience in the acute, subacute, and outpatient settings. This experience includes the treatment of pediatric, orthopedic, and neurologic patients.

Kory Thomas has clinical experience in subacute rehabilitation as well as the outpatient and home health settings. Her clinical experience includes treating neurologic and orthopedic patients of varying diagnoses which adequately prepares her to teach Neurologic Disabilities & Treatment, Anatomy & Kinesiology Lab, and Basic Patient Care. She is also an APTA Credentialed Clinical Instructor which assists with her role as ACCE.

Mary Hanlon has been a Physical Therapist Assistant for over 33 years. Her clinical experience includes pediatrics, acute care, outpatient, SNF / ALF and home settings. After joining the PTA program at SPC, Ms. Hanlon was PRN at an outpatient setting for several years. The SPC PTA program also had a physical therapy clinic for many years, in which Ms. Hanlon was actively involved. She also received mentoring by Mr. David Erickson, former Program Director for 15 years, on PNF and NDT techniques. Her knowledge and experience in these content areas enhance the blend of clinical specialization among the core and associated faculty. She is also an APTA Credentialed Clinical Instructor.

Barb Heier has been a physical therapist for 30 years. She has worked in the outpatient setting and acute care. She is currently employed with Morton Plant BayCare Hospital as a PRN physical therapist which keeps her current with contemporary clinical practice. Her clinical experience includes treating a variety of diagnoses in the acute care setting as well as 10 years in the outpatient setting. Her outpatient experience has adequately prepared her to teach Basic Patient Care Lab, Anatomy & Kinesiology Lecture and Lab, and Orthopedic Disabilities and Treatment Lecture and Lab. Dr. Heier is an APTA Credentialed Clinical Instructor, was a Clinical Coordinator of Clinical Education (CCCE), and also has 30 years of experience practicing in the Tampa Bay Area. This assists in having clinical site professional ties for the clinical education program.

Kirsten Snellenburg has extensive clinical experience in the outpatient orthopedic setting. As a private practice owner for 13 years, Dr. Snellenburg was responsible for evaluating and treating all the neurological, balance & vestibular patients in this practice in her role as Clinical Director. Dr. Snellenburg has also practiced in SNF/ALF and home health settings. She practices as a PRN physical therapist in the outpatient setting, County Jail setting as well as home health/In home settings.

Debra Fox is a Certified Wound Specialist and has extensive experience in the acute care setting. Her experience qualifies her to be an adjunct instructor for Basic Patient Care Lab.

The core faculty and associated faculty are effective in meeting program goals and expected outcomes. The licensure examination pass rates and employment rates are evidence of the strength of the faculty to successfully prepare students. Each faculty member has different strengths, and the Program Director takes this into consideration when delegating tasks and assignments. Each faculty member is involved in different service activities at the college, therefore, meeting the various expectations of faculty at the institution. Together, the faculty is an effective team with meeting college expectations and program responsibilities.

4L

The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional policies, procedures and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.

Name
Policies and Procedures Program.pdf

Program specific regulations and policies are developed by the core faculty and the Program Director seeks approval from the Dean. Once approval from the Dean is received, the regulations and policies are adopted and added to the Program Policies and Procedures Manual. While preparing the Self-Study Report, it was identified that the core faculty will need to engage in a formal evaluation/assessment process to determine the effectiveness of the policies and whether or not modifications need to be made for the future.

The process to verify that academic regulations are being upheld is ongoing. The Program Director monitors the adherence to academic regulations via communication with the core and adjunct faculty on an as needed basis. For example, with new full-time faculty, the Program Director provides mentorship before and during the course to ensure that grading and attendance policies are being upheld.

If violations of academic regulations occur, the Program Director addresses the issues directly with the faculty. Upon completion of the first session of the summer clinical affiliations, the Program Director identified that some of the Faculty Clinical Coordinators (core and adjunct faculty) had recommended passing some students despite the fact that some comments were missing from a few of the CPI criteria. In addition, some of the Clinical Instructors did not mark “M” or “F” on the CPI. The Program Director notified the faculty to thoroughly review the entire CPI before recommending that the student pass the clinical. After the Faculty Clinical Coordinators have completed their review of all clinical materials, they provide the CPI to the Program Director/ACCE so that she may review all documents prior to a grade being assigned.

There have been no other violations of academic regulations since the Program Director has been in this position.

4M

The collective core faculty have primary responsibility for development, review and revision of the curriculum with input from other appropriate communities of interest.

Name
Policies and Procedures Program.pdf

The PTA program core faculty has the responsibility for the curriculum development. Additional input regarding the curriculum is provided by the PTA program Advisory Committee and College Administration. Major curricular revisions are discussed with the Advisory Committee prior to making a formal recommendation via the College's required procedure. When the need for minor curricular revisions has been identified, the Program Director discusses the suggested revisions with the Dean. Afterwards, the Program Director will request the opening of the course outline or program outline in CurricuNet. The Program Director will enter the modifications and then submit them for approval to the Dean. The Curriculum and Instruction Committee will then review the suggested course and/or program modifications and make a decision regarding approval.

The Program Advisory Committee members play an integral role in the development, review, and revision of the curriculum. The Program Director has consulted with the Chair of the Advisory Committee regarding the use of the CPI Web. She has obtained advice that has assisted with the onboarding phase of this tool. The Advisory Committee was asked to review the proposed graduate outcomes which drive the curriculum. The committee approved the new graduate outcomes and the faculty has been involved in reviewing the curriculum and making revisions as needed to better align each graduate outcome with curricular objectives.

4N

The collective core faculty are responsible for assuring that students are safe and ready to progress to clinical education.

Name
Other Policies.pdf
Policies and Procedures Program.pdf
Policy Location Chart.pdf
Skill List-Expected To Be Competent.pdf

The core faculty determine the skills in which students are required to demonstrate competent and safe performance by using knowledge of the expectations of the clinical facilities in the area, input from the advisory committee and consultant, content of the NPTE, and the APTA Minimum Required Skills of the Physical Therapist Assistant.

The faculty have periodic meetings to discuss the clinical education program. In these meetings, the skills in which students are required to be competent and safe are discussed and determined. Input from each core faculty member is essential in determining these skills.

Lab Practical Grading Forms/Rubrics have been developed based upon the list of skills identified in the process noted above. The rubrics outline the expectations for each of these skills. Each rubric clearly indicates critical safety components that the students must pass in order to pass the practical. Critical safety elements were determined as those skills during which a patient or student's health and well-being are at risk if the skill is performed incorrectly. The faculty review their laboratory rubrics to ensure they include identification of the critical safety elements. The Program Director has assisted faculty as needed with revising some of the rubrics to include this information.

Students must pass each laboratory assessment, as well as pass the lab course, with a minimum of a 78% average. If the student does not meet this requirement, they are not placed in the clinical setting. By passing the critical safety elements included on each laboratory grading rubric, the faculty are able to ensure that students are competent and safe to be placed in clinical the clinical education setting. Prior to each laboratory assessment, the faculty who are responsible for grading the students meet to discuss specific expectations. If there is question that arises during the assessment, the faculty who is responsible for grading the student will consult with the primary instructor to obtain clarification. This ensures that students are graded based on consistent expectations. The ACCE does not place any student who has not met the above requirements.

Each student must pass each didactic and laboratory course with a minimum of a 78%. Each student must pass each critical safety element on each laboratory rubric in order to pass the assessment and engage in clinical education. Students are allowed one re-take for practical exams.

If a student is found to not be safe and ready to progress to clinical education, the student is dismissed from the program and may reapply for admission to the program in the future. The PTA Student Handbook outlines the specific readmission policy and re-admission procedure on pages 31-32.

Students receive a copy of each laboratory grading rubric prior to each lab practical exam. The faculty review the rubric with the students to ensure they are clear on the skills in which students must be competent and safe. The clinical education faculty receive a Web CPI Minimum Passing Proficiencies form that includes the specific percentages in which students must achieve upon the completion of each clinical experience.

Clinical Education Faculty
4O
Clinical instructors are licensed physical therapists or, if permitted by State Practice Act, licensed/certified physical therapist assistants, with a minimum of one year of full time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers.

Name
4O Narrative Response.pdf
Clinical Education Handbook.pdf
Other Policies.pdf
Policy Location Chart.pdf

Prior to the student beginning their clinical affiliation, the ACCE sends a letter to the CCCE that describes the program's requirement of each Clinical Instructor possessing no less than one year of clinical experience as a licensed PT or PTA. The ACCE also requests the name of the CI and number of years of experience prior to the start date of the clinical experience. This provides the ACCE with the necessary information in determining that the CI has the required one year of clinical experience prior to student placement. When securing a new clinical contract, the ACCE describes the program's requirements for clinical instructors to the CCCE. Included in the students' required weekly discussion during their clinical affiliations is a question about whether or not the student's Clinical Instructor has changed. This assists the faculty and ACCE with preventing the situation in which a student is supervised by a Clinical Instructor who may not meet the program's qualifications of at least one year of clinical experience as a licensed PT or PTA. The program's Clinical Instructor Manual is sent to the CCCE prior to the beginning of the clinical affiliation. This manual provides the

program's expectations on being a successful Clinical Instructor and tips are provided as well.

Students are asked to explain in discussion posts each week what they are learning and the type of interventions they are performing. The CIs are also expected to provide feedback in the CPI at midterm with reports on how well the student is performing. Students set goals at the beginning of each rotation and one method of evaluating the CI's teaching effectiveness is by whether or not the CI has helped the student reach their goals. The Faculty Clinical Coordinators discuss any concerns with the student via emails and during the Midterm site visit. If it is identified that the CI has not been effective with assisting the student with reaching their goals, a development plan for the Clinical Instructor is established. On the Clinical Education Midterm Form, the Faculty Clinical Coordinator fills out a section pertaining to Clinical Instructor development that is needed as well as a section related to appropriate supervision and whether or not student support has been given. The Faculty Clinical Coordinators communicate with the students prior to, during the midterm visit or phone call, and upon completion of the clinical affiliation in which they ask students if they have any concerns regarding the clinical experience. At this time, students are afforded the opportunity to discuss any issues related to the teaching effectiveness of the CI.

The ACCE provides the CCCEs with information regarding CI expectations before the start date of the clinical rotation. This is typically via email and/or regular mail. The program's Clinical Instructor Manual is sent to the CCCE prior to the beginning of the clinical affiliation. The manual includes the expectations of the Clinical Instructors.

The Faculty Clinical Coordinators and/or ACCE visit each student and keep in contact via phone and email to assess the clinical experience and utilize the midterm and final CPI to identify the effectiveness of the CI with completing this tool. The Student Evaluation of the Clinical Instructor and Clinical Experience is completed by the student upon completion of the clinical experience and the Clinical Faculty Coordinator and ACCE review the forms to assess CI effectiveness.

The CIs utilized by the program have experience in a variety of treatment settings including outpatient, inpatient, and sub-acute settings. Within these settings, many CIs have numerous years of experience treating orthopedic patients, geriatrics, pediatric patients, neurologic patients, and cardiac patients. Further specialties include lymphedema therapists, BIG certified therapists, aquatic therapists, manual therapists, and sports specialists.

Of the 29 CIs in the PHT2810 course, 22 were PTAs and 7 were PTs (3 DPTs, 1 MSPT, 3 BSPTs). There were ten CIs with less than 10 years of experience as a clinician, nine with 10 to 19 years of experience, and ten with more than 20 years of experience. There are ten CIs who are an APTA credentialed CI as well.

With regards to PHT2820L, there were 22 PTAs and 9 PTs (3 DPTs, 1MSPT, 5 BSPTs) with one PTA holding and ATC license/degree. The clinical experience of these CIs ranges from 2 years to 40 years. Clinical areas of expertise also range from orthopedic/sports to acute, geriatrics, critical care, oncology, cardiac, and aquatics. Further certifications held by these clinicians include lymphedema therapists, BIG/LSVT certified therapists, aquatic therapists, pediatric certified therapists, CSCS, IASTM, and kinesiotaping certifications. Of the CIs utilized in this rotation, 12 were APTA credentialed CIs.

Please see Appendix: 4O Narrative Response.pdf for continued information.

Standard 5:
The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program and consistent with societal needs for physical therapy services for a diverse population.

5A
Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, are written and made available to prospective students, and are applied consistently and equitably. Recruitment practices are designed to enhance diversity of the student body.

Name
5A Narrative Response.pdf
Other Policies.pdf
Policies and Procedures Program.pdf
Policy Location Chart.pdf
Student Recruitment Materials.pdf

The St Petersburg College PTA department has set its class size at 34 students for a cohort beginning every fall semester. The 34-student class size is based on the current available clinical sites and the physical resources available to the program. This class size standard was set in 2015 to ensure the St Petersburg College PTA program meets the established objectives and goals while providing quality education for an entry level Physical Therapist Assistant. Ongoing communication with the community indicates graduate numbers support the needs for PTAs in the community.

Information pertaining to the program is available to the public in both electronic and print formats. This includes the current St. Petersburg College website that provides a web page for the PTA program. The College catalog can be downloaded or printed.

Students receive information at on-site advising offices at any of the St Petersburg College campuses or by contacting the

Admissions/Advising Department directly.

The recruitment of students by the PTA program is conducted by the St. Petersburg College Outreach Specialists (Student Affairs staff), the Program Director, and core faculty. The Student Affairs staff implements and hosts various career events geared towards diverse populations across the lifespan. This is accomplished through different avenues such as giving tours to students, as well as high school teachers and counselors who visit the St Petersburg College Health Education Center. The Program Director participates in periodic information sessions throughout the year and program outreach events at other campuses.

Previously, the PTA program had an ongoing collaborative partnership with BayCare Health System in which two slots were saved for BayCare “Earn as You Learn” students. Currently, if BayCare employees are interested in applying to the SPC PTA program, they follow the same selective admissions process as other applicants. The PTA program does not reserve spots for these applicants, as they are required to follow the same selective admissions procedure and process as other applicants. If the BayCare employees are accepted into the PTA program, BayCare has their own internal procedure and process for accepting them into the “Earn as You Learn” program. This program enables employees to work and earn money as they progress through the PTA program.

The admissions procedures are applied equitably by admissions’ personnel to all prospective students. Each student is held to the same admissions criteria standards. To ensure the application process is administered equitably, the following steps are taken:

Group interviews are conducted by more than one SPC faculty/staff. During the group interview process, each student is held to the same standards and interviewers complete a standard PTA interview rubric. Any faculty or staff who knows an applicant personally is not allowed to be a part of the group interview and a substitute is found. During the group interview, students interview each other based on a selection of standard questions that are provided to the group. The program avoids using questions that would prompt sensitive information, and students are able to self-regulate the information they choose to disclose. The writing component is held after the group interview, with a 45-minute maximum allotted timeframe. A standard PTA writing rubric is applied. Each essay includes the student's number only, therefore, the individuals grading the essays do not know the author of each essay. There are two individuals assigned to grade each written essay, neither of which are present for the in-person group interview. The same individuals grade all of the essays. Overall, this process ensures that students' rights are protected.

All scores are entered into an excel spreadsheet which automatically calculates the scores based upon the weight of each of the category.

The weight of each of the components is as follows:

GPA: 40 Points

Interview: 30 Points

General Education &

Support Courses: 29 Points

This information is made available in the admissions guide for the prospective students.

Please see Appendix: 5A Narrative Response.pdf for continued information.

5B

Prospective and enrolled students are provided with relevant information about the institution and program that may affect them including, but not limited to, catalogs, handbooks, academic calendars, grading policies, total cost to student, financial aid, the program’s accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent print and/or electronic information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.

Name
Catalog Undergraduate.pdf
Relevant Student Information.pdf

The **College Catalog** is provided to prospective and enrolled students via the College website.

Recruitment and admissions information, including admissions criteria, and transfer of credit policies are provided to prospective and enrolled students via the PTA Program Website (Admissions Guide) and the PTA Student Handbook.

Academic calendars are provided to prospective and enrolled students via the College website and the 2017-2018 Student Planner and Handbook,

Grading policies are provided to prospective students upon request and to enrolled students via the PTA Student Handbook.

Technical standards and essential functions are provided to enrolled students via the PTA Student Handbook and to prospective students via the Essential Student Functions PDF from PTA Program Website.

Acceptance and matriculation rates are provided to prospective and enrolled students via the PTA Program Website (Admissions Guide).

Student outcomes are provided to prospective and enrolled students via the PTA Program Website (Outcomes and Accreditation Tab).

Costs of the program (including tuition, fees, and refund policies) are provided to prospective and enrolled students via the PTA Program Website (Admissions Guide) They are also available upon request.

Financial aid information is provided to prospective and enrolled students via the College's website and upon request.

Enrollment agreements are not used.

The process for filing a complaint with CAPTE is provided to enrolled students during PTA new student orientation via the PTA Student Handbook,

Job/career opportunities are provided to enrolled students and alumni through job fairs, outreach specialists, emails from the Program Director and/or faculty regarding position openings, and the PTA job board outside of department.

The availability of student services information is provided to enrolled students via the PTA Student Handbook, the College website.

Health and professional liability insurance requirements are provided to enrolled students via the PTA Student Handbook.

Information about the curriculum is provided to enrolled students during PTA new student orientation via the PTA Student Handbook and to prospective students via the PTA Program Website.

Information about the clinical education program, including travel expectations to clinical sites is provided to enrolled students via the PTA Student Handbook which is given to students during the PTA new student orientation and Clinical Affiliation Choices Form provided to students prior to clinical placement.

Required health information is provided to enrolled students during the PTA new student orientation via the PTA Student Handbook and the Health Record Form provided during the PTA new student orientation.

The potential for other clinical education requirements, such as drug testing and criminal background checks is provided to enrolled students during the PTA new student orientation via the PTA Student Handbook.

Information regarding access to and responsibility for the cost of emergency services in off-campus educational experiences is provided to enrolled students during the PTA new student orientation via the PTA Student Handbook.

A copy of the Student Handbook is given to each student during the new student orientation. The College Catalog is available to students at any time via the College website. Students are made aware of the various policies and information that is found on the College website during the new student orientation.

The Program Director reviews the policies and website links/information on an annual

basis to ensure they are accurate, comprehensive and current.

5C

Enrollment agreements, if used, comply with institutional accrediting agency and state requirements and are only executed with a prospective student after disclosure of the information delineated in 5B and formal admission to the program has occurred.

Name
Policies and Procedures Program.pdf

The program does not utilize enrollment agreements.

5D

Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written and provided to students and applied consistently and equitably.

Name
Handbook Institution Student.pdf
Handbook Program Student.pdf
Other Policies.pdf
Policy Location Chart.pdf

Policies and procedures that affect students are disseminated to students via the SPC Student Planner & Handbook, PTA Program Student Handbook, and the College website. The Student Planner & Handbook is online but is also made available to prospective/enrolled students in hard copy form at the beginning of and during the current academic year. The PTA Program Student Handbook is provided to enrolled students during the new student PTA orientation. Information is provided to stakeholders on an ongoing basis via the College's website. Program faculty receive a copy of the PTA Program Student Handbook as well as the Program Policies and Procedures Manual upon hire. The Program Policies and Procedures Manual includes policies and procedures that related to students.

If any student is in need of appropriate testing accommodations, they are required to meet with the Accessibility Services Coordinator at the College to discuss the procedure regarding this request. All students who receive accommodations in the program have followed the College's procedure for obtaining such requests. This procedure is documented in the PTA Program Student Handbook on pages 73-75. Faculty and staff do not provide accommodations without appropriate notification from the College.

All students are offered laboratory access outside of the scheduled class times. Friday open labs are open to all students currently enrolled in the program. The open lab policy is applied fairly and equitably to all current PTA students.

5E

Policies, procedures, and practices related to student retention, student progression and dismissal through the program are based on appropriate and equitable criteria and applicable law, are written and provided to students, and are applied consistently and equitably. Retention practices support a diverse student body.

Name
Handbook Institution Student.pdf
Handbook Program Student.pdf
Other Policies.pdf
Policies and Procedures Program.pdf
Policy Location Chart.pdf

Students are able to review their course grades via MyCourses, SPC's online learning shell. Students receive feedback in a variety of ways depending upon the object being graded. Tests and quizzes are reviewed in class provided that everyone has taken the exam. Students then have the opportunity to schedule an appointment with faculty to further review the test individually. Students receive feedback on lab assessments immediately after completion. This is done in a private area where feedback is provided in person to the student, utilizing a grading rubric. These grades are further posted in MyCourses to allow students to track their progress in each course.

Open labs with faculty are available on a weekly basis for students to provide the opportunity for students to practice the application of physical therapy skills. These open labs, while not a formal instructional class, allow students to receive feedback on their application of such skills while maintaining an open environment for collaborative dialogue.

Students obtain reports of their clinical progress via midterm CPI assessments (in which an assigned faculty member makes a site visit or phone call to meet with the student and the CI), final CPI assessments, weekly feedback forms are available for use between the CI and student, and the Clinical Education Grading Rubric. Additionally, students are required to participate in a variety of discussion forums throughout their clinical experience on a weekly basis. Faculty are able to view and reply to these posts as needed. Faculty are available throughout clinical by text, email, and/or phone call with any questions or concerns.

Students may need to be counseled by program faculty whereby they will receive written documentation of the counseling session. If faculty sees the necessity for tutoring, a referral to the New Initiative Program will be in order. N.I.P. may provide an identified PTA student (upperclassman or graduate) to be hired to provide tutoring to the at-risk student. N.I.P. is a federally funded program of academic support available to pre-health and health education students. The N.I.P. department staff may determine the student needs accessibility services for testing.

If program faculty identifies the student's academic difficulties to be a result of factors beyond the scope of the faculty capabilities, faculty will fill out a counseling form and send the student to N.I.P. or the Accessibility Services department. If referred to the Accessibility Services department, the Accessibility Coordinator will determine if special testing services are warranted for the student to be successful. In addition, sessions may be offered in which test taking strategies are reviewed with the student.

Per the SPC PTA Program Remediation Policy as found in the PTA Student Handbook on pg. 33 (Appendix: Handbook Program Student.pdf), remedial clinical experiences may be provided to the student if the ACCE, CCCE, and student agree that it will be beneficial. Examples include extending the clinical experience at the current clinical site or extending the experience at a different site but the same setting (ie: acute, subacute, or outpatient). In academic courses (didactic or laboratory classes), the student may be offered a remedial experience to assist with reinforcing the material in which the student may have difficulty. This may be offered to students who have achieved marginally accepted grades on lecture and/or lab practical exams. An example includes having the student create a video that demonstrates proper gait training or transfer training.

Faculty may refer students to Student Support Services (SSS) which is a federally funded grant program under the Department of Education. SSS is a limited access program, in which services are provided to first generation and limited-income students. SSS provides services such as, mentorship, academic advisement, textbook lending, academic progress report review and a list of additional services to ensure retention and graduation. The Program Director works closely with the faculty to help assure our diverse students are successful in the program. A decline in the health of a family member or student, divorce, child custody cases, and excessive work schedule have been examples of barriers our students have encountered preventing timely progression in the program. While allowing students flexibility, the program does not compromise academics or clinical competency and will require students who have taken additional time to complete the program to show proof of clinical competency prior to returning to the clinical setting.

Standard 6:
The program has a comprehensive curriculum plan.

6A
The comprehensive curriculum plan is based on: (1) information about the contemporary practice of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.

Name
6A Narrative Response.pdf

The program faculty consult with the Program Advisory Committee to receive information regarding contemporary practice of physical therapy and this information is integrated into the curriculum plan. Most of the core faculty engage in current practice of physical therapy which enables the faculty to incorporate information about contemporary practice into the curriculum plan as needed. The core faculty also participate in the FPTA and APTA conferences and events which provide them with current information regarding contemporary practice of physical therapy. During program meetings, the faculty discuss topics related to contemporary practice and determine which elements need to be added to the curriculum plan.

The curriculum is reflective of the recognized standards of practice of the profession by incorporating the APTA Standards of Ethical Conduct for the Physical Therapist Assistant into the courses. The curriculum introduces the APTA Standards of Ethical Conduct for the Physical Therapist Assistant into the introductory course (PHT1200) and threads this content throughout the curriculum to reinforce the expected behaviors of a physical therapist assistant. These standards of conduct are required in the conduct of all our students.

The curriculum plan is based on the content of A Normative Model of PTA Education and formative elements as provided by the Minimum Required Skills of PTA Graduates at Entry-Level, CAPTE Standards (specifically content areas published in Standard 7), and the NPTE Content Outline. These documents are used when faculty review the curriculum each year.

All textbooks assigned as required for the program are reviewed individually by the faculty for relevance, alignment with the program curriculum, and current information. All textbooks are current versions of well-respected texts for physical therapists and physical therapist assistants.

Guest speakers are brought into PHT1801L: Clinical Practice II and PHT2931: Trends in Physical Therapy class to provide students with up to date information on a variety of topics from professionals active in the field. By utilizing speakers who are currently involved in active practice, students are provided with up-to-date and current information.

The PTA coursework has been designed using A Normative Model of PTA Education as a guide and prototype, and the resultant curriculum is grounded in the mission, philosophy, goals, objectives, and expected student outcomes. This framework leads to the goal of delivering a comprehensive quality education, producing competent entry-level graduates able to pass the licensure exam and able to demonstrate professional and ethical behavior.

The curriculum plan is also based upon recognized principles of educational theory. Application of these principles is supported by relevant course learning outcomes as articulated in each syllabus; progressive depth and breadth of curricular content; and laboratory/clinical education experiences to foster integration, application and retention of skills and behaviors. For example, PHT1200 and PHT1121 utilize didactic methods to introduce new knowledge; PHT1200L and PHT1121L utilize laboratory-based instruction and supervised practice to integrate this knowledge with psychomotor-based skills and activities; reinforcement of the desired skills and behaviors occurs through the clinical experiences within each of the clinical courses. The syllabi and use of rubrics throughout the curriculum also provide students with expectations of behavior and skills-based outcomes in advance of each learning experience.

The curriculum incorporates the behavioral expectations as published in the APTA's Values Based Behaviors of the Physical Therapist Assistant as well as ethical conduct as published in the APTA Standards of Ethical Conduct for the Physical Therapist Assistant. These are reflected in a broad manner in the mission where it indicates the program: "The program facilitates student attainment of the knowledge, clinical skills, clinical decision making abilities, values and professional behaviors essential to function as a competent physical therapist assistant by providing quality, student-centered learning experiences which are based upon contemporary educational theory and student support services designed to maximize student success." Further professional behaviors are threaded

throughout all clinical content courses with representative course objectives. The use of reflective journaling, self, peer and faculty evaluation emphasizes this area. In addition, lab exam rubrics include a “professionalism” component where the student is assessed during simulated clinical situations.

Please see Appendix: 6A Narrative Response.pdf for continued information.

6B

The curriculum plan includes courses in general education and basic sciences that prepare the student for the technical courses, or competencies, if the program is competency based.

Name
6B Narrative Response.pdf

The purpose of the general education and support courses at this level is to further the fundamental academic skills in written and spoken communication, mathematical proficiency, scientific methodology, and information technology. The general education courses and support courses also promote personal reflection, insight into nature and society as well as promotion of an understanding of ethics and morality which will prepare the student for becoming part of an occupation concerned with “well-being.”

HSC1531, Medical Terminology, is designed to introduce students to the prefixes, suffixes, and common words used in the medical professions to describe pathologies, diagnoses, medical and surgical procedures, and symptoms related to patient care. Upon completion, students attain the knowledge of word roots and phrases to be able to develop a comprehensive understanding of medical vocabulary to enhance the student’s ability to read and document appropriately in a healthcare setting.

The PTA Program Humanities/Religion options include HUM/REL, which are designed to enhance a student’s understanding and knowledge of the global populations. Students focus on art, culture, tradition, and religious concepts to prepare them for the diverse population of patients they may treat in practice. This enables them to develop an understanding of cultural beliefs, traditions, and attitudes that may be viewed differently in professional practice by each cultural and religious group.

The PTA Program Speech options include SPC1017, 1017H, 1065, 1608, and 1608H which educate students in the concepts of human communication and the communication process. Topics include perception, verbal and nonverbal communication, intercultural communication, critical thinking and listening, and gender communication. Students are encouraged to construct and deliver presentations while developing an understanding of audience analysis and response. As a general education requirement, these courses prepare students to perform in-services and presentations while in the program, thus preparing students to become leaders in the profession.

CGS1070, Basic Computer and Information Literacy, prepares students to use the appropriate technological and software resources available on computer processors. Students utilize these skills when preparing and presenting in-services and assigned projects. These skills are also useful to students in preparing them how to research and organize materials for papers and writing assignments.

The PTA Program Math options include MAC/MAC/MAS/MGF/MTG/STA which allow the student to discuss and cover mathematical problems that include operations of algebraic expressions and equations, measurement, graphs and linear equations, factoring, quadratic equations and problem solving, correlations, abstract reasoning especially with geometric figures, probability and statistical significance. The skills learned in these courses enhance the student's ability to understand content taught in PHT1121, Functional Anatomy & Kinesiology Lab. In this course, general math skills are needed to perform basic mathematical equations and to perform correct goniometric measurements.
ENG1101, English Composition I, has been designed to teach students paragraph and theme development with emphasis on syntax, organization, logical thinking and originality. The content taught in this course enhances the student's ability to write papers and perform medical documentation proficiently which is a focus in many of the core courses.
PSY101, General Psychology, introduces students to the field of psychology and provides them with a general understanding of the principles of psychology and theories underlying modern psychology. Topics covered include the history, scientific methodology, theoretical schools of thought, and development. Psychological aspects of ethics, social and cultural diversity are integrated through the course. These principles enable students to be sympathetic to cultural views, understand developmental theories, and apply the principles appropriately to different patient populations.

DEP2004, Developmental Psychology, studies human development from conception to death. Emphasis is on the ongoing changes which result from the interaction of inherited and environmental factors, and on the uniqueness of the individual. The course examines the way in which age, gender, ethnicity, and race affect development. Particularly, this course prepares students for expanding their knowledge in the developing pediatric patient while understanding the natural aging process of the geriatric population. In doing so, students understand the developmental milestones of the individual to which physical therapy is used to meet such goals.

Please see Appendix: 6B Narrative Response.pdf for continued information.

6C

The curriculum plan includes a description of the curriculum model and the educational principles on which it is built.

Name
6C Narrative Response.pdf

The program is a two-year integrated program structured in a basic traditional model where foundational content is covered in General Education coursework which prepares the student for the content in the PTA courses. Within the PTA courses the curriculum follows the principles of Bloom's. Content is first introduced in a lecture based course or via reading materials before psychomotor skill or affective behavioral activities are practiced either in class or in a lab setting. Finally, student knowledge, psychomotor skills and affective domain behaviors are practices in the clinical setting with actual patients under the direction and supervision of a clinical instructor (PT or PTA).

Within each domain area expectations move from lower level expectations (i.e. identify) to higher level (i.e. determine). Additionally, content is built from simple to complex and is developed from normal anatomical structure and function then progressing to pathological conditions and methodologies and finally to clinical application. The PTA Program curriculum fully integrates general, core (technical), and clinical education courses across its duration.

The curriculum is reflective of the recognized standards of practice of the profession by incorporating the APTA Standards of Ethical Conduct for the Physical Therapist Assistant into the courses. The curriculum introduces the APTA Standards of Ethical Conduct for the Physical Therapist Assistant into the introductory course (PHT1200) and threads this content throughout the curriculum to reinforce the expected behaviors of a physical therapist assistant. These standards of conduct are required in the conduct of all of our students.

As an example basic concepts and ideas are introduced in PHT1200 Basic Patient Care and PHT1200L Basic Patient Care Lab, including bed mobility, patient positioning, gait training, the use of wheelchairs, and the use of assistive devices. PHT1217/PHT1217L Physical Therapy Principles and Procedures in the second semester adds information about the application of modalities, with the lecture portion providing the didactic learning environment and the lab portion allowing the student to apply the knowledge. As these two courses progress, ideas introduced in lecture are applied in the corresponding situations in the lab portion of course. Students are required to not only apply the basic concept but to analyze situations, generalize the basic concepts and come up with specific solutions based on variables presented in scenarios, and by the end of the second semester, students must pass a comprehensive final lab practical that draws together many of the concepts taught throughout the first year. This is accomplished by providing the students with an original scenario which forces the students to come up with solutions to problems not yet seen as a whole. One example of a final lab practical scenario is the PTA student must treat a patient with a recent total hip replacement, instruct the patient on safety precautions, teach the patient how to get into and out of bed while obeying those precautions, teach the patient how to use a walker to ambulate from bed to a wheelchair, all the while guarding and maintaining a safe environment for the student and the patient. Additional parameters of the treatment scenario include the application of modalities for pain relief. Passing this comprehensive final lab practical at the end of the second semester is a pre-requisite for student placement in their first clinical affiliation.

Another example is the introduction of normal anatomical structure in PHT1121/PHT1121L Functional Anatomy and Kinesiology lecture and lab, with students learning muscle origins and insertions, skeletal structure, biomechanics, and the application of those concepts in manual muscle testing, muscle contractions, and goniometry. In PHT2252/PHT2252L Orthopedics Disabilities and Treatment in the second semester, pathological conditions are introduced, and students are required to apply the knowledge of normal function to the design of treatment plans for a variety of conditions. The students must progress their “patients” through the plan from intake to discharge. As previously, students must demonstrate knowledge of contraindications, precautions, and safety considerations for each pathological condition, and each of their lab practical exams include a section on documentation as part of their grade.

Ethical conduct is introduced early in the program with topics such as privacy and the application of HIPPA in the use of patient names and discussing patient information in a private setting. A part of the grading rubric for all lab scenarios involves the student maintaining patient confidentiality.

Please see Appendix: 6C Narrative Response.pdf for continued information.

6D

The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated and full-time terminal experiences.

Name
6D Narrative Response.pdf

Catalog Undergraduate.pdf
Plan of Study.pdf

The program utilizes an integrated, model to coalesce the didactic and clinical education portions of the curriculum. This model enables students to learn basic concepts taught in the initial portion of the curriculum that are reinforced in Clinical Affiliation I. Higher-level skills learned in the later portion of the program are reinforced in Clinical Affiliation II and III, thus, preparing them for entry-level employment.

Prior to PHT1801L, Clinical Practice I, students have become proficient with writing and reading basic medical terminology, performing basic mathematical problems, understanding foundational anatomical and physiological concepts, and delivering basic therapeutic procedures such as transfers and gait training. These skills enable the student to make a comfortable and safe transition into the clinical setting during Clinical Practice I.

In addition, students have gained skills in performance of massage techniques, ROM, goniometric measurements, manual muscle testing, and modality application prior to beginning their first clinical affiliation. Skills such as developing home exercise programs and monitoring vital signs during exercise are taught during Orthopedic Disabilities & Treatment Lab prior to Clinical Practice I. Students also learn how to deliver an oral presentation during Introduction to Patient Care and communication methods that assist them with interacting with their patients during their first clinical affiliation.

More advanced skills such as understanding orthopedic special tests, neurological assessments and interventions, and lymphedema treatments are taught prior to the terminal clinical experiences. These courses require integration of all prior coursework which prepares students for Clinical Practice II and III.

The didactic and clinical education portions of the curriculum are integrated and sequenced in a manner that enables the students to provide physical therapy treatments in the clinic after successful performance of laboratory skills in the classroom laboratory setting. Knowledge gained during the didactic portion of the first year of the program is further enhanced as students complete their initial clinical affiliation during the summer semester of the first year of the program. Skills learned during the first semester of the second semester of the program are further enhanced during the terminal semester of the program. While students have had instruction in theory and knowledge of treatment components, their techniques have only been practiced on fellow students prior to participating in clinical education; however, they have passed competency testing. Each clinical rotation provides the opportunity for students to develop the professional skills necessary within a clinical setting. In doing so, students are thus able to correlate didactic background with basic to entry level patient care in the clinical setting. The list of skills for each clinical is sent to the CCCE prior to the start date of the clinical. The objectives for each clinical course reflect an increase in responsibility of the student, including but not limited to supervision level and caseload volume.

Students receiving instruction in the didactic portion of the curriculum are able to synthesize and process the rationale for treatments in the physical therapy setting. Foundational knowledge and skills are necessary for the student to further enhance their understanding in the “real world” clinical scenario. This understanding is cultivated in the first year of the student’s curriculum through lecture based classes and lab components. Following successful completion of this phase of their didactic education, students are enrolled in their first clinical affiliation to augment the treatment concepts taught in their physical therapy courses thus far. This includes the basic concepts of orthopedic surgeries and conditions, the effective use of modalities and physical agents, basic patient care concepts, gait instruction, and knowledge of biomechanics as well as data collection. Prior to PHT2810L, Clinical Practice II, students have completed all of their lecture and lab classes with the exception of PHT2931, Trends in Physical Therapy course and special presentations of topics such as Pulmonary PT, Discharge Planning, and Vestibular Rehab. Students, therefore, can be guided and supervised toward performing most entry-level PTA skills on a variety of patient pathologies during the second clinical experience. During PHT2820, Clinical Practice III, students can be supervised toward performing all entry-level PTA skills with patients with various pathologies.

Please see Appendix: 6D Narrative Response.pdf for continued information.

6E
The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.

Please see course syllabi that are accessed from the WinZip file.

6F
The curriculum plan includes learning objectives stated in behavioral terms that reflect the breadth and depth of the course content and describe the level of student performance expected.

The instructional objectives are stated in behavioral terms addressing the affective, psychomotor and cognitive domains using Bloom’s taxonomy to show student progression from simple to complex knowledge, skill or value through the course and program curriculum. The instructional objectives are outlined on the syllabus for each course to allow students to become familiar with the expectations of the instructor and expectations for the course. All course objectives were placed in a matrix that includes the

expected program outcomes, the courses that will address each outcome, objectives for each course addressing the outcome, and the taxonomy level of each objective, the CAPTE criteria and NPTE content areas. Objectives were reviewed by a consultant to ensure they were stated in behavioral terms. Course objectives continue to be reviewed to ensure all essential content is represented and to evaluate how well the content is progressed from lower to higher expectations throughout the program. The college requires both Major Learning Outcomes (MLOs) and Course Outcomes (COs) for each course. MLOs are designed to be broad outcome statements that show the major areas of student behavioral outcomes. COs provide greater detail regarding course content.

Course objectives are written in behavioral terms that are measurable, observable, and follow the progression of Bloom's Taxonomy. The course objectives cohesively require the student to be proficient in their understanding of course content, as well as demonstrate the appropriate actions to take in applying this content.

An example of this progression would be in PHT1121: Functional Anatomy and Kinesiology (second term). Students are required to meet the following objective:

1: Upon completion of this course the student will discuss basic biomechanical and kinesiological principles related to movement.

b. Describe the structure and function of bones, joints and muscles.

As students transition into the third term of the program, they will then have to meet the following objective in PHT2252: Orthopedics Disabilities and Treatment:

3(h): Analyze the effects of poor posture and body mechanics on the spine and activities, positions, and postures that aggravate or relieve pain and/alter sensations.

In PHT2820L: Physical Therapy Clinical Practice III (sixth term), the objective is as follows:

8: Upon completion of this clinical experience the student will, at entry-level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

c. posture, including determining normal and abnormal alignment of the trunk and extremities at rest and during activities.

These examples are a demonstration of learning progression as the student moves from describing to analyzing to implementation.

A second example of this progression is as follows:

In PHT1200: Basic Patient Care (second term) students are required to meet the following objective:

2(a): Identify appropriate interventions, as they relate to the stages of healing, based upon a mock plan of care established by the physical therapist. Interventions include:

1. Cryotherapy, hydrotherapy, superficial thermal agents.

2. Application of Devices and Equipment: parallel bars, tilt table walkers, crutches, canes.

The progression of this content continues in PHT1217L: Principles and Procedures Lab (third term) with the following objective:

1(a): Implement selected interventions in a competent, safe and effective manner to a simulated patient with simple conditions as identified in the plan of care established by the physical therapist. Interventions include:

1. Stretching.

2. Traction (Cervical & Pelvic).

3. Ultrasound.

4. Ultrasound with Electrical Stimulation.

5. Electrical Stimulation.

6. Diathermy.

The progression of this content continues in PHT2820L: Physical Therapy Clinical Practice (sixth term) with the following objective:

8(f): Upon completion of this clinical experience the student will, at entry-level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

f. biophysical agents, including biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction and light therapies.

These examples are a demonstration of learning progression as the student moves from identifying to implementation of an intervention on a simulated patient to implementation of an intervention in the clinical setting at entry-level.

6G

The curriculum plan includes a variety of effective instructional methods selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.

Instructional methodology utilized in the SPC PTA Program allows faculty to blend required course content with the underlying premise of progressing from simple to complex conceptualization and advancing from concrete to abstract analysis. Beginning core courses attempt to define basic concepts in a factual manner often delivered through traditional lecture and Microsoft PowerPoint presentations. Topics that require exploration and investigation frequently utilize interactive methods such as faculty/student question and answer, small group discussion, and case studies. Reflection is another valuable tool utilized that fosters awareness. Students are encouraged to abide by the Values Based Behaviors for the Physical Therapist Assistant while they are in the program. An important component of lab courses, in which students are assessed, is professional behavior. Students are responsible for demonstrating not only personal professionalism but appropriate interaction with those around them. Teaching enhancements such as audio-visual materials, CD-ROMs, videos, and 3-dimensional models are used to reinforce understanding. Applied skills require practice and demonstration with correlation to clinical situations. Prior to actual clinical education experiences, role-playing and simulated client/patient scenarios provide the mechanism for this learning. If students do not need to learn by doing, they may learn by observing. Presenting fosters professionalism which is an integral component of our curriculum. The PTA Program emphasizes critical thinking, analysis and problem solving; therefore, case studies and written assignments are required. Learning activities and the evaluation of stated outcomes are synthesized to the taxonomy in course and instructional objectives.
SPC does not offer the PTA Program by a distance education mode of delivery.

The program utilizes a variety of methods to enhance learning experiences throughout the curriculum. PowerPoint is utilized when presenting theory and rationale for treatments and techniques. This is to capture the audiovisual component of the learning experience. Visual examples and models are added to traditional lecture based materials, thus providing students, who are audio and/or visual learners, effective instructional methods for their learning strategies.

Google Slides is an instructional tool utilized by the program that includes audio/visual slides while creating active participation in didactic based curriculum. This tool provides students with the opportunity during lecture to participate and add feedback to the instructor during the lecture. In doing so, the instructor is able to identify areas of uncertainty for students in order to address the material more appropriately through examples or greater explanation.

Along with PowerPoint, faculty utilize electronic medical record software (WebPT) for instruction in documentation as well as flash cards to further enhance learning experiences via the visual and kinesthetic learning strategies.

Case studies are presented to students through which students develop critical thinking skills necessary to recognize and understand a patient's change in status and how to report changes to the supervising PT. In keeping with the goal of fostering these skills, students are divided into groups to collaborate and recognize new ideas in order to develop a comprehensive understanding of intervention strategies and the implementation of a plan of care. Group discussions create an avenue for students to share past experiences while being guided and directed by faculty members in the right course of treatment. Thus, case studies are effective in facilitating discussion and new learning experiences between students as guided by faculty.

Following this intention for active participation from students in their didactic components of education, faculty utilize "clicker" activities to allow students to actively develop and understanding of course materials. This is helpful in developing repetition, which helps to reinforce the course material for students. Students who desire further instructional materials are directed by faculty to the library's Films on Demand video collection for PT and PTA students. These videos incorporate various treatment techniques that range from stretching to taping and wrapping, which further reinforces the material taught in class.

6H

The curriculum plan includes a variety of effective tests and measures and evaluation processes used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.

The PTA Program faculty measures the achievement of course objectives through a variety of formative mechanisms to determine the students' achievement of objectives. Each course objective has an identified evaluation method. Written quizzes and examinations are the most prevalent assessment instruments. Quizzes and clicker review activities in didactic courses serve as formative assessment tools that provide feedback to faculty regarding student progress and retention. Exams serve to provide as a summative assessment tool within didactic courses. These evaluations include a number of variables in question styles such as multiple choices, true-false, and matching. Within Laboratory courses students receive feedback from faculty as they practice and apply recently learned skills. This formative assessment in Lab courses allows faculty and students to identify areas of strength and areas where improvement is needed prior to taking a lab practical exam. Laboratory courses rely on demonstrated competence with definitive scoring in items ranging from midterm practical examinations to a comprehensive final practical examination. These practical exams serve as a summative assessment of the student's retention of skills. Professionalism is assessed via laboratory grading rubrics which include specific professionalism-related criteria. The comprehensive program examination, administered at the completion of the didactic coursework surveying theoretical and practical application knowledge, provides the Program Director and the student with information related to content areas of focus needed for each student to have success on the licensure examination.

This examination is also meant to serve as a “mock” licensing examination.
Clinical education courses evaluate the students’ clinical proficiency in PHT1801L, PHT2810L and PHT2820L by requiring progressive levels of proficiency based on the CPI and assignments designed to reinforce experiences during the clinical affiliation.
In didactic courses, students are evaluated via regular (on average three) exams interspersed throughout the semester and cumulative final exams at the end of the semester. Students are assessed in the laboratory via lab practical exams and cumulative lab practical exams (on average four lab practical exams including the final). After a student takes their practical, the instructor assigned to evaluate them provides feedback as to if the student passed and what needs to be improved. A cumulative final laboratory assessment takes place before any student is placed in the clinical setting. This is to ensure that each student performs with appropriate standards of safety as needed in the clinic. During each student’s clinical affiliation, assigned Clinical Faculty Coordinators are responsible for checking in on students at their affiliation. This is coordinated by the student, faculty, and their CIs, and occurs midway through the length of the affiliation. In this assessment, students are evaluated by their CIs on skills outlined on the syllabus for each clinical course. At this time, the faculty is responsible for providing feedback and assessing the student based on their current performance. A final assessment of the student takes place by faculty and ACCE at the end of the clinical affiliation upon the student’s return to school whereby the student receives feedback regarding their progress with achieving the objectives of the course.

The core faculty reference the course objectives when creating and/or revising grading rubrics for laboratory examinations as well as when developing and/or revising their written examinations and assignments. The core faculty have engaged in a thorough review of each of their courses by utilizing a curriculum tracking spreadsheet that lists each course objective, domain associated with each objective, instructional methodology for each objective, instructional tools, assessment tools, and specific assessment that correlates with each objective. By completing this activity, the core faculty have ensured that evaluations used in each of their courses to evaluate student performance are appropriate for the instructional content and for the expected level of student performance.

Currently the program utilizes the hard copy of the Clinical Performance Instrument to assess student performance during clinical education experiences. The program will be adopting the Web CPI as the instrument to assess student clinical performance effective summer 2017.

The Clinical Faculty Coordinators and ACCE review the final VAS marks and comments on the CPI to determine if each student meets the minimum expectation level for each requirement on the CPI. A Clinical Education Grading Rubric is utilized to determine if each student has met the objectives of each clinical course. The rubric includes all of the requirements for passing the clinical education experience.

6I
If the curriculum plan includes courses offered by distance education methods, the program provides evidence that:

The curriculum plan does include courses offered by distance education methods.

[If the curriculum plan includes courses offered by distance education methods, the program provides evidence that]:

6I1
faculty teaching by distance are effective in the provision of distance education;

The curriculum plan does include courses offered by distance education methods.

[If the curriculum plan includes courses offered by distance education methods, the program provides evidence that]:

6I2
the rigor of the distance education courses is equivalent to that of site-based courses;

The curriculum plan does include courses offered by distance education methods.

[If the curriculum plan includes courses offered by distance education methods, the program provides evidence that]:

6I3
student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;

The curriculum plan does include courses offered by distance education methods.

[If the curriculum plan includes courses offered by distance education methods, the program provides evidence that]:

6I4
there is a mechanism for determining student identity during course activities and when testing occurs at a distance;

The curriculum plan does include courses offered by distance education methods.

[If the curriculum plan includes courses offered by distance education methods, the program provides evidence that]:

6I5
there is a mechanism for maintaining test security and integrity when testing occurs at a distance;

The curriculum plan does include courses offered by distance education methods.

[If the curriculum plan includes courses offered by distance education methods, the program provides evidence that]:

6I6
there is a mechanism for maintaining student privacy as appropriate;

The curriculum plan does include courses offered by distance education methods.

[If the curriculum plan includes courses offered by distance education methods, the program provides evidence that]:

6I7
students have been informed of any additional fees related to distance education; and

The curriculum plan does include courses offered by distance education methods.

6I8 [If the curriculum plan includes courses offered by distance education methods, the program provides evidence that]:

6I8
distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.

The curriculum plan does include courses offered by distance education methods.

6J
The curriculum plan includes clinical education experiences for each student that encompass, but are not limited to:

6J1 management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;

Name
CE Student Experiences.pdf

Each student receives a variety of clinical experiences by completing inpatient (acute or sub-acute) and outpatient affiliations. A total of 660 hours of clinical experience ensures adequate time to expose each student to selected components of interventions, components of data collection techniques, direct patient care, and patient education while managing patients/clients with diseases and conditions that are representative of those commonly seen in practice across the lifespan and the continuum of care. Students are expected to have had experience treating patients with common orthopedic, neurologic, cardiovascular, and pulmonary diagnoses across the lifespan prior to the end of the program. Students are expected to treat patients with acute, sub-acute, and chronic conditions over the course of the three clinical affiliations. It is expected that students provide common therapeutic exercise, therapeutic activities, neuromuscular re-education, modalities application, and gait training for non-complex patients across the lifespan and the continuum of care.

Each CCCE at each clinical site is provided a copy of the SPC Clinical Instructor's Manual, course objectives of each clinical affiliation, student performance expectations and a list of skills that the student has completed to date. This as well as communication with the ACCE provides objective information for clinical sites to appropriately integrate the didactic portion of the PTA program curriculum into clinical education to meet the program's objectives for each student's clinical experience.

An electronic record is kept for where each student has been assigned an affiliation. Students are to return a form after each affiliation that describes the clinical setting, the patient population treated, and the type of interventions performed. This data is reviewed and entered into a chart that keeps a record of the clinic and types of interventions performed. A review of clinical site selections is conducted before assigning students their clinical affiliations. If through review, a student has not been exposed to a particular environment or patient population, the program makes every attempt to place the student in that affiliation to allow them the opportunity to gain that experience.

Students have been allowed to observe surgeries at some of the acute care hospitals in which the program is affiliated. These surgeries include total knee replacements, rotator cuff, and brain surgeries. Students have also been exposed to co-treatments with other disciplines such as occupational therapy or speech therapy. This allows students to see how the different disciplines work together for a patient's well-being. Some students have been able to observe home evaluations with their CIs as well.

6J2
practice in settings representative of those in which physical therapy is commonly practiced;

The curriculum plan includes outpatient and inpatient (acute and sub-acute) experiences for students. Students are also offered pediatric settings, most of which are in the school system or outpatient settings. These experiences represent those settings in which physical therapy is commonly practiced.

Students are required to participate in at least one outpatient affiliation and one inpatient affiliation. It is preferred that students complete one outpatient, one acute care (hospital), and one skilled nursing (sub-acute) clinical affiliation.

The ACCE utilizes a "Type of Clinical Affiliation" tracking form to monitor that each student has completed the required experiences as outlined above. Upon completion of each clinical affiliation, the ACCE updates this form and references it as she plans and coordinates clinical placement of students for each clinical experience.

6J3
involvement in interprofessional practice

It is expected that students will have opportunities to communicate with members of the interdisciplinary team during their clinical affiliations. Students are evaluated on their communication via the Clinical Performance Instrument. During the student's third and final clinical experience, they are expected to initiate communication with appropriate members of the interprofessional team, such as nurses, occupational therapists, and speech therapists. When completing affiliations that involve regular interdisciplinary team members, students are expected to report on the status of their patients. Students are also required to provide an in-service to the rehab team during their final clinical affiliation.

The APTA Student Evaluation of the Clinical Experience is utilized to gather data related to the students' opportunities for interprofessional practice during their clinical affiliations. This form is collected for each clinical for every class year. Data collected from the forms for the 2015 cohort revealed that out of 26 students, 15 students attended team meetings, 9 students were able to observe surgery, 10 students interacted with physical therapy aides and other support personnel, 1 student interacted with an orthotics professional and 4 students interacted with occupational therapy as part of their clinical experience.

6J4
participation as a member of the PT and PTA team; and

It is expected that students are able to participate in the PT/PTA team during their clinical affiliations. It is the program's goal that each clinical site will provide the opportunity for observation or discussion of the PT/PTA relationship.

Evidence of this interaction is documented by students in discussion forum posts that specifically ask students if the PT/PTA relationship is present. To enhance the observation of this interaction by current practicing PTAs and PTs, some affiliations provide the opportunity for PTA students to work with DPT students as both may be attending the same facility under supervision of different CIs during a rotation. This further enhances the ability for student interaction and PTA/DPT collaboration.

6J5
other experiences that lead to the achievement of the program's defined expected student outcomes.

During the first two clinical experiences, students are required to choose a patient they are currently treating and complete a case study assignment regarding their condition and treatment. Students are required to demonstrate the ability to actively research and synthesize appropriate information regarding the current treatment given to the patient. During the final clinical experience, students are required to provide an in-service on a chosen topic to the employees of the facility in which they are assigned. Specifically, the in-service provides students with the opportunity to educate and communicate effectively with other team members. These experiences enhance the students' opportunity to utilize current research information and literature in guiding the decisions they make in the clinic.

For the 2017 graduates, 26 out of 26 of the students successfully completed the case study reports for PHT1801L and PHT2810L; all students successfully completed the in-service assignment as well for PHT2820L.

6K
The curriculum for the PTA program, including all general education, pre-requisites, and technical education courses required for the degree, can be completed in no more than 5 semesters or 80 academic weeks or 104 calendar weeks, including 520-720 hours of clinical education.

The program is structured to allow students to complete all general education, all pre-requisites, and all technical education courses required for the degree in 103 calendar weeks or 79.5 academic weeks for a full-time student.

Students are eligible to start their pre-entry requirements to the PTA program in a 10-week summer term that begins in late May. This eligibility is dependent upon the student successfully completing a college placement (PERT) in order to be enrolled in specific pre-entry courses. The pre-entry requirements are Human Anatomy and Physiology I with corresponding Lab, Applied Ethics, Medical Terminology, and a computer literacy course. The remaining general education and support courses can be completed in conjunction with the program's technical requirements. These courses last 16 weeks.

The students' first clinical practicum takes place after a 1 full year of didactic and laboratory curriculum. It consists of a 40-hour work

week for 5.5 weeks, culminating in a total of 220 hours.

The second clinical practicum occurs after the student completes the fall semester of the second year. The second practicum is 5 weeks in length with a 40-hour work week, resulting in a total of 200 hours of clinical experience with an additional 20 hours to be completed in the College laboratory.

Student's return to take a Trends in Physical Therapy course in the spring for 5 weeks.

The final clinical experience consists of a 40-hour work week for 5.5 weeks, yielding 220 hours of practicum experience. Students graduate from the program in early May.

A total of 660 contact hours are allocated for clinical education.

The program is only offered on a full-time basis.

6L
The institution awards the associate degree upon satisfactory completion of the physical therapist assistant education program or assures the associate degree is awarded by an affiliating college at the satisfactory completion of the physical therapist assistant education program.

Name
Catalog Undergraduate.pdf

St. Petersburg College awards the Associate in Science degree upon satisfactory completion of the physical therapist assistant education program.

Standard 7:
The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment.

7A The physical therapist assistant program curriculum requires a complement of academic general education coursework appropriate to the degree offered that includes written communication and biological, physical, behavioral and social sciences which prepare students for coursework in the technical program sequence. General education courses are courses not designated as applied general education coursework by the institution or program.

Name
Plan of Study.pdf

Written communication is included in the PTA curriculum in the general education communications/composition requirement. English Composition I is expected to be completed by the second semester of the program. Other courses during this semester and later include research assignments/essays or written papers. In addition, the librarian comes in and discusses how to do research in PHT1200L: Basic Patient Care Lab. Written communication is also included in this course through a SOAP note workbook that students are required to complete. In the spring, students are required to research, write, and present on a pathology or condition that is commonly treated in physical therapy in PHT1217. Students are also graded in the spring semester by how well they write a SOAP note in their final lab practical in PHT1217L. Aside from this, students are consistently graded on how well they communicate with the patient during their lab practical exams. This is a consistent area of grading throughout each student's clinical affiliation experience, by which their CI assesses their communication skills using the CPI.

Biological sciences are covered not only in the pre-entry and support course requirements of Anatomy and Physiology and labs, but throughout the program's curriculum. Through knowledge of cells and their functions, students develop an understanding of how bones grow and develop in their Functional Anatomy and Kinesiology course, understand how and why healing takes place (and the stages of healing) in their Basic Patient Care and Orthopedics & Disabilities courses, and comprehend the structure and function of the nervous system in their Neurological Disabilities and Treatment course. The Neurological Disabilities course includes a detailed study of neuroanatomy including functional pathways that relate to commonly treated neurological conditions seen in the clinic. Basic biological sciences related to various systems are discussed in PHT1200: Basic Patient Care, PHT1121: Functional Anatomy and Kinesiology, and PHT2220: Therapeutic Exercise in Physical Therapy.

Students receive basic principles of biomechanics and mechanical properties of physics in the Functional Anatomy and Kinesiology course. This includes the ability to demonstrate the knowledge of levers, length-tension principles of muscles, and knowledge of torque. The transfer of heat is covered in the students' Basic Patient Care course as well as Principles and Procedures. Pressure gradients are also covered in these courses in relation to edema and

compression garments. Furthermore, the students receive the foundational principles of chemistry through the Anatomy and Physiology pre-entry requirements, which is then elaborated upon in the program's Neurological Disabilities and Treatment course.

Physical principles of electricity for electrotherapeutic modalities are discussed in PHT1217: Principles and Procedures and corresponding lab (PHT1217L).

Students are required to complete a course in general psychology and developmental psychology prior to graduation. The concepts taught in these courses apply to the program in regards to understanding developmental milestones in pediatric patients, the psychology of different patient populations, and understanding how to approach the treatment of autism, ADD, and SPD patients.

Social sciences are covered in PHT1600, the Applied Ethics pre-entry course as well as PSY101, General Psychology, DEP2004, Developmental Psychology, and the Humanities/Fine Arts requirement and Enhanced World View requirement. PHT 1600 emphasizes the historical development of ethical philosophies while examining the multicultural aspects of ethics. The information covered in this course prepares students for PHT1200L in which the topic of ethical conduct is discussed when reviewing the APTA Standards of Ethical Conduct for the Physical Therapist Assistant. This content emerges again in PHT2931: Trends in Physical Therapy course during which students review case studies pertaining to ethical conduct. PSY101 prepares students with a general understanding of the principles of psychology and theories underlying modern psychology. The knowledge gained in this course prepares students for working with patients who may have different modes of learning. DEP2004 provides students with knowledge related to human development from conception to death which assists in preparing students for working with a variety of patient ages across the lifespan. The Humanities/Fine Arts and Enhanced World View options are designed to enhance students' knowledge of the global populations. By focusing on art, culture, tradition, and religious concepts, students are better positioned to work with a diverse population of patients during their clinical affiliations, and ultimately, upon graduation.

7B

The physical therapist assistant program curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; and the medical and surgical conditions across the lifespan commonly seen by physical therapist assistants.

Name
7B Narrative Response.pdf
7B PTA Content Chart.pdf
Plan of Study.pdf

Cardiovascular System

Other than in the student's pre-requisite courses of Anatomy and Physiology, and progression through the Basic Patient Care courses, the cardiac system is covered in PHT2220: Therapeutic Exercise in Physical Therapy course in the second year of study in the program. This consists not only of cardiopulmonary anatomy and physiology, but therapeutic exercise and testing for the cardiac system. Students are exposed to the different EKG readings in this course as well as the intrinsic conduction system. A variety of pathologies are covered as well as the necessary interventions taken in the allied health professions to correct them. Students receive this content didactically in lecture and have the opportunity to practice the exercise physiology (rise in heart rate and blood pressure) portion in a lab session.

Endocrine and Metabolic Systems

Students in their second semester of the program (as freshmen) are required to research and give a presentation on an assigned pathology to their peers. This occurs in PHT1217: Principles and Procedures. In this course, some of the pathologies that are identified and presented on include cystic fibrosis, diabetes mellitus, and obesity. hypo/hyperthyroidism and adrenal disorders are also covered.

Gastrointestinal System

In PHT1217: Principles & Procedures, students are required to demonstrate basic knowledge of selected pathologies across the lifespan, including the gastrointestinal system, and the physical therapy programs utilized in treating them as identified in the plan of care established by the physical therapist. Students compare and contrast information pertaining to the GI system presented in the classroom.

Genital and Reproductive Systems

In PHT1217: Principles and Procedures, students are required to research and give a presentation on the assigned pathology to their peers. Pregnancy is a topic in which students research and present.

Hematologic System

Students in their second semester of the program (as freshmen), in PHT1217: Principles and Procedures, are required to research and give a presentation on an assigned pathology to their peers. This occurs in the Principles and Procedures course of the PTA program. In this course a student will be assigned the topic of lab values. This will consist of information such as mineral levels, oxygen saturation, and vitamin levels.

In PHT2252: Orthopedic Disabilities & Treatment, students are required to describe the effect of the loss of blood supply to the hip region as well as explain DVT precautions.

Hepatic and Biliary Systems

In PHT1217: Physical Therapy Principles and Procedures students are each assigned a specific pathology/condition on which they will research and present to their fellow classmates. The topics will include disorders of the liver, pancreas, and common lab values associated with each condition. Students emphasize medications, effects, sides effects, and potential physical therapy interventions associated with each condition.

Integumentary System

Multiple lectures are given throughout the curriculum on wound care and integumentary health. A total of three wound care lectures takes place throughout the program. The first lecture occurs in the first semester during PHT1200: Basic Patient Care. It consists of material covering the stages of wound healing, integumentary layers, appropriate bandages, and proper positioning for wound healing. Wound care devices are also discussed. The second lecture elaborates on the use of modalities in wound care treatment while continuing to review and cover content from the previous lecture. The final lecture is given in the spring of the final semester as a type of “intensive” review to further solidify the students’ wound care/integumentary system health in order to prepare for the NPTE.

Immune System

In PHT2252: Orthopedic Disabilities & Treatment, students are required to discuss the important facts about rheumatoid arthritis, such as etiology, pathology, clinical picture, signs and symptoms, prognosis, and general treatment plan as well as describe the effects of common orthopedic medications and potential interactions with physical therapy interventions.

In PHT1217: Principles and Procedures, students are required to research and give a presentation on an assigned immunologic pathology.

Lymphatic System

The lymphatic system is addressed in the second semester of the freshman year of study in PHT1217: Principles and Procedures course. The material is addressed when students are learning about compression garments and pressure gradients.

This topic is discussed in greater depth during PHT2810: Clinical Practice II, taken by sophomores in the final semester of the program. A specialist is invited to give the students a lecture in lymphatic drainage and physical therapy. This consists of anatomy of the lymphatic system as well as physiology and techniques used in physical therapy to reduce lymphedema.

Please see Appendix: 7B Narrative Response.pdf for continued information.

7C

The technical education component of the curriculum includes content and learning experiences that prepares the student to work as an entry-level physical therapist assistant under the direction and supervision of the physical therapist.

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The content related to preparing the student to work in this capacity is introduced in PHT1200: Basic Patient Care, in which through lecture and reading, students are introduced to the patient/client management model and the roles of the PT and the PTA. The concept is further developed in PHT1200L: Basic Patient Care Lab and PHT1121L: Functional Anatomy & Kinesiology Lab where example PT Plan of Care scenarios are presented and students practice identifying the interventions appropriate for the PTA. This also occurs in PHT2252L: Orthopedic Disabilities & Treatment Lab as well as PHT2220L: Therapeutic Exercise Lab. In all laboratory courses, students are required to provide interventions in a simulated clinical situation before being required to provide interventions in clinical courses PHT1801L, PHT2810L, and PHT2820L. The content is taught to the level of skill as assessed through lab exams and the CPI during the clinical experiences.

Objectives:

PHT1200: Introduction to Basic Patient Care: 2 (a): Identify appropriate interventions, as they relate to the stages of healing, based upon a mock plan of care established by the physical therapist.

PHT1200L: Introduction to Basic Patient Care Lab: 1: Upon completion of this course the student will demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist.

b. Implement selected components of interventions in the plan of care established by the physical therapist for patients with

simple conditions.

PHT1217: Principles and Procedures: 1: Upon completion of this course the student will discuss aspects of implementing selected components of interventions identified in the plan of care established by the physical therapist.

b. Select appropriate interventions and parameters, for interventions covered in this course, based upon a mock plan of care for musculoskeletal conditions, including herniated disc, lymphedema, muscle spasm, wound healing, muscle relaxation and pain.

PHT1217L: Principles and Procedures Lab: 1: Upon completion of this course the student will demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist.

a. Implement selected interventions in a competent, safe and effective manner to a simulated patient with simple conditions as identified in the plan of care established by the physical therapist.

PHT2252: Orthopedic Disabilities and Treatment: 3(b): Describe how the physical therapist assistant will utilize findings from special tests as documented in the plan of care directed and supervised by a physical therapist to guide clinical problem solving.

PHT2252: Orthopedic Disabilities and Treatment: 3(g)(3): Explain common complications following amputations, their causes and corrections, and instruct other members of the healthcare team using established techniques, programs, and instructional material as directed and supervised by a physical therapist

PHT2252L: Orthopedic Disabilities and Treatment Lab: 1: Upon completion of this course the student will perform tests and measures necessary to carry out the plan of care as directed by the physical therapist.

PHT2252L: Orthopedic Disabilities and Treatment Lab: 2: Upon completion of this course the student will perform selected interventions as identified in the plan of care in a safe and competent manner using effective clinical decision-making skills.

a. Implement exercise programs on simulated patient with a simple musculoskeletal condition as indicated in a plan of care as directed by the supervising physical therapist effectively, safely, and appropriately to include:

PHT2252L: Orthopedic Disabilities and Treatment Lab: 3: Upon completion of this course the student will recognize musculoskeletal anatomical and kinesiological principles necessary to carry out a plan of care as directed by the physical therapist.

PHT2220: Therapeutic Exercise: 3: Upon completion of this course the student will discuss aspects of implementing selected components of interventions identified in the plan of care established by the physical therapist.

a. Describe the use of developmental postures and the motor control sequences in physical therapy interventions to achieve goals as identified in a mock plan of care

Please see Appendix: 7C Narrative Response.pdf for continued information.

7D
Courses within the curriculum include content designed to prepare program students to:

Name
Plan of Study.pdf

At St. Petersburg College the use of Major Learning Outcomes is a required component of curriculum development. These overarching statements provide a key goal as to what content the subsequent Course Outcomes will address. Course objectives are written in behavioral terms that are measurable, observable, and follow the progression of Bloom's Taxonomy. Writing the course objectives in such a manner allows for content development in each course to be commensurate to the increasing expectations of Bloom's Taxonomy. Throughout this self-study, the curricular content has been designed to reflect a progression in learning. Students often receive the foundational and theoretical knowledge of specific information in their lecture courses. Course objectives reflect the need for students to comprehend the listed material before advancement to the psychomotor components of this content. The ultimate goal of the curriculum is that students will be at entry-level performance by the conclusion of the program.

Ethics, Values and Responsibilities
7D1
Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

Content related to this element is introduced in PHT1200: Basic Patient Care (second term) whereby students are presented with the information via a lecture/PowerPoint presentation about the laws, governing bodies, and practice act of the physical therapy profession. The course PHT2931: Trends in Physical Therapy (sixth term) provides two speakers that address the Medicare regulations, PPS, and discharge planning regulations. Students are then assigned to write a summary discussion post, which is graded by utilizing a rubric for the topic presented. The final clinical practice, PHT2820L: Clinical Practice III (sixth term), utilizes the Web CPI as an instructional tool to aid students in adhering to all legal and institutional regulations.

Example Objectives:

PHT1200: Introduction to Basic Patient Care: 1(c): Discuss the purpose of the Florida Physical Therapy Practice Act.

PHT2931: Trends in Physical Therapy: 3(a): Describe the legal aspects of state and federal laws regulating physical therapist assistants.

PHT2931: Trends in Physical Therapy: 3(b): Describe the American Physical Therapy Association Standards of Practice for Physical Therapy.

PHT2931: Trends in Physical Therapy 3(d): Describe selected aspects of legal liability and malpractice for the physical therapist assistant and other health care providers.

PHT2820L: Physical Therapy Clinical Practice III: 2: Upon completion of this clinical experience the student will, at entry-level, demonstrate appropriate clinical behavior in all situations: To include:

> b. Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client and fiscal management.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criteria #5: “Adheres to legal standards,” the outcome of 100% was the expected level of performance and 100% of the students met that level of expectation. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. From Exam 1, question 75, 68% answered correctly and question 97, 92% answered correctly. These percentages demonstrate the student population that correctly answered the questions that address the content, “Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.” Results are pending for one other student who has not taken the comprehensive exam.

7D2
Report to appropriate authorities suspected cases of abuse of vulnerable populations.

Content related to this element is introduced in PHT 2220: Therapeutic Exercise (fifth term) where information related to how specific patients (with aphasia, stroke deficits, etc.) are at risk for abuse. During class discussion students identify the possible risks and signs of abuse and appropriate course of action related to simple case scenarios.

On a basic level students are expected to be aware of signs of abuse and take appropriate action during all clinical affiliations - PHT1801L: Clinical Practice I (fourth term), PHT2810L: Clinical Practice II (sixth term), PHT2820L: Clinical Practice III (sixth term).

Reporting suspected cases of abuse of vulnerable populations to authorities is also discussed in the final term of the program in PHT2931: Trends in Physical Therapy (sixth term). Students address this through a research project, PowerPoint presentation, and class discussion. The topics include the vulnerable populations of the elderly, children, and disabled. The process of how to report and understand the different authorities to which claims are reported are covered in depth. Students are assessed with a grading rubric related to topic presented.

Example Objectives:

PHT2220: Therapeutic Exercise in Physical Therapy: 6: Upon completion of this course, the student will describe the signs of abuse and the responsibility to report to appropriate authorities suspected cases of abuse of vulnerable populations.

PHT2810L: Physical Therapy Clinical Practice II: 1(d): Report to appropriate authorities suspected cases of abuse of vulnerable populations.

PHT2931: Trends in Physical Therapy: 3(g): Describe the signs of abuse and the responsibility to report to appropriate authorities suspected cases of abuse of vulnerable populations.

PHT2820L: Physical Therapy Clinical Practice III: 2(d): Report to appropriate authorities suspected cases of abuse of vulnerable populations.

As demonstrated in the narrative above and through the objectives provided the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, 100% was considered the expected performance on Criterion #4: “Adheres to ethical standards” and Criterion #5: “Adheres to legal standards,” the outcome of 100% of the students met the level of expectation for both criteria. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 2, question 89, 88% of the class answered the question correctly. This percentage demonstrates the student population that correctly answered the question that addresses the content on reporting to appropriate authorities suspected cases of abuse of vulnerable populations. Results are pending for the one other student who has not taken the comprehensive exam.

7D3
Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.

Students are expected to demonstrate this skill during the clinical experiences. Students are assessed through the Web CPI in all clinical courses, PHT1801L: Clinical Practice I (fourth term), PHT2810L: Clinical Practice II and PHT2820L: Clinical Practice III (sixth term).

Reporting to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for patient and other services is addressed as a research topic, PowerPoint presentation and class discussion in PHT2931: Trends in Physical Therapy (sixth term). The topic is then presented formally by two presenters addressing topics in Medicare, Prospective Payment System, and how fraud and abuse are reported. The students are given during both class discussion and formal presentation the reporting authority contact information and the process of how to report possible abuse promptly.

Example Objectives:

PHT2810L: Physical Therapy Clinical Practice II: 1(e): Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.

PHT2931: Trends in Physical Therapy: 3(a): Describe the legal aspects of state and federal laws regulating physical therapist assistants.

PHT2820L: Physical Therapy Clinical Practice III: 2(e): Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.

Upon review of the curriculum, it was discovered that content related to this element is not adequately covered prior to students demonstrating the skill in the clinic setting. The core faculty will be reviewing the content in light of the curriculum as a whole and in light of the program outcomes to determine if the content will be added into an earlier course or if the clinical expectation will be changed.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, 100% was considered the expected performance on Criterion #4: “Adheres to ethical standards.” and Criterion #5: “Adheres to legal standards,” the outcome of 100% of the students met the level of expectation for both of these criteria. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In exam 2, question 18, 79% of the class correctly responded. In exam 2, question 44 showed 88% responded correctly. These percentages demonstrate the student population that correctly answered the questions that address the content on reporting to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services. Results are pending for one other student who has not taken the comprehensive exam.

7D4
Perform duties in a manner consistent with the Guide for Conduct of the Physical Therapist Assistant (APTA) and Standards of Ethical Conduct (APTA) to meet the expectations of patients, members of the physical therapy profession, and other providers as necessary.

Content related to this information is introduced in the second semester of the program in PHT1200: Introduction to Basic Patient Care (second term) by a lecture presentation to students regarding the ethical duties of physical therapy work. This lecture includes topics of APTA ethics, Values Based Behaviors, and current guidelines in the physical therapy profession.

Professional and ethical behaviors are then threaded through lab assessments with grading rubrics in all lab courses of the first year, (PHT1200L: Basic Patient Care Lab (second term), PHT1121L: Functional Anatomy and Kinesiology Lab (second term), PHT1217: Principles and Procedures Lab (third term), and PHT2252L: Orthopedic Disabilities and Treatment (third term). In PHT1801L: Clinical Practice I (fourth term) students are graded via the CPI. After they have returned to class for a semester after clinical I, they complete a second clinical affiliation where they are again graded using the CPI—PHT2810L: Clinical Practice II (sixth term); at this point after both clinical affiliations students need to be at the advanced intermediate level.

Clinical behavior that addresses the Guide for Conduct of the Physical Therapist Assistant and Ethical Standards is further addressed in PHT2931: Trends in Physical Therapy (sixth term), through a research project and with a presentation of the research. The class also receives a two hour APTA presentation on this topic area from outside representatives. Students are then assigned to write a summary discussion post, which is graded by utilizing a rubric for the topic presented. Concluding the program, students then complete a final clinical affiliation—PHT2820L: Clinical Practice III—whereby they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT1200: Introduction to Basic Patient Care: 1(b): Describe the purpose of American Physical Therapy Association's (APTA) Standards of Ethical Conduct for the Physical Therapist Assistant (PTA), Guide for Ethical Conduct of the PTA and Value Based Behaviors for the PTA.

PHT2810L: Physical Therapy Clinical Practice II: 1(a): Perform duties in a manner consistent with the Guide for Conduct of the Physical Therapist Assistant (APTA) and Standards of Ethical Conduct (APTA) to meet the expectations of patients, members of the physical therapy profession, and other providers as necessary.

PHT2931: Trends in Physical Therapy: 3(c): Describe the Standards for Ethical Conduct for the Physical Therapist Assistant, and the Guide for Conduct of the Physical Therapist Assistant.

PHT2820L: Physical Therapy Clinical Practice III: 2(a): Perform duties in a manner consistent with the Guide for Conduct of the Physical Therapist Assistant (APTA) and Standards of Ethical Conduct (APTA) to meet the expectations of patients, member of the physical therapy profession, and other providers as necessary.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, 100% was considered the expected performance on Criterion #4: "Adheres to ethical standards." The outcome is as follows: 100% of the students met that level of expectation. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In exam 1, question 92, 92% of the class answered correctly and 96% answered question 93 correctly. In exam 2, question 92, 100% of the class answered correctly. These percentages demonstrate the student population that correctly answered the questions that address the content on performing duties in a manner consistent with the Guide for Conduct of the Physical Therapist Assistant (APTA) and Standards of Ethical Conduct (APTA) to meet the expectations of patients, members of the physical therapy profession, and other providers as necessary." Results are pending on one other student who has not taken the comprehensive exam.

7D5
Perform duties in a manner consistent with APTA's Values Based Behaviors for the Physical Therapist Assistant.

Students are first presented with this content in PHT1200: Basic Patient Care (second term) and PHT1217: Principles and Procedures (third term) through a PowerPoint lecture that presents the Values Based Behaviors for the Physical Therapist Assistant. It is further threaded and assessed in lab assessments with grading rubrics in all lab courses—PHT1121L: Functional Anatomy and Kinesiology Lab (second term), PHT1200L: Basic Patient Care Lab (second term), PHT1217L: Principles and Procedures Lab (third term), and PHT2252L: Orthopedic Disabilities and Treatment (third term). In PHT1801L: Clinical Practice I (fourth term) students are graded with this standard via the CPI. After they have returned to class for a semester after Clinical Practice I, they complete a second clinical affiliation where they are again graded using the CPI—PHT2810L: Clinical Practice II (sixth term); in both clinical affiliations students are required to be at the advanced intermediate level.

This standard continues to be threaded as part of the curriculum in PHT2931: Trends in Physical Therapy (final term), which addresses this content through research projects related to cultural, ethnic, and gender differences in populations. A PowerPoint presentation and guest speakers are part of this content area that reviews clinical accountability. Concluding the program, students then complete a final clinical affiliation—PHT2820L: Clinical Practice III—whereby they are assessed on entry level performance via the Web CPI with relation to this standard.

Example Objectives:

PHT1200: Introduction to Basic Patient Care: 1(b): Describe the purpose of American Physical Therapy Association's (APTA) Standards of Ethical Conduct for the Physical Therapist Assistant (PTA), Guide for Ethical Conduct of the PTA and Value Based Behaviors for the PTA.

PHT1801L: Physical Therapy Clinical Practice I: 2: Upon completion of this clinical experience the student will demonstrate appropriate professional skills and ethical behavior at the Advanced Intermediate Level. Skills include:

c. accountability

PHT2810L: Physical Therapy Clinical Practice II: 2(b): Perform duties in a manner consistent with APTA's Values Based Behaviors for the Physical Therapist Assistant.

PHT2820L: Physical Therapy Clinical Practice III: 3(b): Perform duties in a manner consistent with APTA's Values Based Behaviors for the Physical Therapist Assistant.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, 100% was considered the expected performance on Criterion #2: “Conducts self in a responsible manner” and Criterion #4: “Adheres to ethical standards.” The outcome is as follows: 100% of the students met this level of expectation for both criteria. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 2, questions 3 and 55, 100% of the students answered correctly. These percentages demonstrate the student population that correctly answered the questions that address the content, “Perform duties in a manner consistent with APTA’s Values Based Behaviors for the Physical Therapist Assistant”. Results are pending on one other student who has not taken the comprehensive exam.

7D6
Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.

Students are provided with the APTA’s Value Based Behaviors for the Physical Therapist Assistant in PHT1200: Basic Patient Care (second term) and PHT1217: Physical Therapy Principles and Procedures (second term). In PHT2931: Trends in Physical Therapy (sixth term) there is a group research project and a PowerPoint presentation. The cohort is given two articles and two ethical case studies in which they work as a team to answer questions demonstrating moral and ethical reasoning that is congruent with APTA standards and values. In all of the clinical experiences (PHT1801L: Clinical Practice I—fourth term, PHT2810L: Clinical Practice II—sixth term, and PHT2820L: Clinical Practice III—sixth term) faculty address students with value based behaviors, professionalism, and procedures that involve direct patient care. Once in the setting, students are assessed on their ethical behavior and sound moral reasoning utilizing the APTA Web Clinical Performance Instrument (CPI) as the instrument that effectively shows student progression and allows for Clinical Instructor feedback. The CPI explicitly contains a section dedicated to proper and ethical decision making where students are assessed from beginner to entry level.

Example Objectives:

PHT2810L: Physical Therapy Clinical Practice II: 1(c): Implement in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.

PHT2931: Trends in Physical Therapy: 3(f): Identify an appropriate plan of action for an ethical situation that demonstrate sound moral reasoning congruent with core professional ethics and values given a case scenario.

PHT2820L: Physical Therapy Clinical Practice III: 2(c): Implement in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.

Upon review of the curriculum, it was discovered that content related to this element is not adequately covered prior to students demonstrating the skill in the clinic setting. The core faculty will be reviewing the content in light of the curriculum as a whole and in light of the program outcomes to determine if the content will be added into an earlier course or if the clinical expectation will be changed.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, 100% was considered the expected performance on Criterion #2: “Conducts self in a responsible manner” and Criterion #4: “Adheres to ethical standards.” The outcome is as follows: 100% of the students met this level of expectation for both criteria. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 1, Question 92=92%, Question 93=96% In Exam 2, question 92 = 100%. These percentages demonstrate the student population that correctly answered the questions that address the content, “Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.” Results are pending on one other student who has not taken the comprehensive exam.

7D7
Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.

Beginning in Basic Patient Care Lab: PHT1200L (second term) and in Principles and Procedures Lab: PHT1217L (third term) students are instructed in and graded on their effective communication with patients before, during, and after treatment. This communication involves treatment rationale, informing the patient what they will feel during treatment, the communication of contraindications, indications, and precautions, and effective documentation. This is further threaded in PHT1121L: Functional Anatomy and Kinesiology Lab (second term) and PHT2252L: Orthopedic Disabilities and Treatment Lab (third term) where students continue to be graded on their ability to communicate to patients. This communication in PHT1121L involves teaching specific muscle contractions, communication during goniometry, and communication in range of motion measurements. In PHT2252L, this communication involves exercise instruction, manual muscle testing, and home exercise prescription. The lab components utilize rubrics with a section

dedicated to communication criteria to assess students in their ability to communicate.

In PHT1801L: Clinical Practice I (fourth term) students are graded with this standard via the Web CPI. After they have returned to class for a semester, they go on a second clinical affiliation—PHT2810L: Clinical Practice II (sixth term)—where they are again graded using the Web CPI.

The progression of the communication content is then addressed in PHT2931: Trends in Physical Therapy, (final term). A full module on all forms of communication is presented. The cohort reviews a PowerPoint lecture, performs a group pantomime activity, and is assigned readings that address active listening, verbal and nonverbal communication. They work in simulation activities to facilitate the development of interview skills (in relation to the work place) as well as addressing confrontational scenarios. The students are also given a lecture on library resources/journals for effective written communication.

Concluding the program, students then complete a final clinical affiliation—PHT2820L: Clinical Practice III—whereby they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT1200L: Introduction to Basic Patient Care: 3: Upon completion of this course the student will accurately record interventions and data collection from simulated patient interactions.

a. Document relevant information about basic interventions and data collected in SOAP note format for conditions, interventions and test and measures covered in this course.

PHT2810L: Physical Therapy Clinical Practice II: 4: Upon completion of this clinical experience the student will, at the advanced intermediate level: Demonstrate effective communication skills with others.

PHT2931: Trends in Physical Therapy: 4(b): Demonstrate effective verbal communication skills, including identifying and sending clear, assertive, non-judgmental messages and using active listening skills in all interactions in class.

PHT2931: Trends in Physical Therapy: 4(d): Interpret the nonverbal communication of other students involved in pantomime activities.

PHT2820L: Physical Therapy Clinical Practice III: 5(a): Communicate effectively with all stakeholders, including patient/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, policymakers, faculty, and classmates.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, 100% was considered the expected performance on Criterion #6: “Communicates in ways that are congruent with situational needs” and 100% of the students met that level of expectation. For Criterion #7: “Produces documentation to support delivery of physical therapy services,” the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 2, question 10 = 80%, question 15=92%, question 99=72%. These percentages demonstrate the student population that correctly answered the questions that address the content, “Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.” Results are pending on one other student who has not taken the comprehensive exam.

7D8
Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all work-related activities.

This content is introduced PHT1200: Basic Patient Care (second term) and PHT1217: Physical Therapy Principles and Procedures (third term) where students are given the APTA’s Values Based Behaviors to aid in learning to respect the differences and preferences of others.

Within PHT1121: Functional Anatomy and Kinesiology (second term) there is an assigned exercise project. The goal of this project is for students to understand what effect an assigned home exercise program has on a patient. Through this assignment, students learn the importance of modifying exercises to fit the needs of the patient with respect to their values, preferences and abilities.

In PHT1801L: Clinical Practice I (fourth term) students are graded with this standard via the CPI where they are required to be at the advanced beginner level. After the first clinical, students return to class for a semester and then go on a second clinical rotation —PHT2810L: Clinical Practice II (sixth term)—where they are again graded using the Web CPI; in this affiliation students are required to be at the advanced intermediate level.

PHT2931: Trends in Physical Therapy (sixth term) begins with a module on diversity, reviewing the Provider Guide to Quality and Culture. The course then has videos addressing health literacy, HIV and AIDs, and obesity utilizing articles for topics. The cohort then

participates in group projects utilizing research to create PowerPoint presentations addressing this standard. Concluding the program, students then complete a final clinical rotation—PHT2820L: Clinical Practice III—whereby they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT1121: Functional Anatomy and Kinesiology: 2: Upon completion of this course the student will describe the effects of an exercise program on an individual.

a. Self-reflect on a personal experience exercise project to include identifying:

4. Effects of personal motivation levels on completion of an exercise routine.

PHT1801L: Physical Therapy Clinical Practice I: 6(c): Discuss techniques of patient-student-therapist interactions encountered in the clinical setting.

PHT2810L: Physical Therapy Clinical Practice II: 3: Upon completion of this clinical experience the student will, at the advanced intermediate level, exhibit cultural competence during interactions with others.

PHT2931: Trends in Physical Therapy: 1(a): Describe the effects of terminal illness on the patient and the patient's family and approaches to assist patients and families with the grieving process.

PHT2820L: Physical Therapy Clinical Practice III: 4: Upon completion of this clinical experience the student will, at entry-level, exhibit cultural competence during interactions with others.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #8: “Delivers established patient care to reflect respect for and sensitivity to individual differences” 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 1, question 97 = 100%. These percentages demonstrate the student population that correctly answered the questions that address the content, “Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all work-related activities." Results are pending on one other student who has not taken the comprehensive exam.

7D9

Apply current knowledge, theory, and clinical judgment while considering the patient/client perspective and the environment, based on the plan of care established by the physical therapist.

The learning experiences related to this content are threaded throughout PHT1200: Basic Patient Care/PHT1200L: Basic Patient Care Lab and PHT1217: Principles and Procedures/PHT1217: Principles and Procedures Lab (second and third term) in that students receive current theory and knowledge related to selected treatment interventions which are directly applicable to the lab components of the aforementioned courses. This includes the theory of thermal agents, therapeutic massage, the use and application PROM/AAROMAROM, and other interventions. Within these content areas, students are taught to explain each treatment and its purpose to the patient/client prior to providing treatment, obtain consent and make the patient/client aware of the benefits of the interventions. This content is covered in PHT1121: Functional Anatomy and Kinesiology (second term), through lecture and reading assignments. In PHT1121L: Functional Anatomy and Kinesiology Lab (second term), there is lab demonstration and instruction. In addition, an exercise project is given that includes a reflection paper.

In PHT2252: Orthopedic Disabilities and Treatment (third term), students receive material through lecture and reading assignments including supplemental evidence based information to apply while providing treatments. PHT2252L: Orthopedic Disabilities and Treatment Lab (third term) adds cases studies to address this content, as well as provides evidence based information, and an activity involving educational electronic records. Patient plan of care scenarios are added in the electronic record to help maximize students’ knowledge before they begin their clinical work. In PHT1801L: Clinical Practice I, (fourth term) students are assessed on their ability to use appropriate judgment in the clinic with regard to the plan of care using the Web CPI.

Progression of this threaded content takes place in PHT2220: Therapeutic Exercise Lecture (fifth term), with a PowerPoint lecture as well as reading and group discussions. PHT2220L: Therapeutic Exercise Lab includes application of current knowledge and clinical judgment in lab skill applications and practical examinations. In the second clinical affiliation, students are again graded using the CPI—PHT2810L: Clinical Practice II (sixth term) with regard to their use of clinical judgment.

Concluding the program, students complete PHT2820L: Clinical Practice III—whereby they are assessed on entry level performance in their ability to apply current knowledge, theory, and clinical judgment via the Web CPI.

Example Objectives:

PHT1121: Functional Anatomy and Kinesiology: 1(k): Analyze specific exercises as to joint motion, muscle activity involved and the

effects, if any, of gravity on the prime movers of the activity.

PHT1121L: Functional Anatomy and Kinesiology: 2(c): Analyze specific selected exercise to include: main joints involved, joint motion taking place, muscle activity involved and the effects of gravity on the prime movers of the activity.

PHT2252: Orthopedic Disabilities and Treatment: 1(c): Explain the effects of immobilization on the musculoskeletal system.

PHT2810L: Physical Therapy Clinical Practice III: 3: Upon completion of this clinical experience the student will, at the advanced intermediate level, exhibit cultural competence during interactions with others.

> b. Apply knowledge, theory, and judgment from the patient/client's perspective, based on the plan of care established by the physical therapist.

PHT2820L: Physical Therapy Clinical Practice III: 4(b): Apply knowledge, theory, and judgment from the patient/client's perspective, based on the plan of care established by the physical therapist.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #9: “Participates in patient status judgments within the clinical environment based on the plan of care established by the physical therapist,” 75% or better was the expected level of performance. 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 1, questions (38, 42, 76, 93) = greater than 92%. In Exam 2, questions (52,100) = greater than 92%. These percentages demonstrate the student population that correctly answered the questions that address the content, “Apply current knowledge, theory, and clinical judgment while considering the patient/client perspective and the environment, based on the plan of care established by the physical therapist.” Results are pending for one other student who has not taken the comprehensive exam.

7D10
Identify basic concepts in professional literature including, but not limited to, validity, reliability and level of statistical significance.

PHT2252L: Orthopedic Disabilities and Treatment (third term) introduces these concepts with discussions pertaining to the validity of manual muscle testing, goniometry, and various interventions common to orthopedic treatments.

In PHT1801L: Clinical Practice I (fourth term) students are graded on a case study research topic of their choice where they select appropriate sources to use in order to write about the condition. After they have returned to class for a semester, they complete a second clinical affiliation where they are again graded on their ability to use evidence based and current literature for a selected case study in PHT2810L: Clinical Practice II (sixth term). This standard is threaded throughout the second year in which students are required to identify basic concepts in professional literature.

PHT2220: Therapeutic Exercise (fifth term), addresses this with reading and PowerPoint lectures. There is an individual project that involves an annotated bibliography in PHT2220L: Therapeutic Exercise Lab (fifth term). This assignment requires students to identify basic concepts professional literature and address validity, reliability, and statistical significance.

In PHT2820L: Clinical Practice III (sixth term), students are assigned an annotated bibliography that addresses the basic concepts of statistical validity, reliability, and statistical significance with current literature in evidence based practice. The students are then required to perform an in-service presentation on the chosen topic to the employees at the student's clinical site. Students are expected to meet entry level performance as measured by the Web CPI upon completion of the clinical affiliation.

Examples Objectives:

PHT2220: Therapeutic Exercise in Physical Therapy: 1(a): Describe Evidence Based Practice (EBP) and its relevance to physical therapy.

PHT2220L: Therapeutic Exercise in Physical Therapy Lab: 1(b): Identify the level of hierarchy of evidence given a physical therapy research journal article.

PHT2820L: Physical Therapy Clinical Practice III: 6(a): Identify and integrate appropriate evidence based resources to support clinical decision-making for progression of the patient within the plan of care established by the physical therapist.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT2810L: Clinical Practice II (Spring 2017), 100% passed the case study assignment that integrates use of professional literature. In PHT2820L: Clinical Practice III (Spring 2017), all students in this cohort passed the annotated bibliography assignment that requires examination and integration of professional literature in the clinical setting.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 1, questions 34 =76%, 94=72%. In Exam 2, Question 20=88%. These percentages demonstrate the student

population that correctly answered the questions that address the content, “Identify basic concepts in professional literature including, but not limited to, validity, reliability and level of statistical significance.” Results are pending for one other student who has not taken the comprehensive exam.

7D11
Identify and integrate appropriate evidence based resources to support clinical decision-making for progression of the patient within the plan of care established by the physical therapist.

This content area is introduced in PHT2252: Orthopedic Disabilities and Treatment (third term), with lecture and reading assignments utilizing supplemental reference reading and evidence based practice information to use with the plan of care. PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), adds case studies to address this content where evidence base resources are introduced to show and support clinical decision making for progression of patients with different orthopedic conditions. This is in addition to using the educational electronic record with patient plan of care scenarios with progression examples.

PHT1801L: Clinical Practice I (fourth term) provides students with learning experiences related to this content in which they treat patients under the supervision of the assigned Clinical Instructor. They are assessed via the Web CPI and are expected to be at the Advanced Intermediate Level upon completion of this affiliation. This content is further addressed in PHT2220: Therapeutic Exercise (fifth term), with a PowerPoint presentation, a lecture, and a class discussion on evidence based practice. It is then applied in PHT2220L: Therapeutic Exercise Lab (fifth term), as an individual research project in which an annotated bibliography assignment is given to each student in the course. This annotated bibliography is assessed with a rubric to aid students in examining techniques and skills learned in lab to bring together an understanding of evidence based research with these techniques or treatments.

Students complete a second clinical affiliation where they are again assessed with the CPI—PHT2810L: Clinical Practice II (sixth term) and are expected to meet entry-level expectations. In both PH1801L and PHT2810L, students research and write a report/case study paper on a selected patient which includes active research into past treatments including: previous medical history, current patient status, and physical therapy interventions.

In the last semester (sixth term) students complete a final clinical affiliation—PHT2820L: Clinical Practice III—where they are assessed on entry level performance via the Web CPI. An annotated bibliography is also assigned in the third rotation. The students are assigned (to perform) an in-service presentation during this clinical on a selected topic in which evidence based practice is discussed.

Example Objectives:

PHT2220: Therapeutic Exercise in Physical Therapy: 1(c): Identify and integrate appropriate evidence based resources to support clinical decision-making for progression of the patient within a mock plan of care.

PHT2810L: Physical Therapy Clinical Practice II: 5(a): Identify and integrate appropriate evidence based resources to support clinical decision-making for progression of the patient within the plan of care established by the physical therapist.

PHT2820L: 6: Upon completion of this clinical experience the student will, at entry-level, perform self-assessment and identify lifelong learning opportunities.

a. Identify and integrate appropriate evidence based resources to support clinical decision-making for progression of the patient within the plan of care established by the physical therapist.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT2820L: Clinical Practice III (Spring 2017), all students in this cohort passed the annotated bibliography assignment that requires examination and integration of professional literature in the clinical setting.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 2, question 20=88%. This percentage demonstrates the student population that correctly answered the question that address the content “Identify and integrate appropriate evidence based resources to support clinical decision making for progression of the patient within the plan of care established by the physical therapist.” Results are pending for one other student who has not taken the comprehensive exam.

7D12
Effectively educate others using teaching methods that are commensurate with the needs of the patient, caregiver or healthcare personnel.

Name
7D12 Narrative Response.pdf

In PHT1200L: Basic Patient Care (second term) and PHT1217L: Principles and Procedures (third term), students are provided with information via class discussions and demonstrations, regarding appropriate methods to educate and communicate with patients. This includes how a PTA introduces himself/herself to the patient, how they obtain relevant treatment information and medical history from the patient, how they communicate the intervention rationale and details to a patient, and how they assess the effects of the intervention performed after it has been applied. Furthermore, students are expected to educate the patient on their condition as well as the selected HEP necessary to increase their rehabilitation potential. This education may include the rationale for the use of superficial/deep thermal agents (e.g. hot packs/cold packs, ultrasound), stretching, electrical stimulation, traction, the effects of massage, and the use of appropriate gait patterns with assistive devices.

Additionally, in PHT2252: Orthopedic Disabilities and Treatment (third term), this content is covered with lecture and reading assignments utilizing supplemental reference reading and evidence based practice information to use with the plan of care.

In PHT2252L: Orthopedic Disabilities and Treatment Lab (third term) students practice educating patients regarding the condition, intervention, and home exercise program. They are then assessed on their ability to educate a patient and/or caregiver via lab practical grading rubric.

In PHT1801L: Clinical Practice I (fourth term) students gain repeated practice with educating patients in the clinic setting which reinforces the skills learned in the previous lab courses. Students are assessed via the Web CPI.

Content related to effectively educating others is then covered in PHT2220L: Therapeutic Exercise Lab (fifth term). After demonstration and instruction, students practice educating patients/caregivers in different PNF techniques, postures for motor control, and trunk rotational activities (i.e. trunk rotation for Parkinson's disease) to address the condition being treated. The students specifically take a final lab practical exam in which they must communicate and demonstrate how they will educate the patient and caregivers in the technique.

After they have successfully completed the fifth term, students complete a second clinical affiliation, PHT2810L: Clinical Practice II (sixth term), where they gain additional experience with educating patients. Students are assessed in this content area via the Web CPI.

Effectively educating others continues to be addressed in PHT2931: Trends in Physical Therapy (sixth term), throughout the class with the students formally presenting PowerPoint presentations on current topics in physical therapy practice. Each student is assigned to work in small groups, preform research and produce two different presentations. These are rubric graded presentations that effectively measure communication skills and their ability to educate others. Concluding the program, students then complete a final clinical affiliation—PHT2820L: Clinical Practice III (sixth term)—whereby they are assessed on communication via the Web CPI and must meet entry-level performance. Furthermore, in PHT2820L: Clinical Practice III (sixth term), students are required to create an annotated bibliography and present a case study to their clinical facility staff to educate others on a selected topic.

Example Objectives:

PHT2252: Orthopedic Disabilities and Treatment: 3(i): Explain good posture with the use of school backpacks and patient education.

PHT2162: Neurologic Disabilities and Treatment: 3(c): Discuss strategies for educating a patient with a spinal cord injury and the family to function within the home and work settings.

PHT2220L: Therapeutic Exercise and Lab: 3(b): Instruct the healthcare team members and caregivers on positioning for selected pathologies discussed in PHT2220 lecture.

PHT2810L: Physical Therapy Clinical Practice II: 4(b): Effectively educate others using teaching methods that are commensurate with the needs of the patient, caregiver or healthcare personnel.

PHT2820L: Physical Therapy Clinical Practice III: 13: Educate health care facility staff using appropriate and effective means.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

Please see Appendix: 7D12 Narrative Response.pdf for continued information.

7D13
Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.

In PHT1200: Basic Patient Care (second term), students are introduced to the APTA, state practice act, and local district information including the purpose of the Florida Physical Therapy Practice Act. This is done through a lecture based PowerPoint presentation.

Content related to participation in professional and community organizations for volunteerism, advocacy and leadership is covered in PHT2931: Trends in Physical Therapy (sixth term). It is first covered by a group research project and PowerPoint presentations in Pro-Bono work in the community. It is further addressed by a formal presentation by regional APTA presenters that review the professional organization and how the students as Physical Therapy Assistants can effectively participate in our profession at both

local, regional, state and national levels. This theme is delivered with an emphasis on advocacy and making the profession stronger.

Example Objectives:

PHT1200: Introduction to Basic Patient Care: 1(a): Describe the organizational structure of the physical therapy professional organizations.

Upon review of the curriculum, it was discovered that content related to this element is discussed in PHT2931 as described in the above narrative. However, no course objective currently exists related to that content. The course faculty member will be creating an appropriate objective which will be submitted to the curriculum committee in the fall of 2017 to be added to the 2018 course syllabus. There are no clinical expectations specific to this content.

Students are encouraged to participate in professional and community organizations while they are in the program. Many of the students have participated in the Special Olympics at both the regional and state levels. A number of students have also volunteered to participate in on campus events that include teaching mobility to nursing students, administering a posture/gait analysis clinic for SPC students and employees and promoting the profession of Physical Therapist Assistant to local high school students. All students (100%) attended the APTA presentation on advocacy in PHT2931: Trends in Physical Therapy.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 2, questions 96=92%. These percentages demonstrate the student population that correctly answered the questions that address the content, “Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.” Results are pending for one other student who has not taken the comprehensive exam.

7D14
Identify career development and lifelong learning opportunities, including the role of the physical therapist assistant in the clinical education of physical therapist assistant students.

Content related to career development and lifelong learning opportunities is addressed in PHT2931: Trends in Physical Therapy (sixth term), with a presentation on lifelong learning, a class discussion and a brain-storming project in group format. This brain-storming process takes place in the classroom and these students then do a presentation on their ideas. A class discussion on clinical education and the role of the PTA is covered, with an emphasis on becoming a clinical instructor and the qualities that make a good clinical instructor. Students also are assessed in this area in their clinical affiliations via the Web CPI in PHT1801L: Clinical Practice I, PHT2810L: Clinical Practice II, and PHT 2820L: Clinical Practice III.

Example Objectives:

PHT2810L: Physical Therapy Clinical Practice II: 5(c): Perform a self-critique by identifying strengths and areas needed improvement.

PHT2931: Trends in Physical Therapy: 2(c): Describe stress management techniques, including recognizing signs of, and preventing job burnout.

PHT2820L: Physical Therapy Clinical Practice III: 12: The student will identify personal strengths and areas for further development.

PHT2820L: Physical Therapy Clinical Practice III: 6(b): Identify career development and lifelong learning opportunities, including the role of the physical therapist assistant in the clinical education of physical therapist assistant students.

Upon review of the curriculum, it was discovered that content related to this element is not adequately covered prior to students demonstrating the skill in the clinic setting. The core faculty will be reviewing the content in light of the curriculum as a whole and in light of the program outcomes to determine if the content will be added into an earlier course or if the clinical expectation will be changed.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #19: “Implements a self-directed plan for career development and lifelong learning,” the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 1, question 94=72%. This percentage demonstrates the student population that answered the question correctly that address the content, “Identify career development and lifelong learning opportunities, including the role of the physical therapist assistant in the clinical education of physical therapist assistant students.” Results are pending for one other student who has not taken the comprehensive exam.

Patient/Client Management
7D15
Interview patients/clients, caregivers, and family to obtain current information related to prior and current level of function and general health status (e.g., fatigue, fever, malaise, unexplained weight change).

In PHT1200: Basic Patient Care (second term) and PHT1217: Principles and Procedures (third term) students are educated in the indications, contraindications, and precautions of selected treatments. Before administering any treatment, students need to have an

awareness of these key factors to decide if the selected intervention is appropriate. Being able to apply this knowledge is contingent on the student interviewing and obtaining current information from the patient on the day of visit prior to treatment. For this reason, lecture-based materials cover the key questions to ask prior to treatment, In PHT1200L: Basic Patient Care Lab (second term) and PHT1217L: Principles and Procedures Lab (third term), students are assessed on their ability to communicate with the patient/client. This is necessary as the student needs to obtain relevant and current information before applying any selected modality within the plan of care determined by the physical therapist. Examples of this are when students ask specific information of the patient to determine contraindications, relevant precautions, and indications for the appropriate treatment.

In PHT2252: Orthopedic Disabilities and Treatment (third term), students receive demonstrations of proper methods for interviewing patients regarding their prior and current functional status as well as general health status. Students are assessed in lab practical exams where students interview mock patients prior to implementing exercise techniques and educating them on appropriate home exercise programs to perform for a selected pathology. In PHT1801L: Clinical Practice I (fourth term) students are graded on this skill via the CPI. After they have returned to class for a semester, they complete a second clinical affiliation where they are again graded using the CPI—PHT2810L: Clinical Practice II (sixth term). Concluding the program, students then complete a final clinical affiliation —PHT2820L: Clinical Practice III (sixth term)—where they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT1200: Introduction to Basic Patient Care: 2(b): Recognize when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant.

PHT1200L: Introduction to Basic Patient Care Laboratory: 3(a): Document relevant information about basic interventions and data collected in SOAP note format for conditions, interventions and test and measures covered in this course.

PHT1217L: Physical Therapy Principles and Procedures Laboratory: 3(a): Document relevant information about basic interventions and data collected in SOAP note format for conditions, interventions and test and measures covered in this course.

PHT2810L: Physical Therapy Clinical Practice II: 6(a): Interview patients/clients, caregivers, and family to obtain current information related to prior and current level of function and general health status, such as, but not limited to, fatigue, malaise, unexplained weight change.

PHT2820L: Physical Therapy Clinical Practice III: 7(a): Interview patients/clients, caregivers, and family to obtain current information related to prior and current level of function and general health status, such as, but not limited to, fatigue, malaise, unexplained weight change.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT1200L, PHT1217L, PHT2252L laboratory courses (Cohort 2017), 100% of the students successfully completed the lab practical examinations within two attempts and demonstrated interviewing skills described in the lab rubrics.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, 100% was considered the expected level of performance on Criterion #6: “Communicates in ways that are congruent with situational needs” and 100% of the students met that level of expectation. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 2, question 15 = 92%. These percentages demonstrate the student population that correctly answered the questions that address the content, “Interview patients/clients, caregivers, and family to obtain current information related to prior and current level of function and general health status.” Results are pending for one other student who has not taken the comprehensive exam.

7D16
Use the International Classification of Functioning, Disability and Health (ICF) to describe a patient's/client’s impairments, activity and participation limitations.

Students are first introduced to the ICF model in PHT1200: Basic Patient Care (second term), through lecture material, case studies, and discussion. Students compare the content of the Nagi model and the ICF model in relation to classification verb usage, patient/client impairments, activity and participation limitations.

PHT2252L: Orthopedic Disabilities and Treatment Lab (third term) provides students with exposure to ICF language and classification when utilizing the Web PT educational software to read simulated diagnoses, plans of care, and notes.

In PHT1801L: Clinical Practice I (fourth term) students are graded in their understanding of the model via the CPI. The use of the International Classification of Functioning, Disability and Health (ICF) to describe impairments, activity and participation limitations is also addressed in PHT2220: Therapeutic Exercise Lecture (fifth term), in both reading assignments, PowerPoint presentation lecture and class discussion. It is tested in this class through examination questions that address student comprehension and application in patient impairments and limitations. After they have successfully completed term five, they complete a second clinical affiliation —PHT2810L: Clinical Practice II (sixth term)—where they are again graded using the CPI. In both PHT1801L and PHT2810L,

students are required to use the ICF language in their case study assignments. These assignments, during each of the first two clinical experiences, requires students to select a patient of choice to research and write a report. Included in this report are the diagnosis, previous medical history, and treatments in physical therapy.

In PHT2931: Trends in Physical Therapy (sixth term), it is addressed in the module about architectural barriers, covering the understanding and application of the ICF in which the patient will experience such barriers. The activities performed by the students include individual research, observational research, a presentation and a class discussion. Concluding the program, students then complete a final clinical affiliation—PHT2820L: Clinical Practice III—whereby they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT1200: Introduction to Patient Care: 1(d): Identify the components of the ICF Model.

PHT2162: Neurological Disabilities and Treatment: 2: Upon completion of this course the student will discuss selected pathologies of the nervous system that affect individuals across the lifespan and common physical therapy management of the impairments and activity limitations associated with those diseases and disorders.

a. Identify impairments that would occur due to disease/disorder of the structures discussed above.

PHT2810L: Physical Therapy Clinical Practice II: 9: Upon completion of this clinical experience the student will, at the advanced intermediate level, will produce appropriate and accurate documentation that describes the data collection and interventions provided to the patient/client. Appropriate documentation includes:

a. The use of the International Classification of Functioning, Disability and Health (ICF) to describe a patient's/client's impairments, activity and participation limitations.

PHT2820L: Physical Therapy Clinical Practice III: 10: Upon completion of this clinical experience the student will, at entry-level, produce appropriate and accurate documentation that describes the data collection and interventions provided to the patient/client. Appropriate documentation includes:

a. The use of the International Classification of Functioning, Disability and Health (ICF) to describe a patient's/client's impairments, activity and participation limitations.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

The program does not have any specific outcome data related to this content at this time. However, effective in summer 2017, students will be assessed with the Web CPI whereby they will be required to demonstrate skill appropriate for each affiliation (advanced intermediate, entry level, etc.) with regard to the current documentation standards.

Plan of Care
7D17
Communicate an understanding of the plan of care developed by the physical therapist to achieve short and long term goals and intended outcomes.

In PHT1200: Basic Patient Care students receive reading assignments and PowerPoint lectures related to the stages of healing and physical therapy interventions. By having a foundation of these stages of healing, students are better able to understand a physical therapist's plan of care for each stage of healing. In PHT1200L: Basic Patient Care Lab (second term) and PHT1217L: Principles and Procedures (third term), through student-faculty interaction and practice in the labs, feedback is given in proportion to what the student understands regarding the plan of care. Prior to beginning the lab practice exam with a mock patient, students communicate to the instructor an understanding of the plan of care in order to meet the patient's short and long-term goals.

This content is also introduced in PHT2252: Orthopedic Disabilities and Treatment Lecture (third term) through lecture and reading assignments with supplemental reference reading that includes evidence based practice information. This is utilized to aid in the understanding of the general affections of bones and joints, and related soft tissue injuries. Stages of healing are discussed in the plan of care where short term goals and long-term goals are given. PHT2252L: Orthopedic Disabilities and Treatment Lab, (third term) adds case studies to address this standard where short and long-term goals are discussed.

Content related to this skill is addressed throughout the second year in both PHT2931: Trends in Physical Therapy (sixth term) and PHT2810: Clinical Practice II (sixth term). In PHT2931: Trends in Physical Therapy (sixth term), the student is provided with two specific presentations in Medicare and Discharge Planning that specifically address the intended outcomes in the plan of care and how they are communicated throughout the documentation process.

In PHT2810L: Clinical Practice II & PHT2820L: Clinical Practice III, students are required to keep a daily SOAP note book in which they are to record the physical therapy plan of care including: short-term and long-term goals for each of the patients in which they are responsible for documenting as well as treatments and diagnoses. This assignment is included on the Clinical Education Grading Rubric.

Example Objectives:

PHT1200: Introduction to Patient Care: 2(a): Identify appropriate interventions, as they relate to the stages of healing, based upon a mock plan of care established by the physical therapist.

PHT2252: Orthopedic Disabilities and Treatment: 3(b): Describe how the physical therapist assistant will utilize findings from special tests as documented in the plan of care directed and supervised by a physical therapist to guide clinical problem solving.

PHT2252L: Orthopedic Disabilities and Treatment Lab: 2(a)(1): Identify the rationale for the exercise.

PHT2820L: Physical Therapy Clinical Practice III: 7(b): Communicate an understanding of the plan of care developed by the physical therapist to achieve short and long term goals and intended outcomes.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #11: “Discusses the need for modification to the plan of care established by the physical therapist,” 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending on one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 1, question 42=100% and question 61=88%. In Exam 2, question 17=100%. These percentages demonstrate the student population that correctly answered the questions that address the content, “Communicate an understanding of the plan of care developed by the physical therapist to achieve short and long term goals and intended outcomes.” Results are pending for one other student who has not taken the comprehensive exam.

7D18
Review health records (e.g., lab values, diagnostic tests, specialty reports, narrative, consults, and physical therapy documentation) prior to carrying out the PT plan of care.

In PHT1217: Physical Therapy Principles and Procedures (third term) lab values are discussed via lecture/presentation. This presentation provides lab values that are commonly utilized in physical therapy practice to determine a course of treatment (e.g. oxygen saturation, glucose levels, iron, hemoglobin, etc.). Diagnostic testing and specialty reports are presented in PHT2252: Orthopedic Disabilities and Treatment (third term) through reading assignments, lecture materials, and class handouts. Content covered includes X-Rays, MRIs, CT scans, and further diagnostic imaging procedures. WebPT is used in PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), which contains patient plan of care scenarios showing examples of diagnostic tests, specialty reports, and documentation. In PHT1801L: Clinical Practice I (fourth term) students gain experience by reviewing charts and relevant health records. This also is an assessment area of the Web CPI. After they have returned to class for a semester, they complete a second clinical rotation—PHT2810L: Clinical Practice II (sixth term)—where they are again graded using the CPI.

Review of health records is reinforced in PHT2931: Trends in Physical Therapy (sixth term), with a group research project, a PowerPoint presentation and a class discussion. The specific presentation, including lab values, is utilized to assist in developing further knowledge with acute care procedures and clinical affiliations in acute care and in-patient settings. In the last semester students complete a final clinical affiliation—PHT2820L: Clinical Practice III—where they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT1217: Physical Therapy Principles and Procedures: 3(d): Identify common lab values, normal versus abnormal ranges, precautions and contraindications as these values relate to physical therapy interventions of diseases and conditions covered in this course.

PHT2252: Orthopedic Disabilities and Treatment: 2(b): Describe common diagnostic tests used to evaluate the musculoskeletal system.

PHT2220: Therapeutic Exercise in Physical Therapy: 4(d): Identify common medications, their effects, side effects and potential interactions with physical therapy interventions used in the management of CVAs, SCIs, Parkinsonism and Developmental Disorders.

PHT2810L: Physical Therapy Clinical Practice II: 6(c): Review health records, such as lab values, diagnostic tests, specialty reports, narrative, consults, and physical therapy documentation) prior to carrying out the PT plan of care.

PHT2820L: Physical Therapy Clinical Practice III: 7(c): Review health records, such as lab values, diagnostic tests, specialty reports, narrative, consults, and physical therapy documentation) prior to carrying out the PT plan of care.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

PHT2810L: Clinical Practice II and PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #9:

“Participates in patient status judgments within that clinical environment based on the plan of care established by the physical therapist,” 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 2, question 15=96%; question 36=92%; question 63=96%; question 78=100%. These percentages demonstrate the population of students that answered the questions correctly that address the content, “Review health records (e.g., lab values, diagnostic tests, specialty reports, narrative, consults, and physical therapy documentation) prior to carrying out the PT plan of care.” Results are pending for one other student who has not taken the comprehensive exam.

7D19
Monitor and adjust interventions in the plan of care in response to patient/client status and clinical indications.

Name
7D19 Narrative Response.pdf

Beginning in PHT1200: Basic Patient Care (second term), and further developed in PHT1217: Physical Therapy Principles and Procedures (third term), students are provided with information regarding expected outcomes of interventions, indications, and the correct adjustments to make for the desired outcomes. This is done primarily through reading assignments and PowerPoint lectures. Students are tested on their knowledge of desired outcomes pertaining to interventions through lecture course exams in PHT1200: Basic Patient Care (second term), and PHT1217: Principles and Procedures (third term). Throughout PHT1200L: Basic Patient Care Lab (second term) and PHT1217L: Principles and Procedures Lab (third term), students are consistently graded on their ability to assess the effects of the performed intervention. This is done through analysis of whether or not the student explained the expected desired responses to the patient, if they monitor the effects during treatment via patient/therapist communication, and if they adjusted/modified treatment as deemed necessary to meet intended goals.

Furthermore, this content is covered in PHT2252: Orthopedic Disabilities and Treatment (third term) with lecture reading assignments and PowerPoint presentations that address how to adjust interventions with consideration to the stages of healing. In PHT2252L: Orthopedic Disabilities and Treatment Lab (third term) case studies are used to address this content. Evidence based resources are introduced to support clinical decision making to maintain and adjust interventions in the plan of care. An additional activity of using the educational electronic record with patient plan of care scenarios shows examples of how treatment was monitored and interventions adjusted in response to patient status.

In PHT1801L: Clinical Practice I (fourth term) students further develop the practical application of monitoring and adjusting interventions within the plan of care. They are graded on this skill via the Web CPI.

Monitoring and adjusting interventions in the plan of care in response to patient status and clinical indications is threaded throughout the 2nd year—presented in PHT2220: Therapeutic Exercise (fifth term), in a didactic format with assigned readings, lecture presentations and class discussions that address both simple and complex patient cases. These cases include: CVA, SCI, cardiac and pediatric pathologies and interventions, clinical indications, and patient responses. This knowledge is then assessed through test questions.

In PHT2220L: Therapeutic Exercise Lab (fifth term), the student is tested in the final practical (included in the rubric) on their ability to monitor, adjust and respond to interventions based on the lab techniques applied.

In the sixth term of the program, they complete a second clinical affiliation where they are again graded using the CPI—PHT2810L: Clinical Practice II.

In PHT2931: Trends in Physical Therapy (sixth term), students are involved in class discussions pertaining to the monitoring and adjustment of interventions in the plan of care. They are given an experiential learning scenario consisting of a mock patient with abnormal vital signs. The students work in small groups in which they are placed in live scenario situations and are observed how they would respond and perform problem solving given changes in a patient's status. Students are then required to write a SOAP note and engage in a group discussion. Concluding the program, students complete a final clinical affiliation—PHT2820L: Clinical Practice III—whereby they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT1217: Physical Therapy Principles and Procedures Lab: 2(c): Adjust or modify the interventions covered in this course, based upon the simulated patient’s (with a simple condition) response.

PHT2252L: Orthopedic Disabilities and Treatment Lab: 2(a)(5): Progress exercise programs from moderate protection phase through minimal protection phase for simple to moderate complexity common musculoskeletal conditions.

PHT1801L: Physical Therapy Clinical Practice I: 4: Adjust physical therapy interventions, within the plan of care established by the physical therapist, to meet the individual needs and responses of the patient and report changes in patient status to the physical therapist.

PHT2220L: Therapeutic Exercise and Treatment Lab: 2(b): Monitor the simulated patient's performance with therapeutic exercises and functional training and correct the patient or modify the intervention strategy to facilitate achievement of goals identified in the plan of care.

PHT2820L: Physical Therapy Clinical Practice III: 7(d): Monitor and adjust interventions in the plan of care in response to patient/client status and clinical indications.

See Appendix: 7D19 Narrative Response.pdf for continued information.

7D20
Report any changes in patient/client status or progress to the supervising physical therapist.

PHT1200: Basic Patient Care (second term) and PHT1217: Principles and Procedures (third term), utilize lecture content to explain the desired outcomes of interventions and how to recognize and relay a change in status or undesirable outcome to the supervising physical therapist. This is further assessed through test questions that are threaded in the curriculum of both classes.

This content is addressed in PHT2252: Orthopedic Disabilities and Treatment (third term) with lecture and reading materials. Students learn what to expect in the recovery process for patients with various stages of healing and when appropriate treatment progression is possible. By doing so, they are also able to recognize changes in status that require consultation of the physical therapist.

Reading materials and lab demonstrations in PHT2252L: Orthopedic Disabilities and Treatment Lab (third term) are used to educate students in the common treatments associated with orthopedic pathologies. Students practice these interventions on each other while receiving feedback from faculty prior to lab practical assessments. While performing these interventions, students are expected to assess the outcomes that need to be reported to the supervising physical therapist.

In PHT1801L: Clinical Practice I (fourth term) students gain real world application in communicating about their patients with their CI and/or their supervising physical therapist. This content area is also assessed via the Web CPI. It is further threaded in PHT2220: Therapeutic Exercise (fifth term) with a lecture presentation, case studies and class discussion. These presentations and discussions include topics on SCI, CVA, Parkinson's and pediatric conditions. Students are taught how to identify changes in status in patients with these conditions and how to report it to the supervising physical therapist. Concluding this course, the content is tested through written final examination questions. Students complete a second clinical affiliation—PHT2810L: Clinical Practice II (sixth term)—where they practice communication with the supervising physical therapist and are again graded using the CPI.

In PHT2931: Trends in Physical Therapy (sixth term), the module topic of emergency situations addresses this content. Assigned readings, class discussion and an experiential learning format are utilized. The students work in groups of two while performing an activity that facilitates critical thinking related to responding to a patient's change of status. The results are further broken down and analyzed in a class discussion. Students are individually required to write a SOAP note in response to the scenario they experienced.

Concluding the program, students then complete a final clinical affiliation—PHT2820L: Clinical Practice III—where they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT2252L: Orthopedic Disabilities and Treatment Lab: 2(a)(3): Report any changes in simulated patient status to supervising physical therapist as appropriate.

PHT2810L: Physical Therapy Clinical Practice II: 2: Upon completion of this clinical experience the student will, at the advanced intermediate level, execute duties and activities that exemplify accountability.

a. Report any changes in the patient's/client's status or progress to the supervising physical therapist.

PHT2820L: Physical Therapy Clinical Practice III: 3: Upon completion of this clinical experience the student will, at entry-level perform duties and activities that exemplify accountability.

a. Report any changes in the patient's/client's status or progress to the supervising physical therapist.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

The demonstrated level of actual student achievement is addressed in clinical education PHT2810L: Clinical Practice II and PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #11: "Discusses the need for modifications to the plan of care established by the physical therapist," 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 2, question 15 = 100%. This percentage demonstrates the student population that correctly answered the question that address the content, "Report any changes in patient/client status or progress to the supervising physical therapist." Results are

pending for one other student who has not taken the comprehensive exam.

7D21
Determine when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant.

Name
7D21 Narrative Response.pdf

In PHT1200: Basic Patient Care (second term) and PHT1217: Principles and Procedures (third term) students are educated through lecture presentations and reading materials in each intervention and the recognition of when a specific treatment is out of the scope of work of a PTA. Topics such as indications, contraindications, and precautions are covered for students to determine when a treatment should not be performed. In addition, students are tested in the application of appropriate interventions based on patient presentation scenarios through tests in the lecture courses. In PHT1200L: Basic Patient Care Lab (second term) and PHT1217L: Principles and Procedures (third term), students are assessed on the psychomotor application of the selected interventions and the recognition of when a needed intervention is beyond that of the PTA's scope of work.

PHT2252: Orthopedic Disabilities and Treatment (third term), discusses various indications and contraindications related to physical therapy treatment via reading assignments, PowerPoint presentations, and class discussions. Determining when an intervention should not be performed due to clinical indications or that which is beyond the appropriate scope of work of the physical therapist assistant is discussed throughout the course. The clinical presentation of adverse reactions to orthopedic surgeries is also presented throughout lecture materials.

PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), adds case studies to address this content where evidence based resources are introduced to support clinical decision making to determine when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for a physical therapist assistant to perform.

In PHT1801L: Clinical Practice I (fourth term) students continue to learn (with direction from the CI) when or when not to implement an intervention. This criterion is graded via the Web CPI. This content is further threaded with clinical indications that are addressed in PHT2220: Therapeutic Exercise (fifth term), with presentations and class discussions in the areas of Pediatrics, SCI, TBI and cardiac conditions. Test questions are utilized to assess student retention of the material in relation to indications and contraindications.

Students complete a second clinical affiliation—PHT2810L: Clinical Practice II (sixth term)—where they gain practice in identifying when an intervention should or should not be performed; this is again graded using the CPI.

This expectation is also covered in PHT2931: Trends in Physical Therapy (sixth term), through class discussion and a scenario based learning activity. In this activity, students work in groups of two in which they experience a scenario of a simulated patient on the floor with abnormal vital signs. They are then asked to problem solve by writing step by step solutions to the clinical encounter. They are also required to write a SOAP note after the experienced scenario. Concluding the program, students then complete a final clinical affiliation—PHT2820L: Clinical Practice III—where they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT1200: Introduction to Basic Patient Care: 2(b): Recognize when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond which is appropriate for the physical therapist assistant. Interventions include:

1. Cryotherapy, hydrotherapy, superficial thermal agents.

2. Application of Devices and Equipment: parallel bars, tilt table, walkers, crutches, canes.

3. Manual Therapy Techniques: passive range of motion and therapeutic massage.

PHT1217L: Physical Therapy Principles and Procedures: 2(d): Identify when the interventions should not be provided due to the simulated patient's response.

PHT2252L: Orthopedic Disabilities and Treatment Lab: 2(a)(4): Determine when exercise should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant.

PHT2820L: Physical Therapy Clinical Practice III: 7: Upon completion of this clinical experience the student will, at entry-level, perform clinical problem solving.

e. Determine when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

Please see Appendix: 7D21 Narrative Response.pdf for continued information.

7D22
Contribute to the discontinuation of episode of care planning and follow-up processes as directed by the supervising physical therapist.

In PHT1801L: Clinical Practice I (fourth term) students gain experience in planning the discontinuation of care with their CI; this is graded via the CPI. Students complete a second clinical affiliation—PHT2810L: Clinical Practice II (sixth term)—where they further contribute to the discontinuation of care and follow up processes. This is also assessed via the Web CPI.

In PHT2931: Trends in Physical Therapy (sixth term), students receive a lecture on discharge planning that draws students to be attentive for when a patient no longer needs skilled services. Topics regarding goals, insurance, and appropriate home exercises are covered to allow students the opportunity to recognize when a patient has progressed fully and is ready to be discharged.

Concluding the program, students then complete a final clinical affiliation—PHT2820L: Clinical Practice III (sixth term)—where they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT2810L: Physical Therapy Clinical Practice II: 10: Upon completion of this clinical experience the student will, at the advanced intermediate level, effectively participating in resource management.

a. Effectively contribute to the discontinuation of care.

PHT2931: Trends in Physical Therapy: 5(d): Describe the role of the physical therapist assistant in discharge planning and follow up care.

PHT2820L: Physical Therapy Clinical Practice III: 11: Upon completion of this clinical experience the student will, at entry-level, effectively participate in resource management.

a. Effectively contribute to the discontinuation of care.

Upon review of the curriculum it was discovered that content related to this element is not adequately covered prior to students demonstrating the skill in the clinic setting. The core faculty will be reviewing the content in light of the curriculum as a whole and in light of the program outcomes to determine if the content will be added into an earlier course or if the clinical expectation will be changed.

PHT2931: Trends in Physical Therapy (Cohort 2017) 100% participation in the 3-hour discharge presentation.

PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #9: “Participates in patient status judgments within the clinical environment based on the plan of care established by the physical therapist,” 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results pending on one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 2, question 79 = 96%; question 90= 84%. These percentages demonstrate the student population that correctly answered the question that address the content, “Contribute to the discontinuation of episode of care planning and follow up processes as directed by the physical therapist.” Results are pending for one other student who has not taken the comprehensive exam.

Intervention
Demonstrate competence in implementing selected components of interventions indentified in the plan of care established by the physical therapist, including:

7D23a Airway Clearance Techniques: breathing exercises, coughing techniques and secretion mobilization

Name
7D23a Narrative Response.pdf

Airway Clearance Techniques: breathing exercises

This content area is introduced in PHT1121: Functional Anatomy and Kinesiology (second term), with lecture and reading assignments with discussion on respiration. Additionally, the muscles of respiration are discussed and tested on with regards to their phase of respiration. PHT1121L: Functional Anatomy and Kinesiology Lab (second term), also utilizes an exercise project to introduce students to the effects of exercise on respiration. Students are to record their respiration as a point of data collection before and after they perform the respected exercises.

Breathing exercises are covered in PHT2220L: Therapeutic Exercise Lab (third term). The students are given lab techniques that address enhancing chest expansion and use of accessory breathing muscles. The students are tested in practical examination on

these skills.

In PHT2810L: Clinical Practice II (sixth term), the students are given a three-hour lecture in airway clearance and progression of more advanced skills, with added complexity. A class discussion follows this presentation with a demonstration and simulation of airway clearance techniques by a respiratory therapist. This intervention is also part of the criteria (if applicable) to the student's clinical rotation and CPI assessment.

In PHT2820L: Clinical Practice III (sixth term), when applicable, students are assessed on their ability to perform this intervention through the Web CPI.

Example Objectives:

PHT2220L: Therapeutic Exercise in Physical Therapy Lab: 2(d): Perform techniques to increase chest wall expansion and excursion for selected pathologies on a simulated patient with a complex condition.

PHT2810L: Physical Therapy Clinical Practice II: 7: Upon completion of this clinical experience the student will, at the advanced intermediate level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

g. Airway clearance techniques, including breathing exercises, coughing techniques and secretion mobilization.

PHT2820L: Physical Therapy Clinical Practice III: 8: Upon completion of this clinical experience the student will, at entry-level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

g. Airway clearance techniques, including breathing exercises, coughing techniques and secretion mobilization.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT2220L: Therapeutic Exercise in Physical Therapy Lab, 100% of students passed final lab practical examination (Cohort 2017), within 2 attempts, in techniques of chest wall expansion and excursion.

PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #12: "Performs physical therapy interventions in technically competent manner," 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not taken the comprehensive exam.

Airway Clearance Techniques: coughing techniques

In PHT1121: Functional Anatomy and Kinesiology (second term), muscles of respiration are discussed with demonstration to show how low-load spinal muscles contract. A discussion about how accessory muscles may take over if there are problems in normal respiratory muscles commences; there is no lab practical on coughing techniques.

Breathing exercises are further covered in PHT2220L: Therapeutic Exercise Lab (fifth term). The students are given lab techniques that address enhancing chest expansion and use of accessory breathing muscles. The students are tested in practical examination on these skills.

In PHT2810: Clinical Practice II (sixth term), the students are given a three-hour lecture on airway clearance and progression of more advanced skills, with added complexity. A class discussion follows this presentation with a demonstration and simulation of airway clearance techniques by a respiratory therapist. This intervention is also part of the criteria (if applicable) to the student's clinical rotation and CPI assessment.

In PHT2820L: Clinical Practice III (sixth term), when applicable, students are assessed on their ability to perform this intervention through the Web CPI.

Please see Appendix: 7D23a Narrative Response.pdf for continued information.

7D23b [Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist, including:] Application of Devices and Equipment: assistive / adaptive devices and prosthetic and orthotic devices

Name
7D23b Narrative Response.pdf

Application of Devices and Equipment: assistive/adaptive devices

Information is provided to the students in PHT1200: Basic Patient Care (second term), and PHT1217: Principles and Procedures (third term), via lecture based content, readings, and test questions. This includes education in selected pathologies, their effects, and the utilization of assistive devices to remedy its effects. While students are tested on the theory of assistive devices (recognizing when to use a chosen device, classifying the device from most stable to least stable, the patient population that would use the chosen

device), the psychomotor application is addressed via lab assessments. Students in PHT1200L: Basic Patient Care Lab (second term), and PHT1217L: Principles and Procedures Lab (third term), are required to teach appropriate use of selected devices for a specific patient pathology and teach the appropriate gait pattern that belongs with chosen device. PHT1801L—Clinical Practice I (fourth term), requires students to utilize assistive and adaptive devices (as appropriate) in the clinical setting. Students are assessed by their CIs using the Web CPI criteria.

This content area is also covered in PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), by discussing and showing associative and/or adaptive devices that are used in treatment post-orthopedic surgeries, or used in other orthopedic conditions (i.e. straight cane, rolling walker, shoulder sling, immobilizers, hip dislocation prevention brace, platform walker, braces for ACLE, knee/forearm protective sleeves, jumper's knee brace, medial/lateral epicondylitis brace).

In PHT2220: Therapeutic Exercise (fifth term), there is a presentation and a classroom discussion regarding implementation of selected components in applying assistive devices, orthotics and prosthetics. These are looked at in complex patient care of CVA, SCI, Parkinson's and Pediatric cases.

PHT2810L: Clinical Practice II (sixth term), utilizes the Web CPI as the criteria by which to assess the students. After PHT2931) Trends in Physical Therapy (sixth term), students complete their final clinical assignments in PHT2820L: Clinical Practice III (sixth term)—students are expected to be at entry level performance (assessed through Web CPI) in this criterion.

Example Objectives:

PHT1200: Introduction to Basic Patient Care: 2: Upon completion of this course the student will discuss the application and effects of selected modalities commonly used in physical therapy.

a. Identify appropriate interventions, as they relate to the stages of healing, based upon a mock plan of care established by the physical therapist. Interventions include:

2. Application of Devices and Equipment: parallel bars, tilt table walkers, crutches, canes.

PHT1200L: Introduction to Basic Patient Care: 1(e): Measure and fit all gait equipment and wheelchairs accurately given a simulated patient.

PHT1801L: Physical Therapy Clinical Practice I: 3: Upon completion of this clinical experience the student will perform basic skills on patients under the supervision of the physical therapist/physical therapist assistant.

b. Implement selected components of a plan of care in a safe and effective manner under the direct personal supervision of the physical therapist/physical therapist assistant on patients with simple conditions. Interventions to include:

2. Gait training with assistive devices.

PHT2220: Therapeutic Exercise in Physical Therapy: 4: Upon completion of this course the student will discuss selected pathologies that affect individuals across the lifespan and common physical therapy management of the impairments and activity limitations associated with those diseases and disorders.

c. Identify physical therapy interventions typically used for diseases and disorders covered in this course. To include:

2. Assistive/adaptive equipment

PHT2820L: Physical Therapy Clinical Practice III: 8: Upon completion of this clinical experience the student will, at entry-level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

h. Application of devices and equipment, including assistive/adaptive devices and prosthetic and orthotic devices.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

The data from the PHT1217L Final Lab Practical indicates that 100% of the students (Cohort 2017) successfully completed the lab practical examination within two attempts. In this course, the practical exams include the application of assistive devices and equipment as identified in the plan of care.

Please see Appendix: 7D23b Narrative Response.pdf for continued information.

7D23c [Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist, including:] Biophysical Agents: biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction and light therapies

Name
7D23c Narrative Response.pdf

Biophysical Agents: biofeedback

Content pertaining to biofeedback is introduced in PHT1217 (third term) via class discussions related to the use of electrical stimulation and neuromuscular rehabilitation. Students learn how electrical stimulation can be an effective biofeedback tool in re-learning muscular contractions. PHT2252: Orthopedic Disabilities and Treatment (third term) and PHT2252L: Orthopedic Disabilities and Treatment Lab (third term) include discussion about the use of tape (McConnell, Kinesiotape, athletic tape) and the utilization of visual VMO biofeedback.

In each clinical experience, students are provided with real world opportunities regarding the various methods of implementing biofeedback with patients. In PHT1801L: Clinical Practice I (fourth term) students are graded on this skill via the CPI. Students then complete a second clinical affiliation where they are again graded using the CPI—PHT2810L: Clinical Practice II (sixth term).

Concluding the program, students then complete a final clinical affiliation—PHT2820L: Clinical Practice III (sixth term)—whereby they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT1217: Physical Therapy Principles and Procedures: 1: Upon completion of this course the student will discuss aspects of implementing selected components of interventions identified in the plan of care established by the physical therapist.

a. Identify general indications and contraindications and physiological effects of physical agents to include:

8.Biofeedback

PHT2810L: Physical Therapy Clinical Practice II: 7: Upon completion of this clinical experience the student will, at the advanced intermediate level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

f. Biophysical agents, including biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction and light therapies.

PHT2820L: Physical Therapy Clinical Practice III: 8: Upon completion of this clinical experience the student will, at entry-level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

f. Biophysical agents, including biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction and light therapies.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #12: “Performs physical therapy interventions in a technically competent manner,” 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending on one other student who has not completed the course.

Biophysical Agents: compression therapies

Students receive necessary information of compression therapies through lecture based content in PHT1217: Principles and Procedures (third term), regarding indications, contraindications, precautions, and the various types available. Test questions are used to assess student retention of material.

There is some discussion in PHT2252: Orthopedic Disabilities and Treatment (third term) and PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), about using the “cryocuff” with lower extremity swelling and using girth measurements to collect data after a demonstration on how to do girth measurements in lab. There is discussion about compression sleeves and how they are used post mastectomy or for pelvic surgeries. Information is also given about compression devices used post orthopedic surgery to prevent blood clot in orthopedic patients.

In PHT1801L: Clinical Practice I (fourth term) students are graded on this skill via the CPI. After they have returned to class for a semester (fifth term), they complete a second clinical affiliation—PHT2810L: Clinical Practice II (sixth term) where they are again graded using the CPI.

In the last term of the program, students complete a final clinical affiliation—PHT2820L: Clinical Practice III (sixth term)—where they are assessed on entry level performance via the Web CPI.

Please see 7D23c Narrative Response.pdf for continued information.

7D23d [Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist, including:] Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life

Name
7D23d Narrative Response.pdf

Functional Training in Self-Care

In PHT1200 and PHT1200L: Basic Patient Care Lecture/Lab (second term), students are provided information pertaining to wheelchair measurements, components, and various wheelchairs/types of chairs utilized for specific patient populations. Students also obtain information pertaining to a patient's positioning and positions that are appropriate to reduce skin breakdown. This is delivered via lecture materials, reading assignments, and tests/assessments in the lecture and lab courses. Transfers to and from the wheelchair are also demonstrated/taught in lab courses. Students are then expected to be able to educate patients in transfer techniques, the utilizations of slide boards and wheel chairs, and how to maneuver with selected equipment in a safe and competent manner.

In PHT1121/PHT1121L: Functional Anatomy and Kinesiology Lecture/Lab (second term), students participate in an exercise project which translates to the selection of an appropriate HEP in the established plan of care.

PHT2252/PHT2252L: Orthopedic Disabilities Treatment Lecture and Lab (third term), introduce this material when discussing all orthopedic conditions for each stage of healing and in lab when students are tested on selecting an appropriate HEP exercise within the plan of care. In addition, there is a discussion about post-operative training of amputees with prosthetics focusing on functional training and self-care of the limb and device. There are lecture based test questions on this topic.

In PHT1801L: Clinical Practice I (fourth term) students are graded on this skill via the CPI.

The students are given components of interventions in PHT2220L: Therapeutic Exercise Lab (fifth term) which address the patient populations of those with spinal cord injuries, pediatrics, stroke, and Parkinson's patients. Students are to instruct the patients in functional training for self-care with the goal of helping the patient become independent with self-care activities.

Students complete a second clinical affiliation—PHT2810L: Clinical Practice II (sixth term)—where they are again graded using the CPI.

In the last term of the program, students then a final clinical affiliation—PHT2820L: Clinical Practice III (sixth term)—whereby the are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT1200L: Introduction to Basic Patient Care Lab: 1(f): Instruct a simulated patient in wheelchair mobility strategies for propulsion on level and uneven surfaces.

PHT2162: Neurological Disabilities and Treatment: 3: Upon completion of this course the student will describe the medical and physical therapy management of diseases and disorders of the nervous system.

e. Discuss physical therapy interventions utilized for body structure/function impairments and functional and activity limitations associated with diseases and disorders commonly encountered in physical therapy. To include:

3. Functional Training.

PHT2220L: Therapeutic Exercise in Physical Therapy Lab: 1: Upon completion of this course the student will demonstrate competence in incorporating neurophysiologic strategies with interventions as appropriate for attaining goals identified in the plan of care established by the physical therapist.

d. Implement an exercise program in a competent, safe and effective manner to a simulated patient with a complex condition as identified in a plan of care established by the physical therapist. Interventions to include:

3. Movement Pattern Training.

PHT2820L: Physical Therapy Clinical Practice III: 1: Upon completion of this clinical experience the student will, at entry-level, demonstrate safety in all patient care activities.

e. Perform functional training in self-care and in domestic, education, work, community, social, and civic life.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

The data from PHT1200L, PHT2252L, and PHT2220L Final Lab Practical exams includes the following: 100% of the students (Cohort 2017) who successfully completed these lab practical examinations did so within two attempts. The interventions that were tested include functional training in self-care as described in the lab rubrics.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #12: "Performs physical therapy interventions in a technically competent manner," 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending as one other student has not completed the course.

Please see Appendix: 7D23d Narrative Response.pdf for continued information.

7D23e [Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist, including:] Manual Therapy Techniques: passive range of motion and therapeutic massage

Name
7D23e Narrative Response.pdf

In PHT1200: Basic Patient Care (second term), students receive the theoretical information of PROM through lecture material, reading assignments, and outside sources in the first semester of the program. The contraindications, indications, and precautions are addressed and specifically assessed through test questions. End feels are also discussed and assessed via test questions. In PHT1200L: Basic Patient Care Lab (second term), students receive the psychomotor application via demonstration, patient models, and textbook material that is practiced with fellow students. These techniques are assessed via a lab practical. PHT1217 and PHT1217L: Principles and Procedures Lecture/Lab (third term), continue to thread the material of PROM throughout by building upon the plan of care treatments. This content is presented through lecture and reading assignments in PHT2252: Orthopedic Disabilities and Treatment (third term), with supplemental reference reading including evidence based information to assist students with understanding the principles of mobilization and PROM.

In PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), students are to teach and perform “wand/cane exercises” as well as PROM stretching techniques, specifically in teaching and assigning appropriate HEP. These PROM techniques may be applied with the use of special devices (i.e. stretch strap/wand). These techniques are assessed through lab practical assessments.

In PHT1801L: Clinical Practice I (fourth term) students are graded on this skill via the CPI. After they have returned to class for a semester (fifth term), they complete a second clinical affiliation—PHT2810L: Clinical Practice II (sixth term)—where they are again graded using the Web CPI.

In the last term of the program, students complete a final clinical affiliation—PHT2820L: Clinical Practice III (sixth term)—where they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT1200: Introduction to Basic Patient Care: 2: Upon completion of this course the student will discuss the application and effects of selected modalities commonly used in physical therapy.

b. Recognize when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant. Interventions include:

3. Manual Therapy Techniques: passive range of motion and therapeutic massage.

PHT1200: Introduction to Basic Patient Care: 5(b): Discuss indications, contraindications and basic procedures for passive, active-assistive and active range of motion.

PHT1200L: Introduction to Basic Patient Care Lab: 11: Demonstrate passive, active assistive, and active range of motion techniques.

PHT2810L: Physical Therapy Clinical Practice II: 7: Upon completion of this clinical experience the student will, at the advanced intermediate level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

e. Manual therapy techniques, including passive range of motion and therapeutic massage.

PHT2820L: Physical Therapy Clinical Practice III: 8: Upon completion of this clinical experience the student will, at entry-level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

e. Manual therapy techniques, including passive range of motion and therapeutic massage.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT1217L and PHT2252L Final Lab Practical exams, 100% of the students (Cohort 2017 successfully completed these lab practical examinations within two attempts. The content demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include: manual therapy techniques; passive range of motion in the lab rubrics.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #12: “Performs physical therapy interventions in a technically competent manner.” The outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

Please see Appendix: 7D23e Narrative Response.pdf for continued information.

7D23f [Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist, including:] Motor Function Training (balance, gait, etc.)

Information is provided to students in PHT1200: Basic Patient Care (second term) and PHT1217: Principles and Procedures (third term), via lecture, readings, and test questions. This includes education in selected pathologies, their effects, and the utilization of assistive devices to remedy the effects. While students are tested on the theory of assistive devices (recognizing when to use a chosen device, classifying the device from most stable to least stable, the patient population that would use the chosen device), the application is addressed via lab assessments. Students in PHT1200L: Basic Patient Care Lab (second term), and PHT1217L: Principles and Procedures Lab (third term) are required to teach the appropriate use of selected devices for specific patient pathologies and the appropriate gait pattern with the chosen device.

PHT2252: Orthopedic Disabilities and Treatment (third term) includes lecture, readings, and support materials that relate to balance issues as seen in orthopedic conditions. Balance training activities are used to address chronic ankle inversion sprains, fall prevention, and hip and knee pathologies. Students are tested on their knowledge of this material through lecture based test questions. PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), utilizes equipment such as the BAPS board, balance exercise demonstrations, BOSU, foam mats, and various other equipment used in orthopedic rehabilitation. Students are tested on the application of this knowledge via lab based assessments.

In PHT1801L: Clinical Practice I (fourth term) students are graded on this skill via the CPI. This content is then threaded from the first year into the second year in PHT2220: Therapeutic Exercise and corresponding lab, PHT2220L (fifth term). In the lecture course, balance and gait interventions are presented in PowerPoint presentations, through videos and in discussion format. In the lab course, gait and balance techniques are applied in pathologies of CVA, Parkinson's and cardiac lab skills.

Students complete PHT2810L: Clinical Practice II (sixth term), where they are again graded using the CPI. In PHT2931: Trends in Physical Therapy (sixth term), the assessment tools of gait and balance are presented and students research specific tools that apply to this area. A PowerPoint presentation is given followed by a class discussion. In the sixth term, PHT2820L: Clinical Practice III, they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT2220: Therapeutic Exercise in Physical Therapy: 4: Upon completion of this course the student will discuss selected pathologies that affect individuals across the lifespan and common physical therapy management of the impairments and activity limitations associated with those diseases and disorders.

c. Identify physical therapy interventions typically used for diseases and disorders covered in this course. To include:

1. Positioning and handling techniques/strategies.

PHT2810L: Physical Therapy Clinical Practice II: 7: Upon completion of this clinical experience the student will, at the advanced intermediate level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

j. Motor function training for balance and gait.

PHT2820L: Physical Therapy Clinical Practice III: 8: Upon completion of this clinical experience the student will, at entry-level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

j. Motor function training for balance and gait.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT1217L and PHT2252L Final Lab Practical exams, 100% of the students (Cohort 2017) successfully completed these lab practical examinations within two attempts.

In PHT2820L Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #12: "Performs physical therapy interventions in a technically competent manner," 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts—Exam 1 and Exam 2. In Exam 1, four questions (17, 23, 36 & 59) are over 92%. These percentages demonstrate the student population that correctly answered the questions that addressed the content above. Interventions include: Motor Function Training (balance, gait, etc.)." Results are pending for one other student who has not taken the comprehensive exam.

7D23g [Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist, including:] Patient/Client Education

In PHT1121L: Functional Anatomy and Kinesiology Lab (second term), an exercise project is utilized to assist students in assigning and teaching a home exercise program within the plan of care. In Basic Patient Care lecture and lab courses, PHT1200 and PHT1200L (second term), students are to explain treatment rationale to simulated patients throughout treatment and intervention. Examples of education that take place during these activities include gait, wheelchair safety/assistive device safety, transfers, when to use which thermal agents, body mechanics, and a home exercise program.

This is further threaded through PHT1217 and PHT1217L: Principles and Procedures lecture and lab (third term), with emphasis on safety and cumulative assessment. On each lab assessment rubric, students are assessed with the "communication" criteria to assess their ability to educate a patient.

PHT2252/PHT2252L: Orthopedic Disabilities and Treatment Lecture/Lab (third term), includes lecture materials, readings, and evidence based supplemental materials, Web PT and PT Now to show how HEP/education is important. Different HEPs for a wide variety of orthopedic conditions are discussed which culminate in the students being assessed via a lab practical in the application of appropriate HEPs for a given patient population. In PHT1801L: Clinical Practice I (fourth term) students are graded on this skill via the CPI.

This content is then threaded throughout PHT2220L: Therapeutic Exercise Lab (fifth term), specifically on the final practical. Practical exam rubrics in both the first and second year include testing in patient education that evaluations students in verbal communication and the ability to demonstrate to the patient in the education category.

After successful completion of this semester (fifth term) they complete a second clinical affiliation—PHT2810L: Clinical Practice II (sixth term)—where they are again graded using the CPI.

In PHT2931: Trends in Physical Therapy, students work in a group format on topics that they will be presenting to educate their classmates. Each student in this course is given two topics relevant in modern physical therapy practice in which they are required to research and present. The students are graded in the presentations individually.

In the last term of the program, students complete a final clinical affiliation—PHT2820L: Clinical Practice III (sixth term)—where they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT2810L: Physical Therapy Clinical Practice II: 7: Upon completion of this clinical experience the student will, at the advanced intermediate level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

k. Patient/client education.

PHT2820L: Physical Therapy Clinical Practice III: 8: Upon completion of this clinical experience the student will, at entry-level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

k. Patient/client education.

Upon review of the curriculum, it was discovered that content related to this element is discussed in PHT1121L, PHT1200, PHT1200L, PHT1217, PHT1217L, PHT2252, and PHT2252L as described in the above narrative. However, no course objectives currently exist related to that content. The course faculty members will be creating appropriate objectives which will be submitted to the curriculum committee in the fall of 2017 to be added to the 2018 course syllabi.

The data in PHT1217L and PHT2252L Final Lab Practical exams indicate the following: 100% of the students (Cohort 2017) successfully completed these lab practical examinations within two attempts pertaining to patient education.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #13: “Educates others (patients, family, caregivers, staff, students, other health care providers) using relevant and effective teaching methods,” 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending as one other student has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts—Exam 1 and Exam 2. In Exam 2, question 99= 72%. This percentage demonstrates the student population correctly answered the question that addresses the content, “Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include: patient/client education.” Results are pending for one other student who has not taken the comprehensive exam.

7D23h [Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist, including:] Therapeutic Exercise

Name
7D23h Narrative Response.pdf

In PHT1200: Basic Patient Care and PHT1200L: Basic Patient Care Lab (second term), students gain experiences through their didactic components in PROM/AAROM/AROM, which are then applied in the lab component. In PHT1217: Principles and Procedures and PHT1217L: Principles and Procedures Lab (third term), students receive information pertaining to stretching techniques, which are then assessed in lab via a grading rubric on technique, selected stretch, and instruction in home exercise program.

PHT1121/PHT1121L: Functional Anatomy and Kinesiology Lecture/Lab (second term), include lectures on muscles, motions, and an exercise project with a graded reflection paper. PHT2252/PHT2252L: Orthopedic Disabilities and Treatment Lecture/Lab (third term), include lecture materials, readings, and evidence based information related to orthopedic conditions. Case scenarios are presented as well as demonstrations of proper exercises to perform for selected conditions in the various stages on healing. These skills are assessed via test questions and lab practical. In PHT1801L: Clinical Practice I (fourth term) students are graded with this standard via the CPI.

PHT2220: Therapeutic Exercise and PHT2220L: Therapeutic Exercise Lab (fifth term), provide students with the didactic and practical application of therapeutic exercise techniques. Several neuromuscular conditions are reviewed (e.g. CVA, Parkinson's, spinal cord injuries, developmental sequences, cardiac conditions) with regards to their selected intervention techniques. Within this category of techniques are selected components of PNF patterns, developmental sequence, NDT techniques, isokinetic training/testing, and post-cardiac episode care. Students are tested on their ability to setup and perform power-assisted exercise applications that demonstrate skill in the application of applying, adjusting and monitoring this power-assisted modality on classmates. Through lecture test questions and lab practical assessments, students are tested on their theoretical knowledge as well as their practical application of therapeutic exercise for a given patient population.

After successful completion of their fifth term of the program, students complete PHT2810L: Clinical Practice II, where they are assessed using the Web CPI. They conclude their studies with PHT2820L: Clinical Practice III where this skill is assessed via the Web CPI.

Example Objectives:

PHT2252L: Orthopedic Disabilities and Treatment Lab: 2(a): Implement exercise programs on simulated patient with a simple musculoskeletal condition as indicated in a plan of care as directed by the supervising physical therapist effectively, safely, and appropriately to include:

1. Identify the rationale for the exercise.

2. Modify the exercise depending on response of a simulated patient with moderate complexity.

3. Report any changes in simulated patient status to supervising physical therapist as appropriate.

4. Determine when exercise should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant.

5. Progress exercise programs from moderate protection phase through minimal protection phase for simple to moderate complexity common musculoskeletal conditions.

PHT1801L: Physical Therapy Clinical Practice I: 1: Upon completion of this clinical experiences the student will demonstrate appropriate professional skills and ethical behavior at the Advanced Beginner Level. Skills include:

g. Interventions: therapeutic exercise.

PHT 2220L: Therapeutic Exercise in Physical Therapy Lab: 1: Upon completion of this course the student will demonstrate competence in incorporating neurophysiologic strategies with interventions as appropriate for attaining goals identified in the plan of care established by the physical therapist.

a. Implement selected interventions in a competent, safe and effective manner to a simulated patient with simple conditions as identified in the plan of care established by the physical therapist. Interventions include:

1. Power assisted exercise to address strength and balance impairments.

PHT 2220L: Therapeutic Exercise in Physical Therapy Lab: 1(d): Implement an exercise program in a competent, safe and effective manner to a simulated patient with a complex condition as identified in a plan of care established by the physical therapist. Interventions to include:

1. Developmental Activities

2. Motor Training

3. Movement Pattern Training

4. Neuromuscular Reeducation

PHT 2820L: Physical Therapy Clinical Practice III: 8: Upon completion of this clinical experience the student will, at entry-level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

a. Therapeutic exercise.

Please see Appendix: 7D23h Narrative Response.pdf for continued information.

7D23i [Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist, including:] Wound Management: isolation techniques, sterile technique, application and removal of dressing or agents, and identification of precautions for dressing removal

Name
7D23i Narrative Response.pdf

Wound Management: application and removal of dressing agents

In PHT1200 and PHT1200L: Basic Patient Care Lecture and Lab (second term), students receive an introduction to wound care lecture. Students are then instructed in sterile techniques, application, and removal of dressings. This is assessed through a skills check list, where students are assessed on their ability to perform selected technique.

In PHT1801L: Clinical Practice I (fourth term) students are graded on this skill via the CPI. After they have returned to class for a semester (fifth term), they complete a second clinical affiliation where they are again graded using the CPI—PHT2810L: Clinical Practice II (sixth term). In the last term of the program students complete a final clinical affiliation—PHT2820L: Clinical Practice III (sixth term)—where they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT1200L: Introduction to Basic Patient Care Lab: 1: Upon completion of this course the student will demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist.

b. Implement selected components of interventions in the plan of care established by the physical therapist for patients with simple conditions. Interventions include:

4. Wound Management Techniques: isolation techniques, sterile techniques, application and removal of dressings.

PHT2810L: Physical Therapy Clinical Practice II: 17: Upon completion of this clinical experience the student will demonstrate competence in implementing selected components of interventions identified in a mock plan of care established by the physical therapist. Interventions include:

a. Wound management: isolation techniques, sterile technique, application and removal of dressing or agents, and identification of precautions for dressing removal.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #12: “Performs physical therapy interventions in a technically competent manner,” 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student that has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 1, four questions (54, 56, 57 & 60) were 88%. These percentages demonstrate the student population that correctly answered the questions that address the content, “Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include: Wound Management: application and removal of dressing agents.” Results are pending for one other student who has not taken the comprehensive exam.

Wound Management: identification of precautions for dressing removal

In PHT1200L: Basic Patient Care Lab (second term) students are assessed through a skills-check in their identification of precautions for wound care dressing removal (e.g. whether or not to remove the bandage when it is binding to a wound). This is further threaded through PHT1217L: Principles and Procedures Lab (third term) when students receive more information related to wound care and its relationship with selected modalities for wound healing.

In PHT1801L: Clinical Practice I (fourth term) students are graded on this skill via the CPI. After they have returned to class for a semester (fifth term), they complete a second clinical rotation where they are again graded using the CPI—PHT2810L: Clinical Practice II (sixth term). In the last term of the program, students complete a final clinical affiliation—PHT2820L: Clinical Practice III (sixth term)—where they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT1200L: Introduction to Basic Patient Care Lab: 1: Upon completion of this course the student will demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist.

b. Implement selected components of interventions in the plan of care established by the physical therapist for patients with simple conditions. Interventions include:

4. Wound Management Techniques: isolation techniques, sterile techniques, application and removal of dressings.

Please see 7D23i Narrative Response.pdf for continued information.

Test and Measures
7D24
Demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas:

7D24a Aerobic Capacity and Endurance: measurement of standard vital signs; recognize and monitor responses to positional changes and activities (e.g., orthostatic hypotension, response to exercise)

Name
7D24a Narrative Response.pdf

Recognize and monitor responses to positional changes and activities

In PHT1200L: Basic Patient Care Lab (second term), students are instructed in the use of a tilt table while monitoring vitals (e.g. heart rate, blood pressure) which is assessed via a lab grading rubric on lab practical assessments.

In PHT1801L: Clinical Practice I (fourth term) students are graded on this skill via the CPI.

This data collection skill is threaded into PHT2220L: Therapeutic Exercise Lab (fifth term), where students measure and document vital signs in responses in cardiac exercises. Students work in groups of two in which they take the vital signs of BP, pulse oximetry and respiration rates in the beginning of, during and after cardiac exercises. A written work sheet is completed and turned in at the end of the laboratory class reporting vital signs documented with the activity. After successful completion of the fifth term in the Program, students complete their second clinical affiliation—PHT2810: Clinical Practice II (sixth term)— where they are assessed with the Web CPI. Students complete a final clinical affiliation—PHT2820L: Clinical Practice III (sixth term)—whereby they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT1200L: Introduction to Basic Patient Care Lab: 2: Upon completion of this course the student will demonstrate competence in performing data collection skill essential for carrying out the plan of care.

a. Administer appropriate test and measures (before, during and after interventions) on a simulated patient with a simple condition for the following areas:

1. Aerobic Capacity and Endurance: measurement of standard vital signs; recognize and monitor responses to positional changes and activities (e.g., orthostatic hypotension, response to exercise).

PHT1121: Functional Anatomy & Kinesiology: 2: Upon completion of this course the student will describe the effects of an exercise program on an individual.

a. Self-Reflect on a personal experience exercise project to include identifying:

1. Changes in blood pressure, pulse, respiration and pain threshold.

PHT2220: Therapeutic Exercise in Physical Therapy: 5(a): Identify the normal response of the cardiovascular system to exercise stress.

PHT2820L: Physical Therapy Clinical Practice III: 1: Upon completion of this clinical experience the student will, at entry-level, demonstrate safety in all patient care activities.

a. Accurately measure standard vital signs.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #10: “Obtains accurate information by performing selected data collection consistent with the plan of care established by the physical therapist,” 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student that has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 1, question 46=84% and question 50= 100%. These percentages demonstrate the student population correctly

answered the questions that address the content, “Demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas: Aerobic Capacity and Endurance: recognize and monitor responses to positional changes and activities.” Results are pending for one other student who has not taken the comprehensive exam.

Aerobic Capacity and Endurance: measurement of standard vital signs

In PHT1200L: Basic Patient Care Lab (second term), students are assessed via lab practical rubric in their ability to obtain measurements of standard vital signs (e.g. respiration, blood pressure, pulse/heart rate). PHT1121: Functional Anatomy and Kinesiology (second term), discusses respiration as well as parts of the exercise project. This is further applied in PHT1121L, Functional Anatomy and Kinesiology Lab (second term) whereby students who participate in the exercise project collect data on their heart rate, respiration and blood pressure. This culminates in a reflection paper in which the data is analyzed and the effects of the exercises on these vitals are discussed.

Please see Appendix: 7D24a Narrative Response.pdf for continued information.

7D24b Anthropometrical Characteristics: measurements of height, weight, length and girth

PHT1121: Functional Anatomy and Kinesiology and PHT1121L: Functional Anatomy and Kinesiology Lab (second term), utilize an exercise project to measure height and weight. PHT2252: Orthopedic Disabilities and Treatment and PHT2252L: Orthopedic Disabilities Lecture/Lab (third term), discusses leg length (anatomical/functional) with a demonstration of how to measure each. There is also discussion and lab practice in measuring limb girth, followed by writing a SOAP note with the data collected. This is to assist students to understand swelling and atrophy with different orthopedic conditions. Students are assessed through lecture tests on their understanding of functional vs. anatomical leg length discrepancy.

In PHT1801L: Clinical Practice I (fourth term) students are graded on this skill via the CPI. After they have returned to class for a semester (fifth term), they complete a second clinical affiliation where they are again graded using the CPI—PHT2810L: Clinical Practice II (sixth term).

In the final term of the program, students complete a final clinical affiliation—PHT2820L: Clinical Practice III (sixth term)—where they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT2810L: Physical Therapy Clinical Practice II: 8: Upon completion of this clinical experience the student will, at the advanced intermediate level, demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during, and after interventions) for the following areas:

b. Anthropometric characteristics, including measurements of height, weight, length and girth.

PHT2820L: Physical Therapy Clinical Practice III: 9: Upon completion of this clinical experience the student will, at entry-level, demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during, and after interventions) for the following areas:

c. Anthropometric characteristics, including measurements of height, weight, length and girth.

Upon review of the curriculum, it was discovered that content related to this element is discussed in PHT1121, PHT1121L, PHT2252, and PHT2252L as described in the above narrative. However, no course objectives currently exist related to this content. The course faculty members will be creating appropriate objectives which will be submitted to the curriculum committee in the fall of 2017 to be added to the 2018 course syllabus.

In PHT2810L: Clinical Practice II (Spring 2017) and PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #10: “Obtains accurate information by performing selected data collection consistent with the plan of care established by the physical therapist,” the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student that has not completed the course.

7D24c Mental Functions: detect changes in a patient’s state of arousal, mentation and cognition)

In PHT1121: Functional Anatomy and Kinesiology and PHT1121L: Functional Anatomy and Kinesiology Lab (second term), the exercise project reflection paper is utilized to discuss how exercise can cause a change in mental status.

The clinical features and recognition of a CVA are discussed in PHT1200: Basic Patient Care (second term) through a lecture, reading materials, and PowerPoint presentation. The common features students are taught to recognize include a rapid change in mental status, slurred speech, and extreme headache. Students are graded in PHT1200L: Basic Patient Care Lab (second term), via a grading rubric, on their ability to recognize when a treatment is inappropriate to perform based on the patient's understanding and presentation of impaired mental status. In PHT1200: Basic Patient Care (second term) and PHT1217: Principles and Procedures (third term), students are assessed through test questions where they demonstrate knowledge and recognition of appropriate changes in

the patient's health status (e.g. a diabetic patient who has low blood sugar) and knowing when to take vital signs.

PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), utilizes the lab practical grading rubric to assess students on their consistent communication with a patient during exercise while monitoring if a change in mental status is occurring.

In PHT1801L: Clinical Practice I (fourth term) students are graded on this skill via the CPI. After they have returned to class for a semester (fifth term), they complete a second clinical affiliation where they are again graded using the CPI—PHT2810L: Clinical Practice II (sixth term).

In the final term of the program students complete a final clinical affiliation—PHT2820L: Clinical Practice III (sixth term)—where they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT2810L: Physical Therapy Clinical Practice II: 11: Upon completion of this clinical experience the student will, at entry-level, demonstrate safety in all patient care activities.

b. Assess a patient's mental functions.

PHT2931: Trends in Physical Therapy: 8(a): Describe tests used to evaluate a patient's cognitive status to include:

1. "Mini Mental"
2. Glasgow Coma Scale
3. Ranchos Los Amigos Scale

PHT2820L: Physical Therapy Clinical Practice III: 1: Upon completion of this clinical experience the student will, at entry-level, demonstrate safety in all patient care activities.

b. Assess a patient's mental functions.

Upon review of the curriculum, it was discovered that content related to this element is discussed in PHT1200, PHT1200L, PHT1217, PHT1121, and PHT1121LL as described in the above narrative. However, no course objectives currently exist related to this content. The course faculty members will be creating appropriate objectives which will be submitted to the curriculum committee in the fall of 2017 to be added to the 2018 course syllabus.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #10: "Obtains accurate information by performing selected data collection consistent with the plan of care established by the physical therapist," the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student that has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 2, question 83 = 96%, and question 95 = 80%. These percentages demonstrate the student population correctly answered the questions that address the content, "Demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas: Mental Functions: detect changes in a patient's state of arousal, mentation and cognition. Results are pending for one other student who has not taken the comprehensive exam.

7D24d Assistive Technology: identify the individual's and caregiver's ability to care for the device; recognize changes in skin condition and safety factors while using devices and equipment

Name
7D24d Narrative Response.pdf

Assistive Technology: identify the individual's and caregiver's ability to care for the device

In PHT1200: Basic Patient Care (second term) students are instructed in what qualifies a patient's actions as needing minimal assistance, moderate assistance, and maximum assistance. With this knowledge, students are responsible for recognizing the level of assistance needed for any given activity including caring for a device. In PHT1200L: Basic Patient Care Lab, students observe and collect data as to whether or not the mock patient requires minimal, moderate, or maximum assistance to care for the device.

Students are assessed in PHT1200L: Basic Patient Care Lab (second term), via grading rubrics in recognizing a patient's ability to care for the device (e.g. adjusting a quad cane, measuring crutches properly, and replacing the rubber tips of a cane)

PHT2252: Orthopedic Disabilities and Treatment (third term), includes lecture materials, reading assignments, and discussion related to amputation/prosthesis care and positioning, skin coloring changes, and weight bearing areas of limb. This is assessed through lecture based test questions.

In PHT1801L: Clinical Practice I (fourth term) students gain further practice and are graded on this skill via the CPI. After they have returned to class for a semester (fifth term), they complete a second clinical affiliation—PHT2810L: Clinical Practice II (sixth

term)—where they gain more real world experience and are again graded using the CPI.

In the last term of the program students complete a final clinical affiliation—PHT2820L: Clinical Practice III (sixth term)—where they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT1200L: Introduction to Basic Patient Care Lab: 2(a)(2): Assistive Technology: Identify the patient model's ability to care for the device; recognize changes in skin condition and safety factors while using devices and equipment.

PHT2252: Orthopedic Disabilities and Treatment: 3(g)(5): Describe strategies used to determine the individual's and caregiver's ability to care for the prosthetic device.

PHT2810L: Physical Therapy Clinical Practice II: 11(c): Fit and adjust patient devices and equipment to ensure patient safety.

PHT2820L: Physical Therapy Clinical Practice III: 1(e): Perform safe functional training in self-care and in domestic, education, work, community, social, and civic life.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT2810L: Clinical Practice II and PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #13: "Educates others (patients, family, caregivers, staff, students, other health care providers using relevant and effective teaching methods," the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

Assistive Technology: recognize safety factors while using devices and equipment

In PHT1200L: Basic Patient Care Lab (second term) and PHT1217: Principles and Procedures Lab (third term), students are educated in the indications and contraindications of treatment (as well as precautions). This is assessed via lab rubrics and practical exams. Students are further assessed on the safe use of the equipment itself and the ability to observe when it is unsafe to use. Examples of this observational skill would be identifying broken wheelchair wheels/brakes, loose crutch handles, an electric stimulation machine that is not calibrated, ill-fitting equipment, etc.

PHT2252: Orthopedic Disabilities and Treatment (third term), includes lecture materials, reading assignments, and discussion related to exercise equipment in rehab stages, amputation/prosthesis care and positioning, skin coloring and changes, and weight bearing areas of the limb. Test questions are utilized to assess student understanding of the material. PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), provides learning experiences related to proper guarding/safety with equipment and exercises used in different stages of orthopedic rehab. These safety components are part of the lab practical assessment rubrics that are used to test students.

Please see Appendix: 7D24d Narrative Response.pdf for continued information.

7D24e Gait, Locomotion, and Balance: determine the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility

Name
7D24e Narrative Response.pdf

In PHT1200: Basic Patient Care (second term), PowerPoint presentations are given which includes discussion of deficits from CVAs, spinal cord injuries, and various other pathologies. Students will utilize this knowledge when observing the safety and appropriate progression necessary for patients with the selected pathologies. This prepares the students to collect and document their observable data regarding safety, locomotion, and balance when working with patients. Students are assessed through test questions on their understanding of most and least stable assistive devices, gait patterns in selected pathologies, what classifies a patient as requiring minimum, moderate, or maximum assistance, and how pathologies relate to a patient's balance. In PHT1200L: Basic Patient Care Lab (second term), students receive instruction in wheelchair mobility and management along with gait patterns. During these activities students are responsible for obtaining data with regard to whether a patient requires minimum, moderate, or maximum assistance. Students are tested through lab practical assessments on their ability to recognize the level of assistance needed for a given patient and in selecting the appropriate assistive devices as it correlates to the data collected.

PHT2252: Orthopedic Disabilities (third term) and Treatment and PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), discuss gait and balance with different orthopedic conditions and rehabilitation in different stages of healing. There is demonstration and practice with balance devices and equipment, with regards to utilizing them in an appropriate manner for rehabilitation in balance, locomotion, and gait. PHT2252: Orthopedic Disabilities and Treatment, assesses the student's ability to utilize appropriate progression activities related to balance and gait through test questions.

These data collection skills are assessed in PHT1801L: Clinical Practice I (fourth term) via Web CPI. This is also threaded throughout

PHT2220L: Therapeutic Exercise Lab (fifth term), with the students addressing level of progression and safety in gait, balance and transfer mobility. This is found in the modules covering pathologies of CVA, SCI, and Parkinson's in lab skill applications.

In the second clinical affiliation, PHT2810L: Clinical Practice II (sixth term), students continue to learn and demonstrate competence in these skills which are then assessed using the Web CPI. At this point, the student is required to be at entry level performance for these skills.

PHT2931: Trends in Physical Therapy (sixth term), also addresses safety and status of data collection in balance and gait with understanding functional tests used in outpatient, in-patient and acute care settings. This information is provided via a PowerPoint presentation and class discussion. The functional tests that are reviewed for understanding and data collection include the FIM, TUG, Romberg, Sharpened Romberg and ASIA, etc.

The final clinical practice, PHT2820L: Clinical Practice III (sixth term), utilizes the Web CPI to assess this standard in which the student is required at this point to be at entry level performance in these skills.

Example Objectives:

PHT1200L: Introduction to Basic Patient Care Lab: 2(a)(3): Gait, Locomotion and Balance: Determine safety, status and progression of patient model while engaged in gait, locomotion, balance, wheelchair management and mobility.

PHT2931: Trends in Physical Therapy: 8(b): Describe tests used to evaluate a patient's functional independence to include:

1. Functional Independence Measure (FIM),

2. Fugl-Meyer,

3. Barthel Index,

4. Katz Index of ADL,

5. Outcome and Assessment information set (OAIS)

Upon review of the curriculum it was discovered that content related to this element is discussed in PHT1200, PHT2252, PHT2252L, and is covered in PHT1801L, PHT2810L, and PHT2820L course as described in the above narrative. However, no course objectives currently exist related to that content. The course faculty members will be creating appropriate objectives which will be submitted to the curriculum committee in the fall of 2017 to be added to the 2018 course syllabus.

For the PHT1200L and PHT2252L Lab Practical Exams, 100% of the students (Cohort 2017) successfully completed these lab practical examinations within two attempts. The content demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas: Gait, Locomotion, and Balance: determine the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility as described in the lab rubrics.

Please see Appendix: 7D24e Narrative Response.pdf for continued information.

7D24f Integumentary Integrity: detect absent or altered sensation; normal and abnormal integumentary changes; activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma; and recognize viable versus nonviable tissue

Name
7D24f Narrative Response.pdf

Integumentary Integrity: detect normal and abnormal integumentary changes

In PHT1200: Basic Patient Care (second term), students receive a wound care lecture that addresses integumentary changes. Stages of healing are also addressed through lecture materials and reading assignments which are then assessed through test based questions. In PHT1200L: Basic Patient Care Lab (second term), students are instructed in observing the position of a patient with regard to pressure point and pressure relief areas (e.g. calcaneus, sacrum, etc.). With the data gathered through observation, students are able to make appropriate decisions and modify patient positions to accommodate for these areas. Included in this lab course is instruction in observing skin changes during treatment. This includes the student observing changes to the area when a hot pack/cold pack is applied, the changes in tissue color before and after therapeutic massage, and the practice in documenting the effects observed after treatment (i.e. is it an abnormal or normal reaction).

Test questions and lab practical assessments are utilized in PHT2252: Orthopedic Disabilities and Treatment (third term) and PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), with lecture materials, reading assignments, and case scenarios that articulate the correct positioning for different stages of rehabilitation in orthopedic conditions. The effects of positioning are discussed with regards to what happens if positions are not performed correctly.

This standard is further threaded through PHT1217: Principles and Procedures Lecture (third term), with lecture materials and

reading assignments covering lymphedema content and the use of electrical stimulation for wound healing. Students are also instructed in the abnormal and normal skin reactions that are associated with the application of electric stimulation and ultrasound modalities. Students, through this material, will learn and understand the different stages of wound healing as it relates to modalities and lymphedema interventions. PHT1217L: Principles and Procedures Laboratory (third term), addresses topics in practical application of wound healing with modalities. Within the application students are taught to observe the associated skin reactions that are expected or not expected when using electrotherapeutic modalities.

Students are assessed on this skill in PHT1801L: Clinical Practice I (fourth term) using the Web CPI criteria. The students then return to class for a semester (fifth term) followed by, upon successful completion, their second clinical rotation. This affiliation—PHT2810L: Clinical Practice II (sixth term), uses the Web CPI to assess this standard. This final clinical practice, PHT2820L: Clinical Practice III (sixth term), utilizes the Web CPI to assess this skill in which the student is required at this point to be at entry level.

Example Objectives:

PHT1200L: Introduction to Basic Patient Care Lab: 2(a)(4): Integumentary integrity: Detect absent or altered sensation; normal and abnormal integumentary changes; activities, positioning and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma and recognize viable versus nonviable tissue.

PHT2252: Orthopedic Disabilities and Treatment: 5: Identify dermatomes for the lumbar spinal nerves.

PHT2810L: Physical Therapy Clinical Practice II: 8: Upon completion of this clinical experience the student will, at the advanced intermediate level, demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during, and after interventions) for the following areas:

a. Integumentary integrity, including detecting absent or altered sensation; normal and abnormal integumentary changes; activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma; and recognize viable versus nonviable tissue.

PHT2820L: Physical Therapy Clinical Practice II: 9: Upon completion of this clinical experience the student will, at entry-level, demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during, and after interventions) for the following areas:

a. Integumentary integrity, including detecting absent or altered sensation; normal and abnormal integumentary changes; activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma; and recognize viable versus nonviable tissue.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

Please see Appendix: 7D24f Narrative Response.pdf for continued information.

7D24g Joint Integrity and Mobility: detect normal and abnormal joint movement

In PHT1200: Basic Patient Care (second term), students receive information, through lecture materials and reading assignments, pertaining to passive range of motion, active assistive range of motion, and active range of motion. End feels are covered with topics addressing capsular and non-capsular patterns. PHT1200L: Basic Patient Care Lab (second term), utilizes the application of passive range of motion, active assistive range of motion, and active range of motion. PHT1121: Functional Anatomy and Kinesiology (second term) and corresponding lab, PHT1121L (second term), utilize test questions, lab assessments, lecture and reading materials to teach and assess the students understanding of joint motion, goniometric function and measurements. The exercise project also allows students to practice the motions for themselves to gain understanding of joint movement.

In PHT1217: Principles and Procedures (third term), students receive learning experiences (i.e. reading assignments, class discussions, PowerPoint lectures) pertaining to stretching and mechanical traction. Students are instructed in PHT1217L: Principles and Procedures Lab (third term) to observe the motion present in a joint before an intervention is performed. After these interventions are applied, students are taught to observe the range of motion that may have changed as a result of the intervention, in which case they have to document the change. Trunk and cervical ranges of motion are also discussed.

PHT2252: Orthopedic Disabilities and Treatment (third term) and corresponding lab PHT2252L (third term), utilize lecture materials, reading assignments, and evidence based supplemental reading with case study scenarios to assist students with obtaining a theoretical understanding of passive movement and mobilization of joints. Further discussion commences with regards to abnormal and normal joint motion with respect to stages of healing in orthopedic conditions.

Students are assessed on this skill in PHT1801L: Clinical Practice I (fourth term) using the Web CPI. Students complete a second clinical affiliation, PHT2810L: Clinical Practice II (sixth term), in which the Web CPI is used to assess this skill. The final clinical practice, PHT2820L: Clinical Practice III (sixth term), utilizes the Web CPI to assess this skill in which the student is required at this point to be at entry level.

Example Objectives:

PHT1200L: Introduction to Basic Patient Care Lab: 2(a)(5): Joint Integrity and Mobility: Detect normal and abnormal joint movement.

PHT1121L: Functional Anatomy & Kinesiology Lab: 3(a)(1): Discuss factors which affect normal range.

PHT2820L: Physical Therapy Clinical Practice III: 9: Upon completion of this clinical experience the student will, at entry-level, demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during, and after interventions) for the following areas:

b. Joint integrity and mobility, including detecting normal and abnormal joint movement.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

The data from the PHT1217L and PHT2252L Final Lab Practical exams indicate that 100% of the students (Cohort 2017) successfully completed these lab practical examinations within two attempts.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #10, “Obtains accurate information by performing selected data collection consistent with the plan of care established by the physical therapist,” the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 2, two questions (62 & 73) = 92%. These percentages demonstrate the student population correctly answered these questions that address the content, “Demonstrates competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas: Joint Integrity and Mobility: detect normal and abnormal joint movement.” Results are pending for one other student who has not taken the comprehensive exam.

7D24h Muscle Performance: measure muscle strength by manual muscle testing; observe the presence or absence of muscle mass; recognize normal and abnormal muscle length, and changes in muscle tone

Name
7D24h Narrative Response.pdf

Muscle Performance: measure muscle strength by manual muscle testing

PHT1121: Functional Anatomy and Kinesiology (second term) and PHT1121L: Functional Anatomy and Kinesiology Lab (second term), discuss manual muscle tests with technique and grades. This is assessed through test questions. The lab includes a discussion and demonstration of manual muscle testing techniques.

PHT2252: Orthopedic Disabilities and Treatment and PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), further threads this material by reviewing theory in lecture, while the practical applications are performed and assessed through lab practical assessments.

Students are assessed on this skill in PHT1801L: Clinical Practice I (fourth term) using the Web CPI criteria. The students then return to class for a semester (fifth term) followed by, upon successful completion, their second clinical rotation.

This affiliation—PHT2810L: Clinical Practice II (sixth term), uses the Web CPI to assess this skill. The final clinical practice, PHT2820L: Clinical Practice III (sixth term), utilizes the Web CPI to assess this skill in which the student is required to be at entry level.

Example Objectives:

PHT1121: Functional Anatomy & Kinesiology: 3(a): Discuss the use of manual muscle testing, MMT, and goniometric measurement in patient/client management.

PHT1121L: Functional Anatomy & Kinesiology Lab: 3(d)(3): Describe standard basic manual muscle testing, MMT, procedures for selected muscles.

PHT2820L: Physical Therapy Clinical Practice III: 8: Upon completion of this clinical experience the student will, at entry-level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

b. Muscle performance, such as measuring muscle strength by manual muscle testing, observing the presence or absence of muscle mass; recognizing normal and abnormal muscle length and changes in muscle tone.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

The data from the PHT2252L: Final Lab Practical indicates that 100% of the students (Cohort 2017) successfully completed the lab practical examination within two attempts which addressed this content: Muscle Performance: measure muscle strength by manual muscle testing as described in the lab rubrics.

PHT2252: Orthopedic Disabilities and Treatment comprehensive final exam (Cohort 2017) question 78= 96%. This percentage demonstrates the student population that correctly answered the question that address the content in demonstrating competence in the component of MMT.

PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #10, “Obtains accurate information by performing selected data collection consistent with the plan of care established by the physical therapist,” the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 2, question 60 = 100%. This percentage demonstrates the student population that correctly answered the question that address the content, “Demonstrates competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas: Muscle Performance: Muscle Performance: measure muscle strength by manual muscle testing.” Results are pending for one other student who has not taken the comprehensive exam.

Muscle Performance: recognize normal and abnormal muscle length

In PHT1801L: Clinical Practice I (fourth term) students are assigned a Clinical Instructor that is responsible for assisting the student in this learning experience. Through exposure to this content area, students are able to gain a functional and clinical understanding of its significance in physical therapy. Students are assessed on this skill in PHT1801L: Clinical Practice I (fourth term) using the Web CPI criteria. The students then return to class for a semester (fifth term) followed by, upon successful completion, their second clinical affiliation. This affiliation—PHT2810L: Clinical Practice II (sixth term), uses the Web CPI to assess this skill. Lastly, students return for one more course in this term—PHT2931: Trends in Physical Therapy (sixth term)—before attending their final clinical practice. This final clinical practice, PHT2820L: Clinical Practice III (sixth term), utilizes the Web CPI to assess this skill in which the student is required at this point to be at entry level.

Please see Appendix: 7D24h Narrative Response.pdf for continued information.

7D24i Neuromotor Development: detect gross motor milestones, fine motor milestones, and righting and equilibrium reactions

Name
7D24i Narrative Response.pdf

Neuromotor Development: detect fine motor milestones

In PHT1200: Basic Patient Care (second term), students receive information pertaining to pediatric normal developmental milestones through a lecture with the aid of handouts. This information is then assessed through test questions.

Knowledge of these skills is further built upon in PHT2220: Therapeutic Exercise (fifth term) when a guest lecturer instructs students in neurological interventions relating to pediatric developmental milestones. Once the students have completed their fifth term successfully (PHT2220L/PHT2220 and PHT2162), they complete a second clinical affiliation.

This affiliation—PHT2810L: Clinical Practice II (sixth term), uses the Web CPI to assess this skill. The final clinical practice, PHT2820L: Clinical Practice III (sixth term), utilizes the Web CPI to assess this skill in which the student is required at this point to be at entry level.

Example Objectives:

PHT2220: Therapeutic Exercise in Physical Therapy: 2(d): Distinguish the stages in the development of motor control.

PHT2220: Therapeutic Exercise in Physical Therapy: 2(e): Identify major milestones for fine motor skills.

PHT2810L: Physical Therapy Clinical Practice II: 8: Upon completion of this clinical experience the student will, at the advanced intermediate level, demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during, and after interventions) for the following areas:

d. Neuromotor development, including detecting gross motor milestones, fine motor milestones, and righting and equilibrium reactions.

PHT2820L: Physical Therapy Clinical Practice III: 9: Upon completion of this clinical experience the student will, at entry-level, demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during, and after interventions) for the following areas:

d. Neuromotor development, including detecting gross motor milestones, fine motor milestones, and righting and equilibrium reactions.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

The data from the PHT2220: Therapeutic Exercise Comprehensive final exam indicates the following: question 6 = 85%, question 26 = 96%, question 29 = 92%. These percentages demonstrate the student population correctly answered the questions that address the content, “Demonstrates competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas: Neuromotor Development: detect fine motor milestones.”

PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #10: “Obtains accurate information by performing selected data collection consistent with the plan of care established by the physical therapist,” the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Awaiting completion for one other student who has yet to complete PHT2820L. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 1, question 88 = 96% and in Exam 2, question 6 = 72%. These percentages demonstrate the student population correctly answered the questions that address the content, “Demonstrates competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas: Neuromotor Development: detect fine motor milestones. Results are pending for one other student who has not taken the comprehensive exam.

Neuromotor Development: detect gross motor milestones

In PHT1200: Basic Patient Care (second term), students receive information pertaining to pediatric normal developmental milestones through a lecture with handouts which is assessed through test questions. This data collection skill is threaded in PHT2220: Therapeutic Exercise Lab (fifth term), where students are taught to recognize fine and gross motor mile stones, righting and equilibrium reactions. This recognition (assessed through test questions) provides students with the knowledge they need in data collection and documentation to distinguish if the patient is progressing appropriately within the plan of care.

Once the students have completed their fifth term successfully (PHT2220L/PHT2220 and PHT2162), they attend their second clinical affiliation. This affiliation—PHT2810L: Clinical Practice II (sixth term), uses the Web CPI to assess this skill. The final clinical practice, PHT2820L: Clinical Practice III (sixth term), utilizes the Web CPI to assess this skill in which the student is required to be at entry level.

Please see Appendix: 7D24i Narrative Response.pdf for continued information.

7D24j Pain: administer standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain; recognize activities, positioning, and postures that aggravate or relieve pain or altered sensations

Name
7D24j Narrative Response.pdf

Pain: administer standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain

In PHT1200: Basic Patient Care (second term), students learn about the different scales of pain through lecture and reading assignments which transition into PHT1200L: Basic Patient Care Lab (second term). In lab, students are taught to gather the mock patient's pain level before and after treatment/intervention. This is then documented in a SOAP note.

Collecting data regarding a patient’s level of pain is discussed in PHT1217: Principles and Procedures (third term) and PHT 1217L: Principles and Procedures Lab (third term) where students, again, administer interventions with constant assessment of pain complaints. Test questions are used to assess the students understanding of lecture material while the lab practical grading rubric is used to assess the lab component. PHT 2252L: Orthopedic Disabilities and Treatment Lab (third term), utilizes the electronic medical records with case scenarios that contain graphs, analog scales, questionnaires, and follow up notes (with regards to pain) in the SOAP notes.

Students gain hands on experience in administering questionnaires during PHT1801L: Clinical Practice I (fourth term) which is assessed using the Web CPI. After they have returned to class for a semester (fifth term), they complete PHT2810L: Clinical Practice II (sixth term) where students are assessed again with the Web CPI. This content is also threaded through PHT2931: Trends in Physical Therapy (sixth term), in a group research project, PowerPoint presentation, and a class discussion on administering pain questionnaires, visual pain scales and understanding activities that can change pain sensations. Students complete a final clinical affiliation—PHT2820L: Clinical Practice III (sixth term)—where they gain hands-on experience in fostering their ability to gather data related to a patient’s pain level. This is assessed with the Web CPI to determine if they are at entry level performance.

Example Objectives:

PHT1200L: Introduction to Basic Patient Care Lab: 2: Upon completion of this course the student will demonstrate competence in performing data collection skill essential for carrying out the plan of care.

a. Administer appropriate test and measures (before, during and after interventions) on a simulated patient with a simple condition for the following areas:

6. Pain: administer standardized questionnaires, graphs, behavioral

scales, or visual analog scales for pain; recognize activities, positioning

and postures that aggravate or relieve pain or altered sensations.

PHT1217L: Physical Therapy Principles & Procedures Lab: 2: Upon completion of this course the student will demonstrate competence in performing tests and measures essential for carrying out the plan of care and making appropriate clinical decisions based upon the measurements.

a. Administer appropriate test and measures (before, during and after interventions) on a simulated patient with a simple condition for the following areas:

3. Pain: administer standardized questionnaires graphs, behavioral scales, or visual analog scales for pain; recognize activities, positioning and postures that aggravate or relieve pain or altered sensations

PHT2931: Trends in Physical Therapy: 8(c): Describe tests used to evaluate a patient's pain to include:

(1): pain ratings

(2): pain scales

(3): pain behaviors

PHT2820L: Clinical Practice III: 10(b): Upon completion of this clinical experience the student will, at entry-level, produce appropriate and accurate documentation that describes the data collection and interventions provided to the patient/client. Appropriate documentation includes:

b. adherence to the guidelines and specific documentation formats required by state practice acts, the practice setting and other regulatory agencies.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

The data from the PHT1217L Final Lab Practical (2017 Cohort) indicates the following: 100% of the students successfully completed the lab practical examination within two attempts. The content demonstrate competence in in the content that demonstrates competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas: Pain: administer standardized questionnaires as described in the lab rubrics.

Please see Appendix: 7D24j Narrative Response.pdf for continued information.

7D24k Posture: determine normal and abnormal alignment of trunk and extremities at rest and during activities

Content related to foundational aspects of posture is covered in PHT1121: Functional Anatomy and Kinesiology (second term) and PHT1121L: Functional Anatomy and Kinesiology Lab (second term) including spinal curves, posture, and spine/extremity positions. In PHT1200L: Basic Patient Care Lab (second term), students are instructed to recognize when a patient is positioned appropriately and what to do to keep their trunk/extremities in proper alignments. Students are taught to recognize alignment with all activities including passive range of motion, gait training, and therapeutic massage. This is assessed through lab practical grading rubrics.

This is carried over into PHT1217L: Principles and Procedures Lab (third term), when students need to place patients in proper alignment to receive traction treatments, stretching, and related modalities for treatment. This is further developed through assigned readings and lecture materials in PHT2252: Orthopedic Disabilities and Treatment (third term) and PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), that include videos, case studies, and demonstrations of normal and abnormal posture. A plumb line and posture grid activity are used for practice. Students are tested through lecture test questions on the knowledge of normal and abnormal posture.

Further knowledge and practice in data collection regarding posture is facilitated in the student's clinical experiences. Students are assessed on this skill in PHT1801L: Clinical Practice I (fourth term) using the Web CPI criteria. The students then return to class for a semester (fifth term) followed by, upon successful completion, their second clinical affiliation. This affiliation—PHT2810L: Clinical Practice II (sixth term), uses the Web CPI to assess this skill. The final clinical practice, PHT2820L: Clinical Practice III (sixth term),

utilizes the Web CPI to assess this skill in which the student is required to be at entry level performance.

Example Objectives:

PHT1200L: Introduction to Basic Patient Care Lab: 2(a)(7): Posture: Determine normal and abnormal alignment of trunk and extremities at rest and during activities.

PHT2252: Orthopedic Disabilities and Treatment: 3(h): Analyze the effects of poor posture and body mechanics on the spine and activities, positions, and postures that aggravate or relieve pain and/alter sensations.

PHT2252L: Orthopedic Disabilities and Treatment Lab: 1(a)(1): Position a simulated patient in a relationship to a plumb line and performing data collection utilizing components of correct postural alignment.

PHT2820L: Physical Therapy Clinical Practice III: 8: Upon completion of this clinical experience the student will, at entry-level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

c. Posture, including determining normal and abnormal alignment of the trunk and extremities at rest and during activities.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #12: “Performs physical therapy interventions in a technically competent manner,” the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 2, question 65 = 84%. This percentage demonstrates the student population that correctly answered the question that address the content, “Demonstrates competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following area; Posture.” Results are pending for one other student who has not taken the comprehensive exam.

7D24I Range of Motion: measure functional range of motion and measure range of motion using an appropriate measurement device

Name
7D24I Narrative Response.pdf

Range of Motion: measure functional range of motion

Range of motion values and the use of a goniometer is introduced in PHT1121: Functional Anatomy and Kinesiology (second term) and PHT1121L: Functional Anatomy and Kinesiology Lab (second term). The theoretical knowledge is tested through lecture test questions and the application is assessed through lab practical assessments.

PHT2252: Orthopedic Disabilities and Treatment (first third term) and PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), review theory, provide a demonstration (and videos), and emphasizes functional range of motion with a goniometer.

Students are assessed on this skill in PHT1801L: Clinical Practice I (fourth term) using the Web CPI criteria. The students then return to class for a semester (fifth term) followed by their second clinical affiliation. This affiliation—PHT2810L: Clinical Practice II (sixth term), uses the Web CPI to assess this skill. The final clinical practice, PHT2820L: Clinical Practice III (sixth term), utilizes the Web CPI to assess this skill in which the student is required to be at entry level.

Example Objectives:

PHT1121: Functional Anatomy & Kinesiology: 3(f): Identify normal ranges for major joints of the body using the system discussed in this course.

PHT2810L: Physical Therapy Clinical Practice II: 7: Upon completion of this clinical experience the student will, at the advanced intermediate level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

d. Range of motion, including measuring functional range of motion and measuring range of motion using an appropriate measurement device.

PHT2820L: Physical Therapy Clinical Practice III: 8: Upon completion of this clinical experience the student will, at entry-level, demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

d. Range of motion, including measuring functional range of motion and measuring range of motion using an appropriate measurement device.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

The data from the PHT1121: Functional Anatomy and Kinesiology comprehensive final exam indicates the following: (Cohort 2017) question 84=100%. This percentage demonstrates the student population that correctly answered the question that address the content, “Demonstrates competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas: Range of Motion: measure functional range of motion and measure range of motion using appropriate measurement device as described in the lab rubrics.

Data of the Final Lab Practical in PHT2252L: Orthopedic Disabilities and Treatment Lab (third term) reveals that 100% of the students (Cohort 2017) successfully completed these lab practical examinations within two attempts. The content demonstrates competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions).

PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #12: “Performs physical therapy interventions in a technically competent manner,” the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 2 question 72 = 96%. This percentage demonstrates the student population that correctly answered the question that address the content, “Demonstrates competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas: Range of Motion: measure functional range of motion and measure range of motion using appropriate measurement device.” Results are pending for one other student who has not taken the comprehensive exam.

Please see Appendix: 7D24l Narrative Response.pdf for continued information.

7D24m Self-Care and Civic, Community, Domestic, Education, Social and Work Life: inspect the physical environment and measure physical spaces; recognize safety and barriers in the home, community and work environments; recognize level of functional status; administer standardized questionnaires to patients and others

Name
7D24m Narrative Response.pdf

Administer standardized questionnaires to patients and others

Students are assigned in PHT1200: Basic Patient Care (second term) reading materials that cover standardized questionnaires and pain scales. In PHT1200L: Basic Patient Care Lab (second term), content related to asking standard questions of mock patients before, during, and after the intervention is introduced.

In PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), students are exposed to this information in WebPT—an electronic education documentation software. In this software students can view sample treatment notes, questionnaires, and documentation.

During the first clinical practice—PHT1801L: Clinical Practice I (fourth term)—students administer the appropriate questionnaires as instructed by facility policy. Furthermore, this can be assessed using the Web CPI criteria.

In the sixth term during PHT2931: Trends in Physical Therapy students are exposed to more commonly used questionnaires through a presentation and class discussion addressing this topic. The final clinical practice, PHT2820L: Clinical Practice III (sixth term) utilizes the Web CPI to assess this skill at which point the student is required to be at entry level.

Example Objectives:

PHT1200L: Basic Patient Care Lab: 2: Upon completion of this course the student will demonstrate competence in performing data collection skill essential for carrying out the plan of care.

a. Administer appropriate test and measures (before, during and after interventions) on a simulated patient with a simple condition for the following areas:

6. Pain: administer standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain; recognize activities, positioning and postures that aggravate or relieve pain or altered sensations.

PHT2931: Trends in Physical Therapy: 8(b): Describe tests used to evaluate a patient’s functional independence to include:

(1): Functional Independence Measure (FIM)

(4): Katz Index of ADL

PHT2820L: Physical Therapy Clinical Practice III: 7: Upon completion of this clinical experience the student will, at entry-level, perform clinical problem solving.

c. Review health records, such as lab values, diagnostic tests, specialty reports,

narrative, consults, and physical therapy documentation prior to carrying out the

PT plan of care.

Upon review of the curriculum, it was discovered that content related to this element is discussed in PHT2252L as described in the above narrative. However, no course objectives currently exist related to that content. The course faculty member will be creating appropriate objectives which will be submitted to the curriculum committee in the fall of 2017 to be added to the 2018 course syllabus.

The data for PHT2931: Trends in Physical Therapy (Cohort 2017) indicates the following: 100% of the students attended the presentation on functional independence tests and they were required to assess the presentation with a rubric. All of the students (100%) attended a presentation on Medicare that included information on appropriate documentation, including the administration of functional independence tests.

PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #10: “Obtains accurate information by performing selected data collection consistent with the plan of care established by the physical therapist,” the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

Inspect the physical environment and measure physical spaces

Beginning in PHT1200L: Basic Patient Care Lab (second term) students are instructed in how to manage wires, equipment, and materials in the appropriate physical spaces in which they work. This is done through faculty demonstration that explains how to properly inspect the physical environment prior to administering a treatment. Students have opportunities to practice these skills while receiving feedback from the faculty prior to taking the lab practical exam.

In PHT1217L: Principles and Procedures (third term) final lab practical, students are tested in case scenario format in the application and demonstration of transfer/ambulation techniques with relation to a patient’s local environment. For example; the case scenario may involve crutch training (NWB) for stairclimbing when the patient is returning home. The student is tested with emphasis on safety in the local environment, clear pathways/staircases for safe ambulation and the ability to recognize any barriers.

Please see Appendix: 7D24m Narrative Response.pdf for continued information.

7D24n Ventilation, Respiration and Circulation: detect signs and symptoms of respiratory distress, and activities that aggravate or relieve edema, pain, dyspnea, or other symptoms; describe thoracoabdominal movements and breathing patterns with activity, and cough and sputum characteristics

Name
7D24n Narrative Response.pdf

Ventilation, Respiration and Circulation: describe cough and sputum characteristics

A presentation is given in PHT1217: Physical Therapy Principles and Procedures (third term) that addresses the topic of cystic fibrosis, its sputum characteristics, and the interventions necessary to aid in its treatment. In PHT2220L: Therapeutic Exercise (fifth term), students are instructed in how to recognize the deficiencies that a SCI patient presents with as they cough. These observations focus on abdominal function and power. It is threaded through PHT2810L: Clinical Practice II (sixth term) in a 3-hour respiratory lecture from a Respiratory Therapist. During this presentation there is a class discussion in which students review the medical management of patients with pulmonary conditions.

In PHT2820L: Clinical Practice III (sixth term), students are to describe a patient’s cough characteristics before administering a treatment. They are assessed in this content area by the Web CPI.

Example Objectives:

PHT1217: Physical Therapy Principles and Procedures: 1. Upon completion of this course the student will discuss selected pathologies that affect individuals across the lifespan and common physical therapy management of the impairments and activity limitations associated with those diseases and disorders (including but not limited to these system disorders: endocrine and metabolic, gastrointestinal, reproductive, hematologic, renal and urologic, immune, integumentary).

a. Describe the incidence, etiology, pathology, clinical picture, signs and symptoms, and prognosis of various system disorders, including musculoskeletal diseases and disorders commonly encountered in physical therapy.

PHT2810L: Physical Therapy Clinical Practice II: 12: Upon completion of this clinical experience the student will describe the medical and physical therapy management of patients with lymphedema and pulmonary dysfunction.

Upon review of the curriculum, it was discovered that content related to this element is discussed in PHT2220L and covered in PHT2820L as described in the above narrative. However, no course objectives currently exist related to that content in PHT2810L. The course faculty member will be creating appropriate objectives which will be submitted to the curriculum committee in the fall of 2017 to be added to the 2018 course syllabus.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #10: "Obtains accurate information by performing selected data collection consistent with the plan of care established by the physical therapist," the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 1, question 78 = 96% and question 80=96%. These percentages demonstrate the student population that correctly answered the questions that address the content, "Ventilation, Respiration and Circulation: describe cough and sputum characteristics." Results are pending for one other student who has not taken the comprehensive exam.

Ventilation, Respiration and Circulation: describe thoracoabdominal movements and breathing patterns with activity

In PHT2220L: Therapeutic Exercise (fifth term), students are instructed in how to feel and recognize proper thoracoabdominal movements and the interventions used to enhance such movements. In the cardiopulmonary section of this course, students are required to monitor a simulated patient's vital signs while collecting data related to their pattern of breathing throughout an exercise program.

It is threaded through PHT2810L: Clinical Practice II (sixth term) in a 3-hour respiratory lecture from a Respiratory Therapist. During this presentation there is a class discussion in which students review thoracoabdominal movements and breathing patterns with patients in hospital and rehabilitation settings.

In PHT2820L: Clinical Practice III (sixth term), students are expected to implement breathing exercises with patients. They are assessed in this content area by the Web CPI.

Please see Appendix: 7D24n Narrative Response.pdf for continued information.

7D25
Complete accurate documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.

Students first receive instruction in this content area via lecture materials and practice book activities in PHT1200: Basic Patient Care (second term). Students are tested on their knowledge of what content belongs in which category in a SOAP note. Students are also instructed in how to write the SOAP note in PHT1200L: Basic Patient Care Lab (second term). This is further developed in PHT1217L: Principles and Procedures Lab (third term) where students must complete an accurate SOAP note following a mock treatment. This final SOAP note is graded for accuracy and effectiveness.

In PHT1801L: Clinical Practice I (fourth term) students are graded on this skill via the CPI. After they have returned to class for a semester (fifth term), they complete a second clinical affiliation where they are again graded using the CPI—PHT2810L: Clinical Practice II (sixth term).

Content related to documentation is threaded through the second year in PHT2931: Trends in Physical Therapy (sixth term) via three presentations on the prospective payment system (PPS), Medicare agency documentation guidelines, and the Florida State Practice Act documentation requirements. Through class discussion, the students work in groups and review documentation that meets and does not meet these standards. Students are also given an experiential learning scenario, in which they work in groups of two and practice documentation regarding a patient's change in status. This aids the student in understanding how to report changes in a patient's status to the supervising physical therapist via documentation, as well as the discontinuation of treatment and follow up processes.

Concluding the program, students then complete a final clinical affiliation—PHT2820L: Clinical Practice III (sixth term)—where they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT1200: Introduction to Basic Patient Care: 3(a): Document relevant information about basic interventions and data collected in SOAP note format for conditions, interventions and test and measures covered in this course.

PHT1200L: Introduction to Basic Patient Care Lab: 3(d): Describe the necessity for documentation in the healthcare industry.

PHT1801L: Physical Therapy Clinical Practice I: 5: Upon completion of this clinical experience the student will document patient care activities in an accurate, concise, timely and legible manner, using appropriate medical terminology/abbreviations and proper spelling that supports the delivery of physical therapy services and is consistent with requirements set forth by state practice acts, practice setting, regulatory agencies and third party payers in a SOAP format.

PHT2931: Trends in Physical Therapy: 8(d): Document pertinent information regarding a patient's pain, relative to the documented goals and plan of care.

PHT2820L: Physical Therapy Clinical Practice III: 10: Upon completion of this clinical experience the student will, at entry-level, produce appropriate and accurate documentation that describes the data collection and interventions provided to the patient/client. Appropriate documentation includes:

b. adherence to the guidelines and specific documentation formats required by state practice acts, the practice setting and other regulatory agencies.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

PHT2810L: Clinical Practice II (Spring 2017) and PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #10: "Produce documentation to support the delivery of physical therapy services," the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

7D26

Respond effectively to patient/client and environmental emergencies that commonly occur in the clinical setting.

In PHT1200: Basic Patient Care (second term) and PHT1217: Principles and Procedures (third term), students receive through lecture materials information on medical emergencies that may occur in treatment with selected pathologies. Included in this category are autonomic dysreflexia, signs of a stroke, and ketoacidosis/diabetic shock. Test questions are utilized to assess student knowledge of what to do when these events occur. Prior to any clinical affiliation, students are also required to have a current certification in CPR and first aid.

PHT2252: Orthopedic Disabilities and Treatment (third term), addresses this element through lecture materials, reading assignments, and supplemental outside reading materials. This material includes the response to environmental emergencies and physiological emergencies that commonly occur in the clinical setting for general affections of bones, joints, and related soft tissue injuries. Further assessment of these skills is done through test questions in the lecture class.

Students are assessed on this expectation in PHT1801L: Clinical Practice I (fourth term) using the Web CPI criteria.

Content related to responding effectively in emergencies in clinical settings is addressed in the second year, in PHT2220: Therapeutic Exercise (fifth term). Addressed in this section are possible emergency situations in SCI and pediatric populations that are presented in assigned readings, PowerPoint lecture, and class discussions. Students are tested through written exams with emergency case scenario applications and multiple choice questions.

Upon successful completion of this fifth term, students complete PHT2810L: Clinical Practice II (sixth term), where this content is assessed using the Web CPI.

This content is then threaded through PHT2931: Trends in Physical Therapy (sixth term), in a group research project, PowerPoint presentation and a class discussion. Students are then given an experiential learning scenario. They work in groups of two in which they are exposed to a hospital scene in which a patient has fallen in a hospital room. They are asked to observe the environment, and the simulated patient. They are given 10 minutes to formulate the emergency steps that would be taken in this emergency situation. They are to then individually identify the appropriate steps to be taken and return to the classroom for a formal class discussion and group analysis of this experiential learning scenario. Concluding the program, students then complete a final clinical affiliation—PHT2820L: Clinical Practice III (sixth term)—whereby they are assessed on entry level performance via the Web CPI.

Example Objectives:

PHT2220: Therapeutic Exercise in Physical Therapy: 3(d): Determine the appropriate course of action in an emergency situation given a case scenario related to a neurologic condition.

PHT2931: Trends in Physical Therapy: 8(e): Formulate an appropriate plan of action in emergency situations given a scenario.

PHT2820L: Physical Therapy Clinical Practice III: 1: Upon completion of this clinical experience the student will, at entry-level, demonstrate safety in all patient care activities.

f. Appropriately respond to emergencies.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT2220: Therapeutic Exercise final comprehensive examination (Cohort 2017), questions 88, 90, & 94 equal 92% or above. These percentages demonstrate the student population that correctly answered the questions that address the content of responding effectively to emergencies commonly occurring in clinical settings.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #9: "Participates in patient status judgments within the clinical environment based on the plane of care established by the physical therapist," the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. The percentages for the population of students that correctly answered questions pertaining to this element are as follows: Exam 2, question 15=96% and question 34=92%.

Participation in Health Care Environment

7D27

Contribute to efforts to increase patient and healthcare provider safety.

Throughout PHT1200L: Basic Patient Care Lab (second term), students are consistently assessed in the ability to employ proper body mechanics during all interventions and activities. Aseptic techniques are also taught to and utilized by all students. These components are key safety criteria in lab practical assessments when being graded by faculty. Students also are required to instruct proper body mechanics to simulated patients during the lab assessment. This includes the activities of gait training, transfers, the proper use of assistive devices, and therapeutic massage.

This content is threaded throughout PHT1121: Functional Anatomy and Kinesiology (second term), PHT1121L: Functional Anatomy and Kinesiology Lab (second term), PHT2252: Orthopedic Disabilities and Treatment (third term) and PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), in that students are consistently assessed (whether through test questions or lab assessments) on key components of safety for themselves and the patient. This includes, but is not limited to, guarding the patient appropriately, the student teaching the exercises safely, the safe and effective technique to use in goniometry and manual muscle testing, contraindications and precautions of exercise, and the knowledge of proper body mechanics.

This further is assessed in PHT1217L: Principles and Procedures Lab (third term), in lab practical assessments where students are responsible for performing selected interventions and educating the simulated patient in proper techniques. These include stretching, home exercise prescription, self-traction, and various other interventions.

Students are assessed on this expectation in PHT1801L: Clinical Practice I (fourth term) using the Web CPI criteria. The students then return to class for a semester (fifth term) followed by, upon successful completion, their second clinical affiliation. This affiliation —PHT2810L: Clinical Practice II (sixth term), uses the Web CPI to assess this skill. Lastly, students return for one more course in this term—PHT2931: Trends in Physical Therapy (sixth term)—before completing their final clinical affiliation. In PHT2931 (Trends in Physical Therapy) students receive a PowerPoint Lecture about OSHA and safety in the workplace which is followed by class discussion. This final clinical practice, PHT2820: Clinical Practice III (sixth term), utilizes the Web CPI to assess this standard in which the student is required at this point to be at entry level.

Example Objectives:

PHT1200L: Introduction to Basic Patient Care Lab: 1(c): Demonstrate safe body mechanics techniques during all phases of patient treatment.

PHT1801L: Physical Therapy Clinical Practice I: 3(a): Demonstrate appropriate body mechanics during patient care activities.

PHT2931: Trends in Physical Therapy: 8(g): Describe OSHA regulations regarding infection control, including methods of protecting oneself, the client, family, and other health care workers from cross contamination relative to any communicable disease or condition.

PHT2820L: Physical Therapy Clinical Practice III: 1: Upon completion of this clinical experience the student will, at entry-level, demonstrate safety in all patient care activities.

As demonstrated in the narrative above and through the objectives provided, the content related to this element is introduced in the classroom prior to students being expected to demonstrate the skill in the clinical setting.

In PHT1217L Final Lab Practical, 100% of the students (Cohort 2017) completed the lab practical examination within two attempts. The content demonstrates competence in contributing to efforts to increase patient and healthcare provider safety as described in the lab rubrics.

The level of actual achievement level of the students (2017 cohort) in PHT2931: Trends in Physical Therapy is as follows: 100% of the students participated in lecture topics about OSHA and safety in the workplace.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #1: “Performs in a safe manner that minimizes risk to patient, self and others,” the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

Upon completion of the program students are required to pass a comprehensive exit exam that consists of two parts- Exam 1 and Exam 2. In Exam 2, question 89 = 92% and question 100 = 96%. These percentages demonstrate the student population that correctly answered the questions that address the content of contributing to efforts to increase patient and healthcare provider safety. Results are pending for one other student who has not taken the comprehensive exam.

7D28

Participate in the provision of patient-centered interprofessional collaborative care.

In PHT2252: Orthopedic Disabilities and Treatment (third term), there is discussion of collaborative care with nursing and orthotics and prosthetics personnel. This information is assessed with written test questions. In PHT2252L: Orthopedic Disabilities and Treatment Lab (third term), students receive lectures from SPC faculty in the Orthotics and Prosthetics department as well as an informational lecture by employees of St. Petersburg Brace and Limb.

Students participate in the provision of interprofessional collaborative care during their clinical experiences. Students are assessed on this expectation in PHT1801L: Clinical Practice I (fourth term) using the Web CPI criteria. The students then return to class for a semester (fifth term) followed by, and dependent upon successful completion of the fifth term, their second clinical affiliation. This affiliation—PHT2810L: Clinical Practice II (sixth term), uses the Web CPI to assess this skill.

In PHT2810L: Clinical Practice II (sixth term), students receive a lecture from a respiratory therapist in how to collaborate with respiratory therapy to utilize special techniques that benefit the patient.

The final clinical practice, PHT2820L: Clinical Practice III (sixth term), utilizes the Web CPI to assess this skill in which the student is required at this point to be at entry level performance.

Example Objectives:

PHT1801L: Physical Therapy Clinical Practice I: 7: Describe medical and physical therapy care management and the role of various health care providers caring for a patient with a given disease/disorder.

PHT2810L: Physical Therapy Clinical Practice II: 16: Describe the medical and physical therapy care management and the role of various health care providers caring for a patient with a given disease/disorder.

PHT2820L: Physical Therapy Clinical Practice III: 5(c): Participate in the provision of patient-centered interprofessional collaborative care.

Upon review of the curriculum, it was discovered that content related to this element is discussed in PHT2252 and PHT2252L as described in the above narrative. However, no course objective currently exists related to that content. The course faculty member will be creating an appropriate objective which will be submitted to the curriculum committee in the fall of 2017 to be added to the 2018 course syllabus.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #15: “Participates in addressing patient needs for services other than physical therapy,” the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

7D29
Participate in performance improvement activities (quality assurance).

In PHT1801L: Clinical Practice I (fourth term) and PHT2810L: Clinical Practice II (sixth term) students are provided with opportunities related to quality assurance. They are assessed on this skill via the Web CPI. The students then complete PHT2931: Trends in Physical Therapy (sixth) term. Quality assurance is addressed in this course in which the students are given a lecture by an outside presenter/out-patient owner that addresses this topic and the quality assurance processes this owner uses. Also in this course, students research and present a PowerPoint presentation on the topic of OSHA and the process by which quality assurance is addressed in hospital settings. Students then complete their final clinical affiliation—PHT2810L: Clinical Practice II (sixth term), which also uses the Web CPI to assess this skill. They are expected to be at entry level at this point.

Example Objectives:

PHT2810L: Physical Therapy Clinical Practice II: 10: Upon completion of this clinical experience the student will, at the advanced intermediate level, effectively participating in resource management.

d. Participate in quality assurance and improvement.

PHT2820L: Physical Therapy Clinical Practice III: 11: Upon completion of this clinical experience the student will, at entry-level, effectively participate in resource management.

d. Participate in quality assurance and improvement.

Upon review of the curriculum it was discovered that content related to this element is not adequately covered prior to students demonstrating the skill in the clinic setting. The core faculty will be reviewing the content in light of the curriculum as a whole and in light of the program outcomes to determine if the content will be added into an earlier course or if the clinical expectation will be changed.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, for Criterion #14: “Participates in activities addressing quality of service delivery,” the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

Practice Management
7D30
Describe aspects of organizational planning and operation of the physical therapy service.

Students are assessed on this skill in PHT1801L: Clinical Practice I (fourth term) using the Web CPI criteria. The students then return to class for a semester (fifth term) followed by, upon successful completion, their second clinical affiliation. This affiliation —PHT2810L: Clinical Practice II (sixth term), uses the Web CPI to assess this skill. Lastly, students return for one more course in this term—PHT2931: Trends in Physical Therapy (sixth term)—before attending their final clinical practice. In the Trends course, this skill is specifically addressed through lecture topics about managed care and current physical therapy-related trends on health care delivery. The final clinical affiliation, PHT2820L: Clinical Practice III (sixth term), utilizes the Web CPI to assess this skill in which the student is required at this point to be at entry level performance.

Example Objectives:

PHT1801L: Physical Therapy Clinical Practice I: 1: Upon completion of this clinical experience the student will demonstrate appropriate professional skills and ethical behavior at the Advanced Beginner Level. Skills include:

e. Resource management.

PHT2931: Trends in Physical Therapy: 5(c): Discuss how changes in levels of authority and responsibility, time management, supervisory process, performance evaluations, policies and procedures impact the physical therapist assistant.

PHT2820L: Physical Therapy Clinical Practice III: 11: Upon completion of this clinical experience the student will, at entry-level: Effectively participating in resource management. Resource management activities include:

c. Describe organizational planning and operation.

Upon review of the curriculum, it was discovered that content related to this element is not adequately covered prior to students demonstrating the skill in the clinic setting. The core faculty will be reviewing the content in light of the curriculum as a whole and in light of the program outcomes to determine if the content will be added into an earlier course or if the clinical expectation will be changed.

In PHT2931: Trends in Physical Therapy, 100% of the cohort participated in lecture topics about managed care and current physical therapy-related trends on aspects of organizational planning and operation of the physical therapy service.

In PHT2820L: Clinical Practice III (Spring 2017), with reference to the hard copy of the CPI, Criterion #16: “Manages resources to achieve goals of the clinical setting;” the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

7D31
Describe accurate and timely information for billing and payment purposes.

Students are assessed on this skill in PHT1801L: Clinical Practice I (fourth term) using the Web CPI criteria. The students then return to class for a semester (fifth term) followed by, upon successful completion, their second clinical affiliation. This affiliation —PHT2810L: Clinical Practice II (sixth term), uses the Web CPI to assess this skill. Lastly, students return for one more course in this term—PHT2931: Trends in Physical Therapy (sixth term)—before attending their final clinical practice.

Content related to this element is presented in PHT2931: Trends in Physical Therapy (sixth term), with three presentations on the prospective payment system (PPS), Medicare agency documentation guidelines and the Florida State Practice Act documentation requirements. An in-class discussion follows these presentations. Students break into groups to work on reviewing documentation that meets and does not meet this standard.

The final clinical practice, PHT2820L: Clinical Practice III (sixth term), utilizes the Web CPI to assess this skill in which the student is required to be at entry level performance.

Example Objectives:

PHT2810L: Physical Therapy Clinical Practice II: 10: Upon completion of this clinical experience the student will, at the advanced intermediate level, effectively participating in resource management.

b. Perform accurate and timely billing.

PHT2931: Trends in Physical Therapy: 7: Upon completion of this course the student will describe the impact of managed care or a current physical therapy-related trend on health care delivery.

a. Compare and contrast the medical, Medicare, and other contemporary reimbursement models.

PHT2820L: Physical Therapy Clinical Practice III: 11: Upon completion of this clinical experience the student will, at entry-level, effectively participate in resource management.

b. Perform accurate and timely billing.

Upon review of the curriculum, it was discovered that content related to this element is not adequately covered prior to students demonstrating the skill in the clinic setting. The core faculty will be reviewing the content in light of the curriculum as a whole and in light of the program outcomes to determine if the content will be added into an earlier course or if the clinical expectation will be changed.

In PHT2931: Trends in Physical Therapy, 100% of the cohort attended a 3 hour presentation in PPS and accurate and timely billing.

In PHT2820L: Clinical Practice III (Spring 2017), utilizing the hard copy of the CPI, Criterion #17: “Participates in fiscal management of the physical therapy clinical setting,” the outcome of 75% or better was the expected level of performance and 100% of the students met or exceeded that level of expectation. Results are pending for one other student who has not completed the course.

Standard 8:
The program resources are sufficient to meet the current and projected needs of the program.

8A
The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes. Minimally, the program employs at least two, preferably three, full-time core faculty members dedicated to the PTA program. One of the full-time core faculty members must be a physical therapist who holds a license to practice in the jurisdiction where the program operates.

Name
Other Policies.pdf

The number of faculty required to meet the needs of the PTA Program is determined by the number of contact hours being taught each semester and student enrollment in the program. All guidelines recommended by accrediting agencies are adhered to when determining teaching loads for each faulty member. The policies and procedures for determination of faculty workloads is BOT P6Hx23-2.202.

The core faculty resources for the program include four full-time faculty members. This includes a PD/ACCE with a 12 month contract and three full-time faculty members with 11-month contracts.

The PTA Program has 3 full-time contractual faculty members with the equivalent of 3.66 FTE (1.22 = 1 FTE) dedicated to the PTA Program and a full-time Program Director/Academic Coordinator of Clinical Education. Kory Thomas (Program Director/ACCE) is a

licensed physical therapist in both Virginia and Florida and dedicates 1.33 FTE to the program. Barb Heier and Kirsten Snellenburg are both Florida licensed physical therapists, each dedicating 1.22 FTE to the program. Mary Hanlon is a Florida licensed physical therapist assistant and dedicates 1.22 FTE to the program.

The PTA Program recognizes the need for a lower instructor to student ratio in laboratory courses where close supervision is important for safety and skill development than is required in lecture courses. All PTA laboratory courses have a minimum of 2 instructors present during practice of procedures giving an appropriate 16:1 student to instructor ratio. The PTA Program utilizes adjunct instructors and/or OPS (other personnel services/lab facilitators) during high volume periods to maintain high quality of instruction at all times.

The PTA Program admits a set number of students who meet the criteria as set forth by the PTA program. The Admissions department also is aware of the guidelines for admissions for Health Related Programs with limited enrollment and has good communication regarding any special requirements pertaining enrollment.

St. Petersburg College's policy on teaching load is determined by a basic measure of instructional load – the Equated Credit Hour (ECH). The policies and procedures for determination of faculty workloads is BOT P6Hx23-2.202 and is found in the Appendix: Other Policies.pdf.

The faculty have adequate time built into their schedules to meet the program needs in regard to teaching. The Program Director assumes responsibilities for administration of the program. In high volume periods, additional administration support has been provided to Program Director to assist in administrative duties. All faculty share in the responsibility of monitoring students during clinical affiliations, affiliation visits and monitoring the on-line component of each clinical practice. These hours are included in the required weekly hours for faculty.

According to BOT P6Hx23-2.141 on pg. 15 of the Program Policies and Procedures Manual (Appendix: Policies and Procedures Program.pdf), full-time faculty are obligated to a minimum of 30 hours per week on campus for fall and spring session and 18 hours per week on campus for summer session. These time obligations and the faculty teaching load system allow for adequate time to develop curriculum; tend to administration duties; serve on program, campus, and institution committees; provide office hours for students; and also, pursue individual, professional growth activities.

The College has a Student Success Specialist dedicated to each program to assist with student advising. One of the roles of the Student Success Specialist includes assisting the students with running advisement reports to identify any additional courses that need to be taken in order to complete the AS degree in Physical Therapist Assistant. Having a person dedicated to the program in this capacity provides adequate time for the faculty to counsel the students as needed and provide additional academic support.

Student recruitment efforts typically occur during the summer semester. Also, during this time the faculty conduct student group interviews and assess the applicants' written essays. Faculty have adequate time during the summer semester to balance managing and monitoring the freshman students while completing their first clinical affiliation as well as participating in recruitment and admissions-related activities. The required weekly faculty hours per each faculty member's contract, allow for enough time to complete the above activities.

Full-time faculty are obligated to a minimum of 30 hours per week on campus for fall and spring session and 18 hours per week on campus for summer session. These time obligations and the faculty teaching load system allow for adequate time to develop curriculum; tend to administration duties; serve on program, campus, and institution committees; provide office hours for students; and also, pursue individual, professional growth activities.

8B

The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.

The program has administrative and technical support to adequately meet the needs of the program. The program has a full-time Administrative Specialist who is dedicated to the PTA program 70% of the time. She provides administrative support to the Program Director and faculty. During high volume periods, additional administrative staff is available to the program. The Program Director has hired an OPS staff member to provide administrative support for the clinical education program as well as other administrative and clerical tasks.

Each full time faculty member has a laptop computer in a docking station in their office.

There is a printer in the outer PTA office and there are two copiers/scanners available near the PTA department. Large copy requests are processed through the College Printing Department.

Each of the College campuses has an instructional technologist staff member to assist with computer or on-line difficulties. At the Health Education Center, there is an Instructional Technologist who assists with implementing technology into course curriculum by utilizing available tools within the MyCourses system. In addition, the Instructional Technologist assists instructors with utilizing best practices in online discussion boards, providing tools on how to grade effectively, how to connect with students, and is available to answer any assessment questions. The Health Education Center staffs three technicians who are available to troubleshoot computer or software issues. Technical assistance is available by telephone and email for hardware, software and access needs or concerns if

faculty members are working off campus. SPC has a technical support hotline that can be used to assist faculty and staff via phone for any additional needs.

8C
Financial resources are adequate to achieve the program's stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.

The majority of the operating fund revenue sources are from state appropriations (45%) as well as student tuition and fees (45%). The remaining 10% comes from miscellaneous/other revenue such as fund transfers in, use of facilities revenue, interest, dividends, reserves, and indirect costs. The College has a "one college one budget" approach, meaning revenue is budgeted to be received into a College-wide cost center. The College does not budget programmatically or allocate specific revenue to specific expenses. Revenue received is allocated to supporting the operations of the College.

Annually the College holds a transparent strategic budget request process during the budget planning stages of each fiscal year. At that time short- and long- term budgetary needs are presented, vetted through multi-functional committees and approved by the Board of Trustees for the upcoming fiscal year.

8D
The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity to meet program goals related to teaching and service.

8D1
Classroom and laboratory environments are supportive of effective teaching and learning.

The PTA department has dedicated classroom and lab space to accommodate all students enrolled in the PTA program. This includes a 2252 square foot lecture room that is equipped with enough tables and chairs adequate for 40 students, Wi-fi access, plinths that can be converted to desks, as well as technology and laboratory equipment. Labs are equipped to accommodate all enrolled students. This includes a separate laboratory, with 1941 square footage, that is dedicated to the program. This laboratory consists of 8 plinths (high/low tables) and two traction tables. In this room, there is adequate space to enable 34 students and 3 instructors to practice laboratory skills. A washer/dryer unit is available in this room to ensure clean linen materials for student use and practice.

The faculty may request other classroom space when the classrooms that are dedicated to the program are occupied. Each classroom is equipped with a computer, projector, and sound system. These rooms have included the Health Education auditorium as well as classrooms that are on the second floor of HEC.

The classroom space that is dedicated to the program is supportive of effective teaching and learning. Each classroom is equipped with a computer with internet access, projector, and sound system. The classrooms also have Wi-fi access. One of the PTA labs is equipped with three computers and a printer for student use. The computers in each classroom have a safety icon that faculty may activate in the event of an emergency. The Provost's office as well as campus security are notified to report to the classroom once this safety system has been activated. The classrooms are clean, in good repair, and have temperature controls to accommodate faculty and students. Members of the HEC facilities department clean the PTA classrooms and labs every evening. In addition, a Facilities Work Order form may be completed and submitted by the Administrative Specialist if faculty and/or students have a specific request regarding cleaning, repairs, and/or temperature control issues.

As of July 2017, the program will be relocating to a new space that formerly housed the Orthotics and Prosthetics baccalaureate program. Students will have use of three computers in the hallway outside of the large laboratory. A printer will be available to students in the laboratory. The new space is in good operating condition with appropriate temperature control.

8D2
Space is sufficient for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.

Currently offices for the Program Director and the core faculty are located in very close proximity to the classrooms. Each full-time faculty member has a private office equipped with a desk, computer, telephone, locked file cabinets and bookcases. These offices provide adequate space, privacy and security for preparing instructional materials, student counseling sessions and storing records and program materials. Faculty offices also house physical therapy resources for students and faculty including a variety of journals and books. The individual faculty offices are within an outer office that also has a computer and laser printer available for faculty use. There is a locked closet adjacent to the outer office that has a locked file cabinet for student and patient records and multiple shelves for office equipment storage. Following graduation, student files are moved to a locked file cabinet in a locked storage area in the laboratory. The offices are adequate for all faculty functions. The PTA office space is locked when confidential faculty meetings need to be held.

Once the program relocates in late July 2017, faculty offices will be located adjacent to one another in a hallway. Each office will

allow for private conversations and will have a desk, computer, telephone, locked file cabinets and bookcases. The offices will provide adequate space, privacy and security for faculty related activities. Faculty will have access to a laser printer within close proximity of their offices. Student and patient records will be kept in locked file cabinets. Confidential faculty and staff meetings will be held in the private faculty conference room.

8D3
Students have access to laboratory space outside of scheduled class time for practice of clinical skills.

Students are provided with the scheduled open lab periods at the start of the semester. For freshman students in the fall, this includes time on Friday for the amount of time a faculty member is present on site. This remains the same for sophomore students who, with the addition of Thursday, have Friday to practice in the fall. In the spring, freshmen students are able to practice on Fridays when faculty is on site. Thursday afternoons are an open lab day as well. Sophomores have no lab components at this period in their curriculum. For safety purposes, a faculty member must be present onsite to provide assistance as needed.

8D4
Equipment and materials are typical of those used in contemporary physical therapy practice, are sufficient in number, are in safe working order, and are available when needed.

The program utilizes equipment that is typical in contemporary physical therapy practice. This includes electric stimulation and ultrasound machines, traction tables, and a Biodex multi-joint system that is calibrated yearly. The PTA department has assorted assistive devices as well. These include: axillary crutches, lofstrand crutches, platform crutches, hemi-walkers, standard walkers, rolling walkers, small and large base quad canes, single point and tripod canes, wheelchairs, sliding boards, and appropriate high low tables, mats, and plinths. A variety of therapeutic exercise equipment is also available, consisting of a treadmill, a total gym mechanism, thera-station, elliptical, stationary bike, and other miscellaneous accessories. Miscellaneous accessories include therabands, various athletic taping materials, and equipment utilized for the orthopedics section of the program. The program also keeps a variety of linens in stock to use for lab courses such as sheets, pillow cases, towels, and gowns.

The equipment in the PTA laboratory is calibrated and/or serviced annually. The program has a service agreement with ERS Inc. Biomedical Services and Biodex. The faculty complete an Annual Program Assessment form that includes questions pertaining to whether or not the current equipment is reflective of contemporary physical therapy practice and if the quality and quantity of course equipment and supplies are adequate to meet the course objectives. In addition, the Advisory Committee members complete a Program Advisory Committee Feedback form that includes questions related to whether or not the program's equipment is reflective of contemporary PT practice. This form also includes questions related to the quality and quantity of equipment available to meet the program's needs. The PTA Alumni Survey includes a section for alumni to provide comments about the equipment, supplies, facilities, and space available to the program. The data from these forms is analyzed by the Program Director to determine if new equipment purchases need to be made.

The program does not utilize borrowed or loaned equipment or supplies nor does the program use any equipment off-site.

8D5
Technology resources meet the needs of the program.

The PTA program faculty utilize Microsoft Office programs in the delivery of their curricular content. This includes PowerPoint especially when lecture based material is delivered. Amongst Microsoft Office software, some faculty choose to utilize Apps on their Apple iPads in order to teach anatomy concepts. On occasion, faculty have provided recordings of themselves after class to allow students to review the material and lecture from class. With this is the inclusion of videos on MyCourses that allow students to review lab concepts to see how these concepts were demonstrated in class. Students have the class content available to them prior to lecture to be downloaded and printed before class in order to take notes.

Each computer in the classrooms contains current software useful for instruction in the PTA courses. This software includes Microsoft Office and Adobe packages. Projectors are utilized in the classrooms to aid in efficiency with teaching materials. Students have the class lecture materials available to them via MyCourses, the school’s online virtual “shell” for all courses in which a student is currently enrolled. These materials are available before the lecture, giving students the opportunity to print the appropriate materials for class. In some circumstances, additional videos are available on MyCourses for students to learn from, this being: external links to course related content, videos of lab related content, and animations of current concepts being taught in each course. Every student has access to these additional resources via MyCourses.

8E
The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program, faculty and students.

The institution's library contains various resources available to students. Among these are periodicals, journals, textbooks, and reference materials (dictionaries, thesauruses). There is an online database to search all the materials available college-wide for students through the library's website. Included in this are written works, as well as videos dedicated to physical therapy instruction from outside sources. The library itself houses 48 laptops/computers that are available for student use. There are private study rooms available for students upon request. Tutors are available by appointment for those desiring to utilize this resource. A program called the New Initiative Program (NIP) is also available to help tutor and guide students in their course of study. This consists of staff to help students in their educational development. Faculty have IT Learning Resources available and the Center of Excellence for Teaching and Learning to help further develop teaching skills and critical thinking.

The online database is available to all students at any time. This can be accessed by computer as long as the student is logged into their student portal in MyCourses. Students are able to access the library Monday-Thursday from 7:30 am to 9 pm. On Friday the library is open from 7:30 am to 4 pm and 10 am to 3 pm on Saturday. Tutors have set hours but are available upon request. Students can make appointments with NIPs to receive instruction or guidance in material, although they do accept walk in requests. NIPs is open Monday-Thursday from 7:30 am to 7:30 pm and Friday from 7:30 am to 1 pm.

In addition to the library resources listed above, the PTA faculty have provided journals, textbooks, and other periodicals for student use and resourcing. These are located in both of the lab rooms, available to all students desiring to utilize their information. Also, any audiovisual materials that the faculty choose to provide are offered through MyCourses and are available to all students enrolled in that particular course. Faculty and student feedback reveal that learning resources are adequate to meet all curriculum and instructional needs and requirements.

8F

The clinical sites available to the program are sufficient to provide the quality, quantity and variety of expected experiences to prepare all students for their roles and responsibilities as physical therapist assistants.

Name
CE Sites Available.pdf
CE Student Experiences.pdf

The ACCE utilizes a Clinical Placement Spreadsheet that tracks the types of experiences offered at each clinical site. This information is entered after the student completes each clinical experience and submits the APTA Evaluation of the Clinical Instruction and Clinical Experience form. When placing students, the ACCE references this spreadsheet to ensure that each student is placed in clinical sites that offer experiences that are consistent with the goals of the clinical education portion of the curriculum and with the objectives of the individual education courses in the curriculum.

The ACCE sends an email to all CCCE's in the spring of each year requesting clinical placements for the following year. As the Clinical Scheduling Forms are returned, which indicate the number of clinical placements each facility is able to accept, the ACCE documents the number of acute, sub-acute, and outpatient facilities that are available. The ACCE references the Clinical Placement Spreadsheet that includes the specific type of experiences offered at each clinical site. If the ACCE identifies a shortage of one setting versus another, or a shortage of the type of experiences necessary, she increases her efforts in obtaining the appropriate clinical site. This may consist of emails, phone calls, or in-person clinical visits. Since the ACCE's appointment, all students have had the required clinical experiences and have graduated on time, with the exception of one student from the 2017 graduating class who is currently completing a remedial clinical experience.

8G

There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.

Name
Clin Ed Written Agreement.pdf

The contracts used by the PTA Program set forth the responsibilities of the College and Agency. Within these sections are provisions addressing the student's responsibilities (in compliance with the Agency's policies), the College's role in assisting the Agency to become familiar with the objectives for the learning experience, the College's role in obtaining liability insurance for each student, and a section explaining what is an acceptable way for the facility to allow a student to participate. The contract also establishes responsibilities for the Agency consisting of the following requirements: the Agency will provide opportunities for observation and learning experiences in the selected programs of the Agency, designate a coordinator from its staff to act as the liaison with the

College in connection with the contract, provide an orientation for students and faculty to the physical facilities, polices, and procedures of the Agency, maintain ultimate responsibility for the treatment and care of all patients/clients, and provide students with emergency accident care for injuries, or illnesses incurred while on duty at the Agency. In the closing articles of the contract are provisions for termination of the contract by either party in the original agreement as long as it does not interfere with the current student's course of study after being enrolled in an affiliation with said Agency. Located in these articles is the effective date and renewal period for the contract as well as signature lines for both committing parties and a witness.

The ACCE uses a MicroSoft Outlook tickler to monitor the currency of written agreements with clinical education sites. Using this feature, the ACCE is notified approximately 3-6 months in advance of the contract expiration date. The College's General Council department also keeps track of the currency of written agreements and notifies the Dean and/or ACCE in advance of the contract's expiration date providing adequate time for renewal of the contract if so desired.

8H

Academic services, counseling services, health services, disability services, and financial aid services are available to program students.

Name
Policy Location Chart.pdf

The College offers academic services at no cost to students including, but not limited to, tutoring, studying assistance through the New Initiative Program, resources and materials through the library, and various online tools such as Smart Thinking to assist students with papers. Students have the ability to meet with academic advisors/counselors on a walk in basis or by appointment. For the accessibility of students, advisors are able to meet from 8:30 am to 7 pm Monday through Thursday and 8:30 am to 12 pm on Friday. There are also various support services available to students such as Accessibility Services, Veterans Services, Success Programs, and the Student Assistance Program. With Accessibility Services, students who have a physical or learning disability receive the resources necessary to succeed in their studies at the College. Accessibility Services also provides the appropriate testing accommodations and environment for students who need it. St. Petersburg College also offers career preparation through Career Services and Outreach Specialists. These services include resume building and writing, interviewing skills training, and networking opportunities. Financial aid services are available to students through the student services area on all campuses to provide students with guidance on grants, scholarships, and loans. Applying for financial aid is a step in the Institution's admissions process.

SPC provides students with resources related to student health insurance. St. Petersburg College does not direct the operations of any of the suggested companies or resources and cannot be held responsible for problems that may occur. This information is provided merely to assist current and incoming students. St. Petersburg College receives no compensation for this service.

SPC partners with Baycare to offer the Student Assistance Program which provides three free counseling sessions for students per academic year by a licensed Mental Health Counselor, Social Worker, or Psychologist if needed.

Appendices

Name
1C5 Narrative Response.pdf
1C6 Narrative Response.pdf
2B4 Narrative Response.pdf
2C Narrative Response.pdf
4A Narrative Response Hanlon.pdf
4A Narrative Response Heier.pdf
4A Narrative Response Snellenburg.pdf
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Survey Forms.pdf